PROPOSAL TRANSMITTAL LETTER

RFP No. DLIR-HRSP-RFP-26-02 Marketing and Communications Services for the Hawaii Retirement Savings Program 2026-2027

Procurement Office
Hawai‘i Department of Labor and
Industrial Relations
Hawai‘i Retirement Savings Program
830 Punchbowl St., Room 321
Honolulu, Hawai‘i 96813

Dear Procurement Office:

The undersigned has carefully read and understands the terms and conditions specified in the General Provisions attached hereto, and in the General Conditions, by reference made a part hereof and available upon request; 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, Hawai‘i 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: Click or tap here to enter text.

State of incorporation: Click or tap here to enter text.

Hawai‘i General Excise Tax License I.D. No.: Click or tap here to enter text.

Federal I.D. No.: Click or tap here to enter text.

Payment address: Click or tap here to enter text.

City, State, Zip Code: Click or tap here to enter text.

Business address: Click or tap here to enter text.

City, State, Zip Code: Click or tap here to enter text.

Legal name (if DBA/division furnish the exact legal name):
Click or tap here to enter text.

Acknowledgement of receipt of addendum/addenda issued by the DLIR DO in accordance with this solicitation. Record in the space below the date of receipt for each addendum.

Addendum No. 1 ☐	Addendum No. 2 ☐
Addendum No. 3 ☐	Addendum No. 4 ☐

The undersigned hereby certifies that the proposal attached has been carefully checked and is submitted as correct.
Respectfully submitted,

_____	_____
Legal Name of Offeror (Company Name)	Date
_____	_____
Telephone No.	Authorized Signature (Attach Corporate Resolution or evidence of authorization to bind)
_____	_____
Fax No.	Name of Authorized Signer (Please Type or Print)
_____	_____
E-mail Address	Title

OFFER TOTAL:

Total contract cost (inclusive of taxes and fees) for accomplishing the development of these services is $_____ (USD)

Pricing must include labor, materials, supplies, applicable taxes, and any other costs and fees incurred to provide the specified services.

CONFLICT OF INTEREST:

By signature above, the Offeror certifies that neither the Offeror nor any of its principals, employees or agents of the Offeror are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any governmental department or agency. If the Offeror cannot certify this statement, attach a written explanation for review by the State.

Conflict of Interest Yes☐ No☐

If yes, attach list of protentional conflict(s)

CERTIFICATION OF NON-DEBARMENT

By signature above, the Offeror certifies that neither the Offeror nor any of its principals, employees or agents of the Offeror are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any governmental department or agency. If the Offeror cannot certify this statement, attach a written explanation for review by the State.

Any debarment action Yes☐ No☐

If yes, attach written explanation

PREFERENCES:

No preferences apply to this solicitation.