



State of Hawaii
Hawaii Public Housing Authority

Contractor Attestation and Certification of Compliance with the
Governor's Executive Order 21-07 for Access to State Properties

Contractor Name:

Contractor Street Address:

Contractor Mailing Address:

Business Phone with Area Code:

Days and Hours of Operation:

Primary Point of Contact:

Title:

Point of Contact Telephone:

Point of Contact Email:

Number of Full Time Employees Subject to Executive Order No. 21-07:

Number of Part Time Employees Subject to Executive Order No. 21-07:

Number of Volunteers Subject to Executive Order No. 21-07:

Number of Subcontractors Working Under This Contractor:

Number of Subcontractor Employees Subject to Executive Order No. 21-07:

Number of Other individuals representing Contractor Subject
to Executive Order No. 21-07:

Describe Scope of Contract (e.g., Contract No., Location, Scope of Work):

By completing and submitting this Contractor's Vaccination Attestation and Certification Form pursuant to the Governor's Executive Order 2021-07, I acknowledge, agree and certify the following:

1. I am the owner of and/ or authorized agent for the business listed above.
2. I have read, understood, and agree to the requirements of the Governor's Executive Order 21-07 and the Hawaii Public Housing Authority's Policy on COVID-19 Vaccination and Testing Procedures for Contractors and Visitors and that the business as a vendor or contractor with the HPHA attests and certifies that all of its employees who are physically present/ located, at any HPHA property or facility, are fully vaccinated with the COVID-19 vaccination consistent with all applicable state and federal laws.
3. I understand and agree that all of our employees, who are partially vaccinated or non-vaccinated, are subject to regular weekly testing for COVID-19; and that as their employer I attest to and certify that the testing was performed, administered or observed by a laboratory, testing site, or healthcare provider or facility or authorized agent of the laboratory, testing site, or healthcare provider or facility of a sample taken not more than 72-hours prior to the start of the work week.
4. I agree that any employee, subcontractor employee, or volunteer shall be immediately removed from the HPHA's property, facility or work site, if any of the conditions exist:
 - a. Employee fails to provide testing results within 72 hours;
 - b. Employee tests positive for COVID-19;
 - c. Employee reports that they have had prolonged exposure to a COVID-19 positive individual and have not been cleared by their doctor to return to work or does not have a negative COVID-19 test to return to work;
 - d. Employee reports that they have COVID-19 symptoms; or
 - e. Employee has falsified or submitted a fraudulent COVID-19 vaccination card.
5. I have attached a list of all employees, subcontractor employees, volunteers, or other designated representatives who will access the HPHA's properties or facilities and certify that I have verified their vaccination status and will submit weekly testing verification, if requested. I agree and understand that any changes in staff require immediate reporting to the HPHA.
6. I understand and agree that my business may be randomly audited by HPHA or other State authorized personnel for purposes of monitoring compliance with Executive Order 2021-07, and that I and/or the business or owners, managing member(s), partner(s) are subject to all penalties for violation of the Order.

I certify under penalty of perjury that the foregoing certification is true and correct, as executed by my signature on the date set forth below.

Print Full Name:

Signature:

Date:

*Attachment Required: Contractor Employees

Contractor or Subcontractor Employees

Please list the names and titles of all employees who will access the HPHA's properties or facilities. (Attach additional pages as necessary.)

Contractor:

Employee Name	Title/Position	Vaccination Status
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated
		Fully Vaccinated

I certify under penalty of perjury that the information provided herein is true and correct, as executed by my signature on the date set forth below.

Print Full Name:

Signature:

Date: