

PROVIDE RECURRING MAINTENANCE AND REPAIRS FOR AIR CONDITIONING AND VENTILATING
EQUIPMENT AT VARIOUS HAWAII STATE DEPARTMENT OF EDUCATION
SCHOOLS AND OFFICES IN THE LEEWARD DISTRICT
IFB D24-109

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 of experience in providing maintenance and repairs for air conditioning and ventilating equipment. If Offeror is owned by a parent company in which the parent company has the required five (5) years' experience, the Offeror shall also qualify for the experience required pending verification. Offeror must be able to produce documented maintenance and repairs for air conditioning and ventilating equipment experience to substantiate their claim of experience upon request.

Offeror has a minimum five (5) years of experience	<input type="checkbox"/> Yes
Offeror's parent company has a minimum five (5) years of experience (as applicable)	<input type="checkbox"/> Yes

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 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.

C-52 License Number _____

C. OFFICE AND SERVICE FACILITY LOCATION

At the time of bidding and throughout the contract period, Offeror shall have a permanent office and service facility on the island of Oahu from where business is conducted and from where the company is accessible to telephone calls for complaints or requests that need immediate attention during normal business hours, 7:45 a.m. to 4:30 p.m. Hawaii Standard Time (HST), Monday through Friday excluding holidays. An answering service is not acceptable.

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

Offeror: _____

Address _____

Telephone Number _____

Cell Number _____

Facility Location (if different from above)

Address _____

Telephone Number _____

Cell Number _____

D. 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 on Oahu and shall be available during regular business hours, 7:45 a.m. to 4:30 p.m. 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 _____

Offeror: _____

E. MANPOWER REQUIREMENTS

There shall be at least seven (7) qualified HVAC certified Journeyman Technicians assigned to this contract. At least one (1) technician must have reciprocating and/or screw chiller training and at least two (2) technicians must have inverter technology (or comparable) training. Each technician shall have a Refrigerant Universal Certification and a minimum of five (5) years of field experience as specified herein. A service technician that is already assigned to an existing STATE HVAC service contract cannot be included on the list of technicians assigned for this contract. A service technician can only be assigned once to any of the STATE's air conditioning and ventilating equipment service contracts.

- 1. Journeyman Technician's Name: _____
Number of years of experience: _____
- 2. Journeyman Technician's Name: _____
Number of years of experience: _____
- 3. Journeyman Technician's Name: _____
Number of years of experience: _____
- 4. Journeyman Technician's Name: _____
Number of years of experience: _____
- 5. Journeyman Technician's Name: _____
Number of years of experience: _____
- 6. Journeyman Technician's Name: _____
Number of years of experience: _____
- 7. Journeyman Technician's Name: _____
Number of years of experience: _____

F. REFERENCES

Offeror shall provide the names of at least three (3) companies or government agencies other than the Hawaii State Department of Education, with whom Offeror was or is providing Maintenance and Repairs for Air Conditioning and Ventilating Equipment and who can attest to the reliability of all aspects of Offeror's service and personnel. The STATE reserves the right to contact these references to verify Offeror's quality level and reliability.

Offeror: _____

1. Company Name _____
Address _____
Contact Name _____
Telephone Number _____

2. Company Name _____
Address _____
Contact Name _____
Telephone Number _____

3. Company Name _____
Address _____
Contact Name _____
Telephone Number _____