

MAINTENANCE AND WATER TREATMENT FOR AIR CONDITIONING AND HEAT-VENTILATING
EQUIPMENT AT VARIOUS SCHOOLS AND OTHER STATE BUILDINGS
ON THE ISLANDS OF MAUI, MOLOKAI, AND LANAI
IFB D24-154

OFFER PAGE OF-1

Exact Legal Name of Offeror, including "dba" or "division" of a corporation (furnish the exact legal name of the entity under which an awarded contract, if any, will be executed):			
Address: Principal Place of Business (may not be a P.O. Box):			
Mailing Address (only if different):			
Payment Address (only if different)			
Offeror's Primary Contact Person: Name			
Title			
Telephone Number		Fax Number	
Email Address			
Federal Tax Identification Number:			
State of Hawaii General Excise Tax License Number:			
Type of Business Entity (check one):	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____		
If other than a Sole Proprietorship:	Offeror is either: <input type="checkbox"/> A Hawaii business incorporated or organized under the laws of the State of Hawaii; OR <input type="checkbox"/> A Compliant Non-Hawaii business incorporated or organized under the laws of the State of _____ on (date) _____, and, if applicable, registered with the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii. Names of all Offeror's parent, affiliate and subsidiary organizations: _____		

The undersigned has carefully read and understands the terms and conditions specified herein and hereby submits the following offer to provide the goods and/or perform the work specified herein, all in accordance with the true intent and meaning thereof, and further that the Offeror shall comply with all terms, conditions and requirements of the solicitation. The undersigned further understands and agrees that by submitting this offer, 1) the undersigned is declaring the undersigned's offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) the undersigned is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Authorized (Original in ink) Signature

Name (printed)

Title

Date

Offeror: _____

EXHIBIT A
OFFEROR INFORMATION

Offeror shall provide the Exhibit A, including attachments if applicable, within three (3) working days from STATE's request.

A. EXPERIENCE

At the time of bidding, Offeror shall have a minimum of five (5) consecutive years' experience in providing maintenance and repairs of air conditioning and ventilation equipment on the island of Maui.

Offeror has a minimum five (5) years of experience Yes

OFFEROR _____

B. LICENSE

At the time of bidding and throughout the contract period, Offeror shall have a current valid State of Hawaii Contractor C-52 license to provide Maintenance and Repairs for Air Conditioning and Heat-Ventilating Equipment on file with and/or as issued by the Department of Commerce and Consumer Affairs. CONTRACTOR's license must be kept in force during the duration of this Contract and for any extension(s) that may be agreed upon. Offeror shall provide all necessary documentation (example; copy of license) to substantiate compliance with this requirement.

C-52 License Number _____

Copy of License attached Yes

C. OFFICE LOCATION

At the time of bidding and throughout the contract period, Offeror shall have an office on the island of Maui from where business is conducted and from where the company is accessible to telephone calls for complaints or requests that need immediate attention. An answering service is not acceptable.

Office Location Address _____

Telephone Number _____

Cell Number _____

Offeror: _____

D. SERVICE FACILITY LOCATION

At the time of bidding and throughout the contract period, Offeror shall have a service facility on the island of Maui from where business is conducted.

Offeror shall be capable of providing Maintenance and Repairs for Air Conditioning and Heat-Ventilating Equipment for the STATE. Therefore, at the time of bidding and during the contract period, Offeror shall maintain a Maui-based facility and business capability of its own or through a third party.

The STATE reserves the right to inspect and evaluate the Offeror's service facility or the service facility of Offeror's chosen third-party service provider to determine acceptability under this requirement.

Facility Location Address

Telephone Number

Cell Number

E. PERSONNEL

At time of bidding and throughout the contract period, Offeror shall designate at least one (1) employee as the STATE point of contact (POC) for this contract. This individual shall be based in Hawaii and available during regular business hours, 7:45 a.m. to 4:30 p.m. Hawaii Standard Time (HST), Monday through Friday excluding holidays, and shall be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance.

POC Name

Telephone Number

Cell Number

Fax Number

Email Address

F. PERSONNEL SKILL AND QUALIFICATIONS

Offeror shall have at least two (2) journeyman refrigeration mechanics employed on a full-time basis.

Offeror: _____

Personnel assigned to perform said services shall be journeyman refrigeration mechanics with a minimum of five (5) consecutive years, immediately prior to the bid opening date, of maintenance service experience on types of equipment similar to the equipment listed herein and reside on the island of Maui.

Journeyman Mechanic's Name: _____

Number of years of experience: _____

Journeyman Mechanic's Name: _____

Number of years of experience: _____

Offer shall provide subcontractor(s), if any, for this solicitation:

G. WATER TREATMENT PERSONNEL

CONTRACTOR may subcontract for the Water Treatment of Air Conditioning Systems; however, the work shall be performed by qualified personnel and/or company with a minimum of three (3) years of field experience in maintaining an air conditioning water treatment program.

Subcontractor Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Subcontractor's License Number: _____

Number of years of field experience in maintaining an air conditioning water treatment program: _____