

MANDATORY BID FORM

Bidders **must** download The Mandatory Bid Form 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. The total amount shall be the same as the total amount inputted into HlePRO.

BID CHECKLIST

THE FOLLOWING ITEM IN THIS TABLE MUST BE ADDRESSED AND THE COMPLETED BID CHECKLIST SHALL BE UPLOADED WITH THE BIDDERS HIEPRO SUBMISSION.

REQUIREMENT DESCRIPTION	ACTION REQUIRED	COMPLETE
Review Notice to Bidders	Read and understood	
Bid Requirements)	Read and understood	
Technical Specifications	Read and understood	
Special Provisions	Read and understood	
Bid Price List	Complete, sign, and attach to HlePRO*	
Wage Certification	Complete, sign, and attach to HlePRO	
References	Complete, sign, and attach to HlePRO	
Bid Signature Page	Complete, sign, and attach to HlePRO	
Business Classification Statement	Complete, sign, and attach to HlePRO	

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

BID PRICE LIST

Bidders must bid on all items in order to be considered for award.

ITEM NO	LOCATION	DESCRIPTION	MODEL NO	MONTHLY PRICE		QTY		MONTHS		Monthly Price x Qty x Months
1	Campus Center, Roof Well	Heat Transfer Products Group Condensing Units	ETHN-3	\$ _____	x	1	x	12	=	\$ _____
2	Campus Center, Roof Well	Heat Transfer Products Group Condensing Units	ETHN-1	\$ _____	x	1	x	12	=	\$ _____
3	Campus Center, Lower Level, Main Kitchen	Follett Ice Machine	ITS1350 SG-60	\$ _____	x	1	x	12	=	\$ _____
4	Campus Center, Lower Level, Main Kitchen	Heat Transfer Products Group Walk-In Freezer	AA28-1228-AE	\$ _____	x	1	x	12	=	\$ _____
5	Campus Center, Lower Level, Main Kitchen	Heat Transfer Products Group Walk-In Refrigerator	AA28-1228-AE	\$ _____	x	1	x	12	=	\$ _____
6	Campus Center, Lower Level, Main Kitchen	Heat Transfer Products Group Walk-In Refrigerator	AA28-1228-AE	\$ _____	x	1	x	12	=	\$ _____
7	Campus Center, Lower Level, Main Kitchen	Traulsen Reach-In	AHT132 W-FHS	\$ _____	x	1	x	12	=	\$ _____
8	Campus Center, Lower Level, Main Kitchen	Traulsen Reach-In	ARI232 H-FHS	\$ _____	x	1	x	12	=	\$ _____
9	Campus Center, Lower Level, Main Kitchen	Traulsen Reach-In	ARI132 L-FHS	\$ _____	x	1	x	12	=	\$ _____
10	Campus Center, Lower Level, Main Kitchen	Omni Team Under Counter Cooler	OTM-13D	\$ _____	x	1	x	12	=	\$ _____

ITEM NO	LOCATION	DESCRIPTION	MODEL NO	MONTHLY PRICE		QTY		MONTHS		Monthly Price x Qty x Months
11	Campus Center, Lower Level, Main Kitchen	Omni Team Under Counter Cooler	05M13D	\$ _____	x	1	x	12	=	\$ _____
12	Campus Center, Lower Level, Main Kitchen	Traulsen Reach-In	ALT132 W-FHS	\$ _____	x	1	x	12	=	\$ _____
13	Campus Center, Lower Level, Main Kitchen	Infinity Under Counter Cooler	IRRH-2-2D-M	\$ _____	x	1	x	12	=	\$ _____
14	Campus Center, Lower Level, Main Kitchen	Montague Under Counter Cool	N8630	\$ _____	x	4	x	12	=	\$ _____
15	Campus Center, Lower Level, Main Kitchen	Turbo Coil Under Counter Cool	TC 1200	\$ _____	x	3	x	12	=	\$ _____
16	Campus Center, Lower Level, Main Kitchen	Self-Serve Display Case-Counter Top	VR06	\$ _____	x	1	x	12	=	\$ _____
17	Campus Center, Lower Level, Main Kitchen	Self-Contained Bin Cooler	N/A	\$ _____	x	3	x	12	=	\$ _____
18	Campus Center, Upper Level, Catering Kitchen	Ice-O-Matic Ice Machine	CIM063 6IW	\$ _____	x	1	x	12	=	\$ _____
19	Campus Center, Upper Level, Catering Kitchen	Traulsen Reach-In Refrigerator	N/A	\$ _____	x	1	x	12	=	\$ _____
20	Campus Center, Upper Level, Catering Kitchen	Traulsen Reach-In	ARI232 L-FHS	\$ _____	x	1	x	12	=	\$ _____
21	Campus Center, Lower Level, Café Kitchen (Naulu)	Manitowoc Ice Machine	IDT0500 W-161	\$ _____	x	1	x	12	=	\$ _____

ITEM NO	LOCATION	DESCRIPTION	MODEL NO	MONTHLY PRICE		QTY		MONTHS		Monthly Price x Qty x Months
22	Campus Center, Lower Level, Café Kitchen (Naulu)	Heat Transfer Products Group Walk-In Refrigerator	AA28-106B-AE	\$ _____	x	1	x	12	=	\$ _____
23	Campus Center, Lower Level, Café Kitchen (Naulu)	Heat Transfer Products Group Walk-In Freezer	AA28-106BAE	\$ _____	x	1	x	12	=	\$ _____
24	Campus Center, Lower Level, Café Kitchen (Naulu)	Traulsen Reach-In	HPWW 5 DS 50 4DW	\$ _____	x	1	x	12	=	\$ _____
25	Library, Lower Level, Ulu'ulu Archives	Liebert Self-Contained AC Unit	MMD12 A-P0E70	\$ _____	x	1	x	12	=	\$ _____
26	Admin/Health Sci, IDF Rooms	Daikin Split AC Indoor Unit	FTXS18 LVJU	\$ _____	x	4	x	12	=	\$ _____
27	Admin/Health Sci, Roof Well	Daikin Split AC Condenser Unit	N/A	\$ _____	x	2	x	12	=	\$ _____
28	Creative Media, Server Room	Data Aire Split AC Indoor Unit	DALA-13 3 4-CO-D	\$ _____	x	1	x	12	=	\$ _____
29	Creative Media, Outdoor	Data Aire Split AC Condenser Unit	DARC 1534	\$ _____	x	1	x	12	=	\$ _____
30	Creative Media, UPS Room	Daikin Split AC Indoor Unit	FTX30N VJU	\$ _____	x	2	x	12	=	\$ _____
31	Creative Media, Outdoor	Daikin Split AC Condenser Unit	RK30N MVJU	\$ _____	x	2	x	12	=	\$ _____
32	Maintenance, Main Server Room	Mitsubishi Split AC Indoor Unit	TPMFY P015BM 140F	\$ _____	x	8	x	12	=	\$ _____
33	Maintenance, Main Server Room	Mitsubishi Split AC Indoor Unit, Ceiling Mtd	TPCFY P030KM 140B	\$ _____	x	2	x	12	=	\$ _____
34	Maintenance, Main Server Rm, Outdoor	Mitsubishi Split AC Condenser Unit	TUHYE 0963AN 40AN	\$ _____	x	2	x	12	=	\$ _____
35	Maintenance, Vendor Server Rm	Stulz Split AC Indoor Floor Mtd Unit	CRS-084-AR	\$ _____	x	2	x	12	=	\$ _____

ITEM NO	LOCATION	DESCRIPTION	MODEL NO	MONTHLY PRICE		QTY		MONTHS		Monthly Price x Qty x Months
36	Maintenance, Vendor Server Rm	Stulz Split AC Condenser Unit	SCS-120-SEC	\$ _____	x	2	x	12	=	\$ _____
37	Maintenance Storage Room	Scotsman Ice Machine	CUD415 MA-1A	\$ _____	x	1	x	12	=	\$ _____
TOTAL AMOUNT (ITEM NOS 1 – 37)										\$ _____

Total amount shall include labor, parts, materials, insurance, disposal, any indirect costs, and all applicable taxes.

PERCENTAGE OF BIDDER'S MONTHLY PRICE WHICH REPRESENTS:	
Labor Cost	_____ %
Non-Labor Cost	_____ %
Total percentage of labor and non-labor cost combined can not equal more than 100%	

WAGE CERTIFICATE

Description of Project: _____

(To be filled in by prospective bidder)

Pursuant to Section 103-55, HRS, I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than wages paid to the public officers and employees for similar work, if similar positions are listed in the classification plan of the public sector.

2. All applicable laws of the Federal and State governments relating to worker's compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wages required by Section 103 55, HRS.

Bidder: _____

Signature: _____

Title: _____

Date: _____

REFERENCES

The names of companies, contact persons, and addresses of THREE (3) agencies for whom undersigned currently provides refrigeration and split air conditioning preventative maintenance services are as follows:

	<u>Company</u>	<u>Contact Person</u>	<u>Address & Telephone No.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The University reserves the right to reject the bid submitted by any bidder whose performance on other jobs has been unsatisfactory.

(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

(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

(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 INVALIDAT

BUSINESS CLASSIFICATION CERTIFICATION STATEMENT

CONTRACTORS: Please complete the information below. Terms used are taken from the U.S. Small Business Administration (SBA) Rules and Regulations (<https://www.sba.gov/>) and the U.S. Code of Federal Regulations (CFR). The term “controlled” refers to the management and daily operation of the business concern.

The company identified below (check all that apply):

1. _____ **IS NOT** a small business concern as defined in the regulations
(If you checked here, **STOP. GO TO CERTIFICATION BELOW.**)

_____ **IS a small business concern**, defined as one that is independently owned and operated, is organized for profit, is not dominant in its field, meets the SBA size standard eligibility (see reverse side of this form for examples of size standards), is registered and has its status represented in the U.S. Government’s System for Award Management (SAM) database. See <http://www.sba.gov/content/what-sbas-definition-small-business-concern>.
2. _____ IS a **small disadvantaged business concern** of which at least 51% is unconditionally and directly owned and controlled by one or more socially disadvantaged and economically disadvantaged persons who are U.S. citizens. See 13 CFR 124.105 for exceptions.
3. _____ IS a **women-owned small business concern** of which at least 51% is unconditionally and directly owned and controlled by one or more women who are U.S. citizens. See 13 CFR 127.
4. _____ IS a **HUBZone small business concern** that meets the certification eligibility requirements set by the U.S. SBA. See 13 CFR 126.
5. _____ IS a **veteran-owned small business concern** of which at least at least 51% is unconditionally and directly owned by one or more veterans or service-disabled veterans. See 38 CFR 74.
6. _____ IS a **service-disabled veteran-owned small business concern** of which at least 51% is unconditionally and directly owned by one or more service-disabled veterans. In the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more service-disabled veterans. The management and daily business operations of which are controlled by one or more service-disabled veterans, or in the case of a veteran with a permanent and severe disability, a spouse or permanent caregiver of such veteran. See 13 CFR 125.11 et al.

CERTIFICATION

I hereby certify the information supplied herein to be true and correct. (Any misrepresentation shall be subject to the provisions stated in item B on the next page.)

Company Name: _____

Signature of Company Officer

Company Address: _____

Print Name: _____

Title: _____

Date: _____

Type of Goods/Services: _____

North American Industry Classification System (NAICS) Code: _____

- A. A small business concern is one that is independently owned and operated, is organized for profit, is not dominant in its field, has a place of business in the U.S., and operates primarily within the U.S. or makes a significant contribution to the U.S. economy. Size standard eligibility is based on the average number of employees for the preceding 12 months or on sales volume averaged over a 3-year period. See 13 CFR 121.201 for size standards identified by NAICS codes. The size standards for a few industries are shown below and are subject to change at any time.
1. SPECIALTY TRADE CONTRACTORS – “Small” if average annual receipts for preceding 3 years do not exceed \$15 million.
 2. CONSTRUCTION, GENERAL CONTRACTORS – “Small” if average annual receipts for preceding 3 years do not exceed \$36.5 million.
 3. MANUFACTURING – “Small” if 500 employees or less, except for some specific products which will increase the complement of employees to 750 or 1,000.
 4. TRANSPORTATION – “Small” if average annual receipts for preceding 3 years do not exceed the amount shown for specific services.
\$27.5 million – general freight trucking, local.
 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.
\$7.5 million – hardware stores.
 7. SERVICES – “Small” if average annual receipts for preceding 3 years do not exceed the amount shown for specific services:
 - a) \$27.5 million – computer systems design services, custom computer programming services
\$20.5 million – security guards and patrol services
 - b) \$18 million – janitorial services
 - c) \$38.5 million – passenger car rental
 - d) \$32.5 million – office machinery and equipment rental & leasing
 - e) \$7.5 million – general automotive repair

Annual receipts of a concern which has been in business for less than 3 complete fiscal years means the total receipts for the period the concern has been in business divided by the number of weeks in business, multiplied by 52. See 13 CFR 121.104.

- B. Notice. Under 15 U.S.C. 645(d), any person who misrepresents a firm’s status as a small business concern, a qualified HUBZone small business concern, a small business concern owned and controlled by socially and economically disadvantaged individuals, or a small business concern owned and controlled by women in order to obtain a contract to be awarded under the preference programs established pursuant to 15 U.S.C. sections 637(a), 637(d), 638, 644, or 657(a), 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 Small Business Investment Act of 1958.