

TO SUPPORT ROUND-TRIP AND INTER-SITE TRAVEL FOR PARTICIPANTS ATTENDING THE
ANNUAL, ONE-DAY EDUCATIONAL LEADERSHIP INSTITUTE (ELI) CONFERENCE
IFB D26-121

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 _____		
Names of all Offeror's parent, affiliate and subsidiary organizations:			
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.		

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 D26-121

Project Description TO SUPPORT ROUND-TRIP AND INTER-SITE TRAVEL FOR PARTICIPANTS ATTENDING THE ANNUAL, ONE-DAY EDUCATIONAL LEADERSHIP INSTITUTE (ELI) CONFERENCE

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.

The following offer is hereby submitted:

A. Office Location

Offeror shall have an office 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. An answering service is not acceptable.

Address Line 1: _____
Address Line 2: _____
Phone Number: _____
Fax Number: _____

B. Personnel

Offeror shall designate at least one (1) employee as the STATE point of contact (POC) for this contract. This individual shall be based on the island of Oahu and available during regular business hours, 7:45 a.m. to 4:30 p.m. Hawaii Standard Time (HST), Monday through Friday excluding holidays, and shall be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance.

POC Based on the island of Oahu Yes

Address Line 1: _____
Address Line 2: _____
Phone Number: _____
Fax Number: _____

C. Work Experience

Offeror shall have experience performing at least two (2) service engagements performed within the past five (5) years. The engagements shall be similar in size and scope to the services required under this Contract.

Service Experience (1)

POC: _____
Phone Number: _____
Cell Phone Number: _____
Fax Number: _____
Email Address: _____

Offeror: _____

Brief Description: _____

Service Experience (2)

POC: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email Address: _____

Brief Description: _____

D. Operational Support

Offeror shall provide operational personnel who is responsible for coordination, communication and operational oversight related to the transportation services provided on July 8, 2026.

Group 1

Operational Support Name(s): _____

Day of service Phone Number(s): _____

Group 2

Operational Support Name(s): _____

Day of service Phone Number(s): _____

Group 3

Operational Support Name(s): _____

Day of service Phone Number(s): _____

Offeror: _____

E. Vehicle Capacity and Staffing Composition

Offeror shall provide details on operational capacity for each service group, including the number and types of vehicles assigned, as well as the number of drivers assigned per vehicle. This information shall demonstrate the Offeror's ability to adequately support service demands and maintain reliable coverage for each group.

Group 1

Number of Full-Size Motorcoaches: _____

Mid-Sized or Transit Vans: _____

Staffing: Adequate number of drivers assigned per vehicle Yes

Group 2

Number of Full-Size Motorcoaches: _____

Mid-Sized or Transit Vans: _____

Staffing: Adequate number of drivers assigned per vehicle Yes

*Must include mid-size or transit vans to comply with trip notes in Attachment A- Group 2

Group 3

Number of Full-Size Motorcoaches: _____

Mid-Sized or Transit Vans: _____

Staffing: Adequate number of drivers assigned per vehicle Yes