

**OFFER FORM A**  
**COMPUTERIZED MAINTENANCE MANAGEMENT SYSTEM (CMMS)**  
**CSDR-26-016-SW**

Procurement Officer

State of Hawaii, Department of Accounting and General Services, Central Services Division  
 729 Koko Street, Honolulu, Hawaii 96819

To Whom It May Concern:

The undersigned has carefully read and understands the terms and conditions specified in the Request for Proposals, including the Specifications, Special Provisions and General Conditions attached hereto 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.

The undersigned represents: (Check  one **only**)

- A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**  
 A **Compliant Non-Hawaii** business not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii, Department of Commerce and Consumer Affairs Business Registration Division to do business in the state of Hawaii.

State of Incorporation: \_\_\_\_\_

Offeror is:

Sole Proprietor     Partnership     \*Corporation     Joint Venture     Other \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_

Hawaii General Excise Tax License 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: \_\_\_\_\_

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\_\_\_\_\_  
**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: \_\_\_\_\_

**OFFEROR SHALL PROVIDE THE FOLLOWING INFORMATION:**

1. Number of years of experience: \_\_\_\_\_

2. Permanent **Oahu** Office Location: \_\_\_\_\_

\_\_\_\_\_

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

3. Point of Contact:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX No.: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Insurance coverage is carried by, if applicable:

	<u>Carrier</u>	<u>Policy No.</u>	<u>Agent</u>
Commercial General Liability:	_____	_____	_____
Automobile Liability:	_____	_____	_____
Worker's Compensation:	_____	_____	_____
Temporary Disability:	_____	_____	_____
Prepaid Health Care:	_____	_____	_____

Unemployment Insurance: State of Hawaii, Dept. of Labor No. \_\_\_\_\_

Offeror \_\_\_\_\_  
Name of Company

**Current Contracts.** List of current contracts that Offeror is actively servicing at the time of bid submittal.

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**References:** Offeror shall list at least three (3) references in the State of Hawaii, if applicable, other than State of Hawaii government, for whom offeror has or is performing similar services on a regular basis. Services shall be similar in nature and volume to the services specified in this bid qualifying offeror to perform the work. The DAGS/CSD reserves the right to reject a bid submitted by any offeror whose performance on other jobs for this type of service has been proven unsatisfactory.

<u>Name of Firm</u>	<u>Address</u>	<u>Contact Person</u>	<u>Telephone</u>
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Offeror \_\_\_\_\_  
Name of Company



