## FURNISH AND DELIVER COMMODITY PROCESSED ITEMS TO HAWAII STATE DEPARTMENT OF EDUCATION CAFETERIAS, STATEWIDE IFB D23-074

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 und	ersigned rep	resents:	(Check ✓ c	one only)	
	A <b>Hawaii b</b> u	<b>ısiness</b> inc	orporated or	organized under	the laws of the State of Hawaii; OR
	of Hawaii, ar	nd, if applic affairs Busir	able, registe	red at the State o	d or organized under the laws of the State of Hawaii Department of Commerce and lo business in the State of Hawaii.
Offeror i	s:				
□ Sole	Proprietor	□ Partne	ership [	☐ Corporation	☐ Joint Venture ☐ Other
Federal I.D. Number:			<b>⊢</b>	lawaii General Ta	ax License I.D. Number:
Paym	ent address	(other than	street addre	ss below):	
			City, State,	, Zip Code:	
	1	Business a	ddress (stree	et address):	
			City, State,	, Zip Code:	
Date:					Respectfully submitted:
Phone	Number:				
					Authorized (Original) Signature
Fax Nu	ımber:				Name and Title (Type or Print)
E mail	Address:				*
E-IIIaii	Address.				Exact Legal Name of Company (Offeror)
			on" of a corpo		e exact legal name of the corporation under

## **EXHIBIT C**Offeror Information

Exhibit C shall be provided to the STATE within three (3) business days from STATE's request.

Offeror shall provide information regarding its Distributor's permanent State of Hawaii-based business office and the applicable warehouse(s). Offeror shall print a copy of the page below for each of the islands: Oahu, Hawaii, Maui, and Kauai.

d:					
State of Hawaii-based Office					
Offeror shall provide the following information regarding its Distributor's State of Hawaii Business Office that they intend to use in the performance of obligations under this solicitation, including the Point of Contact. (Reference Special Conditions, Offeror Qualifications).					
Company Name					
Address					
Telephone Number					
Fax Number					
E-Mail Address (if applicable)					
Point of Contact					
	HIOHHAUOH TEGATUHU IIS DISHIDUIDIS WATEHOUSE(S) OHEIDI				
	nformation regarding its Distributors Warehouse(s) Offeror of obligations under this solicitation. (Reference Special				
intends to use in the performance of Conditions, Offeror Qualifications).  Address					
intends to use in the performance of Conditions, Offeror Qualifications).  Address  Telephone Number					
intends to use in the performance of Conditions, Offeror Qualifications).  Address  Telephone Number  Fax Number					
intends to use in the performance of Conditions, Offeror Qualifications).  Address  Telephone Number					
intends to use in the performance of Conditions, Offeror Qualifications).  Address  Telephone Number Fax Number E-Mail Address (if applicable)  Delivery Schedule  Except for Hana, Molokai, and Lans shall be scheduled for at least two	ai, which shall have deliveries one (1) day per week, deliveries (2) non-consecutive business days per week to all schools on ote: Friday and Monday are considered "consecutive business				

	Island/Group (continued)	Delivery Days (between 6:00 a.m. and 2:00 p.m.)
_		
_		
_		
_		

## D. **Documentation**

The Offeror shall submit the following documents. If documents apply to Offeror's Distributor, Offeror shall provide their Distributor's documents:

- a. Copy of Current State of Hawai'i Department of Health Food Safety Inspection
- b. Copy of Current State of Hawai`i Food Establishment Permit
- c. Copy of the most recent Accredited Third Party Certification review d. Copy of the most recent Food Safety Management Systems review
- e. Information as to the conversion method and location of the packing code date