WAGE CERTIFICATE

SUBJECT: NO.: RFP CMB-2022-17

DESCRIPTION OF PROJECT

PROVISION OF PROFESSIONAL ELEVATOR CONSULTANT SERVICES

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. For Contracts of services performed by laborers and mechanics, the contractor or the contractor’s subcontractor shall provide a copy of the wage rate schedule of each laborer and mechanic employed under the Contract by the contractor at the time each laborer and mechanic is employed; the contractor or contractor’s subcontractor does not have to provide the wage rate schedule where there is a collective bargaining agreement.

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.

OFFEROR: ________________________________

BY: ________________________________

Signature of Authorized Signer

Please Print

NAME: ________________________________

TITLE: ________________________________

DATE: ________________________________

RFP CMB-2022-17 / Elevator Consultant Services
ACKNOWLEDGEMENT OF ADDENDA

RFP CMB-2022-17

Provision of Professional Consultant Services for the Hawaii Public Housing Authority

The Offeror has received the following Addenda, receipt of which is hereby acknowledged:

Addendum Number:__________ Date Received:__________
Addendum Number:__________ Date Received:__________
Addendum Number:__________ Date Received:__________
Addendum Number:__________ Date Received:__________
Addendum Number:__________ Date Received:__________

__________________________
(Offeror's Name)

__________________________
(Authorized Signature)

__________________________
(Print Authorized Signature Name)