

ATTACHMENT 1
Bid Form
REVISED

NOTE TO BIDDERS:

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

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

The following documents are required and must be uploaded as an attachment(s) on HIePRO before the bid closing:

1. Completed Bid Form pages 1 thru 5
2. Proof of insurance
3. Copies of applicable licenses (if applicable)

**INFORMATION TECHNOLOGY FOR THE
HAWAII COMMUNITY DEVELOPMENT AUTHORITY
IFB HCDA 01-2022**

Hawaii Community Development Authority
547 Queen Street
Honolulu, Hawaii 96813

The undersigned has carefully read and understands the terms and conditions specified in the Request for Quotes attached hereto and hereby submits the following Bid 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 quote, 1) he/she is declaring his/her Bid 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.

The undersigned represents: (Check one **only**)

- A **Hawaii business** incorporated or organized under the laws of the State of Hawaii.
- A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii, Department of Commerce and Consumer Affairs Business Registration Division to do business in the state of Hawaii.

State of Incorporation: _____

Bidder is: Sole Proprietor Partnership Corporation Joint Venture Other : _____

Federal I.D. No.: _____ 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 on _____, 2021

Phone No.: _____ By: _____

Authorized Original Signature

Email: _____

Printed name and title

**** Exact Legal Name of Company ("Bidder"):** _____

****If Bidder shown above 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:**

Bidder Shall Provide the Following Information:

1. Permanent **Oahu** Office Location (Address): _____

2. Office Number: _____ Email Address: _____

3. Point of Contact for the “day-to-day” operations (must be able to respond to the HCDA within (2) hours of the call/request):

Primary

Name & Title: _____

Telephone Number: _____ Cell Number: _____

Email Address: _____

Secondary

Name & Title: _____

Telephone Number: _____ Cell Number: _____

Email Address: _____

4. Years of Experience (must have a minimum of five (5) consecutive years): _____

5. List of current license(s) (if any):

<u>License</u>	<u>License No.</u>
_____	_____
_____	_____
_____	_____
_____	_____

Bidder: _____
Name of Company

Insurance Requirements

<u>Insurance Type</u>	<u>Carrier</u>	<u>Policy No.</u>
Commercial General Liability	_____	_____
Automobile Liability	_____	_____
Workman’s Compensation	_____	_____
Temporary Disability	_____	_____
Prepaid Health Care	_____	_____
Unemployment Insurance	State of Hawaii Labor No.:	_____

If you are not required to have one or more of the above coverages, please explain below:

Company and/or Governmental Agency References

List a minimum of three (3) companies and/or government agencies to which Bidder has provided or is currently providing similar services as listed in this IFB. Do not list the HCDA as a reference. The HCDA reserves the right to contact these references to ascertain the quality and timeliness of services provided.

<u>Name of Site /Company/ Agency</u>	<u>Name & Title of Contact Person</u>	<u>Telephone No.</u>	<u>Check if Currently Providing Services To</u>
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	

Bidder: _____
Name of Company

TOTAL BID PRICE

The following bid is hereby submitted to provide Information Technology Services for the Hawaii Community Development Authority as specified in IFB HCDA 01-2022.

Part A - Initial Term (36 months)

<i>A. Unit / Monthly Price*</i>	<i>x B. Qty</i>	= Total Basic Quote <i>(AxB)</i>
\$	36	\$
Total bid amount		*

*Note: Total bid price shall be inclusive of all costs for labor, equipment, supplies, transportation, all applicable taxes (including the Hawaii General Excise Tax) and any costs incurred to provide services as specified herein.

**** This is the amount that should be entered on HiePRO.**

\$5,000 ANNUAL ALLOWANCE WILL BE ADDED TO THE CONTRACT SEPARATELY. DO NOT INCLUDE THIS NUMBER IN YOUR BID.

Extension Year 1 (12 months)

<i>A. Unit / Monthly Price*</i>	<i>x B. Qty</i>	= Total Basic Quote <i>(AxB)</i>
\$	12	\$
Total bid amount (Year 1)		

Extension Year 2 (12 months)

<i>A. Unit / Monthly Price*</i>	<i>x B. Qty</i>	= Total Basic Quote <i>(AxB)</i>
\$	12	\$
Total bid amount (Year 2)		

HCDA reserves the right to reject any and all Offers.

Offeror: _____

Name of Company

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

Subject: IFB No.: HCDA 01-2022
Title of IFB: Information Technology Services for the
Hawaii Community Development Authority

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. 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; and
2. 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, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS.

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.

Bidder: _____

Signature: _____

Title: _____

Date: _____