



Boston Public Health Commission  
Division of Property Management  
1010 Mass Avenue  
Boston, MA 02118

**Bid Package**

**Pest Control**

**April 1, 2026–June 30, 2028**

**Project # PM-10-2026**

<b>Request for Bid Timeline</b>	
03/24/2026	Publication of Request for Proposals (RFB) on the Central Register Goods and Services website.
03/24/2026	RFB published in the Globe and online at <a href="http://boston.gov/bids">boston.gov/bids</a>
03/30/2026	<p>A mandatory walk-through of Property locations to assess the areas of requested services must be attended and completed by all prospective bid submitters. If a prospective submitter does not attend or complete the walk-through, their submission will not be complete and will not be under consideration for the final contract. The mandatory walk-through times are listed below. Attendance will be noted via sign-in sheet.</p> <p>9 am - 11 am: <b>NHS Campus</b> - 785 Albany Street, Boston Mass 02118 (Walk-through/Tour Meeting Location)</p> <p>12 pm – 1 pm: <b>Mattapan Campus</b> - 201 River Street Boston Mass 02126 (Walk-through/Tour Meeting Location)</p> <p><b>* Long Island:</b> Moon Island Gate House &amp; Long Island Campus Reference site map included in email. Ferry will be coordinated for Long Island site walk-through/tour.</p> <p><u><a href="#">Vendors must attend the mandatory walk-through/tour.</a></u> Failure to raise concerns over any issues at this opportunity will not be considered in any protest filed regarding such items that were known as the walk-through property locations.</p>
03/31/2026	<p>Questions are due in writing by 2:00 PM EST to <a href="mailto:Jebarros@bphc.org">Jebarros@bphc.org</a> or <a href="mailto:ktejada@bphc.org">ktejada@bphc.org</a>,</p> <p style="text-align: center;"><b>Subject:</b> Pest Control Services RFB for BPHC</p>
04/01/2026	Responses to questions will be answered and posted on <a href="http://boston.gov/bids">boston.gov/bids</a>
04/07/2026	<p><b>Bid due by 2:00 PM EST</b> – Submit original bids (do not bind). Bid documents must be submitted via email to <a href="mailto:Jebarros@bphc.org">Jebarros@bphc.org</a>, <a href="mailto:ktejada@bphc.org">ktejada@bphc.org</a> and <a href="mailto:RFR@bphc.org">RFR@bphc.org</a></p> <p style="text-align: center;">Subject should be Bid for Pest Control Services for BPHC</p> <p style="text-align: center;"><b>No Exceptions to This Deadline</b></p>
04/09/2026	<p>Notification of Decision</p> <p>Desired date for notification of award to bidder(s). However, BPHC has the discretion to extend this date without notice. BPHC reserves the right to accept or reject any or all bids. BPHC anticipates submitting a Notice of Award to the selected bidder(s) by email or address provided in the RFB responses. The contract(s) will be awarded to the lowest responsible and responsive bidder(s) meeting all requirements. The lowest responsible and responsive bidder shall mean the bidder that best meets the requirements set forth in this solicitation and offers the lowest cost. The contract(s) resulting from this RFB shall be in effect when all necessary contract documentation is fully executed by BPHC and awarded vendor(s).</p>

INVITATION FOR BIDS  
PEST CONTROL

**Boston Public Health Commission**  
Division of Property Management

Invitation for Bids     **Pest Control, Project # PM-10-2026**

The Boston Public Health Commission acting by its Division of Property Management, 205 River Street, Mattapan MA hereinafter referred to as the Awarding Authority, hereby invites bids for the above-entitled project. Bids shall be on forms/documents supplied by the Project Manager from the Property Management Division, shall be clearly identified as a bid, and signed by the bidder. All bids for this project are subject to M.G.L. Chapter 149, Section 44 A-J or Chapter 30, Section 39 M, as amended, and in accordance with the terms and provisions of the contract documents/specifications entitled: Integrated Pest Management

Scope of work includes Integrated Pest Management Services, including but not limited to: Rodents, roaches, bed bugs, fleas, termites, ants, pigeons, among others.

ALL BIDS shall be filed with the Awarding Authority at 205 River Street, Mattapan MA 02126 before Two o'clock on April 7<sup>th</sup>, 2026, at which time and place all digital bids will be opened forthwith and read aloud. LATE BIDS WILL NOT BE ACCEPTED.

Bid Package will be available on or about March 24th, 2026, in digital form and may be requested via email from Jeff Barros at [jebarros@bphc.org](mailto:jebarros@bphc.org) and or Keren Tejada at [ktejada@bphc.org](mailto:ktejada@bphc.org), the office main line is 617-534-2500.

The Awarding Authority reserves the right to waive any informality or to reject any and all bids if it were in the public interest to do so.

## INTEGRATED PEST MANAGEMENT SERVICES

### **Contract Summary**

The Boston Public Health Commission (BPHC) seeks reputable contractors experienced in Integrated Pest Management (IPM) practices from which to obtain pricing. The two most economical and responsive bidders will be shortlisted for further consideration and examination. BPHC intends to establish a service contract with the most responsive bidder. The term will be established for two years, plus the option to extend a third year. IPM helps to reduce use of toxic pesticides through an integrated approach to pest control which pursues continuous monitoring, small scale maintenance to plug holes, examination of cleaning and trash services and other activities that may affect the level of pest infestation.

### **Benefits and cost Savings**

IPM helps to reduce use of toxic pesticides through an integrated approach to pest control which pursues continuous monitoring, small scale maintenance to plug holes, examination of cleaning and trash services and other activities that may affect the level of pest infestation.

**Health Benefits:** IPM is typically described as “an approach to pest management that blends all available management techniques – non-chemical & chemical pest control and resorting to conventional pesticides only when it is necessary and the pest damage exceeds an aesthetic or economical threshold. As it has been found that children have the tendency of being more sensitive to conventional pesticides than adults, it is even more important for schools & day cares, especially those containing small children, to implement an IPM program. IPM programs reduce sources of food, water, and shelter for pests, which in turn leads to a safer and healthier environment for the children.

**Cost Savings:** When all the people involved are identified and when these people communicate well with each other, effective and less expensive protection of the site and the people can be achieved with reduced risk from pesticides.

### **Develop, Maintain and Document your IPM Program**

Based on the initial inspection of each building or site, the contractor must file a written *initial Assessment Report* with the facility manager listing the following: present pests, extent of infestation and activities, conditions of the building which are contributing to existing and potential pest problems as well as containing suggestions for remediation. This report must be filed before any other pest management services are provided.

In addition to the initial assessment, within 30 days of conducting the initial inspection, the contractor must submit an *IPM Plan*. The plan must include details on the training of staff, contractors and occupant; frequency of technician visits and the activities which they will perform as well as a description of the pest monitoring program.

After each service visit, the technician must submit a final *service report* with the facility manager. Detailing the following: pesticides use and location, results of monitoring, description of any temporary conditions which may be contributing to pest problems and any other actions that may have been taken. In addition to the service reports, quarterly reports must be filed which describe the extent of the pest control activities during the period covered and discuss results, as well as contain recommendations on conditions which are contributing to the problem.

Contractors are responsible for providing an *annual training session* for facility staff, contractors and facility occupants free of charge. If deemed necessary, the contractor must provide additional training sessions for a mutually agreed upon cost.

### **Service Fees**

Pricing hereby provided will include all planning, monitoring, communications, evaluation, record-keeping and any other aspects of IPM related to bedbugs and termites. Contractors will not be allowed any extra compensation for additional work they may have to complete, which they should have been aware of through their own surveillance prior to submitting a service quote. Request for unforeseen work can be submitted as an addendum to the property team for prior approval.

If an emergency call-back service is require, or an infestation occurs between regularly scheduled visits (i.e. visits called for in the IPM Plan or Statement Work), the contractor shall be responsible for controlling the problem at no additional cost to the BPHC, unless the cause of the emergency call-back or infestation is the BPHC failure to follow the Contractor's written recommendations provided in the IPM Plan, Service Report or other document.

### **Training**

Contractors will be responsible for providing an annual training session for facility staff, contractors and facility occupants as agreed upon between the Property Managers and the contractor in the Management Plan. The contractor will also be responsible for providing additional training sessions as necessary for a mutually agreed upon additional cost.

# BOSTON PUBLIC HEALTH COMMISSION

## Notice to applicants

### 1. INVITATION

The Boston Public Health Commission, acting by its Property Management Department, invites applications for providing the goods or services and performing the work as described in the specifications attached, in accordance with the terms of the contract documents.

### 2. SUBMISSION OF APPLICATIONS

Applications shall be filed at the place and time designated in the Advertisement. Applications shall bear the original signature of the applicant and be submitted in a sealed envelope, plainly marked with a description of the goods or services to be provided subsequent to written price quotations, which may from time to time be solicited by the Official.

### 3. TAXES

The Boston Public Health Commission is exempt from federal excise taxes. Exemption Certificates will be provided, if requested, following award to the successful applicant.

### 4. BASIS FOR ACCEPTANCE/CONFLICT OF INTEREST

Any application will be accepted only on the basis that the applicant, by filing its application, represents that it is made in good faith without fraud, collusion, or connection of any kind with any other applicant for the same work; that the applicant is competing solely in its own behalf without connection with, or obligation to, any undisclosed person, firm or corporation; that no other person, firm or corporation has any interest in the contract; that no other officer, agent or employee of the Boston Public Health Commission is financially interested in the contract; that the applicant is fully informed in regard to all provisions of the contract documents, including, without limitation, the specifications and drawings, if any, the time of performance, and the provisions for liquidated damages, if any.

### 5. QUESTIONS

All questions as to the interpretation of the correct documents shall be submitted via email to JEFF BARROS [JEBARROS@BPHC.ORG](mailto:JEBARROS@BPHC.ORG) AND OR KEREN TEJADA [KTEJADA@BPHC.ORG](mailto:KTEJADA@BPHC.ORG). The Official(s) will send email written answers to such relevant and material questions to everyone on record as having taken a set of the application and contract documents. No questions will be answered unless received by the Official at least seventy-two hours prior to the expiration of the time set for filing applications.

### 6. HARMONIOUS LABOR RELATIONS

The submission of an application shall constitute the certification of the applicant that it is able to and will furnish labor that can work in harmony with all other elements of labor employed on the work.

### 7. QUALIFICATION OF APPLICANTS

It is the purpose of the Official not to award a contract to any applicant who does not furnish evidence, when requested, satisfactory to the Official that he has ability and experience in the pertinent class of work. 7

## INSTRUCTIONS TO APPLICANTS

One (1) fully completed Contract Proposal must be submitted via email to the Property Management Division Office, 205 River Street, Mattapan, MA 02126 no later than 2:00 pm on April 7th, 2026; with the following items below: Applications must be included in the email. The subject line must read “**Pest Control RFB – April 1, 2026 – June 30, 2028**”. **LATE PROPOSALS WILL NOT BE ACCEPTED.**

- (1) If your company is considered a corporation, a Certificate of Authority is required. It must name the person who is your company’s authorized signatory and must be signed and sealed by the clerk or secretary of your corporation. If no seal is obtained, the Certificate of Authority must be signed by two (2) company officials. This document must be original (no photocopies).
- (2) If your company is classified as incorporation, a copy of the Articles of Organization must be provided.
- (3) An ORIGINAL, CURRENT INSURANCE CERTIFICATE (S) is required.
- (4) The vendor must fill out all the forms enclosed.
- (5) The vendor must submit a company profile package. This package shall contain methodologies and practices used in the industry.
- (6) Vendors must provide MSDS Sheets for all chemicals currently used or planned to use on Boston Public Health Commission Properties.
- (7) Vendor must submit a separate sheet explaining current methodologies used to treat bed bugs.
- (8) All services shall be in compliance with current state and city ordinances.

Please be sure to review all sheets and completely fill out all forms with original signatures. Email the entire application. Do not discard any part of the package. THE PROPERTY MANAGEMENT DEPARTMENT RESERVES THE RIGHT TO REJECT ANY PROPOSALS SUBMITTED WITH INCOMPLETE DOCUMENTS. Any questions regarding this package may be emailed to Jeff Barros [jebarrros@bphc.org](mailto:jebarrros@bphc.org) and or Keren Tejada [ktejada@bphc.org](mailto:ktejada@bphc.org), the main office line is 617-534-2500.

**BOSTON PUBLIC HEALTH COMMISSION**

VENDOR PROFILE

**PEST CONTROL**

Please fill out and return this form with your bid submission, proposal, submission, CM/10 form or Purchase Contract. (If returned with your bid proposal do not submit a duplicate with your CM/10 or Purchasing Contract.) The Boston Public Health Commission is using this information to develop a master vendor list. Submission of this form does not constitute approval of your firm as a BPHC contractor.

IDENTIFICATION:

CEO Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Business Name: \_\_\_\_\_ FIN or SSN: \_\_\_\_\_

Primary Headquarters Address:

\_\_\_\_\_  
Number Street City State Zip Phone

Local Branch Address: (if different)

\_\_\_\_\_  
Number Street City State Zip Phone

BUSINESS PROFILE – Please check appropriate categor(ies):

1. Type of Business:

Construction \_\_\_\_\_ Professional \_\_\_\_\_ Maintenance Service \_\_\_\_\_ Service \_\_\_\_\_  
Manufacturing \_\_\_\_\_ Retail Sales \_\_\_\_\_ Other \_\_\_\_\_ Describe \_\_\_\_\_

2. Year business established \_\_\_\_\_ Year present ownership established \_\_\_\_\_

OWNERSHIP: (Check all applicable boxes)

Company is at least 51% owned, controlled, and actively managed by:

\_\_\_\_\_  
Woman/Women  
\_\_\_\_\_  
Handicapped Persons  
\_\_\_\_\_  
White / Not Hispanic Origin  
\_\_\_\_\_  
American Indian/Alaskan  
\_\_\_\_\_  
Asian or Pacific Islander  
\_\_\_\_\_  
Black / Not Hispanic Origin  
\_\_\_\_\_  
Hispanic  
\_\_\_\_\_  
Other (Please Specify)  
\_\_\_\_\_

If you are describing yourself as a minority or women owned business, please check one of the following:

- 1) Certified by the City of Boston as an M/WBE \_\_\_\_\_
- 2) Certified by SOMBWA as a M/WBE \_\_\_\_\_
- 3) Certified by another organization \_\_\_\_\_ which \_\_\_\_\_
- 4) Not Certified \_\_\_\_\_

If your business is not certified by the City of Boston or SOMBWA and you would like more information, please call the Minority/Women Business Enterprise Office 635-4084.

**ASSURANCE OF EQUAL EMPLOYMENT OPPORTUNITY**

Staff Employed by Contractor (Please Indicate Number):

\_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Other

Staff Servicing this Contract:

\_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Other

Responsibility for Equal Opportunity:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature

Contractor is an equal opportunity employer and does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, age or handicap.

**THIS FORM MUST BE COMPLETED**

**BOSTON PUBLIC HEALTH COMMISSION**

**APPLICATION**

(TO QUALIFY FOR PEST CONTROL CONTRACT)

To the Official, acting on behalf of the Boston Public Health Commission:

- A. The undersigned hereby makes applications to furnish all goods and services and all labor and materials to perform all work required for:

Boston Public Health Commission

Pest Control Contract – April 1, 2026 – June 30, 2028

in accordance with the terms of the accompanying specifications and other contract documents, and with special reference to the Notice to Applicants and the Contract General Conditions, the terms of which are incorporated herein and made a part thereof, and a copy of which has been provided by the Official, for prices to be established for purchases or tasks, as may be required by the Official from time to time and documented by the Boston Public Health Commission.

- B. The names and addresses of all persons interested in this application as principals other than the undersigned are:

\_\_\_\_\_  
\_\_\_\_\_

The applicant is a/an:

\_\_\_\_\_  
(Individual-Partnership-Corporation-Joint Venture-Trust)

1. If applicant is a Partnership, state name and residential address of all general and limited partners (or attach listing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



2. Bank Reference(s)

Name of Bank:

Telephone No.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- D. If the business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Laws c. 110, t 5, was filed:

\_\_\_\_\_

- E. The Taxpayer Identification Number\* of the applicant (the number used on Employer's Quarterly Federal Tax Return, U.S. Treasury Form 941) is:

\* If individual, use Social Security Number: \_\_\_\_\_

\_\_\_\_\_

- F. Have been in business under present business name \_\_\_\_\_ years.

- G. Ever failed to complete any work awarded? \_\_\_\_\_ (if answer is yes, state circumstances)

\_\_\_\_\_

\_\_\_\_\_

- H. Pursuant to M.G.L. c62C, t49A, the undersigned certifies under the penalties of perjury that to the best of his/her knowledge and belief all state tax returns have been filed and that all state taxes required under law have been paid. (NOTE: The Taxpayer Identification Number will be furnished to the Massachusetts Department of Revenue to determine compliance with the above- referenced law.)

I. The undersigned certifies under penalties of perjury that this application has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

Bidder: \_\_\_\_\_

By: \_\_\_\_\_

(Sign Here)

Business Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City, State, Zip Code)

**NOTE:** This application must bear the written signature of the applicant.

**BOSTON PUBLIC HEALTH COMMISSION**

**Application**

(TO QUALIFY FOR PEST CONTROL CONTRACT)

To the Official, acting on behalf of the Boston Public Health Commission:

- J. The undersigned hereby makes applications to furnish all goods and services and all labor and materials to perform all work required for:

Boston Public Health Commission

Pest Control Contract – April 1, 2026 – June 30, 2028

in accordance with the terms of the accompanying specifications and other contract documents, and with special reference to the Notice to Applicants and the Contract General Conditions, the terms of which are incorporated herein and made a part thereof, and a copy of which has been provided by the Official, for prices to be established for purchases or tasks, as may be required by the Official from time to time and documented by the Boston Public Health Commission.

- K. The names and addresses of all persons interested in this application as principals other than the undersigned are:

\_\_\_\_\_  
\_\_\_\_\_

The applicant is a/an:

\_\_\_\_\_  
(Individual-Partnership-Corporation-Joint Venture-Trust)

4. If applicant is a Partnership, state name and residential address of all general and limited partners (or attach listing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If applicant is a corporation, state the following:

Corporation is incorporated in the State of \_\_\_\_\_

President is \_\_\_\_\_

Treasurer is \_\_\_\_\_

Place of Business is \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State and Zip Code)

6. If applicant is a Joint Venture, state the names and business addresses of each person, firm or company that is party to the joint venture:

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A Copy of the joint venture agreement is on file at \_\_\_\_\_  
And will be delivered to the Official on request.

4. If applicant is a Trust, state the name and residential address of all Trustees:

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The Trust documents are on file at \_\_\_\_\_

- L. Reference(s):

1. List three (3) or more contracts on which you served as vendor/contractor within the past two (2) years for work of similar character as required for the above-named contract:

<u>Work of Contract:</u>	<u>Business or Govt. Entity:</u>	<u>Amount of Contract:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Bank Reference(s)

Name of Bank:

Telephone No.:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

M. If the business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Laws c. 110, t 5, was filed:

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N. The Taxpayer Identification Number\* of the applicant (the number used on Employer's Quarterly Federal Tax Return, U.S. Treasury Form 941) is:

\* If individual, use Social Security Number: \_\_\_\_\_

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O. Have been is business under present business name \_\_\_\_\_ years.

P. Ever failed to complete any work awarded? \_\_\_\_\_ (if answer is yes, state circumstances)

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Q. Pursuant to M.G.L. c62C, t49A, the undersigned certifies under the penalties of perjury that to the best of his/her knowledge and belief all state tax returns have been filed and that all state taxes required under law have been paid. (NOTE: The Taxpayer Identification Number will be furnished to the Massachusetts Department of Revenue to determine compliance with the above- referenced law.)

R. The undersigned certifies under penalties of perjury that this application has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

Bidder: \_\_\_\_\_

By: \_\_\_\_\_  
(Sign Here)

Business Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip Code)

**NOTE:** This application must bear the written signature of the applicant.

If the applicant is an individual doing business under a name other than his own name, the application must state, giving the address of the individual.

If the applicant is a partnership, a general partner designated as such must sign the application.

If the applicant is a corporation, trust or joint venture, a duly authorized officer or agent of such corporation, trust or joint venture must sign the application.

## STATE TAX RETURN CERTIFICATE

The Boston Public Health Commission is subject to Section 49A of Chapter 62C of the Massachusetts General Laws which provides, in subsection (b), “[t]hat no contract or other agreement for the purposes of providing goods, services or real estate space... shall be entered into, renewed or extended with any person unless such person certifies in writing, under the penalties of perjury, that had complied with all laws of the commonwealth relating to taxes.”

### CERTIFICATION

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Name of Bidder or Proposer

\_\_\_\_\_  
Authorized Signature of  
Bidder or Proposer

\_\_\_\_\_  
Social Security #  
Federal Identification #

\_\_\_\_\_  
Date

Approval of a contract or other agreement will not be granted unless the bidder signs this certificate.

Social Security number of federal Identification number, as applicable, will be furnished to the Massachusetts Department of Revenue to determine compliance with the above-referenced law.

# **BOSTON PUBLIC HEALTH COMMISSION**

## **PEST CONTROL**

### **BUILDING INVENTORY**

#### **Albany Street Campus**

Woodsmullen (5 floors – Residential, other) 794 Rear Mass Ave.  
Finland Bldg. – Office – 774 Rear Albany Street

#### **Northampton Square**

SEFC – Athletic Club  
Miranda – Creamer – Office / Classrooms 785 Albany Street  
Mass. Ave Front – (1st and 2<sup>nd</sup> Floor) 723 – 727 Mass Ave.

#### **112 Southampton Street, Boston 02118**

#### **Long Island Campus**

Tobin Bldg. (5 Floors – Residential, Office)  
Morris Bldg (3 floors – residential)  
McGilvery Bldg (Kitchen Facility & Laundry)  
Administration Bldg. (4 Floors – Residential, Office)  
Wards A&B (Anchor Inn – residential 1 floor)  
Wards C & D (Safe Harbor – residential 1 floor)  
Summer Camp (kitchen, dining Hall, offices & baths)  
Chapel  
Guardhouse (1 story)  
Fire Brigade/House  
Summer Camp (Great Hall-Pool Hall)

#### **Mattapan Campus**

Bldg N – 201 Re- Entry -Transitions (2 floors – Residential, Offices)  
205 River Street – Property Management  
Bldg. E – 209 River St. Entre Familia (4floors – Residential)  
Bldg. M – 211 River St. Day Care (1 floor)  
213 River Food Pantry  
215 River Street Old Kitchen - Storage Spaces (various)

#### **Bed Counts**

Woodsmullen - 222 Beds  
112 Southampton St - 450 Beds  
201 River Street - 75 Beds  
209 River Street 30-34 Beds and 7-10 Cribs  
211 River Street - 4 Cribs

## EMS Building Inventory

Service Frequency: Monthly

Station 1	Ambulance 1 & Paramedic 1 109 Purchase Street
Station 2	Ambulance 2 & Paramedic 2 Boston Police Department 364 Warren Avenue at Edgewood Street
P3 Carney	Paramedic 3 Carney Hospital 2100 Dorchester Avenue
Station 3	Ambulance 3 Boston Police Department 1165 Blue Hill Avenue at Morton Street
Station 4	Ambulance 4 Tufts Medical Center 25 Harvard Street
Station 5	Ambulance 5 & Paramedic 5 Faulkner Hospital 1153 Center Street
Station 6	Ambulance 6 Boston Police Department 101 West Broadway
Station 7	Ambulance 7 North Gate Logan Airport
Station 10	Ambulance 8 & Ambulance 10 Boston Fire Department Fire Headquarters at Glynn Way
Station 11	Ambulance 11 Department of Public Works 58 Gibson Street
**Station 12	Ambulance 12, Ambulance 17 & Ambulance 19 203 River Street

Station 13	Ambulance 13 Boston Police Department 3345 Washington Street
Station 14	Ambulance 9 & Ambulance 14 Harvard University 287R Western Avenue
Station 15	Ambulance 15 512 Main Street Charlestown
Station 16	Ambulance 16 & Paramedic 16 Beth Israel Deaconess Hospital 330 Brookline Avenues
Station 18	Ambulance 18 58 Dana Avenue Hyde Park

Boston EMS Materials Management 754 Albany St

EMS Special Operations                      85 Bragdon Street Roxbury

Fleet Maintenance                              61 Shirley St Roxbury

\*\* Do not include this facility. Facility is covered under Mattapan Campus.

EMS requires biweekly services and on call services  
Please provide EMS pricing below:

	<b>FY-26</b>	<b>FY-27</b>	<b>FY-28</b>
<b>Total</b>	\$ _____	\$ _____	\$ _____

**PEST CONTROL BID FORM**  
 Service Frequency: Bi-Weekly or 26 per calendar year

<b>1. Albany Street Campus</b>	FY'26	FY'27	FY'28
784/794R Mass Ave. Woodsmullen	_____	_____	_____
744 Albany Street Finland Bldg	_____	_____	_____
Exterior Baiting	_____	_____	_____
<b>Campus Total</b>	_____	_____	_____

- **Require service 6 time per week – to be alternated between buildings**

<b>2. Long Island Campus</b>	FY'26	FY'27	FY'28
Tobin Bldg	_____	_____	_____
Morris Bldg	_____	_____	_____
McGilvery Bldg	_____	_____	_____
Administration Bldg	_____	_____	_____
Wards A&B	_____	_____	_____
Wards C & D	_____	_____	_____
Summer Camp	_____	_____	_____
Chapel	_____	_____	_____
Guardhouse	_____	_____	_____
Fire Brigade/House	_____	_____	_____
Exterior Baiting	_____	_____	_____
Summer Camp (Pool Hall-Great Hall)	_____	_____	_____
<b>Campus Total</b>	_____	_____	_____

<b>3. Northampton Square</b>	<b>FY'26</b>	<b>FY'27</b>	<b>FY'28</b>
SEFC	_____	_____	_____
Miranda – Creamer 785 Albany St.	_____	_____	_____
Mass. Ave Front 723- 727 Mass Ave	_____	_____	_____
Exterior Baiting	_____	_____	_____
<b>Campus Total</b>	_____	_____	_____

<b>4. 112 Southampton Street</b>	<b>FY'26</b>	<b>FY'27</b>	<b>FY'28</b>
<b>Engagement Center</b>	_____	_____	_____
<b>Exterior Baiting</b>	_____	_____	_____
<b>Campus Total</b>	_____	_____	_____

<b>5. Mattapan Campus</b>	<b>FY'26</b>	<b>FY'27</b>	<b>FY'28</b>
201 River St - Transitions/Wyman	_____	_____	_____
203 River St. - EMS	_____	_____	_____
205 River Street – PM	_____	_____	_____
209 River St. - Entre Familia	_____	_____	_____
211 River St. – M Bldg. / Day Care	_____	_____	_____
213 River St. – Food Pantry	_____	_____	_____
Exterior Baiting	_____	_____	_____
<b>Campus Total</b>	_____	_____	_____

**5. Bed Bugs**

**FY'26**

**FY'27**

**FY'28**

**Protocol/ Methodologies of treatment information included:** \_\_\_\_\_

**Price per Hour  
(Common areas)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Price per treatment per bed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Price per treatment per  
Inspection**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Bed bug treatment as needed**

**End of Document**

# Long Island Campus

