

**FURNISHING MAINTENANCE SERVICE OF AIR-CONDITIONING UNITS
AT THE ALOHA STADIUM
FOR
STADIUM AUTHORITY**

IFB-SA-25-01

ATTACHMENT C

OFFER FORMS

NOTE TO BIDDERS:

You will need to save the document to your computer, input your information directly on the document, print, and sign the first page.

Bidders are responsible for ensuring that all required forms are completed in their entirety when submitting their bid otherwise a bid submitted by a responsive and responsible Bidder may not receive the award.

The Completed Offer Forms, pages **OF-1 through OF-8** are required and must be uploaded as an attachment(s) on HlePRO before the bid closing date.

FURNISHING MAINTENANCE SERVICE OF AIR-CONDITIONING UNITS
AT THE ALOHA STADIUM
FOR STADIUM AUTHORITY
DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT AND TOURISM
IFB-SA-25-01

Procurement Officer
Stadium Authority
State of Hawaii
P.O. Box 30666
Honolulu, Hawaii 96820-0666

Dear Procurement Officer:

The procurement conducted for the specified goods and/or services is pursuant to Hawaii Revised Statutes (HRS) Chapter 103D and its Hawaii Administrative Rules (HAR). The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions, General Provisions, dated 11/2016, or as amended, and the AG General Conditions, Form AG-008, as amended, and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) Offeror is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) Offeror is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Offeror is:

Sole Proprietor Partnership *Corporation Joint Venture
 Other _____

*State of incorporation: _____

Hawaii General Excise Tax License I.D. No. _____

Federal I.D. No. _____

Payment address (other than street address below): _____
City, State, Zip Code: _____

Business address (street address): _____
City, State, Zip Code: _____

Respectfully submitted:

Date: _____ (x) _____
Authorized (Original) Signature

Telephone No.: _____

Fax No.: _____
Name and Title (Please Type or Print)

E-mail Address: _____
** _____
Exact Legal Name of Company (Offeror)

**If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:

BID QUOTATION:

The following bid is hereby submitted for Maintenance Service of Air-Conditioning Units at the Aloha Stadium as specified herein:

NOTE: To be considered for award, bidder must submit a bid including both Group A and Group B Services.

Group A – Bi-Monthly, Semi-Annual and Annual Maintenance Services

<u>Group A</u>	<u>Bid Price Per Month*</u>	<u>No. of Months</u>	<u>Total Bid Price</u>
Original Contract Period: November 1, 2024 – October 31, 2025	\$	x 6 =	\$
1st Supplemental Year** November 1, 2025 – October 31, 2026	\$	x 6 =	\$
ESTIMATED TOTAL BID PRICE – GROUP A (2-YEAR PERIOD)			\$

Group B - Estimated Extra Work **Other Than Group A** Services

<u>Group B</u>	<u>Standard Hourly Rate**</u>	<u>Estimated Hours Per Yr.</u>	<u>Estimated Total Bid Price</u>
Estimated Extra Work/Standard Service Hours/Yr. Original Contract Period***	\$	x 200 =	\$
Estimated Extra Work/Standard Service Hours/Yr. 1 st Supplemental Year***	\$	x 200 =	\$
ESTIMATED TOTAL BID PRICE – GROUP B (2-YEAR PERIOD)			\$

HlePRO BID:

ESTIMATED TOTAL BID PRICE – GROUP A (2-YEAR PERIOD) *	\$
ESTIMATED TOTAL BID PRICE – GROUP B (2-YEAR PERIOD) *	\$
TOTAL HlePRO BID*	\$

* Bid Price Per Month shall include all costs for labor, equipment, all applicable taxes (including the Hawaii General Excise Tax), and any costs incurred to provide goods and/or services as specified herein for bi-monthly, semi-annual and annual maintenance services per SPECIAL PROVISIONS page SP-5, Bid Quotation.

** The rates listed shall be used and applied to the appropriate contract period, if and when applicable.

*** Applicable labor rate that will be charged for extra work not covered under the scope of this solicitation per SPECIAL PROVISIONS page SP-5, Bid Quotation. This rate shall be the standard labor rate charged during the hours of 7:45 a.m. to 4:30 p.m. and is not an overtime rate.

The Stadium Authority reserves the right to reject any and all Bids.

OFFEROR: _____
(Company Name)

QUALIFICATION FORM

The bidder and his personnel shall meet the Experience and Personnel Qualifications as indicated in SPECIAL PROVISIONS page SP-2, OFFEROR QUALIFICATIONS. Please complete this form as fully and explicitly as possible to facilitate our evaluation of your firm. Use additional sheets and substantiating documents when necessary.

Exact Legal Name of Air Conditioning Maintenance Contractor:

Business Location: _____
Street Address

City

State

Zip Code

Telephone Number: _____ Fax Number: _____

E-mail address (if applicable): _____

Contractor's License Number: _____
(C-52 License No.)

Contact Person Name: _____

Standby Contact Personnel for Emergency Service: _____

Phone Number for Emergency Service: _____

I. Contractor's number of years of experience (immediately prior to bid opening date) in the field of air-conditioning maintenance service of air-conditioning systems: _____
Are services to be rendered by company employees similar or equal to public officers and employees listed in the attached employee classification descriptions?
Yes ___ No ___

If yes, list positions: _____

II. List at least two (2) journeyman refrigeration mechanics that will be assigned to this contract to perform maintenance services of air conditioning systems. Each journeyman refrigeration mechanic shall have a minimum of five (5) years (immediately prior to the bid opening) experience in the field of air conditioning equipment maintenance service on similar types of equipment as indicated in the specifications.

OFFEROR _____
(Company Name)

1. Journeyman Refrigeration Mechanic's Name: _____

a. Number of years of experience: _____

Minimum of five (5) years

b. Number of years with present company: _____

c. Submit on a separate sheet with appropriate offer Form pages, the title of and date course of studies completed along with a copy of certification and documentation substantiating journeyman refrigeration mechanic certification in the Plumbers-Fitters Local 675.

d. List five (5) accounts where this individual is maintaining, repairing and servicing the air-conditioning system (Dates, Buildings/Locations, Points of Contact, Telephone Number for each account):

<u>Dates</u>	<u>Building/Location</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Journeyman Refrigeration Mechanic's Name: _____

a. Number of years of experience: _____

Minimum of five (5) years

b. Number of years with present company: _____

c. Submit on a separate sheet with appropriate offer Form pages, the title of and date course of studies completed along with a copy of certification and documentation substantiating journeyman refrigeration mechanic certification in the Plumbers-Fitters Local 675.

d. List five (5) accounts where this individual is maintaining, repairing and servicing the air-conditioning system (Dates, Buildings/Locations, Points of Contact, Telephone Number for each account):

<u>Dates</u>	<u>Building/Location</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFEROR _____
(Company Name)

Subcontractor Information:

If subcontracting any of this work, the offeror shall provide name(s) of subcontractor(s), a description of the work to be subcontracted, and the subcontractor's years of experience in performing the work to be subcontracted. (Submit information listed below for each subcontractor and attach additional sheets if necessary, with "IFB-SA-25-01" on the bottom, right-hand corner of each sheet):

1. Exact Legal Name of Air-Conditioning Subcontractor:

Work being performed: _____

Years of Experience: _____
Minimum of five (5) years

Business Location: _____
Street Address

City State Zip Code

Contact Person: _____

Telephone No.: _____ Fax Number: _____

E-mail address: _____

Air-Conditioning Contractor's License Number: _____
(C-52 License No.)

2. Exact Legal Name of Air-Conditioning Subcontractor:

Work being performed: _____

Years of Experience: _____
Minimum of five (5) years

Business Location: _____
Street Address

City State Zip Code

Contact Person: _____

Telephone No.: _____ Fax Number: _

E-mail address: _____

Air Conditioning Contractor's License Number: _____
(C-52 License No.)

OFFEROR _____
(Company Name)

**WAGE CERTIFICATE
FOR SERVICE CONTRACTS
(See Special Provisions)**

Subject: IFB No.: IFB-SA-25-01

Title of IFB: Maintenance Service of Air-Conditioning Units at the Aloha Stadium for Stadium Authority the Department of Business, Economic Development and Tourism

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), 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 the wages paid to public officers and employees for similar work, and
2. All applicable laws of the Federal and State governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further 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 wage required by section 103-55, HRS.

Offeror (Company Name): _____

Signature: _____

Print Name: _____

Title: _____

Date: _____