

SIGN IN SHEET

RFP PMB-2011-13	REQUEST FOR PROPOSALS FOR INTEGRATED PEST MANAGEMENT SERVICES FOR KUHIO PARK TERRACE AND KUHIO HOMES UNDER ASSET MANAGEMENT PROJECT 40 ON THE ISLAND OF OAHU
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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 / Site Inspection:	April 14, 2011 9:00 a.m. – 10:00 a.m. Hawaii Standard Time (HST) HPHA Building E Conference Room, 1002 North School Street, Honolulu, HI 96817. Site inspection to follow at approximately 10:15 a.m. HST
Proposal Submittal Deadline:	Sealed proposals will be received until 4:00 p.m. HST on Thursday, <u>May 21, 2010</u> 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:	June 2010
Contract Start Date:	July 1, 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 June 1, 2011.

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