

**ATTACHMENT**

**MANDATORY BID FORM**

Bidders **must** download the MANDATORY BID FORM for IFB No. 24-7960 to Furnish, Deliver, and Install Audio/Visual Equipment at Webster 101 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 BIDDERS HIEPRO SUBMISSION.**

DESCRIPTION	ACTION REQUIRED	BIDDER ACKNOWLEDGE
Notice to Bidders	Read and understood	
Bid Requirements	Read and understood	
Technical Specifications	Read and understood	
Special Provisions	Read and understood	
Requests for Substitution	Approved by the University (if applicable)	
Mandatory Bid Form - Bid Checklist	Completed and attached to HlePRO bid	
Mandatory Bid Form - Total Aggregate Amount (Items 1 to 19)	Completed and attached to HlePRO bid	
Mandatory Bid Form - Remittance Address	Completed and attached to HlePRO bid (if applicable)	
Mandatory Bid Form - Bid Signature Page	Completed, signed, and attached to HlePRO bid	
Mandatory Bid Form - Business Classification Statement	Completed, signed, and attached to HlePRO bid	

\*The University is not responsible for any errors in bid calculations or extensions not attributed to a system error.

**TOTAL AGGREGATE AMOUNT (GROUPS 1 TO 19)**

Bidders must bid on **ALL ITEMS** as per the **TECHNICAL SPECIFICATIONS** to be considered for award. Indicate the **Manufacturer and Model number** of the item that will be provided where indicated in the Description.

**ALL SUBSTITUTIONS MUST BE APPROVED IN ADVANCE (SEE BID REQUIREMENTS)**

All prices shall be F.O.B. destination including shipping, transportation and delivery charges, warranty costs, expediting fees and all applicable charges and taxes.

Bidders shall complete the line items below and must also enter the **TOTAL AGGREGATE AMOUNT (ITEMS 1 TO 19)** identically into HlePRO:

Line Item #	Manufacturer / Part Number	Description	Unit Cost	# of Units	Total
1	EXTRON 60-1560-12	Extron TLP Pro 525C, 5" Cable Cubby TouchLink Pro Touchpanel, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		9	\$
2	EXTRON 60-1891-01	Extron AC+USB 300 Series Power Module, AC+USB 314 US, Cord, 2US AC, 1USBC, 1USBA, 12A Brkr, Integ PS, 2 Outlet, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		9	\$

Line Item #	Manufacturer / Part Number	Description	Unit Cost	# of Units	Total
3	Extron 26-663-09	Extron HDMI Ultra/9, Ultra Flexible Premium High Speed HDMI Cable, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		9	\$
4	Extron 60-1914-01A	Extron IPCP Pro 255Q xi, IPCP Pro xi Quad Core Control Processor, LL UI Upgrade, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$
5	Extron 60-1562-02	Extron TLP Pro, 7" Tabletop TouchLink Pro Touchpanel 725T, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$
6	Extron 26-663-15	Extron HDMI Ultra/15, Ultra Flexible Premium High Speed HDMI Cable, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		8	\$
7	Netgear GSM4230P	Netgear 30-Port, 24xPoE+, 300W, 2x1G, 4xSFP Managed Switch, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$

Line Item #	Manufacturer / Part Number	Description	Unit Cost	# of Units	Total
8	Netgear WAX620PA-100NAS	Netgear Cloud Managed WiFi 6, AX3000 Dual Band Multi-Gig WiFi 6 Access Point with Power Adapter, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$
9	Planar 998-3328-00	Planar Helium PCT2495, 24" Touch Screen Monitor, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$
10	Samsung QB55B-N	Samsung, QBB-N series 55" Direct-Lit 4K Crystal UHD LED Display, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		8	\$
11	Wolfvision 102263	Wolfvision, Vesa mount for Cynap Core Pro, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		8	\$
12	Wolfvision 102029	Wolfvision Cynap Core Pro, Wireless presentation and collaboration system, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		8	\$

Line Item #	Manufacturer / Part Number	Description	Unit Cost	# of Units	Total
13	Wolfvision 102030-A1	Wolfvision Cynap Pro - Version A (HDMI), Wireless presentation and collaboration system, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$
14	Wolfvision 102261	Wolfvision, vSolution Matrix Pack for Cynap, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$
15	Wolfvision 999078	Wolfvision Cynap Pro - Version A - Warranty extension for 2 calendar years, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$
16	Wolfvision 999081	Wolfvision Cynap Core Pro, or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		8	\$
17	Wolfvision 102026	Wolfvision VZ-8.UHD Visualizer - Version A (HDMI), or approved substitution as per the Technical Specifications.  <b>Provide MANUFACTURER AND MODEL #:</b>		1	\$

Line Item #	Manufacturer / Part Number	Description	Unit Cost	# of Units	Total
18	N/A	Freight, ground shipping and handling, and insurance to Hawaii and job site	N/A	N/A	\$
19	N/A	Installation shall be scheduled after the University spring semester when classes are not in session and work to be provided by the AV Contractor as described in the Special Provisions section of this IFB. Work shall be coordinated with the Technical Representative. Tentative schedule is from May 13-17, 2024.	N/A	N/A	\$
<b>TOTAL AGGREGATE BID (ITEMS 1 TO 19) \$</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

**(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	

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**(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	

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**(IF BY CORPORATION)**

_____	OFFICIAL/LEGAL NAME OF COMPANY		
FEDERAL TAXPAYER IDENTIFICATION NUMBER	_____		
_____	*OFFICER (Signature)	TYPED NAME	
EMAIL ADDRESS	TITLE		
_____	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.