

**FURNISHING MAINTENANCE AND REPAIR SERVICES
FOR AIR-CONDITIONING UNITS
FOR
STADIUM AUTHORITY**

IFB-SA-27-01

ATTACHMENT C

OFFER FORMS

NOTE TO BIDDERS:

You will need to save the document to your computer, input your information directly on the document, print, and sign the first page.

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

The Completed Offer Forms, pages **OF-1 through OF-8** are required and must be uploaded as an attachment(s) on HlePRO before the bid closing date.

FOR STADIUM AUTHORITY
DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT AND TOURISM
IFB-SA-27-01

Procurement Officer
Stadium Authority
State of Hawaii
P.O. Box 30666
Honolulu, Hawaii 96820-0666

Dear Procurement Officer:

The procurement conducted for the specified goods and/or services is pursuant to Hawaii Revised Statutes (HRS) Chapter 103D and its Hawaii Administrative Rules (HAR). The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions, General Provisions, dated 11/2016, or as amended, and the AG General Conditions, Form AG-008, as amended, 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) Offeror is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) Offeror 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: _____

Hawaii General Excise Tax License I.D. No. _____

Federal 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:

OFFICIAL BID FORM

Bidder Instructions:

Bidders must provide annual maintenance and repair totals for all five (5) contract periods listed below. This comprises the initial 3-year term and a 2-year extension option.

Group A – Preventive Maintenance Pricing. The annual preventive maintenance prices submitted under Group A shall include all labor, equipment, tools, materials, and routine supplies necessary to perform twelve (12) monthly preventive maintenance services and four (4) quarterly comprehensive maintenance services per contract year for all air-conditioning units identified in Attachment A. Quarterly comprehensive maintenance shall be performed in conjunction with a regularly scheduled monthly maintenance visit. No additional compensation shall be provided for quarterly servicing. All routine refrigerant servicing, as defined in the Specifications and as amended by Addendum No. 1, shall be included in the Group A annual maintenance prices.

For Group B (Emergency Repair Labor Costs), you must enter BOTH your specific Hourly Labor Rate (\$/hr) AND the Extended Row Total (Hourly Rate × Estimated Hours) inside the cell for every contract year. A mandatory, fixed \$5,000.00 allowance for state-directed contingency repairs has been pre-loaded into Group C for each contract year. **All lines must be calculated out fully. Final multi-year summary totals must include the 4.712% Hawaii General Excise Tax (GET)** per procurement specifications. The estimated annual labor hours identified under Group B are provided solely for uniform bid evaluation purposes and do not represent a guaranteed quantity of work. Actual compensation shall be based on authorized repair services performed at the applicable contracted hourly rates.

To be considered for award, bidder must submit a bid including both Group A and Group B Services.

Cost Component Description	Year 1 (Initial)	Year 2 (Initial)	Year 3 (Initial)	Year 4 (Extension)	Year 5 (Extension)	5-Year Combined Total (Y1–Y5)
GROUP A: PREVENTATIVE MAINTENANCE (ANNUAL TOTALS)						
1. Wall Pack Units (5 Units)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Mini Split Units (6 Units)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. RV Rooftop Units (2 Units)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL SUB-SUM GROUP A	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
GROUP B: AS-NEEDED REPAIR LABOR (HOURLY RATES & EXTENSIONS)						
4. Straight-Time Labor (Estimated 100 hrs / year)	Rate: \$ ____/hr Total: \$ _____	Rate: \$ ____/hr Total: \$ _____	Rate: \$ ____/hr Total: \$ _____	Rate: \$ ____/hr Total: \$ _____	Rate: \$ ____/hr Total: \$ _____	\$ _____

5. Off-Hours Labor * Rate: \$ ____/hr Total: \$ ____ Rate: \$ ____/hr Total: \$ ____ Rate: \$ ____/hr Total: \$ ____ Rate: \$ ____/hr Total: \$ ____ Rate: \$ ____/hr Total: \$ ____ \$
(Estimated 150 hrs / year)

TOTAL SUB-SUM GROUP B \$ ____ \$ ____ \$ ____ \$ ____ \$ ____ \$ ____

**GROUP C:
MANDATORY
REPAIR
ALLOWANCE
(FIXED COST)**

6. State-Directed Repair Allowance (Sec 2.7) (Note: Any unspent balance will carry over to the next contract period. Carry over does not increase the five-year bid amount) \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 \$ 25,000.00

ANNUAL AGGREGATE TOTALS (Group A + B + C) \$ ____ \$ ____ \$ ____ \$ ____ \$ ____ \$ ____

7. HAWAII GET(4.712%) \$ ____ \$ ____ \$ ____ \$ ____ \$ ____ \$ ____

****TOTAL ANNUAL COST (Group A + B + C+HI Tax)** \$ ____ \$ ____ \$ ____ \$ ____ \$ ____ \$ ____

***Note on Group B Multipliers:** Per Section 2.4, the Off-Hours/Holiday hourly labor rate must strictly equal exactly 1.5 times the straight-time labor rate submitted for that specific contract period. (Extended Total = Hourly Rate × Estimated Annual Hours). All calculations will be strictly verified before award. The standard labor rate is charged during the hours of 7:45 a.m. to 4:30 p.m. Monday through Friday.

****TOTAL COMPREHENSIVE 5-YEAR BID PRICE
(Initial 3-Year Contract Total + 2-Year Extension Option Total)**
\$ ____

Total 5-Year Bid Amount including Group A+B+C+HI Tax

**** HlePRO Bid Price**

By submitting this offer, the bidder certifies that they have read the specifications and terms of IFB-SA-27-01 verbatim and agree to provide all services in compliance with HRS 103D.

Authorized Signature: _____ Date: _____

Printed Name / Title: _____ Company: _____

QUALIFICATION FORM

The bidder and his personnel shall meet the Experience and Personnel Qualifications as indicated in SPECIAL PROVISIONS page 11, OFFEROR QUALIFICATIONS. Please complete this form as fully and explicitly as possible to facilitate our evaluation of your firm. Use additional sheets and substantiating documents when necessary.

Exact Legal Name of Air Conditioning Maintenance Contractor: _____

Business Location: _____
Street Address

City State Zip Code

Telephone Number: _____ Fax Number: _____

E-mail address (if applicable): _____

Contractor's License Number: _____
(C-52 License No.)

Contact Person Name: _____

Standby Contact Personnel for Emergency Service: _____

Phone Number for Emergency Service: _____

- I. Contractor's number of years of experience (immediately prior to bid opening date) in the field of air-conditioning maintenance service of air-conditioning systems: _____
Are services to be rendered by company employees similar or equal to public officers and employees listed in the attached employee classification descriptions?
Yes ___ No ___

If yes, list positions: _____

- II. List at least two (2) journeyman refrigeration mechanics that will be assigned to this contract to perform maintenance services of air conditioning systems. Each journeyman refrigeration mechanic shall have a minimum of five (5) years (immediately prior to the bid opening) experience in the field of air conditioning equipment maintenance service on similar types of equipment as indicated in the specifications.

OFFEROR _____
(Company Name)

1. Journeyman Refrigeration Mechanic's Name: _____
- a. Number of years of experience: _____
Minimum of five (5) years
- b. Number of years with present company: _____
- c. Submit on a separate sheet with appropriate offer Form pages, the title of and date course of studies completed along with a copy of certification and documentation substantiating journeyman refrigeration mechanic certification in the Plumbers-Fitters Local 675.
- d. List five (5) accounts where this individual is maintaining, repairing and servicing the air-conditioning system (Dates, Buildings/Locations, Points of Contact, Telephone Number for each account):

<u>Dates</u>	<u>Building/Location</u>	<u>Contact Person</u>	<u>Phone</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Journeyman Refrigeration Mechanic's Name: _____
- a. Number of years of experience: _____
Minimum of five (5) years
- b. Number of years with present company: _____
- c. Submit on a separate sheet with appropriate offer Form pages, the title of and date course of studies completed along with a copy of certification and documentation substantiating journeyman refrigeration mechanic certification in the Plumbers-Fitters Local 675.
- d. List five (5) accounts where this individual is maintaining, repairing and servicing the air-conditioning system (Dates, Buildings/Locations, Points of Contact, Telephone Number for each account):

<u>Dates</u>	<u>Building/Location</u>	<u>Contact Person</u>	<u>Phone</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFEROR _____
(Company Name)

1. Are services to be rendered by company employees similar or equal to public officers and employees listed in the attached employee classification description?
Yes _____ No _____
If yes, percentage of unit bid price per case for labor costs: _____%
2. Number of consecutive years of experience _____
3. Address of warehouse: _____
Telephone number: _____
Contact Person: _____
4. Contractor's P.U.C./DCCA Certificate No. _____
5. Insurance coverage is carried by:
 - a. Commercial General Liability: _____
Hawaii No-Fault Automobile Insurance: _____
Fire, Theft, Vandalism and/or any other physical damage for a value of
\$_____ coverage for the State's property:
Insurance Co.: _____
Address: _____
General Agent's Name: _____
Telephone No.: _____

	<u>Carrier</u>	<u>Policy No.</u>	<u>Agent/Phone</u>
b. Worker's Compensation	_____		
c. Temporary Disability	_____		
d. Prepaid Health Care	_____		
e. Unemployment Insurance: State of Hawaii I.D. No.	_____		
6. Bidder shall list below business firms other than government agencies in the State of Hawaii for whom bidder has performed services or is currently providing services comparable to the service specified herein:

<u>Firm/Agency</u>	<u>Contact Person</u>	<u>Telephone</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

OFFEROR _____
(Company Name)

Subcontractor Information:

If subcontracting any of this work, the offeror shall provide name(s) of subcontractor(s), a description of the work to be subcontracted, and the subcontractor's years of experience in performing the work to be subcontracted. (Submit information listed below for each subcontractor and attach additional sheets, if necessary, with "IFB-SA-27-01" on the bottom, right-hand corner of each sheet):

1. Exact Legal Name of Air-Conditioning Subcontractor:

Work being performed: _____

Years of Experience: _____
Minimum of five (5) years

Business Location: _____
Street Address

City	State	Zip Code
Contact Person: _____		
Telephone No.: _____		Fax Number: _____
E-mail address: _____		
Air-Conditioning Contractor's License Number: _____ (C-52 License No.)		

2. Exact Legal Name of Air-Conditioning Subcontractor:

Work being performed: _____

Years of Experience: _____
Minimum of five (5) years

Business Location: _____
Street Address

City	State	Zip Code
Contact Person: _____		
Telephone No.: _____		Fax Number: _____
E-mail address: _____		
Air Conditioning Contractor's License Number: _____ (C-52 License No.)		

OFFEROR _____
(Company Name)

**WAGE CERTIFICATE
FOR SERVICE CONTRACTS**
(See Special Provisions)

Subject: IFB No.: IFB-SA-27-01

Title of IFB: Furnishing Maintenance and Repair Services for Air-Conditioning Units at the Stadium Authority, Department of Business, Economic Development and Tourism

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. 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, and
2. 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.

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.

Offeror (Company Name): _____

Signature: _____

Print Name: _____

Title: _____

Date: _____