

IFB REGISTRATION FORM

IFB CMB-2020-36	FURNISH PREVENTIVE MAINTENANCE SERVICES TO FIRE PREVENTION SYSTEMS AT VARIOUS HPHA PROPERTIES ON OAHU
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INSTRUCTIONS

Please complete this IFB Registration Form and leave original at the respective office where you picked up your bid packet. A copy will be made for you. Take the copy with you as it contains important dates, times and information. If this form is downloaded online with the IFB packet, please fax the form to Mr. Rick Sogawa, IFB Coordinator at (808) 832-6039.

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

Pre-Bid Teleconference:	<p><u>Wednesday, September 30, 2020 9:00 a.m. Hawaii Standard Time (HST).</u> Contact the IFB Coordinator by Thursday, September 30, 2020, 8:30 a.m. HST for teleconference information.</p> <p>Site inspection to be conducted on Friday, October 2, 2020 by appointment only.</p>		
Bid Offer Form Due Date:	<p>Due no later than <u>10:00 a.m. HST, Friday, October 9, 2020</u> at the HPHA, Central Files Office, 1002 North School Street, Building D, Honolulu, Hawaii 96817.</p>		
Bid Opening:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Friday October 9, 2020</td> <td style="width: 50%; border: none;">10:15 a.m. at the HPHA, Contract and Procurement Office, 1002 N. School Street, Building D, Honolulu, Hawaii 96817.</td> </tr> </table>	Friday October 9, 2020	10:15 a.m. at the HPHA, Contract and Procurement Office, 1002 N. School Street, Building D, Honolulu, Hawaii 96817.
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Company:	Date: _____		
Address:	_____		
Phone #:	Fax #:		
Email:	_____		
Contact Person:	_____		

Signature of Person Receiving the Bid Packet

Certifications required with the bid offer submission:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Wage Certificate | <input checked="" type="checkbox"/> Corporate Resolution |
| <input checked="" type="checkbox"/> Certification and Representations of Offerors (Form HUD 5369-C) | |
| <input type="checkbox"/> Other: _____ | |