

**PROVIDE APC BATTERY UNITS, BATTERY REPLACEMENT AND DISPOSAL FOR THE HAWAII  
STATE DEPARTMENT OF EDUCATION'S ENTERPRISE INFRASTRUCTURE SYSTEMS BRANCH  
DATA CENTERS  
IFB D23-049**

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 and throughout the contract period, Offeror shall be an authorized distributor or reseller of APC Symmetra PX 9Ah battery unit. As evidence of this, Offeror shall provide documentation from the manufacturer which verifies Offeror's status as an authorized distributor or reseller.

Authorized Distributor or reseller  
documentation attached. ☐ Yes

**B. C-13 LICENSE**

At the time of bidding and throughout the contract period, Offeror shall have a current Hawaii State CONTRACTOR'S Specialty License, Sub classification C-13, as issued by the Department of Commerce and Consumer Affairs, to verify Offeror is familiar with the State of Hawaii electrical codes and practices. CONTRACTOR's license shall be kept in force during the duration of this contract and for any extension(s) that may be agreed upon.

C-13 License number \_\_\_\_\_

**C. CERTIFICATION**

At the time of bidding and throughout the contract period, Offeror shall have a Schneider Electric Partner Certification and meet all requirements to provide battery replacement and disposal. Offeror shall provide a copy of the Schneider Electric Partner certification.

Schneider Electric Partner certification  
attached. ☐ Yes

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

**D. OFFICE LOCATION**

Offeror shall have an office on the island of Oahu from where business is conducted and from where the company is accessible to telephone calls during normal business hours, 7:45 a.m. to 4:30 p.m. HST, for complaints or requests that need immediate attention. An answering service is not acceptable.

Company Name \_\_\_\_\_

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

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

Office Telephone Number \_\_\_\_\_

**E. 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. 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 \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

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

Email \_\_\_\_\_

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

**F. REFERENCES**

Offeror shall provide the names of at least three (3) companies or governmental agencies to whom Offeror was or is providing APC battery units, battery replacement and disposal and who can attest to the quality level and reliability of all aspects of Offeror's work and service. The STATE reserves the right to contact these references to verify Offeror's quality level and reliability.

Reference 1

POC Name

Address Line 1

Address Line 2

Business Phone Number

Email Address

Reference 2

POC Name

Address Line 1

Address Line 2

Business Phone Number

Email Address

Reference 3

POC Name

Address Line 1

Address Line 2

Business Phone Number

Email Address