

MAINTENANCE AND REPAIR SERVICES OF SOUTH ELEVATOR
AT THE ALOHA STADIUM FOR THE STADIUM AUTHORITY
DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT AND TOURISM
IFB-SA-24-01

Procurement Officer
Stadium Authority
State of Hawaii
P.O. Box 30666
Honolulu, Hawaii 96820

Dear Procurement Officer:

The procurement conducted for the specified goods and/or services is pursuant to Hawaii Revised Statutes (HRS) Chapter 103D and its Hawaii Administrative Rules (HAR). The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions, General Provisions, dated 11/2016, or as amended, and the AG General Conditions, Form AG-008, as amended, 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) Offeror is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) Offeror is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Offeror is:

Sole Proprietor Partnership *Corporation Joint Venture
 Other _____

*State of incorporation: _____

Hawaii General Excise Tax License I.D. No. _____

Federal I.D. No. _____

Payment address (other than street address below): _____

City, State, Zip Code: _____

Business address (street address): _____

City, State, Zip Code: _____

Respectfully submitted:

Date: _____ (x) _____

Authorized (Original) Signature

Telephone No.: _____

Fax No.: _____

Name and Title (Please 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:

BID QUOTATION:

The following bid is hereby submitted for Maintenance and Repair Services of South Elevator at the Aloha Stadium as specified herein:

NOTE: To be considered for award, bidder must submit a bid including both Group A and Group B Services.

Group A – Monthly, Quarterly, Semi-Annual and Annual Maintenance Services

<u>Group A</u>	<u>Bid Price Per Month*</u>	<u>No. of Months</u>	<u>Total Bid Price</u>
Original Contract Period November 1, 2023 – October 31, 2024	\$	x 12 =	\$
1st Supplemental Year** November 1, 2024 – October 31, 2025	\$	x 12 =	\$
2nd Supplemental Year** November 1, 2025 – October 31, 2026	\$	x 12 =	\$
3rd Supplemental Year** November 1, 2026 – October 31, 2027	\$	x 12 =	\$
TOTAL BID PRICE – GROUP A (4-YEAR PERIOD) *			\$

Group B – Estimated Extra Work Other Than Regular Monthly, Quarterly, Semi-Annual and Annual Maintenance Services

<u>Group B</u>	<u>Standard Hourly Rate</u>	<u>Estimated Hours Per Yr.</u>	<u>Estimated Total Bid Price</u>
Estimated Extra Work/Standard Service Hours/Yr. Original Contract Period** November 1, 2023 – October 31, 2024	\$	x 48 =	\$
Estimated Extra Work/Standard Service Hours/Yr. 1 st Supplemental Year** November 1, 2024 – October 31, 2025	\$	x 48 =	\$
Estimated Extra Work/Standard Service Hours/Yr. 2 nd Supplemental Year** November 1, 2025 – October 31, 2026	\$	x 48 =	\$
Estimated Extra Work/Standard Service Hours/Yr. 3 rd Supplemental Year** November 1, 2026 – October 31, 2027	\$	x 48 =	\$
ESTIMATED TOTAL BID PRICE – GROUP B (4-YEAR PERIOD) *			\$

HlePRO BID:

TOTAL BID PRICE – GROUP A (4-YEAR PERIOD) *:	\$
ESTIMATED TOTAL BID PRICE – GROUP B (4-YEAR PERIOD) *:	\$
TOTAL HlePRO BID*:	\$

*Bid Price Per Month shall include all costs including Hawaii GET 4.712%, monthly, quarterly, semi-annual and annual maintenance charges per SPECIAL PROVISIONS page SP-5, Bid Quotation.

**The rates listed shall be used and applied to the appropriate contract period, if and when applicable.

OFFEROR: _____

(Company Name)

OFFEROR'S QUALIFICATION FORM

The Offeror and their personnel shall meet the Experience and Personnel Qualifications as indicated in the Special Provisions of this offer. Please complete this form as fully and explicitly as possible to facilitate our evaluation of your firm. Use additional sheets marked "IFB-SA-24-01 when necessary.

Exact Legal Name of Elevator Maintenance Contractor: _____

Elevator Maintenance Service Contractor's C-16 License Number*: _____

Email Address: _____

Oahu Facility Service Location: _____

Street Address

City

State

Zip Code

Telephone & Cell Number.: _____ Fax No: _____

Contact Person Name: _____

Phone number of emergency calls during regular working hours: _____

Phone number of emergency calls during after working hours: _____

Representative: _____ Telephone No. _____

Facsimile: _____ Email Address: _____

CONTRACTOR EXPERIENCE*: Contractor's number of consecutive years of experience (immediately prior to bid opening date) in the field of Elevator Maintenance and repair Service: _____

MECHANICS EXPERIENCE*: List at least one (1) elevator mechanic on Oahu, who will be assigned to this contract and who has a minimum of five (5) years (immediately prior to bid opening) and licensed in the field of elevator maintenance and repair service experience.

Oahu Mechanic Name*: _____

Number of Years of Experience*: _____

Number of Years with present Company*: _____

Years when IUEC mechanic status was attained*: _____

*Falsification of personnel qualifications shall constitute a major breach of this contract.

OFFEROR: _____

(Company Name)

REFERENCES:

Bidder shall list **at least three references** in the State of Hawaii, for whom offeror has or is performing similar Elevator Maintenance and Repair Services on a regular basis. The State reserves the right to reject an offer submitted by any bidder whose performance on other jobs for this type of service has been proven unsatisfactory.

	<u>Name of Firm</u>	<u>Address</u>	<u>Contact Person</u>	<u>Telephone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

INSURANCE COVERAGE:

	<u>Carrier</u>	<u>Policy No.</u>	<u>Agent/phone.</u>
Commercial General Liability:	_____	_____	_____
Automobile Liability:	_____	_____	_____
Worker's Compensation:	_____	_____	_____
Temporary Disability Insurance:	_____	_____	_____
Prepaid Health Care:	_____	_____	_____
Unemployment Insurance:	_____	_____	_____
State of Hawaii Labor No.:	_____	_____	_____

OFFEROR: _____
(Company Name)

**WAGE CERTIFICATE
FOR SERVICE CONTRACTS
(See Special Provisions)**

Subject: IFB No.: IFB-SA-24-01

Title of IFB: Furnish Maintenance and Repair Services of South Elevator at the Aloha Stadium for the Stadium Authority, Department of Business, Economic Development and Tourism

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, and
2. All applicable laws of the Federal and State governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Offeror (Company Name): _____

Signature: _____

Print Name: _____

Title: _____

Date: _____