**OFFER FORMS for RFQ**
**Waianae Fencing Installation**
**DAR RFQ 2024 05**
**OF 1**

Laura Jackson, DLNR-DAR Procurement Officer
State of Hawaii
Honolulu, Hawaii 96813

Dear Procurement Officer,

The undersigned has carefully read and understands the terms and conditions in the Specifications, Scope of Work, and Special Provisions in this Request for Quotes attached hereto, and in the General Conditions, by reference made a part hereof and available upon request; 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) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Offer is:

□ Sole Proprietor □ Partnership □ *Corporation □ Joint Venture
□ Other _____
*State of incorporation: _____

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

Federal ID No. _____

Payment address
(other than street address
below): _____

City, State, Zip Code: _____

Business address (street
address): _____

City, State, Zip Code: _____

Respectfully submitted:

| | | |
|---|---|---|
| _____ | **(x)** | _____ |
| Date | | Authorized (Original) Signature |
| _____ | | _____ |
| Telephone No. | | Name and Title (Please Type or Print) |
| _____ | ** | _____ |
| Fax No. | | **Exact Legal Name of Company (Offeror)** |
| _____ | | _____ |
| Email Address | | Contractor License Number |

**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 (Corporate Resolution Required).

**OFFER FORMS for RFQ**
**Waianae Fencing Installation**
**DAR RFQ 2024 05**
**OF-2**

The following bid is hereby submitted
_____
_____
_____

**Description** **Offer Price***

_____
_____ $_____

_____ _____ _____
Authorized Signature Print or Type name of Authorized Signature Date

Offeror shall provide the following information:

Office Address:

Contact Person:

Telephone:

E-mail:

*all inclusive costs