

NOTE TO BIDDERS:

1. The following section (pages BF-1 to BF-6) is a fillable form. Input your information and save the document on your computer.
2. Print and sign document.

NOTE: The following forms must be completed and uploaded as an attachment on HlePRO otherwise an offer submitted by a responsive and responsible Bidder may not receive the award:

- Bid Form pages BF-1 to BF-6
- Proof of Insurance

**FURNISHING BUILDING MAINTENANCE SERVICES FOR
DEPARTMENT OF HEALTH, ENVIRONMENTAL HEALTH ADMINISTRATION
WAIMANO RIDGE CAMPUS AND HALAWA CAMPUS**

Hawaii Department of Health, Environmental Health Administration
Waimano Ridge Campus and Halawa Campus

The undersigned, having visited the site of the work and being familiar with the conditions under which the work is being performed and having carefully read and understands the terms and conditions stipulated in the Specifications and Special Provisions attached hereto, and included by reference, and the AG General Conditions, Form AG-008 , dated 10/17/2013 (rev.), hereby submits the following bid to perform the work specified herein, all in accordance with the true intent and meaning thereof relating to Furnishing Building Maintenance Services for the Environmental Health Administration Waimano Ridge Campus and Halawa Campus located at various addresses listed in solicitation EMD 22-03 and agrees to furnish all labor, materials, equipment, tools, transportation, permits, incidentals and supplies required to complete the project in full accordance with the contract documents for the price entered in the Hawaii eProcurement System (HlePRO) in response to this Request for Proposals.

It is understood and agreed that the State reserves the right to accept or reject any or all bids, and to waive any defect in any bid when, in the opinion of the State, such rejection is in the best interest of the State.

The undersigned further understands and agrees that by submitting this bid, 1) he/she is declaring his/her bid 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.

Bidder is:

- Sole Proprietor Partnership *Corporation Joint Venture
 Other _____
*State of incorporation: _____

Hawaii General Excise Tax License I.D. No. _____

Payment address (other than street address below): _____
City, State, Zip Code: _____

Business address (street address): _____
City, State, Zip Code: _____

Date: _____

Telephone No.: _____

Fax No.: _____

E-mail Address: _____

Respectfully submitted:

(x) _____

Authorized (Original) Signature

Name and Title (Please Type or Print)

**

Exact Legal Name of Company (Bidder)

***If applicable**

****If Bidder shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:**

**Furnishing Building Maintenance Services for the
Department of Health, Environmental Health Administration
Waimano Ridge Campus and Halawa Campus**

The following bid to furnish Building Maintenance Services for the Department of Health, Environmental Health Administration Waimano Ridge Campus and Halawa Campus for a six (6) month period from the official commencement date on the Notice to Proceed, is hereby submitted:

Description	<i>A. Hourly cost</i>	<i>B. Quantity</i> (40 hrs. per week)	Total Basic Bid Price (AxB)
TOTAL BID PRICE FOR 6 MONTH TERM for All General Building Maintenance Services	\$		*\$

** Bid Price shall include costs for all labor, equipment, materials, applicable taxes (including the Hawaii General Excise Tax) and any other expenses incurred to provide services as specified herein.

***NOTE: Enter this number on the HlePRO system.**

DOH reserves the right to reject any and all bids.

Bidder _____
Name of Bidder

Are services to be rendered by company employees, or subcontracted employees, similar or equal to public officers and employees listed in the attached employee classification description?

Yes _____ No _____

If yes, complete the following:

_____ % represents the labor costs for the **Total Basic Bid**.

Hourly charge for **Building Maintenance Worker**: \$ _____ hour

Hourly charge for **General Laborer**: \$ _____ hour

Bidder provide the following information:

Bidder's Oahu Office Address: _____

Representative: _____ Telephone No. _____

Facsimile _____ E-mail Address: _____

Contractors' License number _____ (as available)

How many years has Bidder been in this business doing this type of work? _____

Insurance Coverage	Carrier	Policy No.
Commercial General Liability:		
Automobile Liability:		
Worker's Compensation:		
Temporary Disability Insurance:		
Prepaid Health Care:		
Unemployment Insurance: State of Hawaii Labor No.:		

If you are not required to have one or more of the above coverages, please explain below:

Bidder's Contact Information for Operations

Bidder must be able to verbally respond to the EHA within one (1) hour of a call/request. Furnish contact information for the person(s) to contact regarding the operations and performance of the work provided.

Name/Title

Phone Number(s)

Company and/or Government Agency References

List a minimum of two (2) companies and/or government agencies that bidder has furnished maintenance service similar to the services specified herein. The State reserves the right to contact these companies/government agencies to ascertain quality and timeliness of services provided.

<u>Name of Company/Government Agency</u>	<u>Name of Contact Person</u>	<u>Phone Number</u>	<u>Dates of Contract</u>
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