WAGE CERTIFICATE

SUBJECT: PROPOSAL NO.: RFP PEO-2021-16

DESCRIPTION OF PROJECT

PROFESSIONAL CONSULTING SERVICES FOR MOVING-TO-WORK DEMONSTRATION PROGRAM

Pursuant to Section 103-55, HRS, I hereby certify that if awarded the contract is in excess of $25,000.00 the services will 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. All applicable laws of the Federal and State governments relating to worker’s compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

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 Person Authorized to Sign this Offer.

Please Print

NAME: ______________________________

TITLE: ______________________________

DATE: ______________________________
RFP PEO-2021-16
Sample Transmittal Letter

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

Dear RFP Coordinator:

The undersigned has carefully read and understands the terms and conditions specified in the Competitive Sealed Proposals and hereby submits the following proposal to perform the services specified.

That the undersigned further understands and agrees that by submitting this Competitive Sealed Proposals, 1) it is declaring its Proposal is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion, and 3) it hereby authorizes the Hawaii Public Housing Authority to verify information provided in this proposal.

Date: ____________________________

Telephone No.: ____________________

Fax No.: __________________________

Remittance address, if different from business address:

_________________________________

_________________________________

Hawaii General Excise Tax License
I.D. No.: __________________________

Federal Tax I.D. No. or Social Security 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,

Authorized Signature (Original)

Printed Name and Title

Legal Name of Offeror

Business Address

City, State, Zip Code
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>
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<tbody>
<tr>
<td>General Commercial Liability</td>
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<td>Automobile</td>
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<td>Workers Compensation</td>
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Point of Contact for this proposal: ________________________________

Telephone Number: ________________ Fax Number: ____________________

Email Address: _________________________________________