

**IFB OHA FAC 2024-006  
SEALED BID OFFER FORM**

Office of Hawaiian Affairs  
Procurement Unit  
ATTN: Karina Macklin  
560 North Nimitz Highway, Suite 200  
Honolulu, Hawai'i 96817

Aloha Kākou:

We, the undersigned, have carefully read and understand the terms and conditions specified in the IFB OHA FAC 2024-006 and related attachments by reference made a part hereof and available upon request; and hereby submit the following offer to perform the work specified herein, in accordance with the true intent and meaning thereof.

The undersigned understands and agrees that by submitting this offer, he/she is declaring the offer is not in violation of Chapter 84, HRS, concerning prohibited State contracts.

Respectfully submitted,

\_\_\_\_\_  
Exact Legal Name of Bidder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Printed Name of Authorized Signer

\_\_\_\_\_  
Business Mailing Address

\_\_\_\_\_  
Title of Authorized Signer

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Contact Person regarding this bid offer

\_\_\_\_\_  
GET License

\_\_\_\_\_  
Date of GET License

\_\_\_\_\_  
GET License #

\_\_\_\_\_  
Soc. Sec or Federal I.D. #

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

1. How many **staff** will be required to provide the specified weekly services for the:
  - a. Kona Office \_\_\_\_\_
  - b. Moloka'i Office \_\_\_\_\_
  - c. Kaua'i Office \_\_\_\_\_
2. How many **hours** will be required to provide the specified weekly services for the:
  - a. Kona Office \_\_\_\_\_
  - b. Moloka'i Office \_\_\_\_\_
  - c. Kaua'i Office \_\_\_\_\_
3. How much **additional time** will be required to provide **monthly services** for the following:
  - a. Kona Office \_\_\_\_\_
  - b. Moloka'i Office \_\_\_\_\_
  - c. Kaua'i Office \_\_\_\_\_
4. How much **additional time** will be required to provide **semi-annual services** for the following:
  - a. Kona Office \_\_\_\_\_
  - b. Moloka'i Office \_\_\_\_\_
  - c. Kaua'i Office \_\_\_\_\_
5. Please indicate the number of staff that will be working under this Contract by category:
  - a. Owners \_\_\_\_\_
  - b. Employees (paid) \_\_\_\_\_
  - c. Non-paid Personnel\* \_\_\_\_\_

\*If using non-paid personnel, please specify their relationship to the bidder/bidder's company:

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Bidder: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**INSURANCE COVERAGE**

	Carrier	Policy #	Agent
1. Commercial General Liability:	_____	_____	_____
2. Worker’s Compensation:	_____	_____	_____
3. Temporary Disability:	_____	_____	_____
4. Prepaid Health Care:	_____	_____	_____
5. 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

The Interested Bidder shall submit, along with this bid, two (2) written letters of recommendation from companies or government agencies for whom the Interested Bidder has or is providing commercial janitorial and office maintenance services.

Bidder: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

The following bid is hereby submitted for Janitorial and Maintenance Services for three (3) Office of Hawaiian Affairs offices located Statewide.

**For the Initial 12-month Period: March 18, 2024 – March 17, 2025**

**A. KONA OFFICE – 1,001 Square Feet**

	<b>Unit Bid Price</b>	<b>Frequency</b>	<b>Total Bid Price</b>
1. All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC 2024-006	_____ (per month)	12 (# of months)	\$ _____
2. All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC 2024-006	Carpet: _____ (per cleaning)	2 (# of times)	\$ _____
3. On-Call Maintenance services*, as detailed in IFB OHA FAC 2024-006	_____ (Hourly Rate)	As needed	
4. Hawai'i State General Excise Tax (Total Bid Prices for Kona x 4.7120%)			\$ _____
5. <b>TOTAL BID PRICE FOR KONA OFFICE</b> (Sum of Items 1, 2, and 4 above)			\$ _____

**B. MOLOKA'I OFFICE – 1,926 Square Feet (total)**

	<b>Unit Bid Price</b>	<b>Frequency</b>	<b>Total Bid Price</b>
6. All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC 2024-006	_____ (per month)	12 (# of months)	\$ _____
7. All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC 2024-006	Carpet: _____ (per cleaning)		
	Tile: _____ (per cleaning)	2 (# of times annually)	\$ _____
	Linoleum: _____ (per cleaning)		

8.	On-Call Maintenance services*, as detailed in IFB OHA FAC 2024-006	_____ (Hourly Rate)	As needed	
9.	Hawai'i State General Excise Tax (Total Bid Prices for Moloka'i x 4.7120%)			\$ _____
10.	<b>TOTAL BID PRICE FOR MOLOKA'I OFFICE</b> (Sum of Items 6, 7, and 9 above)			\$ _____

**C. KAUA'I OFFICE – 1,076 Square Feet**

	Unit Bid Price	Frequency	Total Bid Price	
11.	All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC 2024-006	_____ (per month)	12 (# of months)	\$ _____
12.	All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC 2024-006	Carpet: _____ (per cleaning)	2 (# of times annually)	\$ _____
	Linoleum: _____ (per cleaning)			
13.	On-Call Maintenance services*, as detailed in IFB OHA FAC 2024-006	_____ (Hourly Rate)	As needed	
14.	Hawai'i State General Excise Tax (Total Bid Prices for Kaua'i x 4.7120%)			\$ _____
15.	<b>TOTAL BID PRICE FOR KAUA'I OFFICE</b> (Sum of Items 11, 12, and 14 above)			\$ _____

**D. GRAND TOTAL (ANNUAL) BID PRICE, INCLUDING TAXES**  
(Sum of Items 5, 10, 15)

\$ \_\_\_\_\_

\*On-call maintenance services, such as Item F. Section 3 Scope of Work, on Page 22 of IFB FAC 2024-006, shall be paid by the Contractor and invoices submitted to the OHA for reimbursement. Such costs shall NOT be included in this bid.

Bidder: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_