

WAGE CERTIFICATE

SUBJECT: BID NO.: IFB PMB-2020-33

DESCRIPTION OF PROJECT

**FURNISH SECURITY SERVICES AT PUMEHANA UNDER ASSET
MANAGEMENT PROJECT 35 ON 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-2020-33 SEALED BID OFFER

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

IFB Coordinator:

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 Bidder (Company Name)

Fax No.: _____

Payment address, if other than street
address at right:

Authorized Signature (Original)

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

Title of Authorized Signer

Social Security or Federal I.D. No.:

Business Address

City, State, Zip Code

Hawaii Guard Agency License No. and Expiration Date:

Principal Guard License Name and License No.:

Bidder is: Individual Partnership Corporation Joint Venture

State of Incorporation: Hawaii * Other _____

*If "other", is corporate seal available in Hawaii? Yes No

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

2. Provide the names and address of companies or government agencies in which the bidder has provided or is currently providing security services as mentioned in Question 1 above along with the dates of services.

Company or Agency	Contact Person	Telephone No.	Dates of Service

3. Insurance coverage to be provided by:

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

**IFB PMB-2020-33
Bid Offer Form**

DO NOT ALTER BID OFFER FORM

Bidder: _____

Asset Management Project 35
Pumehana (1047)

Services	Initial 7-Month Period (October 1, 2020 to April 30, 2021)			Option Year 1 (April 30, 2021 to April 30, 2022)			Subtotal Bid Price (19-Month Period) (J) = (C) + (F) + (I)
	Estimated No. of Hours (A)	Bid Price Per Hour (B)	Bid Price (C)	Estimated No. of Hours (D)	Bid Price Per Hour (E)	Bid Price (F)	
1. Work schedule, duties and responsibilities as listed in IFB PMB-2020-33 for Lobby Guard.	2,110	x \$ _____	= \$ _____	3,650	x \$ _____	= \$ _____	\$ _____
2. Security personnel for Special Events and to appear and testify at Administrative and/or Judicial Hearings on an as needed basis as described in IFB PMB-2020-33. Bid price per hour shall not exceed hourly bid price for item 1 above.							
a. Special Events	416	x \$ _____	= \$ _____	416	x \$ _____	= \$ _____	\$ _____
b. Administrative and/or Judicial Hearings	100	x \$ _____	= \$ _____	100	x \$ _____	= \$ _____	\$ _____
			TOTAL BID PRICE: (Sum of the Subtotal Bid Price for items 1 & 2 above)				\$ _____
3. Emergency services. Bid price per hour for emergency hours shall not exceed the hourly bid price for item 1 above by greater than 1.5 times.		\$ _____			\$ _____		

Award shall be made to the responsive and responsible bidder submitting the lowest Total Bid Price.

Bidders are strongly encouraged to double check their Bid Offer Form for accuracy.

Bidder: _____

Asset Management Project	Property	Total Bid Price
AMP 35	Pumehana (1047)	

Grand Total Bid Price:

The Total Bid Price amounts listed above should be the same as the corresponding Total Bid Price amounts in the subsequent pages of the Bid Offer Form. Should there be a discrepancy between the amounts, the HPHA shall verify the Total Bid Price amounts calculated based on unit prices submitted under Pumehana and use the most accurate Total Bid Price amount to calculate the Grand Total Bid Price as the Bid Offer.

Award shall be made to the responsive and responsible bidder submitting the lowest Grand Total Bid Price.

Bidders are strongly encouraged to double check their Bid Offer Form for accuracy.