

**AIR CONDITIONING AND VENTILATION SYSTEMS INSPECTION, MAINTENANCE, AND
REPAIR SERVICES FOR THE HAWAII COMMUNITY DEVELOPMENT (HCDA)
AMERICAN BREWERY BUILDING (ABB)
IFB HCDA 02-2022**

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 _____, 202_

Telephone No.: _____ By: _____

Authorized Original Signature

Email: _____ Its: _____

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:**

BID FORM

Air Conditioning and Ventilation Systems Inspection, Maintenance
and Repair Services for the Hawaii Community Development
Authority (HCDA) American Brewery Building (ABB)
IFB HCDA 02-2022

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 one (1) hour 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. Are services to be rendered by company employees similar or equal to public officers and employees as listed in the employee classification description as described in Section 3.11 Statutory Requirements of Section 103-55, HRS, of the IFB? ☐ Yes ☐ No

If yes, complete the following: _____% represents the labor costs for the Total Basic Bid.

6. List of current license(s) (if any): License License No.

Bidder: _____

Name of Company

BID FORM

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

BID FORM

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Bid Price

The following bid is hereby submitted to provide Air Conditioning and Ventilation Systems Inspection, Maintenance and Repair Services for the Hawaii Community Development Authority (HCDA) American Brewery Building (ABB)

INITIAL CONTRACT TERM (36 Months):

Item No.	Item/Description	A. Unit Bid Price	B. Occurrences per Term	C. Total Bid Price
1.	Monthly Inspection and Service	\$ _____	36	\$ _____
2.	Bi-Monthly Service	\$ _____	18	\$ _____
3.	Quarterly Service	\$ _____	12	\$ _____
4.	Semi-Annual Service	\$ _____	6	\$ _____
5.	Annual Service	\$ _____	3	\$ _____
TOTAL SUM BID PRICE FOR INITIAL CONTRACT TERM (Add Lines 1 Through 5)				\$ **

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

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

BID FORM

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SUPPLEMENTAL CONTRACT TERM NO. 1 (12 Months):

Item No.	Item/Description	A. Unit Bid Price	B. Occurrences per Term	C. Total Bid Price
1.	Monthly Inspection and Service	\$ _____	12	\$ _____
2.	Bi-Monthly Service	\$ _____	6	\$ _____
3.	Quarterly Service	\$ _____	4	\$ _____
4.	Semi-Annual Service	\$ _____	2	\$ _____
5.	Annual Service	\$ _____	1	\$ _____
TOTAL SUM BID PRICE FOR SUPPLEMENTAL CONTRACT TERM NO. 1 (Add Lines 1 Through 5)				\$ _____

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SUPPLEMENTAL CONTRACT TERM NO. 2 BID PRICE:

Item No.	Item/Description	A. Unit Bid Price	B. Occurrences per Term	C. Total Bid Price
1.	Monthly Inspection and Service	\$ _____	12	\$ _____
2.	Bi-Monthly Service	\$ _____	6	\$ _____
3.	Quarterly Service	\$ _____	4	\$ _____
4.	Semi-Annual Service	\$ _____	2	\$ _____
5.	Annual Service	\$ _____	1	\$ _____
TOTAL SUM BID PRICE FOR SUPPLEMENTAL CONTRACT TERM NO. 2 (Add Lines 1 Through 5)				\$ _____

NOTE: The allowance for additional services as requested by the HCDA in the amount of \$30,000 per year will be added to the TOTAL BID PRICE when the Contract is prepared. DO NOT add this allowance to your bid prices in the tables above.

The HCDA reserves the right to reject any and all Bids.

Bidder: _____
Name of Company

BID FORM

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 IFB HCDA 02-2022

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

Subject: IFB No.: HCDA 02-2022

Title of IFB: Air Conditioning and Ventilation Systems Inspection, Maintenance and Repair Services for the Hawaii Community Development Authority (HCDA) American Brewery Building (ABB)

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: _____

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