NOTE TO BIDDERS:

The following Bid Form is a form fillable document. You may save the document to your computer, input your information directly, print, and sign the first page.

Bidders are responsible for ensuring that all required forms are completed in its entirety when submitting its bid; otherwise, a bid submitted by a responsive and responsible Bidder may not receive the award.

The following documents are required and must be uploaded as an attachment(s) on HIePRO before the bid closing:

1. Completed Bid Form pages 1 through 7
2. Description of proposed parking equipment
3. Proof of insurance
4. Copies of applicable licenses (if applicable)

PARKING MANAGEMENT, OPERATIONS AND MAINTENANCE SERVICES FOR THE KEWALO BASIN HARBOR DIAMOND HEAD PARKING LOT HCDA AMT IFB 06-2026

Hawaii Community Development Authority
547 Queen Street
Honolulu, Hawaii 96813

The undersigned has carefully read and understands the terms and conditions specified in the Request for Quotes attached hereto and hereby submits the following Bid 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 quote, 1) he/she is declaring his/her Bid 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.

☐ 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: _____

Bidder 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 on _____, 2026

Phone No.:_____ By: _____
Authorized Original Signature

Email:_____ _____
Printed name and title

** Exact Legal Name of Company ("Bidder"): _____

**If Bidder shown above 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:

_____

Bidder Shall Provide the Following Information:

1. Permanent **Oahu** Office Location (Address): _____

   _____

2. Office Number: _____ Email Address: _____

3. Point of Contact for the "day-to-day" operations (must be able to respond to the HCDA within (2) hours of the call/request):

   Primary

   Name & Title: _____

   Telephone Number: _____ Cell Number: _____

   Email Address: _____

   Secondary

   Name & Title: _____

   Telephone Number: _____ Cell Number: _____

   Email Address: _____

4. Years of Experience (must have a minimum of five (5) consecutive years): _____

5. Are services to be rendered by company employees similar or equal to public officers and employees as listed in the employee classification description as described in Section 3.11 Statutory Requirements of Section 103-55, HRS, of the IFB? ☐ Yes ☐ No

   If yes, complete the following: ____% represents the labor costs for the Total Basic Bid.

6. List of current license(s) (if any):

License	License No.
_____	_____
_____	_____
_____	_____
_____	_____

Bidder: _____
Name of Company

Insurance Requirements

Insurance Type	Carrier	Policy No.
Commercial General Liability		
Automobile Liability		
Workman's Compensation		
Temporary Disability		
Prepaid Health Care		
Unemployment Insurance	State of Hawaii Labor No.:	

If you are not required to have one or more of the above coverages, please explain below:

_____

_____

_____

Company and/or Governmental Agency References

List a minimum of three (3) companies and/or government agencies to which Bidder has provided or is currently providing similar services as listed in this IFB. Do not list the HCDA as a reference. The HCDA reserves the right to contact these references to ascertain the quality and timeliness of services provided.

Name of Site /Company/ Agency	Name & Title of Contact Person	Telephone No.	Check if Currently Providing Services To
1.			
2.			
3.			
4.			
5.			
6.			

Bidder:_____

Name of Company

Bid – Management Fee

The Management Fee shall include a fixed cost for monthly services as specified in IFB HCDA 06-2026 Section 2.6.

Please list all associated costs to provide monthly services as detailed in the line items below:

Item No.	Description	A. Unit Bid Price Per Month *
1.	All management and operation services as specified in Section 2.3 in the IFB	**$**
2.	All routine maintenance services as specified in Section 2.4 in the IFB	**$**
3.	Maintenance / repair services of the parking equipment	**$**
4.	Wages and salaries, including employee benefits	**$**
5.	Accounting fees, including bookkeeping, record-keeping, reporting banking and payroll fees	**$**
6.	Licensing fees	**$**
7.	Permitting fees	**$**
8.	Office supplies, including printing, photocopying and faxing	**$**
9.	Mobile devices, including cell phones, pagers and monthly service plans	**$**
10.	Insurance coverages for limits specified herein	**$**
11.	General excise tax	**$**
B.	**Monthly Management Fee Subtotal** (Add lines 1 thru 10)	**$**
C.	**TOTAL MANAGEMENT FEE FOR THE INITIAL CONTRACT TERM** (Line B multiplied by 36 months)	**$**
D.	**TOTAL MANAGEMENT FEE FOR SUPPLEMENTAL CONTRACT TERM NO. 1** (Line B multiplied by 12 months)	**$**
E.	**TOTAL MANAGEMENT FEE FOR SUPPLEMENTAL CONTRACT TERM NO. 2** (Line B multiplied by 12 months)	**$**
H.	**TOTAL MANAGEMENT FEE** (Add all highlighted totals; lines C, D, and E)	**$**

*Note: Unit Bid Price shall be inclusive of all costs for labor, equipment, materials, applicable taxes (including Hawaii GET) and other expenses incurred to provide services herein.

Bid – Incentive Fee

The Incentive Fee will be paid as a percentage of the actual gross monthly revenues collected in the preceding month; however, for the purposes of this bid calculation, please assume the gross monthly revenue is $50,000 per month.

Please specify the percentage of gross revenue the Bidder will collect to provide the services covered under this IFB.

Item No.	Description *For the purposes of this bid calculation, we will assume gross monthly revenue is $50,000*	A. Percentage Bid* (% of Gross Revenue collected by Bidder)	B. Estimated Incentive Fee Monthly Price (A x $50,000)
	Percentage of Gross Revenue Collected by Bidder	_____%	**$**
C.	**TOTAL ESTIMATED INCENTIVE FEE FOR THE INITIAL CONTRACT TERM** (B multiplied by 36 months)		**$**
D.	**TOTAL ESTIMATED INCENTIVE FEE FOR SUPPLEMENTAL CONTRACT TERM NO. 1** (B multiplied by 12 months)		**$**
E.	**TOTAL ESTIMATED INCENTIVE FEE FOR SUPPLEMENTAL CONTRACT TERM NO. 2** (B multiplied by 12 months)		**$**
F.	**TOTAL ESTIMATED INCENTIVE FEE** (Add all highlighted totals; lines C, D, and E)		**$**

TOTAL BID PRICE

The following bid is hereby submitted to provide parking management, operations and maintenance services for the Kewalo Basin Harbor Diamond Head Parking Lot as specified in IFB HCDA 06-2026 Section 2 Specifications.

The Bidder's total bid price shall be calculated by adding the Bidder's total management fee and its estimated total incentive fee.

Item No.	Description	Total
1.	**TOTAL MANAGEMENT FEE** (From Page 4, Line H)	**$**
2.	**TOTAL ESTIMATED INCENTIVE FEE** (From Page 5, Line F)	**$**
	TOTAL BID PRICE (Add Nos. 1 and 2)	****$**

Note: Total bid price shall be inclusive of all costs for labor, equipment, materials, applicable taxes (including the Hawaii General Excise Tax) and any other expenses incurred to provide services as specified herein.

**** This is the amount that should be entered on HIePRO.**

HCDA reserves the right to reject any and all Bids.

Bidder: _____
Name of Company

WAGE CERTIFICATE
FOR SERVICE CONTRACTS
(See Special Provisions)

Subject: IFB No.: HCDA AMT 06-2026

Title of IFB: Parking Management, Operations and Maintenance Services for the Kewalo Basin Harbor Diamond Head Parking Lot

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of $25,000, the services to be performed will be performed under the following conditions:

1. 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; and

2. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Bidder: _____

Signature: _____

Title: _____

Date: _____