IFB PMB-2021-39

FURNISH LAUNDRY SERVICES FOR SALT LAKE APARTMENTS UNDER ASSET MANAGEMENT PROJECT 30 ON OAHU

BID OFFER FORM

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

IFB Coordinator:

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

That the undersigned further understands and agrees that by submitting this Sealed Bid, 1) it is declaring its Bid 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.: ________________________________

Fax No.: ________________________________

Payment address, if other than street address at right:

__________________________________________

______________________________  Legal Name of Offeror

Authorized Signature (Original)

Title

Street Address

City, State, Zip Code

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

__________________________________________

Social Security or Federal I.D. No.:

__________________________________________

Offeror is:  □ Individual  □ Partnership  □ Corporation  □ Joint Venture

State of Incorporation:  □ Hawaii  *□ Other

*If “other”, is corporate seal available in Hawaii?  □ Yes  □ No
The interested bidder shall list below business firms and/or government agencies to which it has provided laundry services similar or identical to those required by the IFB.

<table>
<thead>
<tr>
<th>Firm or Agency</th>
<th>Contact Person</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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</tbody>
</table>

Bidder’s Office
Address: _______________________________________________________

Name of Person to Contract: ________________________________________

Telephone Number: ________________________ Fax Number: ______________

Insurance coverage to be provided by:

Commercial General Liability: ______________________________________

Name of Agent: _________________________________________________

Telephone Number: _____________________________________________

Workers Comp: _________________________________________________

Automobile Insurance: __________________________________________

Signature of Offeror ____________________________________________
Property: Salt Lake - Family (units)  
Address: 2907 Ala Ilima Street, Honolulu 96818  
Time of Performance: 60-months upon Notice to Proceed  

<table>
<thead>
<tr>
<th>WASHERS - GAS</th>
<th>Quantity</th>
<th>Capacity (cu. ft.)</th>
<th>Cost per Load</th>
<th>Cycle (Minutes)</th>
<th>Make:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Front Load (accessible)*</td>
<td>3.1</td>
<td>$</td>
<td>mins.</td>
<td>Model #</td>
<td></td>
</tr>
</tbody>
</table>

*Must meet the American with Disabilities Act Accessability Guidelines  

<table>
<thead>
<tr>
<th>DRYERS - GAS</th>
<th>Quantity</th>
<th>Capacity (lbs)</th>
<th>Cost per Load</th>
<th>Cycle (Minutes)</th>
<th>Make:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Front Load</td>
<td>16 - 18</td>
<td>$</td>
<td>mins.</td>
<td>Model #</td>
<td></td>
</tr>
</tbody>
</table>

Monthly Percentage (%) of all gross receipts  

_________________________________________  
Signature  

_________________________________________  
Date  

______________________________  
Name (Please Print)