

**OFFER FORMS for IFB  
Kauai Modular Office  
DAR IFB 2024 03  
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)

\*\* \_\_\_\_\_  
**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).

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**OFFER FORMS for IFB  
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OF-2**

The following bid is hereby submitted

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**Description**

**Offer Price\***

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\$ \_\_\_\_\_

\_\_\_\_\_  
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