

**OFFER FORM
OF-1**

LEASING OF UP TO NINE (9) HYBRID SEDANS
STATE OF HAWAII
DEPARTMENT OF HEALTH
SOLICITATION # 25000740

Procurement Officer
Kauai District Health Office
Department of Health
State of Hawaii
3040 Umi Street
Lihue, HI 96766

Dear Procurement Officer:

The undersigned has carefully read and understands the terms and conditions specified in the minimum vehicle specifications attached hereto, provided in Section 2.2, and in the General Conditions AG-008, 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) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she 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: