

OFFER FORM

FOR THE PROVISION OF IMMUNIZATION PHYSICIAN CONSULTATION SERVICES

IFB No.: _____

State of Hawaii
Department of Health
Disease Outbreak Control Division
Immunization Branch
1250 Punchbowl Street
Honolulu, Hawaii 96813

This bid is made for the provision of temporary staffing services in the State of Hawaii, to be priced as indicated in the Price Quotation Form, and in accordance with the Specifications attached hereto and made a part hereof.

This bid is made on behalf of:

and no others. Evidence of authority to submit this bid is herewith furnished. This bid is made without collusion on the part of any person, firm, or corporation mentioned above, and no official or employee of the government is directly or indirectly interested in this bid or in the supplies of work to which it relates or in any portion of the profits herein.

The following bid is hereby submitted:

For the sum of: \$ _____ DOLLARS
(\$ _____).

Total position prices are detailed in Attachment 4, attached hereto.

The undersigned states that the undersigned has carefully read and understands the terms and conditions specified in the Special Provisions, Specifications, and General Conditions, attached hereto, and by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning hereof.

The undersigned further understand and agrees that by submitting this offer, the undersigned is declaring their offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited state contracts; and if awarded the Contract, any services performed will be in accordance with §103-55, HRS.

It is expressly understood that the Department of Health reserves the right to accept or reject any of all bids for any or all items of the Bid. It is further understood that any Bid which constitutes a conditional bid, or a counter proposal will be rejected.

Respectfully submitted,

Date

Exact Legal Name of Bidder

Telephone No.

Authorized Signature

Fax No.

Title

Street Address

City, State, Zip Code

Payment Address, if different

Hawaii General Excise Tax I.D. No. _____

Social Security of Federal Identification No. _____

If Bidder shown above is a “dba” or a “division” of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Bidder is: __ Individual __ Partnership __ Corporation __ Joint Venture __ LLC

State of incorporation: __ Hawaii _____ Other