

**EMPLOYEES' RETIREMENT SYSTEM
of the STATE OF HAWAII,
HIePRO RFP 25000008 INTERNAL COMPLIANCE TESTING SERVICES
OFFEROR FORMS**

**OFFER FORM OF-1
OFFEROR'S IDENTIFICATION**

Procurement Officer
Employees' Retirement System
201 Merchant Street, Suite 1400 Honolulu,
Hawaii 96813

Dear Procurement Officer:

The undersigned has carefully read and understands and agrees to the terms and conditions specified in this Specifications and the General Conditions and agrees to same. Offeror hereby submits the following offer to perform the work as specified in this RFQ, 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.

* Company Name: _____

Offeror is:

Limited Liability _ Corporation _ Limited Partnership _ Non-profit _ Other: _

State of Incorporation: _____

Federal Employer ID No.: _____ Hawaii Tax No.: _____

Payment Address: _____ (if different from business address):

City: _____ State: _____ Zip Code: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Respectfully submitted,

Date: _____

Signature of Authorized Official

Telephone #: _____

Fax #: _____

E-mail Address: _____

Name and Title of Authorized Official

Legal Name of Offerer's Company Furnish the exact legal name of the entity under which the awarded contract will be executed. **Offeror to attach to this document, a notary's verification page attesting to the authenticity of the signature placed on this document.**

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**OFFER FORM OF-3 (Professional References)
REFERENCES TO CONFIRM THE OFFEROR QUALIFICATIONS**

Offeror to have three (3) years of professional experience providing Compliance Accounting & Audit services for Government clients of similar size, scale and complexity as ERS within the past five (5) years.

(1) Client Name: _____

Contract Person: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Description of Services Provided: _____

Contract Period of Service Provided: _____

(2) Client Name: _____

Contract Person: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Description of Services Provided: _____

Contract Period of Service Provided: _____

(3) Client Name: _____

Contract Person: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Description of Services Provided: _____

Contract Period of Service Provided: _____

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OFFER FORM OF-3 (Professional References)

REFERENCES TO CONFIRM THE SUBCONTRACTOR QUALIFICATIONS

Subcontractor, to have three (3) years of professional experience providing Compliance Accounting & Audit services for Government clients of similar size, scale and complexity as ERS within the past five (5) years.

_____ Mark here if not using a subcontractor.

(1) Client Name: _____

Contract Person: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Description of Services Provided: _____

Contract Period of Service Provided: _____

(2) Client Name: _____

Contract Person: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Description of Services Provided: _____

Contract Period of Service Provided: _____

(3) Client Name: _____

Contract Person: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Description of Services Provided: _____

Contract Period of Service Provided: _____