

SIGN IN SHEET

| | |
|------------------------|---|
| RFP PMB-2011-01 | REQUEST FOR PROPOSALS TO ISSUE SECTION 8 PROJECT BASED HOUSING CHOICE VOUCHERS TO A QUALIFIED FIRM OR ORGANIZATION IN HONOLULU, HAWAII |
|------------------------|---|

INSTRUCTIONS

Please fill out this sheet and leave original at the respective office where you picked up your Request for Proposals (RFP) packet. A copy will be made for you. Take the copy with you as it contains important dates, times and information.

Read this packet carefully. If you have any questions, please call Rick Sogawa at (808) 832-6038.

| | |
|-------------------------------------|--|
| Pre-Proposal Conference: | Monday, January 10, 2011 9:00 a.m. – 10:00 a.m. Hawaii Standard Time (HST) HPHA, 1002 N. School Street, Building E Conference Room, Honolulu, HI 96817. |
| Proposal Submittal Deadline: | Sealed proposals will be received until 12:00 p.m. HST on Thursday, February 3, 2011 at the HPHA – Central Files, 1002 North School Street, Building D, Honolulu, HI 96817. Electronic mail and facsimile transmissions shall not be accepted. |
| Notice of Award: | February 2011 |
| Contract Start Date: | February 24, 2011 |

| | |
|------------------------------|-----------------------|
| | Date: _____ |
| Company: _____ | |
| Address: _____ | |
| Phone No. _____ | Cell No. _____ |
| Fax No. _____ | |
| Email Address: _____ | |
| Contact Person: _____ | |

Signature of Person Picking Up Packet

REQUIRED ATTACHMENTS:

The following must be submitted with the proposal:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Certificate of Compliance LIR #27 | <input checked="" type="checkbox"/> DCCA Certificate of Good Standing |
| <input checked="" type="checkbox"/> Wage Certificate | <input checked="" type="checkbox"/> Corporate Resolution (indicating who is authorized to sign bid documents & contracts) |

The following shall be submitted prior to award of contract and no later than February 22, 2011.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Certificate of Insurance(s) | <input checked="" type="checkbox"/> Valid Tax Clearance Certificate |
| <input type="checkbox"/> Other: _____ | |