Attachment B: Offer Form

Solicitation #RFP-27-LESB-001

Statewide Law Enforcement Job Task Analysis and Training Recommendations

Victor McCraw, Administrator
Hawaii Law Enforcement Standards Board
1151 Punchbowl Street, Room 111B
Honolulu, Hawaii 96813

Dear Administrator McCraw:

The undersigned has carefully read and understands the terms and conditions specified in this Request for Proposals, including the Requirements set forth in Section 3, the evaluation criteria and scoring process set forth in Section 5, the Statement of Work attached hereto as Attachment A, and the Special Provisions set forth in Section 8, together with the General Conditions issued by the Department of the Attorney General, Form AG-008, as revised and in effect on the date this solicitation is issued, incorporated herein by reference; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof.

By submitting this proposal, the undersigned further understands and agrees that:

1. Offeror is declaring this offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts;
2. Offeror is certifying that the price or prices submitted were independently arrived at without collusion; and
3. Offeror's proposal is a firm offer that remains valid for ninety (90) days after the proposal due date, as provided in RFP Section 2.9 Firm Offers.

B.1 Offeror Identification

Field	Response
Exact legal name of Offeror (as registered with DCCA, if applicable)	
If a "dba" or a division of another entity, exact legal name of the entity under which the awarded contract will be executed	
Federal I.D. No.	
Hawaii General Excise Tax License I.D. No.	

B.2 Form of Business Organization

Check one:

☐ Sole Proprietor ☐ Partnership

☐ Corporation ☐ Limited Liability Company

☐ Joint Venture

☐ Other (specify):

If a corporation or limited liability company, state of formation:

B.3 Addresses

Field	Response
Business address (street address)	
City, State, Zip Code	
Payment address (if different from above)	
City, State, Zip Code	

B.4 Authorized Signature

Respectfully submitted:

Exact legal name of Offeror:	
Authorized signer name and title:	
Signature (type full name):	
Electronic signature acknowledgment:	☐ The name typed in the Signature row is the signer's electronic signature, entered with the intent to sign this form, and constitutes the Offeror's signature under HRS §§489E-2 and 489E-7(d).
Telephone No.:	
Email address:	
Date:	