Template T-5

State of Hawaii Bid and Contracting Forms

IFB No: SSD-CCWIS-24-07A

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1.0 Forms to be Returned with Bid

1.1 Confidential and Proprietary Information Form

By signing below, the FODQA bidder confirms that those pages that are indicated in Table 1 and marked throughout the response should be considered as "Confidential" or "Proprietary" per the IFB. The FODQA bidder must provide an explanation for each entry of how substantial competitive harm would occur if the information were released. Mark "N/A" in the table if there is none.

	_	
Signature		Title

 Table 1.
 Confidential and Proprietary Information Form

PAGE NO.	SECTION	EXPLANATION

2.0 Forms Required to Execute Contract

When the FODQA bidder is notified of an award, the following forms will be required to be filled in and returned together with other Vendor certifications such as Corporate Resolution, Certificate of Vendor Compliance, Certificate of Good Standing, Tax Clearance Certificate, etc. Note that this may not be an exhaustive list of all required forms and certifications for Contract execution.

The forms provided in 2.2 - 2.9 are for references only and are <u>not</u> required to be returned with the bid. However, the FODQA bidder must confirm it has read the information provided by initialing each page in this Template and include it in its bid.

2.1 Insurance Requirements Certification

Bids submitted in response to the IFB must include a Certificate of Liability Insurance (COLI) that meets the requirements of the IFB, summarized in the Checklist. The successful bidder will be required to provide an updated COLI upon Contract award.

Time is of the essence in the execution and performance of the Contract resulting from this IFB. Therefore, the FODQA bidder must ensure that the COLI submitted with the Bid and, if applicable, the resulting Contract, fully and timely complies with the insurance requirements of this IFB.

By signing below, the FODQA bidder certifies that it has completed the attached Checklist and:

(Chec □	k and complete one) Vendor has included a current COLI wit requirements contained in the IFB and i	h its Bid that fully meets the insurance cov n the attached Checklist.	erage
		h its Bid that meets the insurance coverag n the attached Checklist and Form, <i>excep</i> t	
	dor is awarded a Contract, then Vendor cated within 30 days after Contract award.	ertifies that the foregoing deficiencies will	be
 Name	of Vendor		
Autho	rized Representative	Signature Date	
Print N	Name and Title		

CERTIFICATE OF LIABILITY INSURANCE (COLI) CHECKLIST

This Checklist must accompany the completed COLI submitted with the Bid and subsequent Contract. In the event of a conflict between this Checklist and the terms of the Contract, the latter shall prevail.

If a requirement noted below is reflected in a current policy endorsement, a copy of the endorsement may be submitted in lieu of the statement on the COLI. Insurance requirements are subject to oversight by the State of Hawaii Department of Accounting and General Services, Risk Management Office.

No.	CERTIFICATE OF INSURANCE LIABILITY REQUIRED ELEMENTS	×
(1)	The date the COLI was issued should not be more than 15 days from the date of its request. The COLI should not be issued over 30 days from the date of submission.	
(2)	The name of the "Insured" must match the name of the Contractor/Provider.	
(3)	The insurer must be licensed to do business in the State of Hawaii or meet the requirements of Section 431:8-301, Hawaii Revised Statutes.	
(4)	The "Commercial General Liability" coverage should indicate coverage on a "Per Occurrence" basis.	
(5)	A "Policy Number" or binder number should be indicated.	
(6)	The "Effective Date" should be no later than the contract date or the first date that the Contractor commences work for the State.	
(7)	The "Expiration Date" should be after the effective date of the agreement or supplemental agreement, as applicable, and be monitored to ensure that renewal COLI are received on a timely basis.	
(8)	The Limits of Liability for the following types of coverage should be for at least as much as required by the contract, normally in the	

No.	CERTIFICATE OF INSURANCE LIABILITY REQUIRED ELEMENTS	
	following amounts (check contract language for specifics): a. Commercial General Liability \$1 million per occurrence, and \$2 million in the aggregate b. Automobile – may be combined single limit: Bodily Injury: \$1 million per person, \$1 million per accident Property Damage: \$1 million per accident c. Workers Compensation/Employers Liability (E.L.) E.L. each accident: \$1 million E.L. disease: \$1 million per employee, \$1 million policy limit E.L. \$1 million aggregate d. Professional Liability \$1 million per claim, and \$2 million annual aggregate	
(9)	"Any Auto" coverage is required, or if not marked, "Hired Autos" and "Non-Owned Autos" should be indicated. If there are no corporate-owned autos, then the "Hired & Non-Owned Auto" may be endorsed to the Commercial General Liability to satisfy this requirement.	
(10)	If the limits of liability shown for General Liability or Automobile Liability are less than required by contract, then Umbrella Liability with combined limit may satisfy the minimum requirement and the State listed as "Additional Insured" on the Umbrella Policy or the Umbrella policy is noted as "Follow Form" on the certificate.	
(11)	NOTE: The State requires higher limits of \$1 million, as compared to the basic limits required by State law regarding Workers Compensation coverage.	
(12)	The required "Professional Liability" coverage should be indicated in this section.	
(13)	The "ADDL INSR" box should be checked to indicate that the State is an additional insured under the policy(ies), or noted in the Description of Operation box at the bottom of the form.	
(14)	The "Certificate Holder" should be the name and address of the State of Hawaii, Department of Human Services, P.O. Box 339, Honolulu, HI 96809-0339.	

No.	CERTIFICATE OF INSURANCE LIABILITY REQUIRED ELEMENTS	
(15)	The COLI should be signed by the insurance agent or an insurance company representative.	
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES box: This section should contain the following language:	
	The State of Hawaii is an additional insured with respect to operations performed for the State of Hawaii.	
	Any insurance maintained by the State of Hawaii shall apply in excess of, and not contribute with, insurance provided by this policy.	
	The Department of Human Services (Social Services Division, 1010 Richards Street, Room 216, Honolulu, HI 96813) shall be notified immediately should any of the insurance policies evidenced on its Certificate of Insurance form be cancelled, limited in scope, or not renewed upon expiration.	

2.2 Contract for Goods or Services (AG 004)





AG-004i.pdf

AG-004.pdf

2.3 Contractor's Acknowledgement (AG 009)





2.4 Contractor's Standard of Conduct Declaration (AG 010)





AG-010i.pdf

AG-010.pdf

2.5 Wage Certification Form

Pursuant to Section 103-55, Hawaii Revised Statutes, 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 insurance, 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.

Contractor:
Signature:
Name/Title:
Date:

2.6 No Conflict-of-Interest Certification

Hawaii law clearly forbids a direct or indirect conflict of interest of a company or its employees in selling to the State. Vendor must answer and/or provide the following:

1. Does there exist any possible conflict of interest in the sale of services or deliverables to the State, any of its officers or employees?

YES or NO (Please circle one)

If the possibility of a conflict does exist, provide a list of those conflicts and the nature of the conflicts on a separate page and include it in your Bid. Vendor may be precluded where a conflict of interest may exist.

Contractor: _		
Signature: _		
Name/Title:		
Date [.]		

2.7 Debarment and Suspension Certification

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this bid.

Signature:
Print Name/Title:
Name of Business:
Dete:
Date:

2.8 Certification Regarding Drug-Free Workplace Requirements

The grantee certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- (b) Establishing a drug-free awareness program to inform employees about— (1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs, and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will— (1) Abide by the terms of the statement; and (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after each conviction.
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted— (1) Taking appropriate personnel action against such an employee, up to and including termination; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

Signature:
Print Name/Title:
Name of Business:
Date:

2.9 Anti-Lobbying Certification

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature:	
Print Name/Title:	
Name of Business:	
-	
Date:	

3.0 General Conditions as Part of the Contract

The General Conditions document will be attached to the Contract. It is also provided as an attachment in the posting of this IFB with HIePRO. The FODQA Offeror must confirm it has read the information provided by initialing this page and include it in its Bid.