

JANITORIAL AND MAINTENANCE SERVICES FOR  
THE OFFICE OF HAWAIIAN AFFAIRS  
BID OFFER FORM

Office of Hawaiian Affairs  
Procurement Unit  
ATTN: Miki Cachola Lene  
560 N. 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 2017-07 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 services each day for the:
  - a. Honolulu Office \_\_\_\_\_
  - b. Hilo Office \_\_\_\_\_
  - c. Kona Office \_\_\_\_\_
  - d. Moloka'i Office \_\_\_\_\_
  - e. Kaua'i Office \_\_\_\_\_

- 2. How many **hours** will be required to provide the specified services each day for the:
  - a. Honolulu Office \_\_\_\_\_
  - b. Hilo Office \_\_\_\_\_
  - c. Kona Office \_\_\_\_\_
  - d. Moloka'i Office \_\_\_\_\_
  - e. Kaua'i Office \_\_\_\_\_

- 3. How much **additional time** will be required to provide **monthly services** for the following:
  - a. Honolulu Office \_\_\_\_\_
  - b. Hilo Office \_\_\_\_\_
  - c. Kona Office \_\_\_\_\_
  - d. Moloka'i Office \_\_\_\_\_
  - e. Kaua'i Office \_\_\_\_\_

- 4. 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 five (5) Office of Hawaiian Affairs offices located Statewide.

**For the Initial 36-month Period: August 1, 2017 – July 31, 2020**

**A. HONOLULU OFFICE – 44,298 Square Feet (total)**

	<u>Unit Bid Price</u>	<u>Frequency</u>	<u>Total Bid Price</u>	<u>Price/Sq. Ft.</u>
1. All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>12</u>	\$ _____	\$ _____
	(Per month)	(# of months)		(Unit Bid Price/Total Sq. Ft.)
2. All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>2</u>	\$ _____	\$ _____
	(Per cleaning)	(# of times)		(Unit Bid Price/Total Sq. Ft.)
3. On-Call Maintenance services*, as detailed in IFB OHA FAC-2017-07	_____	<u>300</u>	\$ _____	
	(Hourly Rate)	(annual # of hours)		
4. Hawai'i State General Excise Tax (Total Bid Prices for Honolulu x 4.712%)			\$ _____	
5. <b>TOTAL BID PRICE FOR HONOLULU OFFICE</b> (Sum of Items 1-4 above)			\$ _____	

**B. HILO OFFICE – 1,520 Square Feet**

	<u>Unit Bid Price</u>	<u>Frequency</u>	<u>Total Bid Price</u>	<u>Price/Sq. Ft.</u>
6. All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>12</u>	\$ _____	\$ _____
	(Per month)	(# of months)		(Unit Bid Price/Total Sq. Ft.)
7. All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>2</u>	\$ _____	\$ _____
	(Per cleaning)	(# of times)		(Unit Bid Price/Total Sq. Ft.)
8. On-Call Maintenance services*, as detailed in IFB OHA FAC-2017-07	_____	<u>15</u>	\$ _____	
	(Hourly Rate)	(annual # of hours)		
9. Hawai'i State General Excise Tax (Total Bid Prices for Hilo x 4.166%)			\$ _____	
10. <b>TOTAL BID PRICE FOR HILO OFFICE</b> (Sum of Items 6-9 above)			\$ _____	

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

	<u>Unit Bid Price</u>	<u>Frequency</u>	<u>Total Bid Price</u>	<u>Price/Sq. Ft.</u>
11. All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>12</u>	\$ _____	\$ _____
	(Per month)	(# of months)		(Unit Bid Price/Total Sq. Ft.)
12. All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>2</u>	\$ _____	\$ _____
	(Per cleaning)	(# of times)		(Unit Bid Price/Total Sq. Ft.)
13. On-Call Maintenance services*, as detailed in IFB OHA FAC-2017-07	_____	<u>15</u>	\$ _____	
	(Hourly Rate)	(annual # of hours)		
14. Hawai‘i State General Excise Tax (Total Bid Prices for Kona x 4.166%)			\$ _____	
<b>15. TOTAL BID PRICE FOR KONA OFFICE</b> (Sum of Items 11-14 above)			\$ _____	

**D. MOLOKA‘I OFFICE – 1,926 Square Feet (total)**

	<u>Unit Bid Price</u>	<u>Frequency</u>	<u>Total Bid Price</u>	<u>Price/Sq. Ft.</u>
16. All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>12</u>	\$ _____	\$ _____
	(Per month)	(# of months)		(Unit Bid Price/Total Sq. Ft.)
17. All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>2</u>	\$ _____	\$ _____
	(Per cleaning)	(# of times)		(Unit Bid Price/Total Sq. Ft.)
18. On-Call Maintenance services*, as detailed in IFB OHA FAC-2017-07	_____	<u>15</u>	\$ _____	
	(Hourly Rate)	(annual # of hours)		
19. Hawai‘i State General Excise Tax (Total Bid Prices for Moloka‘i x 4.166%)			\$ _____	
<b>20. TOTAL BID PRICE FOR MOLOKA‘I OFFICE</b> (Sum of Items 16-19 above)			\$ _____	

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

	<u>Unit Bid Price</u>	<u>Frequency</u>	<u>Total Bid Price</u>	<u>Price/Sq. Ft.</u>
21. All Janitorial Services (except Semi-Annual Services) and including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>12</u>	\$ _____	\$ _____
	(Per month)	(# of months)		(Unit Bid Price/Total Sq. Ft.)
22. All Semi-Annual Services, including all consumable supplies, as detailed in IFB OHA FAC-2017-07	_____	<u>2</u>	\$ _____	\$ _____
	(Per cleaning)	(# of times)		(Unit Bid Price/Total Sq. Ft.)
23. On-Call Maintenance services*, as detailed in IFB OHA FAC-2017-07	_____	<u>15</u>	\$ _____	
	(Hourly Rate)	(annual # of hours)		
24. Hawai'i State General Excise Tax (Total Bid Prices for Kaua'i x 4.166%)			\$ _____	
<b>25. TOTAL BID PRICE FOR KAUA'I OFFICE</b> (Sum of Items 21-24 above)			\$ _____	

**F. GRAND TOTAL (ANNUAL) BID PRICE, INCLUDING TAXES**  
(Sum of Items 5, 10, 15, 20, & 25) \$ \_\_\_\_\_

\*Periodic maintenance services, such as Item i. on Page 11, Section 2, of IFB FAC 2017-07, 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: \_\_\_\_\_