

OFFER FORM B

The following bid is hereby submitted for various State Facilities on Oahu, Group I:

Item No.	<u>Building</u>	Monthly <u>Unit Bid Price*</u>	X	<u>Months</u>	=	<u>Annual Bid Price</u>
-------------	-----------------	-----------------------------------	---	---------------	---	-------------------------

PART A - GUARANTEED MAINTENANCE SERVICE (ORIGINAL CONTRACT PERIOD)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hale Auhau Building	\$ _____	X	12	=	\$ _____
3.	Hawaii State Library	\$ _____	X	12	=	\$ _____
4.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
5.	Kalanimoku	\$ _____	X	12	=	\$ _____
6.	Kamamalu	\$ _____	X	12	=	\$ _____
7.	Keelikolani	\$ _____	X	12	=	\$ _____
8.	Kekuanaoa	\$ _____	X	12	=	\$ _____
9.	King Kalakaua	\$ _____	X	12	=	\$ _____
10.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
11.	Liliuokalani	\$ _____	X	12	=	\$ _____
12.	No 1 Capitol	\$ _____	X	12	=	\$ _____
13.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART A (ORIGINAL CONTRACT PERIOD): \$ _____ (A-1)

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Name of Company

Item No.	Building	Monthly Unit Bid Price*	X	Months	=	Annual Bid Price
-------------	----------	----------------------------	---	--------	---	------------------

PART A - GUARANTEED MAINTENANCE SERVICE (1st SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hale Auhau Building	\$ _____	X	12	=	\$ _____
3.	Hawaii State Library	\$ _____	X	12	=	\$ _____
4.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
5.	Kalanimoku	\$ _____	X	12	=	\$ _____
6.	Kamamalu	\$ _____	X	12	=	\$ _____
7.	Keelikolani	\$ _____	X	12	=	\$ _____
8.	Kekuanaoa	\$ _____	X	12	=	\$ _____
9.	King Kalakaua	\$ _____	X	12	=	\$ _____
10.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
11.	Liliuokalani	\$ _____	X	12	=	\$ _____
12.	No 1 Capitol	\$ _____	X	12	=	\$ _____
13.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART A (1st Supplemental YEAR): \$ _____ **(A-2)****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Monthly Unit Bid Price*	X	Months	=	Annual Bid Price
-------------	----------	----------------------------	---	--------	---	------------------

PART A - GUARANTEED MAINTENANCE SERVICE (2ND SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hale Auhau Building	\$ _____	X	12	=	\$ _____
3.	Hawaii State Library	\$ _____	X	12	=	\$ _____
4.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
5.	Kalanimoku	\$ _____	X	12	=	\$ _____
6.	Kamamalu	\$ _____	X	12	=	\$ _____
7.	Keelikolani	\$ _____	X	12	=	\$ _____
8.	Kekuanaoa	\$ _____	X	12	=	\$ _____
9.	King Kalakaua	\$ _____	X	12	=	\$ _____
10.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
11.	Liliuokalani	\$ _____	X	12	=	\$ _____
12.	No 1 Capitol	\$ _____	X	12	=	\$ _____
13.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART A (2ND SUPPLEMENTAL YEAR): \$ _____ (A-3)**

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Monthly Unit Bid Price*	X	Months	=	Annual Bid Price
-------------	----------	----------------------------	---	--------	---	------------------

PART A - GUARANTEED MAINTENANCE SERVICE (3RD SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hale Auhau Building	\$ _____	X	12	=	\$ _____
3.	Hawaii State Library	\$ _____	X	12	=	\$ _____
4.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
5.	Kalanimoku	\$ _____	X	12	=	\$ _____
6.	Kamamalu	\$ _____	X	12	=	\$ _____
7.	Keelikolani	\$ _____	X	12	=	\$ _____
8.	Kekuanaoa	\$ _____	X	12	=	\$ _____
9.	King Kalakaua	\$ _____	X	12	=	\$ _____
10.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
11.	Liliuokalani	\$ _____	X	12	=	\$ _____
12.	No 1 Capitol	\$ _____	X	12	=	\$ _____
13.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART A (3RD SUPPLEMENTAL YEAR): \$ _____ (A-4)**

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	<u>Building</u>	Monthly <u>Unit Bid Price*</u>	X	<u>Months</u>	=	<u>Annual Bid Price</u>
-------------	-----------------	-----------------------------------	---	---------------	---	-------------------------

PART A - GUARANTEED MAINTENANCE SERVICE (4TH SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hale Auhau Building	\$ _____	X	12	=	\$ _____
3.	Hawaii State Library	\$ _____	X	12	=	\$ _____
4.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
5.	Kalanimoku	\$ _____	X	12	=	\$ _____
6.	Kamamalu	\$ _____	X	12	=	\$ _____
7.	Keelikolani	\$ _____	X	12	=	\$ _____
8.	Kekuanaoa	\$ _____	X	12	=	\$ _____
9.	King Kalakaua	\$ _____	X	12	=	\$ _____
10.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
11.	Liliuokalani	\$ _____	X	12	=	\$ _____
12.	No 1 Capitol	\$ _____	X	12	=	\$ _____
13.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART A (4TH SUPPLEMENTAL YEAR): \$ _____ (A-5)**

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

PART A - GUARANTEED MAINTENANCE SERVICE

TOTAL ORIGINAL CONTRACT PERIOD PRICE: \$ _____ (A-1)
TOTAL 1ST SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (A-2)^{**}
TOTAL 2ND SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (A-3)^{**}
TOTAL 3RD SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (A-4)^{**}
TOTAL 4TH SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (A-5)^{**}

**TOTAL BID PRICE FOR FIVE (5) YEAR PERIOD
PART A FOR EVALUATION PURPOSES^{***}:** \$ _____ **(A)^{***}**

- * Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.
- ** This amount will be used for future contract supplements, if applicable.
- *** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Monthly	Unit Bid Price*	X	Months	=	Annual Bid Price
----------	----------	---------	-----------------	---	--------	---	------------------

PART B – WATER TREATMENT SERVICE (ORIGINAL CONTRACT PERIOD)

1.	Diamond Head Health Center		\$ _____	X	12	=	\$ _____
2.	Hawaii State Library		\$ _____	X	12	=	\$ _____
3.	Kakuhihewa (Kapolei SOB)		\$ _____	X	12	=	\$ _____
4.	Kamamalu		\$ _____	X	12	=	\$ _____
5.	Keelikolani		\$ _____	X	12	=	\$ _____
6.	Kekuanaoa		\$ _____	X	12	=	\$ _____
7.	Leiopapa A Kamehameha (SOT)		\$ _____	X	12	=	\$ _____
8.	Liliuokalani		\$ _____	X	12	=	\$ _____
9.	No 1 Capitol		\$ _____	X	12	=	\$ _____
10.	State Capitol		\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART B (ORIGINAL CONTRACT PERIOD): \$ _____ (B-1)

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Monthly	Unit Bid Price*	X	Months	=	Annual Bid Price
----------	----------	---------	-----------------	---	--------	---	------------------

PART B – WATER TREATMENT SERVICE (1ST SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center		\$ _____	X	12	=	\$ _____
2.	Hawaii State Library		\$ _____	X	12	=	\$ _____
3.	Kakuhihewa (Kapolei SOB)		\$ _____	X	12	=	\$ _____
4.	Kamamalu		\$ _____	X	12	=	\$ _____
5.	Keelikolani		\$ _____	X	12	=	\$ _____
6.	Kekuanaoa		\$ _____	X	12	=	\$ _____
7.	Leiopapa A Kamehameha (SOT)		\$ _____	X	12	=	\$ _____
8.	Liliuokalani		\$ _____	X	12	=	\$ _____
9.	No 1 Capitol		\$ _____	X	12	=	\$ _____
10.	State Capitol		\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART B (1ST SUPPLEMENTAL YEAR): \$ _____ **(B-2)****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Monthly Unit Bid Price*	X	Months	=	Annual Bid Price
-------------	----------	----------------------------	---	--------	---	------------------

PART B – WATER TREATMENT SERVICE (2ND SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hawaii State Library	\$ _____	X	12	=	\$ _____
3.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
4.	Kamamalu	\$ _____	X	12	=	\$ _____
5.	Keelikolani	\$ _____	X	12	=	\$ _____
6.	Kekuanaoa	\$ _____	X	12	=	\$ _____
7.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
8.	Liliuokalani	\$ _____	X	12	=	\$ _____
9.	No 1 Capitol	\$ _____	X	12	=	\$ _____
10.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART B (2ND SUPPLEMENTAL YEAR): \$ _____ **(B-3)****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Monthly Unit Bid Price*	X	Months	=	Annual Bid Price
-------------	----------	----------------------------	---	--------	---	------------------

PART B – WATER TREATMENT SERVICE (3RD SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hawaii State Library	\$ _____	X	12	=	\$ _____
3.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
4.	Kamamalu	\$ _____	X	12	=	\$ _____
5.	Keelikolani	\$ _____	X	12	=	\$ _____
6.	Kekuanaoa	\$ _____	X	12	=	\$ _____
7.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
8.	Liliuokalani	\$ _____	X	12	=	\$ _____
9.	No 1 Capitol	\$ _____	X	12	=	\$ _____
10.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART B (3RD SUPPLEMENTAL YEAR): \$ _____ **(B-4)****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Monthly Unit Bid Price*	X	Months	=	Annual Bid Price
-------------	----------	----------------------------	---	--------	---	------------------

PART B – WATER TREATMENT SERVICE (4TH SUPPLEMENTAL YEAR)

1.	Diamond Head Health Center	\$ _____	X	12	=	\$ _____
2.	Hawaii State Library	\$ _____	X	12	=	\$ _____
3.	Kakuhihewa (Kapolei SOB)	\$ _____	X	12	=	\$ _____
4.	Kamamalu	\$ _____	X	12	=	\$ _____
5.	Keelikolani	\$ _____	X	12	=	\$ _____
6.	Kekuanaoa	\$ _____	X	12	=	\$ _____
7.	Leiopapa A Kamehameha (SOT)	\$ _____	X	12	=	\$ _____
8.	Liliuokalani	\$ _____	X	12	=	\$ _____
9.	No 1 Capitol	\$ _____	X	12	=	\$ _____
10.	State Capitol	\$ _____	X	12	=	\$ _____

TOTAL BID PRICE FOR PART B (4TH SUPPLEMENTAL YEAR): \$ _____ **(B-5)****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

PART B - WATER TREATMENT SERVICE

TOTAL ORIGINAL CONTRACT PERIOD PRICE: \$ _____ (B-1)

TOTAL 1ST SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (B-2)^{**}

TOTAL 2ND SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (B-3)^{**}

TOTAL 3RD SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (B-4)^{**}

TOTAL 4TH SUPPLEMENTAL YEAR PRICE^{**}: \$ _____ (B-5)^{**}

**TOTAL BID PRICE FOR FIVE (5) YEAR PERIOD
PART B FOR EVALUATION PURPOSES^{***}:** \$ _____ **(B)^{***}**

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item

No. Building

Building Unit Bid Price*

PART C – CHILLER WASTE OIL DISPOSAL (ORIGINAL CONTRACT PERIOD)

1.	Diamond Head Health Center Chiller 1 & 2 = 30 Gal Oil	\$ _____
2.	Hawaii State Library Chiller 1 & 2 = 14 Gal Oil	\$ _____
3.	Kakuhihewa Building (Kapolei) Chiller 1, & 2 = 21 Gal Oil	\$ _____
4.	Kamamalu Chiller 1, & 2 = 21 Gal Oil	\$ _____
5.	Keelikolani Chiller 1, 2 & 3 = 20 Gal Oil	\$ _____
6.	Kekuanaoa Chiller 1 & 2 = 20 Gal Oil	\$ _____
7.	King Kalakaua Chiller 1 & 2 = 20 Gal Oil	\$ _____
8.	Leiopapa A Kamehameha Chiller 1, 2 & 3 = 20 Gal Oil	\$ _____
9.	Liliuokalani Chiller 1 & 2 = 15 Gal Oil	\$ _____
10.	No 1 Capitol Chiller 1, 2 & 3 = 20 Gal Oil	\$ _____
11.	State Capitol Chiller 1, 2 & 3 = 30 Gal Oil	\$ _____

TOTAL BID PRICE FOR PART C (ORIGINAL CONTRACT PERIOD): \$ _____ **(C-1)**

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	<u>Building Unit Bid Price*</u>
-------------	----------	---------------------------------

PART C – CHILLER WASTE OIL DISPOSAL (1ST SUPPLEMENTAL YEAR)

- | | | |
|-----|--|----------|
| 1. | Diamond Head Health Center
Chiller 1 & 2 = 30 Gal Oil | \$ _____ |
| 2. | Hawaii State Library
Chiller 1 & 2 = 14 Gal Oil | \$ _____ |
| 3. | Kakuhihewa Building (Kapolei)
Chiller 1, & 2 = 21 Gal Oil | \$ _____ |
| 4. | Kamamalu
Chiller 1, & 2 = 21 Gal Oil | \$ _____ |
| 5. | Keelikolani
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 6. | Kekuanaoa
Chiller 1 & 2 = 20 Gal Oil | \$ _____ |
| 7. | King Kalakaua
Chiller 1 & 2 = 20 Gal Oil | \$ _____ |
| 8. | Leiopapa A Kamehameha
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 9. | Liliuokalani
Chiller 1 & 2 = 15 Gal Oil | \$ _____ |
| 10. | No 1 Capitol
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 11. | State Capitol
Chiller 1, 2 & 3 = 30 Gal Oil | \$ _____ |

TOTAL BID PRICE FOR PART C (1ST SUPPLEMENTAL YEAR): \$ _____ (C-2)**

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item

No. Building

Building Unit Bid Price*

PART C –CHILLER WASTE OIL DISPOSAL (2ND SUPPLEMENTAL YEAR)

- | | | |
|-----|--|----------|
| 1. | Diamond Head Health Center
Chiller 1 & 2 = 30 Gal Oil | \$ _____ |
| 2. | Hawaii State Library
Chiller 1 & 2 = 14 Gal Oil | \$ _____ |
| 3. | Kakuhihewa Building (Kapolei)
Chiller 1, & 2 = 21 Gal Oil | \$ _____ |
| 4. | Kamamalu
Chiller 1, & 2 = 21 Gal Oil | \$ _____ |
| 5. | Keelikolani
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 6. | Kekuanaoa
Chiller 1 & 2 = 20 Gal Oil | \$ _____ |
| 7. | King Kalakaua
Chiller 1 & 2 = 20 Gal Oil | \$ _____ |
| 8. | Leiopapa A Kamehameha
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 9. | Liliuokalani
Chiller 1 & 2 = 15 Gal Oil | \$ _____ |
| 10. | No 1 Capitol
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 11. | State Capitol
Chiller 1, 2 & 3 = 30 Gal Oil | \$ _____ |

TOTAL BID PRICE FOR PART C (2nd SUPPLEMENTAL YEAR): \$ _____ (C-3)**

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item

No. Building

Building Unit Bid Price*

PART C – CHILLER WASTE OIL DISPOSAL (3RD SUPPLEMENTAL YEAR)

- 1. Diamond Head Health Center
Chiller 1 & 2 = 30 Gal Oil \$ _____
- 2. Hawaii State Library
Chiller 1 & 2 = 14 Gal Oil \$ _____
- 3. Kakuhihewa Building (Kapolei)
Chiller 1, & 2 = 21 Gal Oil \$ _____
- 4. Kamamalu
Chiller 1, & 2 = 21 Gal Oil \$ _____
- 5. Keelikolani
Chiller 1, 2 & 3 = 20 Gal Oil \$ _____
- 6. Kekuanaoa
Chiller 1 & 2 = 20 Gal Oil \$ _____
- 7. King Kalakaua
Chiller 1 & 2 = 20 Gal Oil \$ _____
- 8. Leiopapa A Kamehameha
Chiller 1, 2 & 3 = 20 Gal Oil \$ _____
- 9. Liliuokalani
Chiller 1 & 2 = 15 Gal Oil \$ _____
- 10. No 1 Capitol
Chiller 1, 2 & 3 = 20 Gal Oil \$ _____
- 11. State Capitol
Chiller 1, 2 & 3 = 30 Gal Oil \$ _____

TOTAL BID PRICE FOR PART C (3RD SUPPLEMENTAL YEAR): \$ _____ **(C-4)****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	<u>Building</u>	<u>Building Unit Bid Price*</u>
-------------	-----------------	---------------------------------

PART C – CHILLER WASTE OIL DISPOSAL (4TH SUPPLEMENTAL YEAR)

- | | | |
|-----|--|----------|
| 1. | Diamond Head Health Center
Chiller 1 & 2 = 30 Gal Oil | \$ _____ |
| 2. | Hawaii State Library
Chiller 1 & 2 = 14 Gal Oil | \$ _____ |
| 3. | Kakuhihewa Building (Kapolei)
Chiller 1, & 2 = 21 Gal Oil | \$ _____ |
| 4. | Kamamalu
Chiller 1, & 2 = 21 Gal Oil | \$ _____ |
| 5. | Keelikolani
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 6. | Kekuanaoa
Chiller 1 & 2 = 20 Gal Oil | \$ _____ |
| 7. | King Kalakaua
Chiller 1 & 2 = 20 Gal Oil | \$ _____ |
| 8. | Leiopapa A Kamehameha
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 9. | Liliuokalani
Chiller 1 & 2 = 15 Gal Oil | \$ _____ |
| 10. | No 1 Capitol
Chiller 1, 2 & 3 = 20 Gal Oil | \$ _____ |
| 11. | State Capitol
Chiller 1, 2 & 3 = 30 Gal Oil | \$ _____ |

TOTAL BID PRICE FOR PART C (4TH SUPPLEMENTAL YEAR): \$ _____ **(C-5)****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.
 ** This amount will be used for future contract supplements, if applicable.
 *** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
 Name of Company

PART C – CHILLER WASTE OIL DISPOSAL

TOTAL ORIGINAL CONTRACT PERIOD PRICE: \$_____ (C-1)
TOTAL 1ST SUPPLEMENTAL YEAR PRICE^{**}: \$_____ (C-2)^{**}
TOTAL 2ND SUPPLEMENTAL YEAR PRICE^{**}: \$_____ (C-3)^{**}
TOTAL 3RD SUPPLEMENTAL YEAR PRICE^{**}: \$_____ (C-4)^{**}
TOTAL 4TH SUPPLEMENTAL YEAR PRICE^{**}: \$_____ (C-5)^{**}

**TOTAL BID PRICE FOR FIVE (5) YEAR PERIOD
PART C FOR EVALUATION PURPOSES^{***}:** \$_____ **(C)^{***}**

- * Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.
- ** This amount will be used for future contract supplements, if applicable.
- *** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

Item No.	Building	Servicing Unit Bid Price*	X	No. of Chillers	=	Annual Bid Price
----------	----------	---------------------------	---	-----------------	---	------------------

PART D – CHILLER EDDY CURRENT TESTING (3rd SUPPLEMENTAL YEAR ONLY)
(Both Evaporator & Condensor – unless noted)

1.	Diamond Head Health Center	\$ _____	X	2	=	\$ _____
2.	Hawaii State Library	\$ _____	X	2	=	\$ _____
3.	Kakuhihewa (Kapolei SOB)	\$ _____	X	2	=	\$ _____
4.	Kamamalu	\$ _____	X	2	=	\$ _____
5.	Keelikolani	\$ _____	X	3	=	\$ _____
6.	Kekuanaoa	\$ _____	X	2	=	\$ _____
7.	King Kalakaua	\$ _____	X	2	=	\$ _____
8.	Leiopapa A Kamehameha (SOT)	\$ _____	X	3	=	\$ _____
9.	Liliuokalani	\$ _____	X	2	=	\$ _____
10.	No 1 Capitol	\$ _____	X	3	=	\$ _____
11.	State Capitol	\$ _____	X	3	=	\$ _____

TOTAL BID PRICE FOR PART D:** \$ _____ (D-1)**

NOTE: PART D is for 3rd SUPPLEMENTAL YEAR ONLY.

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
 Name of Company

TOTAL BID PRICE FOR PARTS A, B, C AND D

	<u>Maintenance Service (Part A)</u>	+	<u>Water Treatment Service (Part B)</u>	+	<u>Chiller Waste Oil Disposal (Part C)</u>	+	<u>Chiller Eddy Testing (Part D)</u>	=	<u>Total</u>
Original Contract (Part A-1, B-1 and C-1)	\$ _____	+	\$ _____	+	\$ _____			=	\$ _____ †
1 st Supplemental Year (Part A-2, B-2 and C-2)	\$ _____	+	\$ _____	+	\$ _____			=	\$ _____ **
2 nd Supplemental Year (Part A-3, B-3 and C-3)	\$ _____	+	\$ _____	+	\$ _____			=	\$ _____ **
3 rd Supplemental Year (Part A-4, B-4, C-4 and D)	\$ _____	+	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____ **
4 th Supplemental Year (Part A-5, B-5 and C-5)	\$ _____	+	\$ _____	+	\$ _____			=	\$ _____ **

TOTAL BID PART FOR PART A, B, C AND D FOR FIVE YEAR PERIOD: \$ _____ ***

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

† THIS AMOUNT TO BE ENTERED IN THE HEPS OFFER RESPONSE SECTION.

Offeror _____
Name of Company

PART E – ESTIMATED EXTRA WORK SERVICE (FOR BID EVALUATION PURPOSES ONLY):

(Refer to Special Provisions page SP-7, Bid Quotation for Estimated Extra Work Service, Part E.)

(Standard hourly rate charged by the Offeror and **NOT AN OVERTIME RATE**, including fringe, taxes, travel, etc.)

Original Contract Period

Standard Hourly Rate \$_____ / hour x 400 hours/year = \$_____

1st Supplemental Year

Standard Hourly Rate \$_____ / hour x 400 hours/year = \$_____ **

2nd Supplemental Year

Standard Hourly Rate \$_____ / hour x 400 hours/year = \$_____ **

3rd Supplemental Year

Standard Hourly Rate \$_____ / hour x 400 hours/year = \$_____ **

4th Supplemental Year

Standard Hourly Rate \$_____ / hour x 400 hours/year = \$_____ **

**TOTAL BID PRICE FOR FIVE (5) YEAR PERIOD
PART F FOR EVALUATION PURPOSES***:**

\$_____ **(E)*****

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror_____

Name of Company

TOTAL SUM BID PRICE*:** \$_____ ***

(Total Bid Price for Parts A, B, C, D and E for Five (5) year Period.

* Price to include Monthly, Bi-Monthly, Quarterly, Semi-Annual and Annual Services if applicable for Parts A, B, C and D.

** This amount will be used for future contract supplements, if applicable.

*** This amount is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

Offeror _____
Name of Company

