

**OFFER FORM
OF-1**

LEASING OF UP TO (12) VEHICLES
STATE OF HAWAII
DEPARTMENT OF HEALTH
SOLICITATION # 24002636

Procurement Officer
Kauai District Health Office
Department of Health
State of Hawaii
Lihue, HI 96766

Dear Procurement Officer:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications attached hereto, and in the General Conditions AG-008, included 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.

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.: _____

Name and Title (Please Type or Print)

Fax No.: _____

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:

**OFFER FORM
OF-2**

The following offer is hereby submitted:

GROUP 1:

Vehicle type 1 – Up to (8), new, model year 2023 or newer, 4-door sedan, as specified herein.

State of Hawaii, Dealer License No.: _____

Make & Model: _____

Year of Manufacture: _____

Total Bid Price: \$ _____ x _____ each = \$ _____
Unit Bid Price Qty Total Bid Price

Vehicle type 2 – Up to (2), new, model year 2023 or newer, sport utility vehicle (SUV), as specified herein.

State of Hawaii, Dealer License No.: _____

Make & Model: _____

Year of Manufacture: _____

Total Bid Price: \$ _____ x _____ each = \$ _____
Unit Bid Price Qty Total Bid Price

Vehicle type 3 – Up to (2), new, model year 2023 or newer, truck 4x4, as specified herein.

State of Hawaii, Dealer License No.: _____

Make & Model: _____

Year of Manufacture: _____

Total Bid Price: \$ _____ x _____ each = \$ _____
Unit Bid Price Qty Total Bid Price

(Please be sure to include Payment Terms as an attachment)

GROUP 2: Attach terms and conditions as specified herein.

GROUP 3: Attach Maintenance Fees and Schedules.

Name, Address, and Contact number of warranty repair facilities on the island of Hawaii that are permitted to provide maintenance to leased vehicles.

Note: Pricing shall include labor, materials, supplies, all applicable taxes, and any other costs incurred to provide the specified services.

Offeror _____
Name of Company