PROPOSAL SUBMITTAL CHECKLIST

RFP No. BOT 2023-005
INDEPENDENT BOARD INVESTMENT CONSULTANT FOR THE OFFICE OF HAWAIIAN AFFAIRS' NATIVE HAWAIIAN TRUST FUND

The following checklist is provided as a reference for proposal submittal. The offeror shall be responsible for complying with all aspects of proposal submission requirements. See the RFP for more information regarding each item. The OHA shall not be responsible for other pertinent RFP information not listed below:

☐ 1. Attachment 3 - Cover Letter (original signature required).

☐ 2. Proposal
   a. Finance Related Requirements
   b. Qualifications and Requirements pertaining to the Scope of Services, if any
   c. Hawaii Compliance Express Certificate of Vendor Compliance OR
      • Department of Labor and Industrial Relations, Certificate of Compliance with section 3-122-112, HAR, Form LIR #27; AND
      • Department of Consumer and Commerce Affairs Certificate of Good Standing; AND
      • State and Federal Tax Clearance Certificates.
   d. Corporate Resolution indicating authorized signer for proposal and contractual documents

☐ 3. Attachment 4 – Acknowledgement of Addendum

☐ 4. Attachment 5 – Wage Certificate

☐ 5. Attachment 6 – Offer Form OF-1 and OF-2
**INSTRUCTIONS:** If you are interested in submitting a proposal, please complete this Registration Form and e-mail this form to the RFP Coordinator: proposals@oha.org.

<table>
<thead>
<tr>
<th>Registration Forms Due</th>
<th>Due by Monday, August 29, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Proposal Conference</td>
<td><strong>Monday, August 29, 2022, at 2:30 p.m. HST</strong></td>
</tr>
<tr>
<td></td>
<td>Individuals or firms are strongly encouraged to attend the Pre-Proposal Conference that will be held on Monday, August 29, 2022, at 2:30 p.m. Hawai‘i Standard Time (hereinafter “HST”). Please RSVP to <a href="mailto:Proposals@OHA.org">Proposals@OHA.org</a> by 2:30 p.m. HST, Monday, August 29, 2022, if you will be attending the Pre-Proposal Conference.</td>
</tr>
<tr>
<td>Proposal Submittals Due</td>
<td><strong>Due by Monday, September 26, 2022, by 2:00 p.m. HST</strong></td>
</tr>
<tr>
<td></td>
<td>Proposals shall be submitted through the HIePRO website and/or via e-mail to <a href="mailto:proposals@oha.org">proposals@oha.org</a>. If submitting via e-mail, the official time will be that which the email is received by the OHA.</td>
</tr>
<tr>
<td>Notice of Award</td>
<td><strong>No later than October 31, 2022</strong></td>
</tr>
<tr>
<td>Contract Start Date</td>
<td><strong>Thursday, December 1, 2022</strong></td>
</tr>
</tbody>
</table>

Date: _________________________

Company: ____________________________________________________________________

Address: _____________________________________________________________________

Phone: _________________________  E-mail: ________________________________

Contact Person: _______________________________________________________________
TO: Sylvia M. Hussey, Ed.D  
Ka Pouhana, Chief Executive Officer, Head of Purchasing Agency  
Office of Hawaiian Affairs  
560 North Nimitz Highway Suite 200  
Honolulu, Hawaiʻi 96817

Dear Ms. Hussey:

The undersigned has carefully read and understands the terms and conditions specified in the RFP BOT 2023-005 and in the General Conditions, and hereby submits the following Proposal 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 competitive sealed Proposal, 1) he/she is declaring that his/her Proposal is not in violation of Chapter 84, Hawaiʻi Revised Statutes, as amended, concerning prohibited State Contracts, 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion, and 3) he/she hereby authorizes the Office of Hawaiian Affairs to verify information provided in this Proposal.

Furthermore, Aloha Company is a Domestic Profit Corporation registered to do business in the State of Hawaiʻi. Please see the Federal taxpayer identification number and State General Excise Tax License Identification number indicated below.

Date: ______________________  Respectfully submitted,

Phone: _____________________  __________________________________________

Remittance Address, if different from Business Address

________________________________

Authorized Signature (Original)

Print Name: __________________________

Title: ______________________________

Hawaiʻi General Excise Tax License I.D. No: _________________________  

Business Address: __________________________

Federal Tax I.D./Social Security No:

________________________________

E-mail: ___________________________________
ACKNOWLEDGEMENT OF ADDENDA

RFP No. BOT 2023-005

INDEPENDENT BOARD INVESTMENT CONSULTANT
FOR THE OFFICE OF HAWAIIAN AFFAIRS’
NATIVE HAWAIIAN TRUST FUND

The offeror has received the following Addenda, receipt of which is hereby acknowledged:

Addendum Number: __________ Date Received: __________________
Addendum Number: __________ Date Received: __________________
Addendum Number: __________ Date Received: __________________
Addendum Number: __________ Date Received: __________________
Addendum Number: __________ Date Received: __________________
Addendum Number: __________ Date Received: __________________

☐ No Addenda were posted.

____________________________________
Offeror’s Name

____________________________________
Authorized Signature (Original)

____________________________________
Print Authorized Signature Name
WAGE CERTIFICATE

DESCRIPTION OF PROJECT

INDEPENDENT BOARD INVESTMENT CONSULTANT
FOR THE OFFICE OF HAWAIIAN AFFAIRS’
NATIVE HAWAIIAN TRUST FUND

Pursuant to Section 103-55, Hawai‘i Revised Statutes (HRS), I hereby certify that if awarded the contract and if it is in excess of $25,000.00 the services will be performed under the following conditions:

1. The services shall be performed by employees at wages or salaries not less than wages or salaries paid to public officers and employees doing similar work; and

2. All applicable laws of the Federal and State governments relating to worker’s compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I 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 wages required by Section 103-55, HRS.

BY: ___________________________________
Signature of Person Authorized to Signer

Please Print

NAME: __________________________________

TITLE: _________________________________

VENDOR: _______________________________

DATE: _________________________________
OFFER FORM, OF-1

TO: Sylvia M. Hussey, Ed. D
Ka Pouhana, Chief Executive Officer, Head of Purchasing Agency
Office of Hawaiian Affairs, State of Hawai‘i
560 N. Nimitz Highway, Suite 200
Honolulu, Hawai‘i 96817

RE: OFFICE OF HAWAIIAN AFFAIRS, STATE OF HAWAI‘I
RFP NO. BOT 2023-005 - INDEPENDENT BOARD INVESTMENT CONSULTANT FOR
THE OFFICE OF HAWAIIAN AFFAIRS’ NATIVE HAWAIIAN TRUST FUND

Dear Ms. Hussey,

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, by reference made a part hereof and available upon request; and hereby submits the following offer 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 offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawai‘i Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Offeror is:

☐ Sole Proprietor   ☐ Partnership   ☐ *Corporation   ☐ Joint Venture

*State of incorporation: ____________________________

☐ Other ____________________________

Hawai‘i General Excise Tax License I.D. No. ________________

Federal I.D. No. ________________________________
OFFER FORM, OF-1
(CONTINUED)

Payment address (other than street address below):

______________________________________________________

______________________________________________________

Business address (street address):

______________________________________________________

______________________________________________________

Respectfully submitted:

__________________________________________

Exact Legal Name of Company (Offeror)**

__________________________________________

Authorized (Original) Signature

Name & Title: _____________________________
Date: _____________________________
Telephone No.: _____________________________
Fax No.: _____________________________
E-mail Address: _____________________________

**If Offeror 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:
OFFER FORM, OF-2

<table>
<thead>
<tr>
<th>Flat Fixed Fee Monthly Amount</th>
<th>$_________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly Rate (Partner, if applicable)</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Monthly Hours (Partner, if applicable)</td>
<td>_____</td>
</tr>
<tr>
<td>Hourly Rate (Manager, if applicable)</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Monthly Hours (Manager, if applicable)</td>
<td>_____</td>
</tr>
<tr>
<td>Hourly Rate (Associate, if applicable)</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Monthly Hours (Associate, if applicable)</td>
<td>_____</td>
</tr>
<tr>
<td>Hourly Rate (Other, if applicable)</td>
<td>$_________________________</td>
</tr>
<tr>
<td>Monthly Hours (Other, if applicable)</td>
<td>_____</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td>$_________________________</td>
</tr>
</tbody>
</table>

Note:

Pricing shall include labor, materials, supplies, all applicable taxes, and any other costs incurred to provide the specified services.
The Contract for the proposed services may be extended without the necessity of re-soliciting or solicitation, subject to appropriation and availability of funds to OHA, continued need for the services, and OHA’s determination of satisfactory performance of the contracted organization, or unless this Contract is terminated. The option to extend the service shall be offered in writing by OHA prior to the expiration of the Contract. No Contract or amendment to a Contract shall be binding upon OHA until the Contract has been fully and properly executed by all parties thereto prior to the start date of the Contract. The contracted organization shall not provide any services until the Contract is fully and properly executed.

Offeror

__________________________________________
Name of Company