

PROVIDE MAINTENANCE AND REPAIR OF INDIVIDUAL WASTEWATER SYSTEMS (IWS)  
 FOR VARIOUS SCHOOLS OF THE HAWAII STATE DEPARTMENT OF EDUCATION  
 ON THE ISLANDS OF OAHU, MAUI AND KAUAI  
 IFB D24-144

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 <b>Hawaii business</b> incorporated or organized under the laws of the State of Hawaii; <b>OR</b>  <input type="checkbox"/> A <b>Compliant Non-Hawaii business</b> 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

**WAGE CERTIFICATE**

Subject:

Project Number      IFB D24-144

Project Description    Provide Maintenance and Repair of Individual of Wastewater Systems (IWS) for  
Various Schools of the Hawaii State Department of Education on the Islands of Oahu, Maui and  
Kauai

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Pursuant to §103-55, HRS, I hereby certify that, if awarded a contract in excess of \$25,000.00, the services to be performed will be performed in accordance with 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.

Services Performed by Laborers and Mechanics:

The Contractor or the Contractor's subcontractor shall give a copy of the rates of wages to each laborer and mechanic employed under the contract by the Contractor at the time each laborer and mechanic is employed; provided that the Contractor does not have to provide the Contractor's employees the wage rate schedules where there is a collective bargaining agreement.

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.

Contractor shall be obliged to notify its employees performing work under this contract of the provisions of §103-55, HRS, and the current wage rate for public employees performing similar work. The Contractor may meet this obligation by posting a notice to this effect in the Contractor's place of business accessible to all employees, or the contractor may include such notice with each paycheck or pay envelope furnished to the employee

I understand that, in addition to the base wages required by §103-55, HRS, all payments required by Federal and State laws that employers must make for the benefit of their employees shall be paid.

Offeror \_\_\_\_\_  
Signature \_\_\_\_\_  
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. LICENSE AND/OR PERMIT**

At the time of bidding and throughout the contract period, Offeror must have a current State of Hawaii Contractor's C-37, C-43, or Wastewater Operator License to provide the wastewater treatment on file with/as issued by Hawaii State Board of Certification of Operating Personnel in Wastewater Treatment Facilities.

State of Hawaii C-37, C-43, or  
Wastewater Operator Plumbing  
Contractor License Number: \_\_\_\_\_

**B. COMPANY EXPERIENCE**

Offeror shall have a minimum of five (5) consecutive years of experience in maintaining septic systems. Offeror must be able to produce documentation to substantiate both experience and compliance requirements upon request.

Number of consecutive years of  
experience in the field of inspection,  
testing, certification and repair of IWS \_\_\_\_\_ Years

**C. OFFICE LOCATION**

At the time of bid submittal, Offeror shall have an office location located in the State of Hawaii from where business is conducted and from where the company is accessible to telephone calls for complaints, trouble calls, and emergency services or requests that need immediate attention are received and processed, and where personnel are dispatched. An answering machine is not acceptable.

**Office Location**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Telephone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

Normal Business Hours \_\_\_\_\_

Offeror: \_\_\_\_\_

**D. POINT OF CONTACT**

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, Monday through Friday excluding holidays, and shall be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance.

Name of POC and Cellular No. \_\_\_\_\_

E-mail Address (if available) \_\_\_\_\_

**E. PERSONNEL**

Offeror shall have an adequate number of employees assigned to provide services included in this contract, all who are qualified to perform IWS maintenance and service under this contract. All employees must be regular and full-time employees of the Offeror and must have a minimum of two (2) consecutive years of IWS maintenance and service experience immediately prior to bid opening date. For each employee, Offeror shall provide names and other requested information.

1 Employee Name \_\_\_\_\_

IWS Maintenance Qualification: \_\_\_\_\_

Regular and Full Time Employee? \_\_\_\_\_

Two (2) Consecutive Years IWS  
Maintenance and Service Experience? \_\_\_\_\_

2 Employee Name \_\_\_\_\_

IWS Maintenance Qualification: \_\_\_\_\_

Regular and Full Time Employee? \_\_\_\_\_

Two (2) Consecutive Years IWS  
Maintenance and Service Experience? \_\_\_\_\_

Offeror: \_\_\_\_\_

- 3 Employee Name \_\_\_\_\_
- IWS Maintenance Qualification: \_\_\_\_\_
- Regular and Full Time Employee? \_\_\_\_\_
- Two (2) Consecutive Years IWS Maintenance and Service Experience? \_\_\_\_\_

**F. REFERENCES**

Offeror shall list at least three (3) companies or government agencies to whom Offeror was or is providing maintenance and repair of wastewater treatment systems and who can attest to the reliability of Offeror's services and personnel. The STATE reserves the right to contact the references listed to inquire about Offeror's past and/or current performance.

**Reference 1**

POC Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Reference 2**

POC Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Reference 3**

POC Name \_\_\_\_\_

Offeror: \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_