OFFER FORM B

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

| Item <u>No.</u> | Building | Monthly <u>Unit Bid Price</u> * | Х | <u>Months</u> | = | Annual Bid Price | |
|--------------------|---------------------------------|------------------------------------|-------|---------------|---|------------------|------|
| PART | A - GUARANTEED MAINTENANCE S | ERVICE (ORIGINAL CONTRA | CT PE | RIOD) | | | |
| 1. | Diamond Head Health Center | \$ | Х | 12 | = | \$ | |
| 2. | Hale Auhau Building | \$ | Χ | 12 | = | \$ | |
| 3. | Hawaii State Library | \$ | Χ | 12 | = | \$ | |
| 4. | Kakuhihewa (Kapolei SOB) | \$ | Χ | 12 | = | \$ | |
| 5. | Kalanimoku | \$ | Χ | 12 | = | \$ | |
| 6. | Kamamalu | \$ | Χ | 12 | = | \$ | |
| 7. | Keelikolani | \$ | Χ | 12 | = | \$ | |
| 8. | Kekuanaoa | \$ | Χ | 12 | = | \$ | |
| 9. | King Kalakaua | \$ | Χ | 12 | = | \$ | |
| 10. | Leiopapa A Kamehameha (SOT) | \$ | Χ | 12 | = | \$ | |
| 11. | Liliuokalani | \$ | Χ | 12 | = | \$ | |
| 12. | No 1 Capitol | \$ | Χ | 12 | = | \$ | |
| 13. | State Capitol | \$ | X | 12 | = | \$ | |
| TOTA | L BID PRICE FOR PART A (ORIGINA | L CONTRACT PERIOD): | | | | \$(| A-1) |

| Offeror | |
|---------|----------------------|
| | IFB NO. CSD-23-012-O |

OFFER FORM 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.

Name of Company

OFFER FORM B OFB-2 IFB NO. CSD-23-012-0

| | | SERVICE (1st SUPPLEMEN | TAL YEAF | <u>?)</u> | | | |
|--------|---|-------------------------------|-------------|--------------|--------|-------------------------|---------|
| 1. | Diamond Head Health Center | \$ | X | 12 | = | \$ | |
| 2. | Hale Auhau Building | \$ | X | 12 | = | \$ | |
| 3. | Hawaii State Library | \$ | Χ | 12 | = | \$ | |
| 4. | Kakuhihewa (Kapolei SOB) | \$ | Χ | 12 | = | \$ | |
| 5. | Kalanimoku | \$ | Χ | 12 | = | \$ | |
| 6. | Kamamalu | \$ | Χ | 12 | = | \$ | |
| 7. | Keelikolani | \$ | Χ | 12 | = | \$ | |
| 8. | Kekuanaoa | \$ | X | 12 | = | \$ | |
| 9. | King Kalakaua | \$ | Χ | 12 | = | \$ | |
| 10. | Leiopapa A Kamehameha (SOT) | \$ | Χ | 12 | = | \$ | |
| 11. | Liliuokalani | \$ | Χ | 12 | = | \$ | |
| 12. | No 1 Capitol | \$ | Χ | 12 | = | \$ | |
| 13. | State Capitol | \$ | Χ | 12 | = | \$ | |
| | _ BID PRICE FOR PART A (1st Suppl | • | | | | \$ | (A-2)** |
| ' Pri | ce to include Monthly, Bi-Monthly, Qua | rterly, Semi-Annual and Ann | iual Servic | es if applic | able f | or Parts A, B, C and D. | |
| ** Thi | s amount will be used for future contra | ct supplements, if applicable |). | | | | |

Offeror____

Name of Company

OFFER FORM B OFB-3 IFB NO. CSD-23-012-0

| Item <u>No.</u> | Building | Monthly <u>Unit Bid Price</u> * | Χ | <u>Months</u> | = | Annual Bid Price | |
|--------------------|---|------------------------------------|-------------|---------------|-------|--------------------------|---------|
| PAR1 | A - GUARANTEED MAINTENANCE | SERVICE (2 ND SUPPLEME | NTAL YEA | <u>R)</u> | | | |
| 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 | \$ | Χ | 12 | = | \$ | _ |
| 6. | Kamamalu | \$ | Χ | 12 | = | \$ | _ |
| 7. | Keelikolani | \$ | Χ | 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 | = | \$ | _ |
| | | | | | | | |
| TOTA | L BID PRICE FOR PART A (2 ND SUP | PLEMENTAL YEAR): | | | | \$ | (A-3)** |
| * F | rice to include Monthly, Bi-Monthly, Qu | uarterly, Semi-Annual and Ar | nnual Servi | ces if appli | cable | for Parts A, B, C and D. | |
| | nis amount will be used for future contr | • | | • • | | | |

| Offeror | | |
|---------|-----------------|--|
| | Name of Company | |

OFFER FORM B OFB-4 IFB NO. CSD-23-012-O

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

| PAR | A - GUARANTEED MAINTENANCE | SERVICE (3 ND SUPPLEME | NIAL YEAR | <u> </u> | | | |
|------|---|-----------------------------------|-----------|----------|---|----------|---------|
| 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 | = | \$ | _ |
| TOTA | L BID PRICE FOR PART A (3 RD SUP | PIEMENTAL YEAR): | | | | ¢ | (A-4)** |

| Offeror_ | |
|----------|-----------------|
| | Name of Company |

OFFER FORM B OFB-5 IFB NO. CSD-23-012-O

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

| Item | | Monthly | | | | |
|-------------|------------------------------|----------------------------------|-------------|---------------|---|------------------|
| <u>No.</u> | Building | Unit Bid Price* | Χ | <u>Months</u> | = | Annual Bid Price |
| <u>PART</u> | A - GUARANTEED MAINTENANCE S | SERVICE (4 TH SUPPLEM | MENTAL YEAI | <u>R)</u> | | |
| 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 SUPPLEMNTAL YEAR):

| Offeror_ | |
|----------|-----------------|
| | Name of Company |

(A-5)**

OFFER FORM B OFB-6 IFB NO. CSD-23-012-0

^{*} 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.

PART A - GUARANTEED MAINTENANCE SERVICE

| TOTAL BID PRICE FOR FIVE (5) YEAR PERIOD PART A FOR EVALUATION PURPOSES***: | \$ (A)*** |
|---|---------------|
| TOTAL 4 TH SUPPLEMENTAL YEAR PRICE**: | \$ (A-5)** |
| TOTAL 3RD SUPPLEMENTAL YEAR PRICE**: | \$ (A-4)** |
| TOTAL 2 ND SUPPLEMENTAL YEAR PRICE**: | \$ (A-3)** |
| TOTAL 1ST SUPPLEMENTAL YEAR PRICE**: | \$ (A-2)** |
| TOTAL ORIGINAL CONTRACT PERIOD PRICE: | \$ (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.

Offeror______Name of Company

OFFER FORM B OFB-7 IFB NO. CSD-23-012-0

| tem | Monthly | | | | | | |
|----------|---------------------------------|-----------------------|-------|---------------|---|------------------|-------|
| <u> </u> | Building | Unit Bid Price* | X | <u>Months</u> | = | Annual Bid Price | |
| PART | B - WATER TREATMENT SERVICE | (ORIGINAL CONTRACT PE | RIOD) | | | | |
| 1. | Diamond Head Health Center | \$ | Х | 12 | = | \$ | |
| 2. | Hawaii State Library | \$ | Χ | 12 | = | \$ | |
| 3. | Kakuhihewa (Kapolei SOB) | \$ | Χ | 12 | = | \$ | |
| 4. | Kamamalu | \$ | Χ | 12 | = | \$ | |
| 5. | Keelikolani | \$ | Χ | 12 | = | \$ | |
| 6. | Kekuanaoa | \$ | Χ | 12 | = | \$ | |
| 7. | Leiopapa A Kamehameha (SOT) | \$ | Χ | 12 | = | \$ | |
| 8. | Liliuokalani | \$ | Χ | 12 | = | \$ | |
| 9. | No 1 Capitol | \$ | Χ | 12 | = | \$ | |
| 10. | State Capitol | \$ | Χ | 12 | = | \$ | |
| ГОТА | L BID PRICE FOR PART B (ORIGINA | L CONTRACT PERIOD): | | | | \$ | (B-1) |

| Offeror | | |
|---------|-----------------|--|
| | Name of Company | |

OFFER FORM B OFB-8 IFB NO. CSD-23-012-0

^{*} 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.

| tem <u>Vo.</u> | Monthly Building | Unit Bid Price* | Χ | Months | = | Annual Bid Price | |
|-------------------|--|-------------------------------------|---|--------|---|------------------|-----------|
| | B – WATER TREATMENT SERVICE | (1 ST SUPPLEMENTAL YEAR) | | | | | |
| 1. | Diamond Head Health Center | \$ | Χ | 12 | = | \$ | |
| 2. | Hawaii State Library | \$ | Χ | 12 | = | \$ | |
| 3. | Kakuhihewa (Kapolei SOB) | \$ | Χ | 12 | = | \$ | |
| 4. | Kamamalu | \$ | Χ | 12 | = | \$ | |
| 5. | Keelikolani | \$ | Χ | 12 | = | \$ | |
| 6. | Kekuanaoa | \$ | Χ | 12 | = | \$ | |
| 7. | Leiopapa A Kamehameha (SOT) | \$ | Χ | 12 | = | \$ | |
| 8. | Liliuokalani | \$ | Χ | 12 | = | \$ | |
| 9. | No 1 Capitol | \$ | Χ | 12 | = | \$ | |
| 10. | State Capitol | \$ | Χ | 12 | = | \$ | |
| | • | | | | | | |
| ГОТА | L BID PRICE FOR PART B (1 ST SUPP | LEMENTAL YEAR): | | | | \$ | _ (B-2)** |

| Offeror_ | | |
|----------|-----------------|---|
| | Name of Company | · |

OFFER FORM B OFB-9 IFB NO. CSD-23-012-0

^{*} 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.

| tem | Duilding | Monthly | V | Mantha | | Annual Did Drice | |
|------------|--|-------------------------------------|-------|---------------|-------|---------------------------|-----------|
| <u>Vo.</u> | Building | Unit Bid Price* | Χ | <u>Months</u> | = | Annual Bid Price | |
| PART | B – WATER TREATMENT SERVICE | (2 ND SUPPLEMENTAL YEAR) | | | | | |
| 1. | Diamond Head Health Center | \$ | Χ | 12 | = | \$ | |
| 2. | Hawaii State Library | \$ | Χ | 12 | = | \$ | |
| 3. | Kakuhihewa (Kapolei SOB) | \$ | Χ | 12 | = | \$ | |
| 4. | Kamamalu | \$ | Χ | 12 | = | \$ | |
| 5. | Keelikolani | \$ | Χ | 12 | = | \$ | |
| 6. | Kekuanaoa | \$ | Χ | 12 | = | \$ | |
| 7. | Leiopapa A Kamehameha (SOT) | \$ | Χ | 12 | = | \$ | |
| 8. | Liliuokalani | \$ | Χ | 12 | = | \$ | |
| 9. | No 1 Capitol | \$ | Χ | 12 | = | \$ | |
| 10. | State Capitol | \$ | Χ | 12 | = | \$ | |
| | | | | | | | |
| ГОТА | L BID PRICE FOR PART B (2 ND SUPP | LEMENTAL YEAR): | | | | \$ | _ (B-3)** |
| · Р | rice to include Monthly. Bi-Monthly. Qua | arterly Semi-Annual and Annual | Servi | ices if appli | cahle | for Parts A. B. C. and D. | |

| Offeror_ | | |
|----------|-----------------|--|
| | Name of Company | |

OFFER FORM B OFB-10 IFB NO. CSD-23-012-O

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.

| Duilding | Monthly | V | Mantha | | Americal Diel Deine | |
|--|---|---|---|---|---|--|
| Building | Unit Bid Price | Χ | iviontns | = | Annual Bid Price | |
| B - WATER TREATMENT SERVICE | (3 RD SUPPLEMENTAL YEAR) | | | | | |
| Diamond Head Health Center | \$ | Χ | 12 | = | \$ | |
| Hawaii State Library | \$ | Χ | 12 | = | \$ | |
| Kakuhihewa (Kapolei SOB) | \$ | Χ | 12 | = | \$ | |
| Kamamalu | \$ | Χ | 12 | = | \$ | |
| Keelikolani | \$ | Χ | 12 | = | \$ | |
| Kekuanaoa | \$ | Χ | 12 | = | \$ | |
| Leiopapa A Kamehameha (SOT) | \$ | Χ | 12 | = | \$ | |
| Liliuokalani | \$ | Χ | 12 | = | \$ | |
| No 1 Capitol | \$ | Χ | 12 | = | \$ | |
| State Capitol | \$ | Χ | 12 | = | \$ | |
| | | | | | | |
| L BID PRICE FOR PART B (3 RD SUPF | PLEMENTAL YEAR): | | | | \$ | _ (B-4)** |
| | | | | | | |
| | Diamond Head Health Center Hawaii State Library Kakuhihewa (Kapolei SOB) Kamamalu Keelikolani Kekuanaoa Leiopapa A Kamehameha (SOT) Liliuokalani No 1 Capitol State Capitol | Building Unit Bid Price* B – WATER TREATMENT SERVICE (3 RD SUPPLEMENTAL YEAR) Diamond Head Health Center Hawaii State Library Kakuhihewa (Kapolei SOB) Kamamalu Keelikolani Kekuanaoa Leiopapa A Kamehameha (SOT) Liliuokalani No 1 Capitol | Building Unit Bid Price* X B - WATER TREATMENT SERVICE (3RD SUPPLEMENTAL YEAR) Diamond Head Health Center \$ X Hawaii State Library \$ X Kakuhihewa (Kapolei SOB) \$ X Kamamalu \$ X Keelikolani \$ X Kekuanaoa \$ X Leiopapa A Kamehameha (SOT) \$ X Liliuokalani \$ X No 1 Capitol \$ X State Capitol \$ X | Building Unit Bid Price* X Months B – WATER TREATMENT SERVICE (3 RD SUPPLEMENTAL YEAR) Diamond Head Health Center \$ | Building Unit Bid Price* X Months = B – WATER TREATMENT SERVICE (3 RD SUPPLEMENTAL YEAR) Diamond Head Health Center \$ | Building Unit Bid Price* X Months = Annual Bid Price B – WATER TREATMENT SERVICE (3 RD SUPPLEMENTAL YEAR) Diamond Head Health Center \$ X 12 = \$ |

| Offeror_ | | |
|----------|-----------------|---|
| | Name of Company | · |

OFFER FORM B OFB-11 IFB NO. CSD-23-012-0

^{*} 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.

| tem | Della lie | Monthly | V | Maratha | | Assessed Did Daises | |
|----------|--|-------------------------------------|-------|---------------|-------|--------------------------|--------|
| <u> </u> | Building | Unit Bid Price* | Χ | <u>Months</u> | = | Annual Bid Price | |
| PART | B – WATER TREATMENT SERVICE | (4 TH SUPPLEMENTAL YEAR) | | | | | |
| 1. | Diamond Head Health Center | \$ | Χ | 12 | = | \$ | |
| 2. | Hawaii State Library | \$ | Χ | 12 | = | \$ | |
| 3. | Kakuhihewa (Kapolei SOB) | \$ | Χ | 12 | = | \$ | |
| 4. | Kamamalu | \$ | Χ | 12 | = | \$ | |
| 5. | Keelikolani | \$ | Χ | 12 | = | \$ | |
| 6. | Kekuanaoa | \$ | Χ | 12 | = | \$ | |
| 7. | Leiopapa A Kamehameha (SOT) | \$ | Χ | 12 | = | \$ | |
| 8. | Liliuokalani | \$ | Χ | 12 | = | \$ | |
| 9. | No 1 Capitol | \$ | Χ | 12 | = | \$ | |
| 10. | State Capitol | \$ | Χ | 12 | = | \$ | |
| | | | | | | | |
| ГОТА | L BID PRICE FOR PART B (4 TH SUPP | LEMENTAL YEAR): | | | | \$ (E | 3-5)** |
| · P | rice to include Monthly, Bi-Monthly, Qu | arterly, Semi-Annual and Annual | Servi | ices if appli | cable | for Parts A, B, C and D. | |

| Offeror_ | | |
|----------|-----------------|---|
| | Name of Company | · |

OFFER FORM B OFB-12 IFB NO. CSD-23-012-O

^{**} 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.

PART B - WATER TREATMENT SERVICE

| TOTAL BID PRICE FOR FIVE (5) YEAR PERIOD PART B FOR EVALUATION PURPOSES***: | \$ (B)*** |
|---|---------------|
| TOTAL 4 TH SUPPLEMENTAL YEAR PRICE**: | \$ (B-5)** |
| TOTAL 3RD SUPPLEMENTAL YEAR PRICE**: | \$ (B-4)** |
| TOTAL 2 ND SUPPLEMENTAL YEAR PRICE**: | \$ (B-3)** |
| TOTAL 1ST SUPPLEMENTAL YEAR PRICE**: | \$ (B-2)** |
| TOTAL ORIGINAL CONTRACT PERIOD PRICE: | \$ (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

OFFER FORM B OFB-13 IFB NO. CSD-23-012-0

No. 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 | T |
| 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 is for evaluation purposes only, the total initial contract amount will be for the Original Contract Period.

| Offeror | | |
|---------|-----------------|---|
| | Name of Company | _ |

OFFER FORM B OFB-14 IFB NO. CSD-23-012-0

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

No. Building Building Unit Bid Price*

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

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

OFFER FORM B **OFB-15** IFB NO. CSD-23-012-O No. 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

5. Keelikolani \$______ Chiller 1, 2 & 3 = 20 Gal Oil

6. Kekuanaoa \$_____

Chiller 1 & 2 = 20 Gal Oil

7. King Kalakaua \$______

Chiller 1 & 2 = 15 Gal Oil

10. No 1 Capitol \$_______

Chiller 1 2 & 3 = 20 Gal Oil

TOTAL BID PRICE FOR PART C (2nd SUPPLEMENTAL YEAR):

| Offeror | | |
|---------|-----------------|--|
| | Name of Company | |

(C-3)**

OFFER FORM B OFB-16 IFB NO. CSD-23-012-0

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.

No. Building Unit Bid Price*

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

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

TOTAL BID PRICE FOR PART C (3RD SUPPLEMENTAL YEAR):

Chiller 1, 2 & 3 = 30 Gal Oil

\$_____(C-4)**

| Offeror | | |
|---------|-----------------|--|
| _ | Name of Company | |

IFB NO. CSD-23-012-O

OFFER FORM B

OFB-17

^{*} 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.

1.

No. Building Unit Bid Price*

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

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

S

Chiller 1, 2 & 3 = 20 Gal Oil

Chiller 1 & 2 = 20 Gal Oil

Diamond Head Health Center

- 7. King Kalakaua
 Chiller 1 & 2 = 20 Gal Oil
- 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 | |

OFFER FORM B OFB-18 IFB NO. CSD-23-012-0

PART C - CHILLER WASTE OIL DISPOSAL

| TOTAL ORIGINAL CONTRACT PERIOD PRICE: | \$ | (C-1) | | | | |
|---|----|---------|--|--|--|--|
| TOTAL 1 ST SUPPLEMENTAL YEAR PRICE**: | \$ | (C-2)** | | | | |
| TOTAL 2 ND SUPPLEMENTAL YEAR PRICE**: | \$ | (C-3)** | | | | |
| TOTAL 3RD SUPPLEMENTAL YEAR PRICE**: | \$ | (C-4)** | | | | |
| TOTAL 4 TH 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

OFFER FORM B OFB-19 IFB NO. CSD-23-012-0

| Item <u>No.</u> | Building | Servicing <u>Unit Bid Price</u> * | Х | No. o Chille | | = | An | nual Bid Price | |
|------------------------------------|---|---|-----------------------|--------------------------------------|---|-----|----------|--|---------|
| PAR1 | TD – CHILLER EDDY CURRENT TES Evaporator & Condensor – unless n | TING (3 rd SUPPLEMENT | • | | | | <u>,</u> | | |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. | Diamond Head Health Center Hawaii State Library Kakuhihewa (Kapolei SOB) Kamamalu Keelikolani Kekuanaoa King Kalakaua Leiopapa A Kamehameha (SOT) Liliuokalani No 1 Capitol | \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ | — — — — — | X X X X X X X X | 2 2 2 2 3 2 2 3 2 3 3 | | | \$ \$ \$ \$ \$ \$ \$ | |
| * F | State Capitol AL BID PRICE FOR PART D**: E: PART D is for 3 rd SUPPLEMEN Price to include Monthly, Bi-Monthly, Quinting amount will be used for future contributes amount is for evaluation purposes of | TAL YEAR ONLY. arterly, Semi-Annual and act supplements, if applic | l Annual cable. | Service | es if a _l | - | | | (D-1)** |
| | | Off | feror | | N: | ame | of C | Company | |

OFFER FORM B OFB-20 IFB NO. CSD-23-012-0

OFFER FORM B OFB-21 IFB NO. CSD-23-012-0

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

| | Maintenance Service (Part A) | Water Treatment + Service (Part B) | Chiller Waste Oil + <u>Disposal (Part C)</u> | Chiller Eddy + <u>Testing (Part D)</u> | = <u>Total</u> | |
|---|---------------------------------|------------------------------------|---|---|----------------|------------|
| Original Contract (Part A-1, B-1 and C-1) | \$ | + \$ | + \$ | | = \$ | <u>_</u> t |
| 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) | \$ | + \$ | _ + \$ | | = \$ | ** |
| | | | | | | |

- * 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.

TOTAL BID PART FOR PART A, B, C AND D FOR FIVE YEAR PERIOD:

| Offeror | | |
|---------|-----------------|--|
| | Name of Company | |

OFFER FORM B OFB-20 IFB NO. CSD-23-012-0

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 OFFER FORM B **OFB-21** IFB NO. CSD-23-012-O

| TOTAL SUM BID PRICE***: | \$ | *** |
|------------------------------|--|-----|
| (Total Bid Price for Parts A | A, B, C, D and E for Five (5) year Perio | d. |

- * 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

OFFER FORM B OFB-22 IFB NO. CSD-23-012-0

OFFER FORM B OFB-23 IFB NO. CSD-23-012-0