

**EXHIBIT 1: OFFER FORM**

**RFQ WCH 2019-22**

**Pressure Wash Cleaning of Driveway and Parking Lot at Waiālua Courthouse**

Office of Hawaiian Affairs  
ATTN: Jennifer Lau  
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 RFQ WCH 2019-22 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, as amended, concerning prohibited State contracts.

Respectfully submitted,

\_\_\_\_\_  
Exact Legal Name of Vendor

\_\_\_\_\_  
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 offer

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

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

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

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

If Vendor 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.

Vendor 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

**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:

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**QUOTE**

The following quote is hereby submitted for the pressure wash cleaning of Waiālua Courthouse.

**For a one-time project to be completed within thirty (30) days of the Notice to Proceed.**

**Cost for Pressure Wash Cleaning of:**

**A. Driveway and Parking Lot** \$ \_\_\_\_\_

**B. Sidewalks, Ramp, and Stairs Surrounding Waiālua Courthouse** \$ \_\_\_\_\_

**C. ADDITIONAL ASSOCIATED COSTS**

**For associated costs not previously listed on this Offer Form but shall be included as part of your quote, please detail as separate line items below. Please use as many forms as needed to complete your quote.**

	<u>Unit Quote Price</u>	<u>Per Unit</u>
1. _____	\$ _____ /	_____
2. _____	\$ _____ /	_____
3. _____	\$ _____ /	_____

**D. GRAND TOTAL (including tax)** \$ \_\_\_\_\_

Vendor: \_\_\_\_\_

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

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

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