

**IFB REGISTRATION FORM**

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| <b>IFB PMB-2019-24</b> | <b>FURNISH REFUSE COLLECTION SERVICES FOR KAWAILEHUA – STATE AND KAWAILEHUA – FEDERAL UNDER ASSET MANAGEMENT PROJECT 38 ON KAUAI</b> |
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INSTRUCTIONS

Please complete this IFB Registration Form and submit it to the HPHA Contract and Procurement Office when you picked up your bid packet. A copy of this form will be made for you as it contains important dates, times and information. If you downloaded the IFB packet online, please complete and fax or email the form to Mr. Rick Sogawa, IFB Coordinator at (808) 832-6039 to register your receipt of this IFB.

Please review the IFB packet carefully and contact Mr. Rick Sogawa, IFB Coordinator, at (808) 832-6038 should you have any questions.

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| <b>Pre-Bid Conference/<br/>Site Inspection:</b> | <u>Monday, July 8, 2019, 9:30 a.m. Hawaii Standard Time (HST);</u><br>Kawailehua Community Hall, 5220 Paanau Road, Koloa, Kauai, Hawaii 96756.                       |   |
| <b>Bid Offer Due Date:</b>                      | Due not later than <u>2:00 p.m. HST on Wednesday, July 17, 2019</u> at the HPHA, Central Files Office, 1002 North School Street, Building D, Honolulu, Hawaii 96817. |   |
| <b>Bid Opening:</b>                             | <b>Wednesday<br/>July 17, 2019</b>   | <b>2:15 p.m.</b> at the HPHA, Contract and Procurement Office, 1002 N. School Street, Building D, Honolulu, Hawaii 96817. |
| Date: _____                                     |  |   |
| <b>Company:</b>                                 | _____  |   |
| <b>Address:</b>                                 | _____<br>_____   |   |
| <b>Phone #:</b>                                 | _____  | <b>Cell #:</b> _____  |
| <b>Fax #:</b>                                   | _____  |   |
| <b>Contact Person:</b>                          | _____  |   |

\_\_\_\_\_  
*Signature of Person Receiving the Bid Packet*

**REQUIRED CERTIFICATIONS:**

The following to be submitted with the bid offer form:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Hawaii Compliance Express Certificate of Vendor Compliance* | <input checked="" type="checkbox"/> Corporate Resolution of Authorized Signer |
| <input checked="" type="checkbox"/> Wage Certificate  | <input checked="" type="checkbox"/> HUD Form 5369-C                           |

The following to be submitted prior to execution of contract:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certificate of Liability Insurance | <input checked="" type="checkbox"/> Hawaii Compliance Express Certificate of Vendor Compliance* |
|--|---|

Other: \_\_\_\_\_