WAGE CERTIFICATE

SUBJECT: BID NO.: IFB SPB-2022-03

DESCRIPTION OF PROJECT
PROVISION OF TENANT INCOME RECERTIFICATION SERVICES FOR THE SECTION 8 SUBSIDY 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-2022-03
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: ___________________________

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.: __________________________

________________________________________________________________________

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

State of Incorporation: □ Hawaii * □ Other

*If “other”, is corporate seal available in Hawaii? □ Yes □ No

Respectfully Submitted,

________________________________________

Legal Name of Bidder (Company Name)

________________________________________

Authorized Signature (Original)

________________________________________

Title of Authorized Signer

________________________________________________________________________

City, State, Zip Code

Bid Offer Form

IFB SPB-2022-03 / Tenant Income Recertification
Bidders must complete the following items:

1. Provide the history of the bidder’s experience in the provision of tenant income recertification 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:

<table>
<thead>
<tr>
<th>Firm or Agency</th>
<th>Contact Person</th>
<th>Telephone No.</th>
<th>Dates of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</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>Commercial General 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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A. Bidder shall indicate the maximum number of personnel that will perform services under the resulting Contract if awarded.

Maximum Number of Personnel: __________________________

B. Price

Bidder shall provide a Unit Price for each type of service. The Unit Price shall be the all-inclusive unit cost to the HPHA, including without limitation personnel, equipment, overhead, applicable taxes, and all other costs incurred to complete an interim/annual recertification in accordance with the IFB. The Unit Price for each type of service shall be firm for the maximum Contract term of up to 217 days. Compensation shall be calculated based on the actual units of services rendered at the accepted unit price(s) applicable to the specific type(s) of services rendered.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Unit Price</th>
<th>Estimated Qty</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Recertification</td>
<td>x</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Annual Recertification</td>
<td>x</td>
<td>2,500</td>
<td></td>
</tr>
</tbody>
</table>

Total: __________________________

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