

**PROCUREMENT FOR  
DENTAL OPERATORY SYSTEM UNITS**



**STATE OF HAWAII  
DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES DIVISION**

Procurement Officer  
Developmental Disabilities Division  
State of Hawaii Department of Health  
1250 Punchbowl Street, Room 463  
Honolulu, Hawaii 96813

Dear Procurement Officer:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions 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 that 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: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
**\*\* 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'S QUALIFICATION FORM

Please complete this form as fully and explicitly as possible to facilitate evaluation of your firm. Use additional sheets and substantiating documents when necessary.

**A. Exact Legal Name of Contractor:** \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Contact Person Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**B. Vendor Requirements:**

1) Vendor Requirements

a) The Vendor shall be compliant through Hawaii Compliance Express (HCE)

<https://vendors.ehawaii.gov> to be able to enter into contracts for \$2,500 or greater with the State, pursuant to Chapter 103D, Hawaii Revised Statutes (HRS). If the vendor is not compliant through HCE at the time of award, the vendor will not receive the award. HCE is an electronic system that allows vendors/contractors/service providers doing business with the State to quickly and easily demonstrate compliance with applicable laws that replaces the necessity of obtaining paper compliance certificates from the Department of Taxation; Federal Internal Revenue Service; Department of Labor and Industrial Relations; and Department of Commerce and Consumer Affairs. Vendors/contractors/service providers shall register with HCE prior to submitting an offer at <https://vendors.ehawaii.gov>. The annual registration fee is \$12.00, and the "Certificate of Vendor Compliance" is accepted for both contracting and final payment. The State will verify compliance on HCE.

b) Prior to the contract start date, the CONTRACTOR shall procure at its sole expense and maintain insurance coverage acceptable to the State in full force and effect throughout the term of the Contract. The Offeror shall provide proof of insurance for the following minimum insurance coverage(s) and limit(s) in order to be awarded a contract. The type of insurance coverage is listed as follows:

(1) Commercial General Liability Insurance

Commercial general liability insurance coverage against claims for bodily injury and property damage arising out of all operations, activities or contractual liability by the Contractor, its employees, and subcontractors during the term of the Contract.

---

**OFFER FORM**

**OF-2**

This insurance shall include the following coverage and limits specified or required by any applicable law: bodily injury and property damage coverage with a minimum of \$1,000,000 per occurrence; personal and advertising injury of \$1,000,000 per occurrence; and with an aggregated limit of \$2,000,000. The commercial general liability policy shall be written on an occurrence basis and the policy shall provide legal defense costs and expenses in addition to the limits of liability stated above. The Contractor shall be responsible for payment of any deductible applicable to this policy.

- (1) Automobile Liability Insurance  
Automobile liability insurance covering owned, non-owned, leased, and hired vehicles with a minimum of \$1,000,000 for bodily injury for each person, \$1,000,000 for bodily injury for each accident, and \$1,000,000 for property damage for each accident.
- (2) Appropriate levels of per occurrence insurance coverage for workers' compensation and any other insurance coverage required by Federal or State law.
- c) The certificates of insurance shall contain the following clauses:
  - (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
  - (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.
- d) A copy of current and signed W-9.
- e) Offeror is advised that in order to be awarded a contract under this solicitation, the vendor/contractor/service provider will be required to be compliant with all laws governing entities doing business in the State including the following chapters and pursuant to HRS 103D-310(c):
  - (1) Chapter 237, tax clearance;
  - (2) Chapter 383, unemployment insurance;
  - (3) Chapter 386, workers' compensation;
  - (4) Chapter 392, temporary disability insurance;
  - (5) Chapter 393, prepaid health care; and
  - (6) Section 103D-310(c), Certificate of Good Standing (COGS) for entities doing business in the State.

**Total Cost** (inclusive of all taxes and fees): \_\_\_\_\_

**Offeror:** \_\_\_\_\_  
**Exact Legal Name of Company Name**

## SPECIFICATIONS

### BACKGROUND

The State of Hawaii Department of Health, Developmental Disabilities Division (DDD), Hospital & Community Dental Services Branch (HCDSB) (hereafter "STATE"), is seeking quotes for the purchase, delivery, and installation of dental operatory system units to replace existing units at its dental clinics located on Oahu.

### SCOPE OF SERVICES

#### 1. DELIVERY AND INSTALLATION SERVICES

The CONTRACTOR shall:

- A. Provide all labor, materials, equipment, and services necessary to purchase, deliver, install, connect, and replace four (4) dental operatory system units at the Oahu clinics. The scope of work includes the complete removal and proper disposal of the existing operatory units.
- B. Replace and install four (4) dental operatory system units at the following Oahu locations:

Lanakila Health Center, Dental Clinic:  
1700 Lanakila Avenue, Room #202, Honolulu, Hawaii 96817  
Replace one (1) dental operatory unit.

Leeward Health Center, Dental Clinic:  
860 Fourth Street, Room #250, Pearl City, HI 96782  
Replace two (2) dental operatory units.

Windward Health Center, Dental Clinic:  
45-691 Keaahala Road, Building D, Kaneohe, HI 96744  
Replace one (1) dental operatory unit

#### 2. RESPONSIBILITIES

The Contractor shall:

- A. Purchase and deliver four (4) dental operatory system units that meets all specifications and configurations identified in Exhibit "A."
- B. Install and connect the new dental operatory system units at the designated Oahu clinic locations.
- C. Test, verify, and ensure that the new dental operatory system units are fully operational, functioning properly, and ready for immediate clinical use.

- D. Remove and properly dispose of the existing dental operatory system units being replaced.
- E. Coordinate all work, access, scheduling, and logistics with the Andrew Tseu, HCDSB Branch Chief to minimize disruption to clinic operations.
- F. Comply with all applicable federal, state, and local laws, regulations, and requirements applicable to disposing of the dental operatory unit.

### 3. TIMELINE

The Contractor shall:

- A. Purchase, deliver, install, and dispose of equipment completely within six (6) months from the effective date of the contract. The Contractor shall make all reasonable efforts to complete the installation within the required time.

### INSTRUCTIONS

1. Refer to Exhibit “A” and the Exhibit “A” Instructions listed below:
  - A. Detailed dental operatory system unit specifications.
  - B. Required quantity and configuration.
  - C. Additional information needed for a complete and accurate quote.
  - D. Dental equipment and service warranty requirements.
  - E. Images of the clinic’s dental operatory rooms and the existing dental operatory system units.
2. The contract shall be awarded based on the “Total Price inclusive of all fees and taxes based on the dental operatory system unit specifications and configuration described in Exhibit “A.”

The amount submitted in HIEPRO must match the “Total Price inclusive of all fees and taxes” based on the dental operatory system unit specifications, configurations, quantity and warranties described in Exhibit “A.” The total price shall include all labor, materials, equipment, warranties, and services necessary to purchase, deliver, install, connect, and replace the dental operatory system units, including the removal and proper disposal of the existing units.

3. Partial bids will not be accepted.

4. All purchases are contingent upon the availability of funds, subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes (HRS).

## **CONTRACTOR'S REQUIREMENTS**

The Contractor shall:

1. Licensing, Certification, and Qualifications
  - A. Ensure that personnel performing installation or specialized dental equipment work are properly trained and qualified including holding any required current up to date licensing and certifications.
  - B. Provide manufacturer authorized technicians if required for warranty compliance.
2. Site Assessment and Pre-Installation Requirements
  - A. Conduct in person site visits to verify accurate space dimensions, utilities, placement, mounting needs, and compatibility with existing clinic infrastructure.
  - B. Notify the STATE immediately if site conditions require additional work, clarification, or adjustments.
3. Equipment Documentation and Training
  - A. Provide all operation manuals, maintenance instructions, and manufacturer documentation.
4. Work Schedule and Access
  - A. Perform work during STATE-approved hours unless otherwise authorized.
  - B. Submit a proposed installation schedule for approval prior to starting the project.
  - C. Provide at least forty-eight (48) hours' notice for any required power, water, or service interruptions if required.
5. Disposal and Environmental Requirements
  - A. Remove and properly dispose of the existing dental operatory units.
  - B. Provide disposal documentation to the STATE.
  - C. Remove all debris, packaging, and waste resulting from installations.

6. Dental Operatory System Unit Extended Warranty – Service and Labor (excluding parts)

- A. Provide a ten (10) year extended warranty covering service, labor, and repair for all four (4) dental operatory system units purchased.

**CONTRACT TERM**

The Contract term shall be for a period of twelve (12) months.

The STATE may terminate the Contract at any time in accordance with Exhibit “B”, the “General Conditions” number 14.

The STATE desires to commence this Contract on November 1, 2026. However, due to the time required for evaluation, award, and execution of this Contract, the exact commencement date is indeterminate at this time.

**SUCCESSFUL BIDDER REQUIREMENTS**

The successful Bidder shall comply with the following:

- 1) HRS 11-355 (Contributions by state and county Contractors prohibited);
- 2) HRS 103D-302(b) and HAR 3-122-21(8) (Disclosure of Joint Contractor or Subcontractor Listing);
- 3) HRS 103D-310 (Responsibility of Offerors);
- 4) HAR 3-122-192 (Independent Price Determination);
- 5) HRS 103D-1002 and HAR 3-124 Subchapter 1 (Hawaii Product Preferences);
- 6) HRS 103D-1005 and HAR 3-124 Subchapter 4 (Recycled Product Preferences, if applicable); and
- 7) HRS 103D-55 (Wages, hours, and working conditions of employees of contractors performing services.)

**OTHER**

The CONTRACTOR shall be responsible for the completion of the entire services per its Bid Quote.

**PROCUREMENT OFFICER**

The Procurement Officer is responsible for administering and overseeing the Contract, including monitoring, and assessing CONTRACTOR performance. The Procurement Officer for the Contract is:

Andrew Tseu  
State of Hawaii Department of Health  
Developmental Disabilities Division  
1250 Punchbowl Street, Room 463  
Honolulu, Hawaii 96813  
Email: [andrew.tseu@doh.hawaii.gov](mailto:andrew.tseu@doh.hawaii.gov)

## **ISSUING OFFICER**

The individuals listed below are the sole point of contact from the date of release of this procurement until the selection of the Bidder to which a Contract will be awarded:

### Primary Contact

Leimomi Fernandes-Otake  
State of Hawaii Department of Health  
Developmental Disabilities Division  
1250 Punchbowl Street, Room 463  
Honolulu, Hawaii 96813  
Email: leimomi.fernandes-otake@doh.hawaii.gov

### Alternate Contact\*

Andrew Tseu  
State of Hawaii Department of Health  
Developmental Disabilities Division  
1250 Punchbowl Street, Room 463  
Honolulu, Hawaii 96813  
Email: andrew.tseu@doh.hawaii.gov @doh.hawaii.gov

\*If the Primary Contact is unavailable or absent, contact the Alternate Contact.

## **CONTRACT ADMINISTRATOR**

For the purpose of this solicitation, the Contract Administrator is Leimomi Fernandes-Otake, or her designated representative. The Contract Administrator or her designated designee is the sole contact for matters related to the Contract. The Contractor shall communicate all Contract related matters to the Contract Administrator or her designated representative for the duration of the Contract.

## **BIDDER QUALIFICATION**

In addition to meeting the legal and other requirements of this solicitation, the Bidder must meet these Bidder qualification requirements to be considered for award.

1. The Bidder is requested to submit its offer using the Bidder's exact legal name as registered with the Department of Commerce and Consumer Affairs, if applicable; and to indicate exact legal name in the appropriate space on Offer Form, page OF-1 and page OF-2.
2. The Bidder shall be accessible by telephone calls or emails for questions about product specifications and availability, order status, claim status for missing orders or products, and/or inquiries for information which need immediate attention.
3. A summary listing of judgments or pending lawsuits or actions against; adverse Contract actions, including termination(s), suspension, imposition of penalties, or other actions relating to failure to perform or deficiencies in fulfilling contractual obligations against

your firm. If none, so state.

4. The Bidder shall have at the time of bidding, a certificate for insurance that complies with the requirements of this solicitation.
5. The Bidder, at no extra cost to the STATE, shall provide additional background information and documentation on any of the above requirements if requested by the STATE.

## **HAWAII COMPLIANCE EXPRESS**

HCE is an electronic system used to quickly verify proof of compliance of vendors/contractors/service providers doing business in the State. The HCE certificate, *Certificate of Vendor Compliance* is a printable certificate that will provide *compliant* status in real time. It is an online certificate process of the tax clearance from the Department of Taxation and the Internal Revenue Service; certificate of compliance from the Department of Labor and Industrial Relations and a *Certificate of Good Standing* from the Department of Commerce and Consumer Affairs required pursuant to HRS §103D- 310(c) and Hawaii Administrative Rules (“HAR”) §3-122-112.

Vendors/contractors/services providers are advised to register with HCE at <http://vendors.ehawaii.gov>. Vendors/contractors/service providers will pay an annual fee of \$12.00, or as amended to the Hawaii Information Consortium, LLC.

## **COMPENSATION AND PAYMENT SCHEDULE**

Payment shall be made upon the submission by the CONTRACTOR of invoices for the services provided in accordance with the requirements specified in this solicitation and in accordance with the “unit price per item with tax” identified in Exhibit “A.” No additional compensation, subsequent to procurement award, shall be allowed by reason of any misunderstanding or error regarding services to be provided.