

340B INDEPENDENT AUDITOR
FOR DEPARTMENT OF PUBLIC SAFETY'S HEALTH CARE DIVISION
PSD 23-HCD-32

Procurement Officer
Department of Public Safety
State of Hawaii
Honolulu, Hawaii 96813

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the 103D General Conditions Form AG-008 Effective 10/17/13, as revised, by reference made a part hereof and available upon request; 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, but 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. No.: _____

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: _____

Respectfully submitted:

(x) _____

Authorized (Original) Signature

Date: _____

Telephone No.: _____

Name and Title (Please Type or Print)

Fax No.: _____

*
EXACT LEGAL NAME of Company (Offeror)

E-mail Address _____

*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:

340B INDEPENDENT AUDITOR
FOR DEPARTMENT OF PUBLIC SAFETY'S HEALTH CARE DIVISION
PSD 23-HCD-32

MANDATORY REQUIREMENTS

REQUIREMENT	YES	NO	PROVIDE EXPLANATION/DOCUMENTATION/SUPPORTING DOCUMENTS MAY BE ATTACHED
I. Offeror shall have five (5) years of experience conducting Annual 340B Independent Audits.			
II. Offeror must have completed at least 100 independent audits within the past year.			
III. Offeror must be able to conduct on-site audits.			

Submittal of an offer is written acknowledgement of agreeing to provide the services, and stating that Offeror is qualified pursuant to requirements of the Scope of Services.

REFERENCES

Offerors shall provide references from two clients, which have used or is currently using Offeror's services for at within the past two (2) years.

<u>Client</u>	<u>Contact Person</u>	<u>Telephone No.</u>

Offeror: _____
Company Name

340B INDEPENDENT AUDITOR
FOR DEPARTMENT OF PUBLIC SAFETY'S HEALTH CARE DIVISION
PSD 23-HCD-32

QUOTE FORM

The following offer is hereby submitted for PSD 23-HCD-32, furnishing 340B Independent Auditor for the Department of Public Safety's Health Care Division, as specified herein.

- Item 1: Initial On-Site.....\$_____ (1)
- Item 2: Mock HRSA Audit with Report.....\$_____ (2)
- Item 3: Total Monthly Maintenance
Fee per month.....\$/month x 24 months = \$_____ (3)

Total Sum Bid.....\$_____
((1) + (2) +(3))
(Items #1-3 as requested in accordance with Scope of Work)

* Offeror is advised that unit bid prices are all-inclusive (i.e. all taxes, travel-related expenses, report requirements, etc.), and that no other charges will be honored.
*Item #3 = The Department requests a monthly price for invoicing purposes, multiplied by 24 months to reflect total pricing for the initial 24-month contract period.

Offeror: _____
Company Name