

**OFFER (BID) FORM**

**Wastewater Sample and Patient Specimen**

**Transport Services**

Procurement Officer  
State of Hawaii  
Department of Health  
State Laboratories Division  
2725 Waimano Home Road  
Pearl City, Hawaii 96814  
To Whom it May Concern,

The undersigned has carefully examined, read, and understands the Scope of Service, Special Conditions, Requirements and Terms specified in this Request for Quotes.

The undersigned understands and agrees that:

1. The State reserves the right to reject any and all offers and to waive any items that are defective when, in the STATE's opinion, such rejection or waiver will be in the best interest of the State. A solicitation may be rejected in whole or part when in the best interest of the State.
2. If required, letters from joint contractors, subcontractors, or allied enterprises, if any, stating their commitment to participate in this offer in the role set forth in the offer must be enclosed in the envelope with the offer.
3. If awarded the contract, all services performed will be in accordance with Hawaii Revised Statutes (HRS) §103-55.
4. In submitting this offer, the Offeror is not in violation of HRS Chapter 84, concerning prohibited State contracts.
5. By submitting this offer, the Offeror certifies that the offer was independently arrived at without collusion and the Offeror did not participate in any practices to restrict competition.

The undersigned represents that he/she/it is a (check one only)

- Sole Proprietor       Partnership       Corporation       Joint Venture
- Other

\*State of incorporation:

Federal I.D. No.:

Hawaii General Excise Tax License I.D. No.

Payment address (if other than street address below):

City, State, Zip Code:

Respectfully submitted

Authorized Signature:

Date:

Name and Title (Please Type or Print):

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

Business Address:

Business Telephone Number:

Business Facsimile Number:

Business E-mail Address:

\*\* If the Offeror shown above is a 'dba' or a "division" of a corporation, furnish the exact legal name of the corporation on behalf of which the contract will be executed.

The following bid is hereby submitted for **Standard Business Hours** for the State Laboratories Division Monday-Friday 7:45 a.m. to 6:00 p.m. excluding State holidays:

<b>Column A</b> Collection Site Address	<b>Column B</b> Estimated Quantity of Transports Per Year	<b>Column C</b> Bid Fee Per Transport Standard Business Hours	<b>Column D</b> Total Annual Bid Cost Standard Business Hours Multiply Column B by Column C
Daniel K. Inouye International Airport 300 Rodgers Boulevard Honolulu Hawaii 96819	25	\$	\$
Kaiser Permanente Hospital 2188 Moanalua Road Honolulu HI 96819	20	\$	\$
Sand Island Wastewater Treatment Plant 1350 Sand Island Parkway Honolulu HI 96819	200	\$	\$
Tripler Hospital 1 Jarrett White Road Honolulu HI 96859	10	\$	\$
Clinical Labs of Hawaii 99- 193 Aiea Heights Drive Aiea HI 96701	20	\$	\$
Diagnostic Laboratory Services 99-859Iwaiwa Street Aiea HI 96701	15	\$	\$
Honouliuli Wastewater Treatment Plant 91-1000 Geiger Road Ewa Beach HI 96706	15	\$	\$
Kailua Wastewater Treatment Plant 95 Kaneohe Bay Drive Kailua HI 96786	15	\$	\$
Wahiawa Wastewater Treatment Plant 111California Avenue Wahiawa HI 96786	15	\$	\$
Waianae Wastewater Treatment Plant 86-100 Farrington Highway Waianae HI 96792	15	\$	\$
<b>Total Annual Bid Cost Standard Hours Add Column D</b>	Do Not Fill	Do Not Fill	\$

**Summary of Bid Proposal:**

1. Total Annual Bid for Standard Business Hours = \$

**Bid Fees shall be the all-inclusive cost to the STATE, including all applicable taxes and fees, for providing the services specified**