

**REGISTRATION FORM**

<b>RFP PMB-2014-34</b>	<b>REQUEST FOR PROPOSALS FOR PROPERTY MANAGEMENT AND MAINTENANCE SERVICES FOR THE KA HALE KAMEHA'IKANA RESOURCE CENTER ON THE ISLAND OF OAHU</b>
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**INSTRUCTIONS**

Please fill out this sheet and leave original with the HPHA – Contract & Procurement Office located at 1002 North School Street – Building D, Honolulu, HI 96817 when you pick 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 Kathy Mitchell at 832-1892.

<b>Pre-Proposal Conference / Site Inspection:</b>	Friday, December 19, 2014 9:00 a.m. – 10:00 a.m. Hawaii Standard Time (HST), Ka Hale Kameha'ikana Community Resource Center Dining Hall, 1485 Linapuni Street, Honolulu, HI 96819. Site inspection to follow at approximately 10:15 a.m. HST
<b>Proposal Submittal Deadline:</b>	Sealed proposals will be received until 2:00 p.m. HST on Thursday, January 15, 2015 at the HPHA – Central Files, 1002 North School Street, Building D, Honolulu, HI 96817. Electronic mail and facsimile transmissions shall not be accepted.
<b>Notice of Award:</b>	February/March 2015
<b>Contract Start Date:</b>	<b>March 31, 2015,</b> 12:01 p.m. HST

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 execution the contract:

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