

IFB No. OPS 2024-017

SECURITY SERVICES FOR THE OHA'S OAHU OFFICE

BID OFFER FORM

Office of Hawaiian Affairs
 Procurement Services Program
 ATTN: Geena Chau
 560 N. Nimitz Highway, Suite 200
 Honolulu, Hawai'i 96817

Aloha IFB Coordinator:

The undersigned has carefully read and understand the terms and conditions specified in the Invitation for Bids No. OPS 2024-017 and the OHA General Terms & Conditions by reference made a part of this Bid Offer and hereby submits the following bid offer to perform the work specified.

The undersigned further understands and agrees that by submitting this Sealed Bid Offer, 1) it is declaring its Bid Offer is not in violation of Chapter 84, Hawai'i Revised Statutes, concerning prohibited State contracts and 2) it is certifying that the bid price(s) submitted was (were) independently arrived at without collusion.

Date: _____

Respectfully submitted,

 Exact Legal Name of Bidder (*Company Name*)

 Date

 Authorized Signature

 Printed Name of Authorized Signer

 Title of Authorized Signer

 Telephone Number

 Fax Number

 Business Mailing Address

 Hawai'i General Excise Tax Lic. I. D. No

 City, State, Zip Code

 Social Security or Federal I.D. No.:

 Contact Person regarding this bid offer

 Phone Number (*Contact Person*)

If Bidder shown above is a "dba" or a "division" of a corporation, please furnish the exact legal name of the corporation under which the contract, if awarded, will be executed.

Bidder is: Individual Partnership Corporation Joint Venture

Registered in: Hawai'i Other*: _____

*If "Other" is checked, is the corporate seal available in Hawai'i? Yes No

Bidders must complete the following items:

1. Provide the names and address of at least three companies or government agencies at which the Bidder has provided or is currently providing security services, along with the dates of services:

Company or Agency	Contact Person	Telephone No.	Dates of Service

2. Insurance coverage to be provided by:

Insurance Type	Provider	Agent Name	Agent Phone No.
Commercial General Liability:			
Worker's Compensation			
Temporary Disability			
Prepaid Health Care			
Unemployment Insurance -State of Hawai'i I.D. Number			

If you are not required to have one or more of the above coverages, please explain below:

The following bid is hereby submitted to furnish security services for the OHA's main office on Oahu.

For the Initial 12-month Period: September 1, 2024 – August 31, 2025

A. Security Services at the OHA’s Oahu Office Main Entrance/Exit Door, Roving Foot Patrol and Security Escort Services on an As-Needed Basis for Twelve (12) Months

	<u>Estimated</u> <u>No. of</u> <u>Hours</u>	x	<u>Bid Price Per Hour*</u>	=	<u>Total Bid Price</u>
1. Security Services at the Main Entrance/Exit Door. Scope of Services as detailed in IFB No. OPS 2024-017.	1,820	x	\$ _____	=	\$ _____
2. Roving Foot Patrol. Bid price per hour shall not exceed the hourly bid price for Item A.1. Scope of Services as detailed in IFB No. OPS 2024-017.	1,560	x	\$ _____	=	\$ _____
3. Security Escort Services. Bid price per hour shall not exceed the hourly bid price for Item A.1. Scope of Services as detailed in IFB No. OPS 2024-017.	1,560	x	\$ _____	=	\$ _____

B. Security Officer for Special Events and Emergency Services on an As-Needed Basis

	<u>Estimated</u> <u>No. of</u> <u>Hours</u>	x	<u>Bid Price Per Hour*</u>	=	<u>Total Bid Price</u>
1. Special Events: Bid price per hour shall not exceed the hourly bid price for Item A.1. above by greater than 1.5 times. Scope of Services as detailed in IFB No. OPS 2024-017.	4	x	\$ _____	=	\$ _____
2. Emergency Services: Bid price per hour shall not exceed the hourly bid price for Item A.1. above by greater than 1.5 times. Scope of Services as detailed in IFB No. OPS 2024-017.	4	x	\$ _____	=	\$ _____

*Hourly bid prices shall be inclusive of all applicable fees and taxes for providing the services specified. The OHA shall not be responsible for and shall not pay overtime pay resulting from the Successful Bidder’s scheduling of employees.

GRAND TOTAL ANNUAL BID PRICE (SUM OF TOTAL BID PRICES FOR ITEMS A. and B. above shall be indicated through HIePRO)	\$ _____
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Bidder: _____

Contact Person: _____

Email: _____

Phone: _____