

IFB No. COMM 2024-008

KA WAI OLA PRINTING AND DISTRIBUTION

BID OFFER FORM

Office of Hawaiian Affairs
 Procurement Services Program
 ATTN: Geena Chau
 560 N. Nimitz Highway, Suite 200
 Honolulu, Hawai'i 96817

Aloha IFB Coordinator:

The undersigned has carefully read and understand the terms and conditions specified in the Invitation for Bids No. COMM 2024-008 and General Conditions by reference made a part of this Bid Offer and hereby submits the following bid offer to perform the work specified.

The undersigned further understands and agrees that by submitting this Sealed Bid Offer, 1) it is declaring its Bid Offer is not in violation of Chapter 84, Hawai'i Revised Statutes, concerning prohibited State contracts and 2) it is certifying that the bid price(s) submitted was (were) independently arrived at without collusion.

Date: _____

Respectfully submitted,

 Exact Legal Name of Bidder (*Company Name*)

 Date

 Authorized Signature

 Printed Name of Authorized Signer

 Title of Authorized Signer

 Telephone Number

 Fax Number

 Business Mailing Address

 Hawai'i General Excise Tax Lic. I. D. No

 City, State, Zip Code

 Social Security or Federal I.D. No.:

 Contact Person regarding this bid offer

 Phone Number (*Contact Person*)

If Bidder shown above is a "dba" or a "division" of a corporation, please furnish the exact legal name of the corporation under which the contract, if awarded, will be executed.

Bidder is: Individual Partnership Corporation Joint Venture

Registered in: Hawai'i Other*: _____

*If “Other” is checked, is the corporate seal available in Hawai‘i? Yes No

Bidders must complete the following items:

1. Provide a minimum 10-year history of Bidder’s relevant work experience directly related to providing tabloid-sized printing, distribution, and subscription list management services or similar engagement in the United States, including the number of years of experience. Bidder must also have experience printing publications that include the Hawaiian language diacritical markings. (Attach separate pages if necessary).

2. Provide the names and address of companies or government agencies at which the Bidder has provided or is currently providing services as mentioned in Question 1 above, along with the dates of services:

Company or Agency	Contact Person	Telephone No.	Date of Service

3. Insurance coverage to be provided by:

Insurance Type	Provider	Agent Name	Agent Phone No.
Commercial General Liability:			
Worker’s Compensation			
Temporary Disability			
Prepaid Health Care			
Unemployment Insurance -State of Hawai‘i I.D. Number			

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

The following bid is hereby submitted for tabloid-sized printing, distribution, and subscription list management services.

For the Initial 12-month Period: January 1, 2024 – December 31, 2024

A. Printing

- | | <u>Unit Bid Price</u> |
|---|-----------------------|
| 1. 60,100 copies printed in color, 32 pages on tabloid-sized NEWSPRINT paper | \$ _____ |
| 2. Additional pages | \$ _____ |

B. Preparing for Distribution

- | | <u>Unit Bid Price</u> |
|--|-----------------------|
| 3. For KWO mailing list – approximately 53,000 quarter-folded | \$ _____ |
| 4. For OHA office – 150 strapped and skid-packed, in bundles of 50 | \$ _____ |
| 5. For ground and neighbor island delivery – 7,000 strapped and skid-packed, 100s with turns of 50 or in bundles of 50 | \$ _____ |

C. Distributing

- | | <u>Unit Bid Price</u> |
|--|-----------------------|
| 6. Ground delivery of approximately 7,000 copies to designated drop off points statewide, including restocking as needed | \$ _____ |
| 7. Maintenance of plastic distribution boxes, to include cleaning, removing trash, replacing windows as needed | \$ _____ |

D. Mailing

- | | <u>Unit Bid Price</u> |
|---|-----------------------|
| 8. Prep, print, affix mailing labels, and monitor postage account, as detailed in IFB No. COMM 2024-008 | \$ _____ |
| 9. Delivery of all mailers to Main Honolulu Post Office | \$ _____ |

E. Managing Master Subscriber List

	<u>Unit Bid Price</u>
10. Additions to KWO subscription list	\$ _____
11. Deletions to KWO subscription list	\$ _____
12. Changes to KWO subscription list	\$ _____
13. Data Processing	\$ _____
14. Merge/Purge	\$ _____

F. ADDITIONAL ASSOCIATED COSTS

For associated costs not previously listed on this Bid Offer Form (e.g. additional copies per thousand, inserts per thousand, etc.) but shall be included as part of your bid, please detail as separate, detailed line items below.

	<u>Unit Bid Price</u>	<u>Per Unit</u>
15. _____	\$ _____ /	_____
16. _____	\$ _____ /	_____
17. _____	\$ _____ /	_____
18. _____	\$ _____ /	_____

Bidder: _____

Contact Person: _____

Email: _____

Phone: _____