

WAGE CERTIFICATE

SUBJECT: BID NO.: IFB HCVP-2017-08

DESCRIPTION OF PROJECT

PROVISION OF TENANT INCOME RECERTIFICATION AND TENANT INCOME RECERTIFICATION FILE QUALITY CONTROL SERVICES FOR THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM ON THE ISLAND OF OAHU

Pursuant to Section 103-55, 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-2017-08

SEALED BID OFFER

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

Dear Procurement Officer:

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

That the undersigned further understands and agrees that by submitting this Sealed Bid Offer, 1) it is declaring its Bid Offer 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 (Company Name)

Fax No.: _____

Payment address, if other than street address at right:

Authorized Signature (Original)

Title of Authorized Signer

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

Street Address

Social Security or Federal I.D. No.:

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

Bidders must complete the following items:

- 1. Provide the history of the bidder’s experience in the provision of recertification and recertification file quality control services of similar engagements in the United States. Include the number of years of experience: (Attach separate pages if necessary.)

- 2. Provide the company/agency name, contact person information, and dates of services of which the bidder has provided or is currently providing services as mentioned in Question 1 above:

Firm or Agency	Contact Person	Telephone No.	Dates of Service

- 3. Insurance coverage to be provided by:

Insurance Type	Provider	Agent Name	Agent Phone No.
Commercial General Liability			
Automobile			
Workers Compensation			

Signature of Authorized Signer: _____

IFB HCV-2017-08
Bid Offer Form

Offeror: _____

Bidder shall provide a Bid Price Per Case for each type of service for the Initial 12-Month Period, Option Year 1 and Option Year 2. Bid Price Per case shall be the all-inclusive cost to the HPHA, inclusive of all personnel, applicable overhead costs, and applicable taxes for provision of the specified services. The Bid Price Per Case for each type of service shall be firm for the applicable duration of the contract period and shall be the actual rates charged to the HPHA for actual units of services rendered.

Initial 12-Month Period:

Type of Service	Bid Price Per Case
Tenant Income Recertification	
Tenant Income Recertification File Quality Control	

Total Unit Bid Price (Initial 12-Month Period): _____

Option Year 1:

Type of Service	Bid Price Per Case
Tenant Income Recertification	
Tenant Income Recertification File Quality Control	

Total Unit Bid Price (Option Year 1): _____

Option Year 2:

Type of Service	Bid Price Per Case
Tenant Income Recertification	
Tenant Income Recertification File Quality Control	

Total Unit Bid Price (Option Year 2): _____

Grand Total Bid Price (Initial 12-Month Period, Option Year 1, and Option Year 2): _____

Award shall be made to the responsive and responsible bidder with the lowest Grand Total Unit Bid Price, which is the sum of the Total Unit Bid Prices for the Initial 12-Month Period, Option Year 1, and Option Year 2.