

Attachment 3

- Proposal Forms BF-1 to BF-3

PROPOSAL - BF-1
SECURITY GUARD AND SOCIAL OUTREACH SERVICE
HAWAII COMMUNITY DEVELOPMENT AUTHORITY PUBLIC PARKS
RFP HCDA 02-2017

Hawaii Community Development Authority
547 Queen Street
Honolulu, Hawaii 96813

To Whom It May Concern:

The undersigned has carefully read and understands the terms and conditions specified in the Request for Proposals, including the General Conditions, by reference made part hereof and available upon request; and hereby submits the following application to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this application, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price (s) submitted was (were) independently arrived without collusion.

The undersigned represents: (Check one **only**)

A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**

A **Compliant Non-Hawaii** business not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii, Department of Commerce and Consumer Affairs Business Registration Division to do business in the state of Hawaii.

State of Incorporation: _____

Bidder is:

Sole Proprietor Partnership *Corporation Joint Venture Other _____

Federal I.D. No.: _____ Hawaii General Excise Tax License I.D. No.: _____

Payment address (other than street address below): _____

City, State, Zip Code: _____

Business address (street address): _____

City, State, Zip Code: _____

Respectfully submitted:

Date: _____ (x) _____
Authorized (Original) Signature

Telephone No.: _____
Fax No.: _____ (x) _____
Name and Title (Please Type or Print)

E-mail Address: _____ ** _____
Exact Legal Name of Company (Bidder)

**If Bidder is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed: _____

**PROPOSAL - BF-2
 SECURITY GUARD AND SOCIAL OUTREACH SERVICE
 HAWAII COMMUNITY DEVELOPMENT AUTHORITY PUBLIC PARKS
 RFP HCDA 02-2017**

The following offer To Furnish Security and Social Outreach Service for Hawaii Community Development Authority (HCDA) properties within the Kakaako Community Development District at Kakaako, Oahu, Hawaii for the HCDA for the initial twelve (12) month period from the official commencement date on the Notice to Proceed, is hereby submitted:

For the initial 12- month term:

| <u>Description</u> | <u>A.</u> <i>Number of Man Hours per day</i> | <u>B.</u> <i>Bid Price Per Hour</i> | <u>C.</u> <i>Cost per day AxB=C</i> | <u>Total Per Initial Term: Cx365 Days = TOTAL</u> |
|---|---|--|--|---|
| Security Guard and Social Outreach Services per attached specifications | | | | |

For Extension years 2 and 3:

| <u>Description</u> | <u>A.</u> <i>Number of Man Hours per day</i> | <u>B.</u> <i>Bid Price Per Hour</i> | <u>C.</u> <i>Cost per day AxB=C</i> | <u>Total Per 2 Year Term: Cx731 Days = TOTAL</u> |
|---|---|--|--|--|
| Security Guard and Social Outreach Services per attached specifications | | | | |

For Extension years 4 and 5:

| <u>Description</u> | A. <i>Number of Man Hours per day</i> | B. <i>Bid Price Per Hour</i> | C. <i>Cost per day AxB=C</i> | Total Per Year: Cx730 Days = TOTAL |
|---|---|--|--|---|
| Security Guard and Social Outreach Services per attached specifications | | | | |

***NOTE: The allowance for additional services as requested by the HCDA in the amount of \$10,000 per year will be added to the TOTAL ANNUAL SUM OFFER when the Contract is prepared. DO NOT add this allowance to your bid prices in the tables above.**

HCDA reserves the right to reject any and all bids.

Are services to be rendered by company employees similar or equal to public officers and employees listed in the attached employee classification description? Yes _____ No _____

If yes, complete the following: _____ % represents the labor costs for the Total Basic Offer.

Bidder shall provide the following information:

Bidder's Permanent Office Address: _____

Representative: _____ Phone: _____

Facsimile: _____ E-mail Address: _____

Bidder's Guard Services License Number: _____
(Attach proof of license)

Expiration Date: _____

How many years has Bidder been in this business doing this type of work? _____

Towing Subcontractor Legal Name: _____

Towing Subcontractor Office Address: _____

Representative: _____ Phone: _____

Facsimile: _____ E-mail Address: _____

Garage Keepers Liability Policy Number: _____ (Attach proof of license)

Expiration Date: _____

How many years has Towing Subcontractor been in this business doing this type of work?

BIDDERS SHALL PROVIDE THE FOLLOWING INFORMATION:

1. Number of years of experience providing security and social outreach services:

2. Permanent Oahu Office Location: _____

3. Point of Contact:
Name: _____
Telephone Number: _____ FAX No.: _____
Cell Phone Number: _____

Bidder must be able to verbally respond to the HCDA within 30 minutes of a call/request. Furnish contact information for the person(s) to contact regarding the "day-to-day" operations and performance of the work provided.

| <u>Name/Title</u> | <u>Office Phone</u> | <u>Cell Phone</u> |
|-------------------|---------------------|-------------------|
| | | |
| | | |

List of References. List a minimum of two (2) current worksites and three (3) companies and/or government agencies that Bidder has furnished security services similar to the services specified herein. The State reserves the right to contact these companies/government agencies to ascertain quality and timeliness of services provided.

| <u>Name of Company/Government Agencies</u> | <u>Contact Person</u> | <u>Telephone/Cellular</u> |
|--|-----------------------|---------------------------|
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**PROPOSAL - BF-3
 SECURITY GUARD AND SOCIAL OUTREACH SERVICE
 HAWAII COMMUNITY DEVELOPMENT AUTHORITY PUBLIC PARKS
 RFP HCDA 02-2017**

Insurance coverage is carried by:

| <u>Insurance Coverage</u> | <u>Carrier</u> | <u>Policy No.</u> |
|---|----------------|-------------------|
| Commercial General Liability: | | |
| Automobile Liability: | | |
| Worker's Compensation: | | |
| Temporary Disability Insurance: | | |
| Prepaid Health Care: | | |
| Unemployment Insurance: State of Hawaii Labor No.: | | |

Bidder _____
 Name of Company

Date: _____ (x) _____
 Authorized (Original) Signature