ATTACHMENT

MANDATORY BID FORM

Bidders <u>must</u> download the Mandatory Bid Form to Provide Security Guard Services on a Requirements Basis for University of Hawaii Kauai Community College, Lihue, Hawaii 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 HIePRO online bid submission.

BID CHECKLIST

BIDDERS SHALL ACKNOWLEDGE EACH ITEM BELOW <u>AND</u> UPLOAD THE COMPLETED BID CHECKLIST WITH THE BIDDER'S 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	
	Mandatory Bid Form	
Bid Checklist	Completed and attached to HIePRO bid	
Basic Bid	Completed and attached to HlePRO bid (University shall not be responsible for any errors in bid calculations or extensions.)	
Remittance Address	Completed and attached to HlePRO bid (if applicable)	
Information Required from Offeror (Pages 1 - 3)	Completed, signed, and attached to HIePRO bid	
Wage Certificate	Completed, signed, and attached to HIePRO bid	
Bid Signature Page	Completed, signed, and attached to HIePRO bid	
Business Classification Statement	Completed, signed, and attached to HIePRO bid	

BASIC BID

Prices shall include all costs (direct and indirect) to perform the guard services requested at all on-campus and off-campus locations specified, including overhead, profit, and applicable taxes.

Bidders must complete the section below and enter the <u>TOTAL BASIC BID</u> amount identically into HIePRO:

UNIVERSITY SECURITY OFFICER | (SR-14) - Parking/Patrol

Shift	Hourly Rate (Per Hour, Net)		Estimated Monthly Hours		Estimated Months		Total Aggregate Amount
Regular	\$	X	52 hours	X	12 months	Ш	\$
Night	\$	x	260 hours (night pay)	X	12 months	Ш	\$
TOTAL BASIC BID = \$				\$			

Prices shall include all costs (direct and indirect) to perform the guard services requested at all on-campus and off-campus locations specified, including overhead, profit, vehicle/equipment costs and applicable taxes.

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

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

INFORMATION REQUIRED FROM OFFEROR (Page 1)

IN ON MATION RESOURCE I ROM OTTEROR (Lage 1)						
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.						
	F	PLACE OF BUSINES	S IN HAWAI	`I		
Company						
Name						
Street Address						
City, State and Zip						
Offeror's Principal Loca	tion (if	different from place	of business)		
Street Address						
City, State and Zip						
		EXPERIEN	ICE			
Offeror licensed to perforr	n guard	services in Hawai`i	YES		NO	
(Check Yes or No)						
Minimum of ONE (1) year of experience at institutions YES NO of higher education						
(Check Yes or No)						
Number of guards regularly employed in Hawaii by the Offeror						
		REFERENC	·Ee			
Offerors shall provide the names of companies, contact persons, addresses and phone numbers of THREE (3) agencies for whom the undersigned currently provides security guard 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.						
Company	<u>,</u>	Contact Person			Phone Numbe	er

INFORMATION REQUIRED FROM OFFEROR (Page 2)

CC	MPANY REPRESENTATIVE SIGNATURE AND DATE
PR	RINTED NAME OF COMPANY REPRESENTATIVE
TIT	TLE OF COMPANY REPRESENTATIVE
CC	ONTACT EMAIL ADDRESS AND TELEPHONE NUMBER
	PERSONNEL QUALIFICATIONS
1.	NAME
	EDUCATIONAL BACKGROUND AND APPLICABLE TRAINING EXPERIENCE
2.	NAME
	EDUCATIONAL BACKGROUND AND APPLICABLE TRAINING EXPERIENCE
	LUGGATIONAL BACKGROUND AND AFFLICABLE TRAINING EXFERIENCE
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INFORMATION REQUIRED FROM OFFEROR (Page 3)

	PERSONNEL QUALIFICATIONS
3.	NAME
	EDUCATIONAL BACKGROUND AND APPLICABLE TRAINING EXPERIENCE
4.	NAME
	EDUCATIONAL BACKGROUND AND APPLICABLE TRAINING EXPERIENCE
5.	NAME
	EDUCATIONAL BACKGROUND AND APPLICABLE TRAINING EXPERIENCE
6.	NAME
	EDUCATIONAL BACKGROUND AND APPLICABLE TRAINING EXPERIENCE

WAGE CERTIFICATE

Desc	cription of Project:	
	(To be filled in by prospec	ctive bidder)
	suant to Section 103-55, HRS, I hereby cert , the services to be performed will be perform	•
1.	The services to be rendered shall be pe salaries not less than wages paid to the work, if similar positions are listed in the	public officers and employees for similar
2.	All applicable laws of the Federal and compensation, unemployment compensation be fully complied with.	
employers f	derstand that all payments required by F for the benefit of their employees are to be pa 103-55, HRS.	
	Officer	
	Offeror:	
	Signature:	
	Title:	·····
	Date:	

(IF BY INDIVIDUAL)	NAME (Signature)	TYPED NAME
	D.B.A.	
FEDERAL TAXPAYER IDENTIFICATION NUMBER	ADDRESS	
	CITY S	TATE 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 STA	TE ZIP CODE
	TELEPHONE NUMBER	FAX NUMBER
(IF BY CORPORATION)	OFFICIAL/LEGAL NAME OF	COMPANY
FEDERAL TAXPAYER IDENTIFICATION NUMBER		
	*OFFICER (Signature)	TYPED NAME
EMAIL ADDRESS	TITLE	
	ADDRESS OF COMPANY	
	CITY STA	TE 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

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

^{*}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.

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.

This is to certify that the company identified below:

(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.)

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). IS a women-owned small business concern of which at least 51% is owned, controlled, and 3. 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. IS a **HUBZone small business concern** that appears on the List of Qualified HUBZone Small 4. Business Concerns maintained by the Small Business Administration. IS a veteran-owned small business concern of which not less than 51 percent is owned, 5. 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. IS a service-disabled veteran-owned small business concern of which not less than 51 percent 6. 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:

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

Date:

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:

- 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.