

**ATTACHMENT****MANDATORY BID FORM**

Bidders **must** download the Mandatory Bid Form to Provide Pest Control, Maintenance & Inspection Services for University of Hawaii Maui College, in its entirety (open, save, or print documents(s) on their own computer system), enter pricing where indicated, complete any other required information, sign all appropriate forms, and attach (upload) the completed Mandatory Bid Form to their HlePRO online bid submission.

**BID CHECKLIST**

**BIDDERS SHALL ACKNOWLEDGE EACH ITEM BELOW AND UPLOAD THE COMPLETED BID CHECKLIST WITH THE BIDDER'S HIEPRO SUBMISSION.**

<b>DESCRIPTION</b>	<b>ACTION REQUIRED</b>	<b>BIDDER ACKNOWLEDGE</b>
Notice to Bidders	Read and understood	
Bid Requirements	Read and understood	
Technical Specifications	Read and understood	
Special Provisions	Read and understood	
Bid Checklist	Completed and attached to HlePRO bid	
Basic Bid	Completed and attached to HlePRO bid <b>(University shall not be responsible for any errors in bid calculations or extensions.)</b>	
Service Schedule and Pricing	Completed and attached to HlePRO bid <b>(University shall not be responsible for any errors in bid calculations or extensions.)</b>	
Information Required from Offeror	Completed, and attached to HlePRO bid	
Remittance Address	Completed and attached to HlePRO bid (if applicable)	
Wage Certificate	Completed, signed, and attached to HlePRO bid	
Bid Signature Page	Completed, signed, and attached to HlePRO bid	
Business Classification Statement	Completed, signed, and attached to HlePRO bid	

**BASIC BID**

Prices shall include all costs (direct and indirect) to perform the services requested at all on-campus locations specified, including all labor, materials, tools, equipment, transportation, travel costs and all applicable taxes.

NOTE: Maui general excise tax shall not exceed 4.1666%.

**Bidders must complete the Service Schedule and Pricing section below and enter the TOTAL AGGREGATE AMOUNT (Part 1 & Part 2) identically into HlePRO:**

**PERCENTAGE OF BIDDER'S UNIT PRICE PER TREATMENT WHICH REPRESENTS:**

Labor Costs: \_\_\_\_\_%

Non-Labor Cost: \_\_\_\_\_%

**(for information only)**

**All questions pertaining to the Technical Specifications must be submitted per the instructions in the QUESTIONS AND REQUESTS FOR CLARIFICATION section of the NOTICE TO BIDDERS. The submittal of a bid shall be considered as acceptance of the specifications as published.**

**PART 1. Pest Control & Maintenance Services for the University of Hawaii, Maui College**

Service Schedule: To be determined after Contract is executed.

NOTE: Interior Perimeter may include Offices, Reception Areas, Labs, Restrooms, Mechanical & Electrical Rooms, Small Office kitchen areas

	Bldg No.	Bldg Name	Type of Services	Duration	Number of Times Services are required per year		Unit Cost	Total Amount per year
1	None	Nursing Portables	Interior Perimeter	Approx 3 months apart	4	x		
2	None	Nursing Portables	Exterior Perimeter	Approx 3 months apart	4	x		
3	2207	Annex	Interior Perimeter	Approx 6 months apart	2	x		
4	2207	Annex	Exterior Perimeter	Approx 6 months apart	2	x		
5	2208	Hookipa	Interior Perimeter (offices, restrooms)	Approx 6 months apart	2	x		
6	2208	Hookipa	Exterior Perimeter (outdoors hallways etc)	Approx 6 months apart	2	x		
7	2216 to 2219	Hale Classrooms (#2216, 2217, 2218, 2219)	Exterior Perimeter	Approx 4 months apart	3	x		
8	2220	Faculty Hale	Exterior Perimeter (including set traps / maintain / monitor: insect & rodent control bait stations)	Approx 2 months apart	6	x		
9	2221	Noii (1st & 2nd Floors)	Exterior Perimeter	Approx 3 months apart	4	x		
10	2221	Noii (1st & 2nd Floors)	Interior Perimeter (including Noii #105)	Approx 3 months apart	4	x		
11	2226	Health Center	Interior Perimeter	Approx 4 months apart	3	x		
12	2232	Pilina	Exterior Perimeter	Approx 6 months apart	2	x		
13	2232	Pilina	Interior Perimeter (including set traps / maintain / monitor: insect & rodent control bait stations)	Once a month	12	x		
14	2235	O&M	Interior Perimeter	Approx 6 months apart	2	x		
15	2235	O&M	parking areas)	Approx 6 months apart	2	x		
16	2237	TLC Learning Center	Exterior Perimeter - Bldgs L & C	Approx 3 months apart	4	x		
17	2237	TLC Learning Center	Interior Perimeter - Bldgs L & C	Approx 3 months apart	4	x		
18	2238	Allied Heath (Nursing)	Exterior Perimeter - Bldg N	Approx 3 months apart	4	x		
19	2238	Allied Heath (Nursing)	Interior Perimeter - Bldg N	Approx 3 months apart	4	x		
20	2249	Kalama	Exterior Perimeter	Approx 6 months apart	2	x		
21	2250	Kupaa	Exterior Perimeter	Approx 6 months apart	2	x		
22	2251	Laulima (Kitchen) Room #106	Interior Perimeter <b>IMPORTANT NOTE: NO SPRAYING</b>	Once a month	12	x		
23	2251	Laulima	Exterior Perimeter	Approx 3 months apart	4	x		
24	2224	Library	Exterior Perimeter	Approx 3 months apart	4	x		
25	2224	Library	set up traps if activities noted )	Approx 3 months apart	4	x		
26	2252	Kaaike	Exterior Perimeter	Approx 6 months apart	2	x		
27	2252	Kaaike	Interior Perimeter	Approx 6 months apart	2	x		
28	2253	Paina (Culinary)	Exterior Perimeter	Approx 3 months apart	4	x		
29	2253	Paina (Culinary) & Class Act	Interior perimeter services per contract duration. Interior	Approx 3 months apart	4	x		

SERVICE SCHEDULE AND PRICING

	Bldg No.	Bldg Name	Type of Services	Duration	Number of Times Services are required per year		Unit Cost	Total Amount per year
30	2253	Paina (Culinary) & Class Act (All kitchen areas on a monthly basis)	<b>ONLY KITCHEN AREAS</b> 1. Around walls & all equipment 2. Down the drains for gnats 3. Putting baits if there are any infestations.  ONCE A MONTH for one year to be applied between 5:15 a.m. and 6:30 a.m. <b>IMPORTANT NOTE: NO SPRAYING</b>	Once a month	12	x		
31	2253	Paina (Culinary)	<b>Kitchen Areas</b> 1. Monitor rodent control activities on a monthly basis 2. Set traps if activity noted. 3. Maintain rodent control bait stations 4. Monitor/maintain traps weekly for one month after traps are set.	Once a month	12	x		
32	2254	Ike Lea	Interior Perimeter	Approx 3 months apart	4	x		
33	2254	Ike Lea	Exterior Perimeter	Approx 3 months apart	4	x		
34	2255	Kaiao	Interior Perimeter	Approx 6 months apart	2	x		
35	2255	Kaiao	Exterior Perimeter	Approx 6 months apart	2	x		
36	221B	Main Power Vault	Exterior Surfaces)	Approx 6 months apart	2	x		
37	221B	Main Power Vault	Interior Perimeter	Approx 6 months apart	2	x		
<b>PART 1</b>								

**PART 2. Termite Control Services**

Installation of baiting system, monitor all activities, and replacement of bait system

	Bldg No.	Bldg Name	Type of Services	Duration	Number of Times Services are required per year		Unit Cost	Total Amount per year
1	2253	Paina Building	Termite control	Approx 3 months apart	4	x		
2	2208	Tech)	Termite control	Approx 3 months apart	4	x		
3		AutoBody Shop	Termite control	Approx 3 months apart	4	x		
4		Welding Shop	Termite control	Approx 3 months apart	4	x		
5	2254	Ike Lea Building	Termite control	Approx 3 months apart	4	x		
6	2224	Library	Termite control	Approx 3 months apart	4	x		
7		AG Building (to include Main Ag Building, AG Workshop, AG Garage and Ag Carport)	Termite Control Note: service contract will start from 1/7/2024	Approx 3 months apart	4	x		
<b>PART 2</b>								

<b>TOTAL AGGREGATE AMOUNT (PART 1 &amp; PART 2)</b>	
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**Optional Services - AS NEEDED**

It shall be understood and agreed that the following prices shall be used at the option of the University on an as-needed basis. Optional service(s) shall be considered to be each occasion that the Contractor is called upon to make a pest control, maintenance & inspection services outside the scope of the scheduled pest control & maintenance & inspection services listed in the Invitation for Bid (IFB). Prices shall be held firm through term of the contract and increases shall adhere to SPECIAL PROVISION 11, ESCALATION CLAUSE.

	Type of Services	Unit Cost per Treatment
1	Pest interior treatment	
2	Pest exterior treatment	
3	Rodent control - setup bait/trap and monitoring	
4	Termite treatment	

**INFORMATION REQUIRED FROM OFFEROR**

<p>Bidder is required to furnish the following information as part of the bid submittal. The University reserves the right to reject the bid submitted by any bidder who does not provide complete information, whose performance on other jobs has been unsatisfactory, and who does not demonstrate that they can comply with the terms and conditions of the bid.</p>	
<p><b>PLACE OF BUSINESS IN HAWAI'I</b></p>	
<p><b>Company</b></p>	
Name	
Street Address	
City, State and Zip	
<p><b>Offeror's Principal Location (if different from place of business)</b></p>	
Street Address	
City, State and Zip	

<b>EXPERIENCE</b>				
Offeror licensed to provide pest control services in Hawai'i (Check Yes or No)	YES		NO	
Minimum of FIVE (5) consecutive years of experience with pest control services (Check Yes or No)	YES		NO	

<b><u>REFERENCES</u></b>		
<p>Offerors shall provide the names of companies, contact persons, addresses and phone numbers of THREE (3) agencies for whom the undersigned currently provides pest control services in the State of Hawaii. The University reserves the right to reject the bid of any offeror that provides inaccurate and incomplete information. Further, if in the University's opinion, the references provided are unsatisfactory, the University may reject the quotation and notify the offeror in writing.</p>		
<b>Company</b>	<b><u>Contact Person</u></b>	<b><u>Address &amp; Phone Number</u></b>

**REMITTANCE ADDRESS**

In the event that the undersigned is awarded this contract and its remittance address differs from the address shown above, please indicate remittance address below:

\_\_\_\_\_  
Street Address or P. O. Box

\_\_\_\_\_  
City State Zip Code

WAGE CERTIFICATE

Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(To be filled in by prospective bidder)

Pursuant to Section 103-55, 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 wages paid to the public officers and employees for similar work, if similar positions are listed in the classification plan of the public sector.
2. All applicable laws of the Federal and State governments relating to worker's compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I 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 wages required by Section 103-55, HRS.

Offeror: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**(IF BY INDIVIDUAL)**

	NAME (Signature)	TYPED NAME
	D.B.A.	
FEDERAL TAXPAYER IDENTIFICATION NUMBER	ADDRESS	
	CITY	STATE      ZIP CODE
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER

**(IF BY PARTNERSHIP)**

	OFFICIAL/LEGAL NAME OF FIRM	
FEDERAL TAXPAYER IDENTIFICATION NUMBER	NAME (Signature)	TYPED NAME
	PARTNER	
EMAIL ADDRESS	ADDRESS	
	CITY	STATE      ZIP CODE
	TELEPHONE NUMBER	FAX NUMBER

**(IF BY CORPORATION)**

	OFFICIAL/LEGAL NAME OF COMPANY	
FEDERAL TAXPAYER IDENTIFICATION NUMBER	*OFFICER (Signature)	TYPED NAME
	TITLE	
EMAIL ADDRESS	ADDRESS OF COMPANY	
	CITY	STATE      ZIP CODE
	TELEPHONE NUMBER	FAX NUMBER

**(SEAL)**

**IF LICENSED OR INCORPORATED TO DO BUSINESS WITHIN THE STATE OF HAWAII AND SUBJECT TO THE PROVISIONS OF THE HAWAII GENERAL EXCISE TAX LAWS, INDICATE GENERAL EXCISE TAX LICENSE NUMBER**

\_\_\_\_\_.

*\*For Corporations include evidence of the authority of this officer to submit a bid on behalf of the corporation, giving also, the address and names and addresses of the other officers.*

**NOTE:** FILL IN ALL BLANK SPACES WITH INFORMATION ASKED FOR OR BID MAY BE INVALIDATED.

**BUSINESS CLASSIFICATION CERTIFICATION STATEMENT**

**Vendors:** Please complete the following information below. If you answer "No" to question No. 1, complete the certification portion and submit together with your bid document or quote.

(Terms used are taken from the Small Business Administration Rules and Regulations and the Federal Acquisition Regulation [FAR].) (Reference Section A on the reverse side of this form for Category Descriptions.)

This is to certify that the company identified below:

1. \_\_\_\_\_ IS a **small business** as defined in the Small Business Administration regulations.  
(see reverse for size standards).  
  
\_\_\_\_\_ **IS NOT** a small business as defined in the regulations.  
**(If you checked here, STOP, GO TO CERTIFICATION BELOW.)**
2. \_\_\_\_\_ IS a **small disadvantaged business concern** and is identified, on the date of its representation, as a certified small disadvantaged business in the database maintained by the Small Business Administration (PRO-NET).
3. \_\_\_\_\_ IS a **women-owned small business concern** of which at least 51% is owned, controlled, and managed by one or more women; or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women.
4. \_\_\_\_\_ IS a **HUBZone small business concern** that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.
5. \_\_\_\_\_ IS a **veteran-owned small business concern** of which not less than 51 percent is owned, controlled and managed by one or more veterans; or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more veterans.
6. \_\_\_\_\_ IS a **service-disabled veteran-owned small business concern** of which not less than 51 percent is owned, controlled and managed by one or more service-disabled veterans, or in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans as defined in 38 U.S.C. 101 (16).

**CERTIFICATION:**

I hereby certify the information supplied herein to be true and correct.

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Officer

Type of Goods/Services: \_\_\_\_\_

\*NAICS Code: \_\_\_\_\_

Company Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Any misrepresentation shall be subject to the provisions stated in item B on the reverse side.

\* North American Industry Classification System (NAICS)A. "SMALL BUSINESS" SIZE STANDARDS FOR FEDERAL SUB-CONTRACTORS. Small business size is determined by the primary NAICS Code. See Title 13 CFR, Part 121 to determine your NAICS Code and the threshold for determining small business (revised as of January 1, 2004).

A "small business" is a concern including its affiliates, which is independently owned and operated. It is not dominant in the field of operations in which it is selling goods and services to a federal contractor. It meets the following size criteria for its particular industry:

1. CONSTRUCTION TRADES - "Small" if average annual receipts for preceding 3 years do not exceed \$12 million.
2. CONSTRUCTION, GENERAL CONTRACTORS - "Small" if average annual receipts for preceding 3 years do not exceed \$28.5 million.
3. MANUFACTURING - "Small" if 500 employees or less, except for some specific products which will increase the complement of employees to 750 and 1,000, respectively.
4. TRANSPORTATION - "Small" if average annual receipts for preceding 3 years do not exceed the amount shown for specific services:
  - \$21.5 million – general freight trucking, local.
  - \$3 million – travel agencies.
5. WHOLESALE TRADE, DURABLE AND NON-DURABLE GOODS - "Small" if 100 employees or less.
6. RETAIL TRADE - "Small" if average annual receipts for preceding 3 years do not exceed the amount shown for specific products:
  - \$6 million - lumber and building materials, paints, hardware.
7. SERVICES - "Small" if average annual receipts for preceding 3 years do not exceed the amount shown for specific services:
  - a. \$21 million – computer systems design services, custom computer programming services.
  - b. \$10.5 million - refuse collection, protective guard services.
  - c. \$14 million - janitorial services.
  - d. \$21.5 million - passenger car rental
  - e. \$21 million – office Machinery and equipment rental & leasing
  - f. \$6 million - general automobile repair, refrigeration & air conditioning.
8. ALL OTHER TYPES OF BUSINESS - "Small" if 500 employees or less.

Where firm sizes are determined by annual receipts, and the concern is less than 3 complete fiscal years old, its total receipts means for the period it has been in business, divided by the number of weeks, including fractions of a week, and multiplied by 52.

- B. Notice. Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, small disadvantaged or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to sections 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall:
1. Be punished by imposition of fine, imprisonment, or both;
  2. Be subject to administrative remedies including suspension and debarment; and
  3. Be ineligible for participation in a program conducted under the authority of the Act.