PROVIDE AND DELIVER FRESH FRUIT AND VEGETABLES TO VARIOUS HAWAII STATE DEPARTMENT OF EDUCATION CAFETERIAS ON HAWAII ISLAND AND MAUI IFB D25-007

OFFER PAGE OF-1

Exact Legal Name of Offeror, including "dba" or "division" of a corporation (furnish the exact legal name of the entity under which an awarded contract, if any, will be executed):				
Address:				
Principal Place of Business (may not be a P.O. Box):				
Mailing Address (only if different):				
Payment Address (only if different)				
Offeror's Primary Contact Person: Name				
Title				
Telephone Number			Fax Number	
Email Address				
Federal Tax Identification Number:				
State of Hawaii General Excise Tax License Number:				
Type of Business Entity (check one):		or		
	 Offeror is either: A Hawaii business incorporated or organized under the laws of the State of Hawaii; OR A Compliant Non-Hawaii business incorporated or organized under the laws of the State of on (date), and, if applicable, registered with the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii. 			
If other than a Sole Proprietorship:				
	Names of all Offeror's parent, affiliate and subsidiary organizations:			

The undersigned has carefully read and understands the terms and conditions specified herein and hereby submits the following offer to provide the goods and/or perform the work specified herein, all in accordance with the true intent and meaning thereof, and further that the Offeror shall comply with all terms, conditions and requirements of the solicitation. The undersigned further understands and agrees that by submitting this offer, 1) the undersigned is declaring the undersigned's offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) the undersigned is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Authorized (Original in ink) Signature

Name (printed)

Title

Date

Offeror:

EXHIBIT A

OFFEROR INFORMATION

Offeror shall provide the Exhibit A, including attachments if applicable, within three (3) working days from STATE's request.

Offeror shall submit a copy of this page for each of the offered geographic areas: Island of Hawaii (Hilo), Island of Hawaii (Kona), and the Island of Maui.

A. Authorized Distributor

At the time of bidding and throughout the contract period, Offeror shall be a manufacturerauthorized distributor of all line items offered. As evidence of this, Offeror may be requested to provide documentation from the manufacturer that verifies Offeror's status as an authorized distributor.

Authorized Distributor Documentation Attached

Yes

B. Warehousing Facility

At time of bidding and throughout the contract period, Offeror shall maintain a Warehouse Facility (hereafter "Facility") on the island(s) of the awarded geographic area(s). Facility shall be a wholesale or retail business with a permanent warehouse capable of stocking an inventory of products. Facility shall be compliant with the current Good Manufacturing Practices. Offeror shall submit information regarding each Warehouse Facility on the Exhibit A. Exhibit A shall be provided within three (3) working days from STATE's request. Offeror shall submit a copy of the Exhibit A for each of the offered geographic areas: Island of Hawaii (Hilo), Island of Hawaii (Kona), and the Island of Maui.

The STATE reserves the right to evaluate and inspect the Offeror's storage facility or subcontracted storage facility to determine acceptability under this requirement.

Warehouse Facility Street Address

C. Documentation

Offeror shall provide all necessary documentation to substantiate compliance with this requirement. The Offeror shall submit the following documents with the offer:

a.	Copy of Current State of Hawaii Department of Health Food Safety Inspection;	□ Yes
b.	Copy of Current State of Hawaii Food Establishment Permit;	□ Yes
c.	Copy of current Department of Health "Green" Placard ("Red" and "Yellow" Placards are unacceptable;	□ Yes
d.	Copy of operating Hazard Analysis Critical Control Point (HACCP) plan; and;	□ Yes
e.	Proof of Pest Control Program in place.	□ Yes

D. Personnel

Offeror shall designate at least one (1) employee or group of employees (Account Representative(s)) as the point of contact with a direct phone number for this contract. This individual or group shall be available during regular business hours, Monday through Friday, excluding holidays, and shall be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance. An answering service is not acceptable.

The CONTRACTOR shall have an Account Representative assigned to SFSB accounts throughout the course of the contract. The Account Representative shall be designated as the primary contact person to ensure strict adherence to the contractual requirements and communicate with the STATE POC. Also, the CONTRACTOR shall provide the name of one backup Account Representative who shall assume the responsibilities of the primary Account Representative in their absence.

Account Representative(s) and/or Point of Contact:

Offeror shall provide the following information regarding their Account Representative(s) and/or Point of Contact (POC)

Name of Account Representative(s) and/or Point of Contact	
Phone Number	
Fax Number	
E-Mail Address	

Backup Account Representative and/or Point of Contact:

Offeror shall provide the following information regarding their Backup Account Representative and/or Point of Contact (POC)

Name of Backup Account Representative(s) and/or Point of Contact Phone Number

Fax Number

E-Mail Address