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-2

COST OF SERVICES

(OFFEROR TO COMPLETE ITEMS 1 THROUGH 10 BELOW & SIGN)

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	Item:	Description:	Service Hrs Qty:	Hourly rate:	Total Amount:
İ	1	1.1 Offeror to input their hourly rate in hourly rate column &			7
١	•	calculate the service hours quantity provided noted in Review			
١		Peroid.& add total amount into the Total Amount column on the	‡		
		right.Work hours are standard Monday - Fri, 0730-4:30 HST. Review Peroid,			
		September 15, 2024 -June 30, 2025	1500		
		July 1, 2025 - June 30, 2026	3500		
		July 1, 2026 - June 30, 2027 1.2 The Offeror to calculate the amounts in the Total amount column, & place in sub total block. Calculate amount in sub total block x GET tax of 4.712% and input GET amount into block 2. Offeror to add sub total amoun and GET value to arrive at Total Sum Price and input that value into block # 3 as project total price. Note: This same Total Sum price noted in block 3 offeror to input this value into the Price Quote Section in HIePRO as the Offeror's total project price firm and fixed. 1.3 Offeror shall annotate in table 4 below, their Annual Price Rate for a 1 year extension, ie, optional contract year 4, if offered by the State.	t t	Sub Total	
			ICE INCL	_	
4.	Other Option	Offeror's quote for option year # 4 at 3500 hours, (if offered the ERS)	TAXES	2. State GET,	
	Орион	Official's quote for option year # + at 3500 flours, (if officied the ERS)		4.712%	
				3	
				Total	
				Sum	
				Price	
	5. Additi 6. Quote	onal attachments have been included (check here). P. Quote is v. (60) calendar			
	8. Federal Tax 9. Hawaii Sta Identification No.: Tax Identificat				
		uotes are to be signed and dated by an authorized indivi		ie compa	ny.
C	ompany	name:			
S	Signature:Date:				
P	rinted N	Name:Title:			
					<u></u>

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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:		
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 su (1) Client Name:		
Contract Person:		
Telephone 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:		