OFFER PAGE OF-1

Exact Legal Name of Offeror, including "dba" or "division" of a corporation (furnish the exact legal name of the entity under which an awarded contract, if any, will be executed):			
Address: Principal Place of Business (may not be a P.O. Box):			
Mailing Address (only if different):			
Payment Address (only if different)			
Offeror's Primary Contact Person: Name			
Title			
Telephone Number		Fax Number	
Email Address			
Federal Tax Identification Number:			
State of Hawaii General Excise Tax License Number:			
Type of Business Entity (check one):	☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Company ☐ Other _____		
Names of all Offeror's parent, affiliate and subsidiary organizations:			
Offeror is either:	☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR** ☐ A **Compliant Non-Hawaii business** incorporated or organized under the laws of the State of _____ on (date) _____, and, if applicable, registered with the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.		

The undersigned has carefully read and understands the terms and conditions specified herein and hereby submits the following offer to provide the goods and/or perform the work specified herein, all in accordance with the true intent and meaning thereof, and further that the Offeror shall comply with all terms, conditions and requirements of the solicitation. The undersigned further understands and agrees that by submitting this offer, 1) the undersigned is declaring the undersigned's offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) the undersigned is certifying that the price(s) submitted was (were) independently arrived at without collusion.

_____ _____
Authorized (Original in ink) Signature Name (printed)

_____ _____
Title Date

EXHIBIT A
OFFEROR INFORMATION

Offeror shall provide the Exhibit A, including attachments if applicable, within three (3) working days from STATE's request.

Offeror _____

A. State of Hawaii Contractor License Number

State of Hawaii Contractor C-52 License Number _____

B. Experience

Offeror's number of years of experience in providing maintenance and repairs for air conditioning and ventilating equipment (at least 5 consecutive years), _____

If Offeror is owned by a parent company, specify parent company's number of years' experience (at least 5 consecutive years) _____

C. Office and Service Facility Location

Offeror shall have an office and service facility on the island of Oahu from where business is conducted and from where the company is accessible to telephone calls for complaints or requests that need immediate attention. An answering service is not acceptable.

Company Name _____

Address _____

D1. Personnel - POC

Offeror shall designate at least one (1), but no more than two, employee(s) as the STATE point of contact (POC) for this Contract. The individual(s) shall be based on Oahu and available during regular business hours, 7:45 a.m. to 4:30 p.m. Hawaii Standard Time (HST), Monday through Friday excluding holidays, and shall be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance.

POC Based on Oahu ☐ Yes

POC Name _____

POC Telephone Number _____

POC Email Address _____

Offeror _____

D2. Personnel – Service Technicians

Offeror shall designate the qualified service technicians that will be assigned to the Contract, if awarded. Include each Technicians number of years' experience and number of years with the Offerors organization.

	Name	Number of years' Experience	Number of years with Offeror's organization
Journeyman 1			
Journeyman 2			
Journeyman 3			
Journeyman 4			
Journeyman 5			
Journeyman 6			

E. References

Offeror shall provide the names of at least three (3) companies or government agencies other than the Hawaii State Department of Education, with whom Offeror was or is providing Maintenance and Repairs for air conditioning and ventilating equipment and exhaust and ventilating fans, and who can attest to the quality and reliability of all aspects of Offeror's service and personnel. The STATE reserves the right to contact these references to verify Offeror's quality level and reliability.

Reference 1

Client Company/Organization _____

Contact Person _____

Contact Person Title _____

Contact Person Phone Number _____

Contact Person Email _____

Description of Work _____

Cost of Work _____

Service Period _____

Reference 2

Client Company/Organization _____

Contact Person _____

Contact Person Title _____

Contact Person Phone Number _____

Contact Person Email _____

Description of Work _____

Cost of Work _____

Offeror _____

Service Period _____

Reference 3

Client Company/Organization _____

Contact Person _____

Contact Person Title _____

Contact Person Phone Number _____

Contact Person Email _____

Description of Work _____

Cost of Work _____

Service Period _____