

ATTACHMENTS

1. JANITORIAL BID FORM A---Return completed copy for each Line Item desired.
2. OFFER 1 & 2 FORMS ----- Only One (1) copy of this form is needed.
3. LINE ITEM SPREADSHEET---Return only one (1) copy that includes each line Item bid.

IFB 460-17-07				
Vendor:	Janitorial Checklist Bid Separate Bid required for each FGC		----- Family Guidance Center	
Daily Rate For Required Standard Cleaning			\$	
Cost for Special Cleaning upon Demand	Carpets Shampooed	S	Bare Floors Strip and Wax	\$

List of Required Standard Cleaning

Floors		Yes	No
1	Sweep and damp mop all hard surfaced and uncarpeted floors in kitchens, offices, common areas and all other areas in current use.		
2	Vacuum all carpeted areas and rugs in kitchens, offices, common areas and all other areas in current use.		
3	Spot clean carpets and rugs as needed		
4	Vacuum and clean interior floor mats.		
Trash Cans			
5	Empty kitchen trashcans.		
6	Wash kitchen trashcans at least weekly and as needed.		
7	Wash trashcans and replace liners as needed.		
Restrooms within FGC			
8	Clean restroom surfaces		
9	Clean restroom sinks and mirrors		
10	Clean toilets and urinals		
11	Sweep and damp mop restroom floors		
12	Refill and clean paper and soap dispensers		
Break Rooms, Common Areas and Other Areas			
13	Clean drinking fountains if available		
14	Clean tables, counter tops and chairs in Break Rooms		
15	Clean and straighten janitor closet weekly if available		
Windows			
16	Spot clean windows, inside and outside, as needed.		

Attachment A

Procurement Officer
State of Hawaii
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Conditions of IFB No. 460-17-07, and the General Conditions, Form AG-008 (current version) included and made a part hereof; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof.

It is understood and agreed that the State reserves the right to accept or reject any or all offers, and to waive any defect in any offer when, in the opinion of the State, such rejection is in the best interest of the State.

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, Hawaii 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 _____
*State of incorporation: _____

Hawaii General Excise Tax License 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:

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. No. of years experience in _____: _____

3. Address of warehouse: _____

Telephone number: _____

Contact Person: _____

4. Contractor's P.U.C./DCCA Certificate No. _____

5. Insurance coverage is carried by:

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.: _____

6. Bidder shall list below business firms and/or 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 _____
(Name of Company)

LINE ITEM SPREADSHEET

HAWAII ISLAND

Line Item

1. Hilo Family Guidance Center located at 88 Kanoelehua Avenue, Suite A-204, Hilo, Hawaii 96720,

$$\begin{array}{rccccccc} \text{Daily Rate*} & \times & \text{Estimated Annual Cleaning Days} & = & \text{Estimated Annual Cost} \\ \hline & \times & 156 & = & \hline \end{array}$$

2. Kona Family Guidance Center at 81-980 Halekii St Rm 101, Kealahou, HI 96750.

$$\begin{array}{rccccccc} \text{Daily Rate*} & \times & \text{Estimated Annual Cleaning Days} & = & \text{Estimated Annual Cost} \\ \hline & \times & 156 & = & \hline \end{array}$$

3. Waimea Family Guidance Center at 65-1230 Mamalahoa Highway, Suite A-11 Kamuela, Hawaii 96743

$$\begin{array}{rccccccc} \text{Daily Rate*} & \times & \text{Estimated Annual Cleaning Days} & = & \text{Estimated Annual Cost} \\ \hline & \times & 156 & = & \hline \end{array}$$

MAUI ISLAND

4. Maui Family Guidance Center located at 270 Waiehu Beach Road, Suite 213, Wailuku, Hawaii 96793

$$\begin{array}{rccccccc} \text{Daily Rate*} & \times & \text{Estimated Annual Cleaning Days} & = & \text{Estimated Annual Cost} \\ \hline & \times & 156 & = & \hline \end{array}$$

*THE DAILY RATE SHALL BE SUBMITTED ON HIePRO AS THE LINE ITEM BID AMOUNT.
THIS SPREAD SHEET SHALL BE ATTACHED AND RETURN AS SUPPORT DOCUMENTATION.
FAILURE TO ATTACH THE APPLICABLE WORKSHEET MAY BE GROUNDS FOR REJECTION.