FURNISH AND DELIVER SUPPLEMENTAL FRESH PRODUCE
TO VARIOUS HAWAII STATE DEPARTMENT OF EDUCATION
SCHOOL CAFETERIAS ON HAWAII ISLAND AND KAUAI
IFB D27-075

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

Offeror: _____

EXHIBIT A

OFFEROR INFORMATION

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

A. AUTHORIZED DISTRIBUTOR

At the time of bidding and throughout the Contract period, Offeror shall be an authorized distributor of all line items offered. As evidence of this, Offeror may be requested to provide documentation that verifies Offeror's status as an authorized distributor.

Authorized Distributor Documentation Attached ☐ Yes

B. OFFICE LOCATION

At time of bidding and throughout the Contract period, Offeror shall maintain a State of Hawaii-based wholesale or retail business with a permanent office and be compliant with the current Good Manufacturing Practices.

Office Location

Office Street Address _____

_____

Phone Number _____

C. WAREHOUSE FACILITIES

At time of bidding and throughout the Contract period, Offeror shall maintain a Warehouse Facility (hereafter "Facility") for the island(s) specified on their Offer Page(s). Facility shall be a wholesale or retail business with a permanent warehouse capable of stocking an inventory of products. Facility shall be compliant with the current Good Manufacturing Practices, USDA HACCP compliant and capable of stocking an inventory of products. As evidence of this, Offeror shall provide information regarding each of its Hawaii-based Warehouse facilities on Exhibit A.

If the Offeror does not have a warehouse facility, they shall arrange with a third-party provider of said warehouse facility and service. The warehouse facility shall be in compliance with the Current Good Manufacturing Practices, USDA HACCP compliant and capable of stocking an inventory of products. As evidence of this, Offeror shall provide on the Exhibit A, information regarding this third-party warehouse facility and service provider.

The STATE reserves the right to visit and inspect the Offeror's or third-party's warehouse facility to determine acceptability under this requirement.

1. Hawaii Warehouse Facility Name _____

Offeror: _____

Warehouse Facility Street Address _____

_____

Phone Number _____

Third-party warehouse facility ☐ Yes ☐ No

2. Kauai Warehouse Facility Name _____

Warehouse Facility Street Address _____

_____

Phone Number _____

Third-party warehouse facility ☐ Yes ☐ No

D. PERSONNEL

Offeror shall designate at least one (1) employee as the point of contact (POC) for this Contract. This individual shall be available during regular business hours, 7:45 a.m. to 4:30 p.m. HST Monday through Friday, excluding STATE Holidays, and be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance. An answering service is not acceptable.

POC Name _____

Office Telephone Number _____

Cell Phone Number _____

Email Address _____

E. DOCUMENTATION

Offeror shall provide all necessary documentation to substantiate compliance with this requirement. The Offeror shall submit the following documents with the offer:

a. Copy of Current State of Hawaii Department of Health Food Safety Inspection ☐ Yes

b. Copy of Current State of Hawaii Food Establishment Permit ☐ Yes

c. Copy of the most recent Accredited Third Party Certification review ☐ Yes

d. Copy of the most recent Food Safety Management System review ☐ Yes

e. Copy of current Department of Health "Green" Placard ("Red" and "Yellow" Placards are unacceptable ☐ Yes

f. Copy of operating Hazard Analysis Critical Control Point (HACCP) plan ☐ Yes

g. Proof of Pest Control Program in place ☐ Yes

F. REFRIGERATED VEHICLE(S)

In compliance with Title II, Chapter 50, Hawaii Administrative Rules (HAR) related to Food Safety Code, deliveries of frozen and/or chilled products shall be made in vehicles with refrigeration systems capable of maintaining the proper frozen and/or chilled state of products delivered.

The STATE reserves the right to research, evaluate and inspect the Offeror's storage facilities or service provider to determine acceptability under this requirement.

	Year	Make	Model	License Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*If additional space is needed for the refrigerated vehicles(s), please include an additional page with the same information.