IFB-1-AMD -2027

REPAIR AND MAINTENANCE OF VEN STATION PARKING EQUIPMENT AND HIGH VOLTAGE REPAIRS

Construction, Installation, Repair, and Maintenance of Ven Station Parking Equipment, Electric Vehicle Charging Equipment (EVSE). Winning bidder must be on-call 24 hours and respond within one hour after being notified of trouble call problem. Bidders must be factory trained and certified to work on VenTek, venSTATION Pay Stations and Provide Written Confirmation of Qualifications and Ability to Perform this work and at these locations, from VenTek. All bidders must be able to install high voltage equipment at all Department of Accounting General Services (DAGS) Automotive Management Division (AMD) managed parking facilities Statewide. Switches, transformers, electrical panels, and all electrical equipment operated by DAGS-AMD garages and lots. All licenses must be current and maintained throughout the contract period.

Requesting hourly labor rate to program, diagnose, replace, and repair Ven Station Equipment, and other related equipment for the DAGS, AMD managed parking facilities, and all pertaining to automotive management division needs. The contractor must be certified and have a current certificate to work on Ven Station equipment. Contractors must be licensed to work on high voltage.

Examples of Equipment to be replaced, repaired, and maintained:

- Pay Stations
- Barrier gate arm electrical boxes
- Electrical panels
- Lighting systems
- Switches, Motors, Relays, High Voltage contactors
- All High Voltage Equipment

The selected Contractor must secure all necessary licenses and permits and comply with all federal, state, and county laws, rules, and regulations. The Contractor shall maintain in full force and effect during the life of this contract, liability and property damage insurance to protect its employees, contractor and subcontractors, if any, from claims for damages, for personal injury, accidental death and property damage which arise from operations under this contract, whether such operations be by himself or by a contractor or subcontractor or anyone directly or indirectly employes by ither of them. If any subcontractor is involved in the performance of the contract, the insurance policy or policies shall name the contractor or subcontractor as additional insured.

Allocated repair time and parts pricing to be negotiated with contract Administrator. Anticipated work to be determined by contract Administrator. Payment is to be made by purchase order or State Purchasing Card (P-Card).

All contracts can be canceled by AMD, due to the availability of funds and the needs of the State as determined by AMD. Winning bidder must keep track of budget to ensure funds are available prior to starting proposed work.

The Contractor shall submit a separate invoice for work performed at each specific Project site to Seema Sueko-Low, DAGS-AMD Administrative Services Assistant.

Contract Administrator is Michael Arakaki.

BID PRICING

For HIePRO bidding purposes, vendors shall submit their hourly rate as the Total Bid Amount.

Hourly Rate / Total Bid Amount for HIePRO Submission:

$________________ per hour

The awarded contract shall be an on-call service contract for repair, maintenance, installation, troubleshooting, programming, and emergency services for AMD parking facilities and equipment.

The total cumulative contract amount for parts, materials, equipment, services, repairs, installations, maintenance, troubleshooting, programming, and emergency work shall not exceed $250,000.00 during the contract term unless otherwise amended in writing by AMD.

Actual work shall be performed only upon authorization by the AMD Contract Administrator. No minimum amount of work or hours is guaranteed.

Awards shall be made to the lowest responsive and responsible bidder based on the submitted hourly rate.

In accordance with HRD § 103D-302 (or HRS §103D-303), the Hawaii bidder (or offerer) preference is applicable to this solicitation, for evaluation purposes only. Bidders (or offerers) desiring to qualify for the five per cent (5%) preference shall submit a completed Hawaii Bidder/Offerer Preference Certification Form (Form SPO-081) with each bid (or proposal) at or before the time set for receipt of bids (or proposals). Certifications for previous or other solicitations will not be accepted.

STATE OF HAWAII
Hawaii Bidder/Offeror
Preference Certification Form
(As Defined in HRS103D-1001)

I, ______________________________, ______________________________ of
(Authorized Officer's Name) (Office or Position Held)

______________________________, certify the following:
(Name of Bidder/Offeror)

(1) That the Bidder/Offeror holds a valid commercial place of business located in the State of Hawaii at the following address:

____

______________________________,

and that the above-named office was opened on the following date: ____________,

and has been staffed by the Bidder/Offeror or an employee of the Bidder/Offeror for not less than two (2) consecutive years immediately preceding the time and date set for the opening of bids or receipt of proposals;

(2) That the bid or proposal in response to IFB/RFP No. ______________, is submitted under the name under which the Bidder/Offeror is authorized to do business in the State;

(3) That not less than fifty-one percent (51%) of the total direct labor hours required for performance of the contract will be performed within the State; and

(4) If the Bidder/Offeror is a joint venture, the Bidder/Offeror is composed entirely of parties meeting the requirements of paragraphs (1), (2), and (3).

I certify under penalty of perjury that the above statements are true. I agree to maintain the above qualifications throughout contract performance; any changes in eligibility shall be reported to the Contract Administrator or purchasing agency's contact person identified in the RFP/IFB. I acknowledge that failure to maintain the above qualifications triggers a price adjustment equal to the value of the preference applied and may constitute cause for debarment under HRS §103D-702.

____
Signature of Authorized Officer

____
Print Name and Title

____
Date