

WAGE CERTIFICATE

SUBJECT: BID NO.: IFB-PMB-2015-19

DESCRIPTION OF PROJECT

**FURNISH REFUSE COLLECTION SERVICES AT KAHALE MUA – STATE
AND KAHALE MUA – FEDERAL ON THE ISLAND OF MOLOKAI**

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if the awarded Contract is in excess of \$25,000.00, the services shall 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.
2. The services shall be in compliance with all applicable laws of the Federal and State governments, relating to worker’s compensation, unemployment compensation, payment of wages, and safety.

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.

BIDDER: _____

BY: _____
Signature of Person Authorized to Sign this Bid.

Please Print

NAME: _____

TITLE: _____

DATE: _____

IFB PMB-2015-19

SEALED BID

Hawaii Public Housing Authority
Contract and Procurement Office
1002 North School Street, Bldg. D
Honolulu, HI 96817

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Sealed Invitation for Bid, Specifications and the General Conditions by reference made a part of this Bid and hereby submits the following offer to perform the work specified.

That the undersigned further understands and agrees that by submitting this Sealed Bid, 1) it is declaring its Bid is not in violation of Chapter 84, Hawaii 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,

Telephone No.: _____

Legal Name of Offeror

Fax No.: _____

Payment address, if other than street
address at right:

Authorized Signature (Original)

Hawaii General Excise Tax Lic. I.D. No.:

Title

Social Security or Federal I.D. No.:

Street Address

City, State, Zip Code

Offeror is: Individual Partnership Corporation Joint Venture

State of Incorporation: Hawaii * Other _____

*If "other", is corporate seal available in Hawaii? Yes No

1a. All interested bidders must complete the following items:

2a. Give the history of the interested bidder's experience in the operation of refuse collection services in the State of Hawaii. Include the number of years of experience: (Attach separate pages if necessary.)

2. Give the names and addresses of companies or government agencies at which the interested bidder has provided or is currently providing refuse collection services mentioned in Question 2a. together with the dates of services:

Firm or Agency	Contact Person	Telephone No.	Dates of Service

3. Insurance coverage to be provided by:

Commercial General Liability: _____

Name of Agent: _____

Telephone Number: _____

Workers Comp: _____

Automobile Insurance: _____

Signature of Offeror _____

IFB PMB 2015-19
Bid Offer Form

ATTACHMENT 2
Due Date: July 21, 2015

Property # & Location	# of Cont.	Container Size	Scheduled Pick-up Days						Total # of pick-up per yr	Total cubic yds	Cost for Pick-Up + Disposal Fee	Total Bid Price Per c.y.	Total Bid Price for the initial 12-month period (9/01/15 - 8/31/16)	
			M	T	W	TH	F	S						
AMP 39/Molokai			52	53	52	52	52	52						
1088 Kahale Mua - State	2	3 c.y.		X				X		105	630 c.y.	+	=	
2205 Kahale Mua - Federal	2	3 c.y.		X				X		105	630 c.y.	+	=	

TOTAL

1260 c.y.

SUB TOTAL

Project # & Location	# of Cont.	Container Size	Scheduled Pick-up Days						Total # of pick-up per yr	Total cubic yds	Cost for Pick-Up + Disposal Fee	Total Bid Price Per c.y.	Total Bid Price for the Option Year 1 period (9/01/16 - 8/31/17)	
			M	T	W	TH	F	S						
AMP 39/Molokai			53	52	52	52	52	52						
1088 Kahale Mua - Federal	2	3 c.y.		X				X		104	624 c.y.	+	=	
2205 Kahale Mua - State	2	3 c.y.		X				X		104	624 c.y.	+	=	

TOTAL

1248 c.y.

SUB TOTAL

Project # & Location	# of Cont.	Container Size	Scheduled Pick-up Days						Total # of pick-up per yr	Total cubic yds	Cost for Pick-Up + Disposal Fee	Total Bid Price Per c.y.	Total Bid Price for the Option Year 2 period (9/01/17 - 8/31/18)	
			M	T	W	TH	F	S						
AMP 39/Molokai			53	52	52	52	53	52						
1088 Kahale Mua - Federal	2	3 c.y.		X				X		105	630 c.y.	+	=	
2205 Kahale Mua - State	2	3 c.y.		X				X		105	630 c.y.	+	=	

TOTAL

1260 c.y.

SUB TOTAL

GRAND TOTAL

Extra Yardage Charge - Initial 12 months
Extra Yardage Charge - Option Year 1
Extra Yardage Charge - Option Year 2

per cubic yrd
per cubic yrd
per cubic yrd

