

**PROVISION OF ORACLE SOFTWARE AND SUPPORT SERVICES FOR THE  
HAWAII STATE DEPARTMENT OF EDUCATION STATEWIDE  
IFB D23-053**

Chief Procurement Officer  
Hawaii State Department of Education  
Honolulu, Hawaii 96813

To Whom It May Concern:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications, Special Conditions, and General Conditions attached hereto and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents: **(Check ✓ one only)**

- A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**  
 A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, and, if applicable, registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.  
State of incorporation: \_\_\_\_\_

Offeror is:

- Sole Proprietor     Partnership     Corporation     Joint Venture     Other

Federal I.D. Number: \_\_\_\_\_ Hawaii General Tax License I.D. Number: \_\_\_\_\_

Payment address (other than street address below): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business address (street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Respectfully submitted: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized (Original) Signature \_\_\_\_\_

Fax Number: \_\_\_\_\_

Name and Title (Type or Print) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*

**Exact Legal Name of Company (Offeror)** \_\_\_\_\_

\*If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed: \_\_\_\_\_

Offeror: \_\_\_\_\_

**EXHIBIT A**  
**OFFEROR INFORMATION**

Offeror shall provide the Exhibit A, including attachments if applicable, within three (3) business days from STATE's request.

**A. AUTHORIZED DISTRIBUTOR OR RESELLER**

At the time of bidding, Offeror shall be an authorized distributor or reseller of Oracle license and support renewals.

Authorized Distributor or reseller  
documentation attached.  Yes

**B. PERSONNEL**

Offeror shall designate at least one (1) employee as the STATE point of contact (POC) for this contract. This individual shall be based in Hawaii and available during regular business hours, 7:45 a.m. to 4:30 p.m. Hawaii Standard Time (HST), Monday through Friday excluding holidays, and shall be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance.

POC Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Business Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_