WAGE CERTIFICATE

SUBJECT: BID NO.: IFB SPB-2021-15

DESCRIPTION OF PROJECT
PROVISION OF QUALITY CONTROL SERVICE REVIEW OF TENANT INCOME RECERTIFICATION FILES FOR THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM 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 SPB-2020-20

SEALED BID OFFER

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

Dear 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: ____________________________
Telephone No.: ______________________
Fax No.: ____________________________
Payment address, if other than street address at right:

__________________________________

Hawaii General Excise Tax Lic. I.D. No.: ____________________________
Social Security or Federal I.D. No.: ____________________________

Respectfully Submitted,

Legal Name of Bidder (Company Name)

Authorized Signature (Original)

Title of Authorized Signer

Street Address

City, State, Zip Code

Bidder 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 with the same/similar engagements in the United States. Include the number of years of experience. (Attach separate pages if necessary.)

2. Provide the names and addresses of companies or government agencies at which the bidder has provided or is currently providing the same/similar services as solicited in this IFB, along with the dates of services:

<table>
<thead>
<tr>
<th>Company or Agency</th>
<th>Contact Person</th>
<th>Telephone No.</th>
<th>Dates of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Insurance coverage to be provided by:

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Provider</th>
<th>Agent Name</th>
<th>Agent Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Commercial Liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers Compensation</td>
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</tbody>
</table>
Bidder shall provide an all-inclusive unit price/bid price for quality control service review of each tenant income recertification file in the Initial Contract Period and the Option Year Period. Bid price shall be the all-inclusive cost to the HPHA, including without limitation personnel, equipment, overhead, applicable taxes, and all other costs incurred for the provision of the services specified in the IFB. The bid price 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.

<table>
<thead>
<tr>
<th>Contract Term</th>
<th>Unit Price/Bid Price for Review of Each Tenant Income Recertification File</th>
<th>Estimated Quantities</th>
<th>Total Bid Price (c) = (a+b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Contract Term</td>
<td>$</td>
<td>x 3,200</td>
<td>= $</td>
</tr>
<tr>
<td>Option Year</td>
<td>$</td>
<td>x 200</td>
<td>= $</td>
</tr>
</tbody>
</table>

Grand Total Bid Price (Sum of the Total Bid Prices for the Initial 4-Month Term and Option Year): $ 

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 Bid Prices for the Initial 4-Month Term and Option Year.