**IFB OPS 2025-009**

**VEHICLE PURCHASE FOR OHA FLEET**

**SEALED BID OFFER FORM**

Office of Hawaiian Affairs

Procurement Unit

ATTN: Gregory Chang

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. OPS 2025-009 and General Conditions by reference made a part of this Bid Offer and hereby submits the following 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 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

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Business Mailing Address Hawai'i General Excise Tax Lic. I. D. No

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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. Insurance coverage to be provided by:

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Type  | Provider  | Agent Name  | Agent Phone No.  |
| Commercial GeneralLiability: |  |  |  |
| 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:

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The following bid(s) are hereby submitted for either one (1) SUV/Truck/Van

1. SUV:

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| --- | --- | --- | --- | --- |
| Year | Manufacturer | Model | Cost | Total Cost (to include all applicable fees/taxes, FINAL PRICE) |
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1. Truck:

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| --- | --- | --- | --- | --- |
| Year | Manufacturer | Model | Cost | Total Cost (to include all applicable fees/taxes, FINAL PRICE) |
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1. Van:

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| --- | --- | --- | --- | --- |
| Year | Manufacturer | Model | Cost | Total Cost (to include all applicable fees/taxes, FINAL PRICE) |
|   |   |   |   |   |
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