



KAUAI REGION
WEST KAUAI MEDICAL CENTER
(DBA KAUAI VETERANS MEMORIAL HOSPITAL AND WAIMEA & PORT ALLEN CLINICS)
MAHELONA MEDICAL CENTER
(DBA SAMUEL MAHELONA MEMORIAL HOSPITAL)
WEST KAUAI CLINIC – KALAHEO

HAWAII HEALTH SYSTEMS CORPORATION

Peter Klune
Regional CEO - Kauai

SAMUEL MAHELONA MEMORIAL HOSPITAL
RESURFACING PARKING LOT AND ROADWAY
RFQ No. 18-01

HHSC/Samuel Mahelona Memorial Hospital is seeking written quotations from qualified Contractors for the resurfacing of the parking lot and roadway.

The Contractor is responsible to submit a total cost proposal that includes material, labor, and equipment to provide the parking lot and roadway resurfacing as stated in this solicitation.

The Request for Quote may be obtained at the following website:
<http://corp.hhsc.org/kauai/smmh/mmc-procsolicit.html>

HHSC reserves the right to amend the RFQ at any time prior to the ending date for proposal evaluation period. RFQ amendments will be in the form of an addenda which will be posted to the website.

The RFQ may be canceled when it is determined to be in the best interest of HHSC. In the event the RFQ is canceled, a notice will be posted to the website.

Although not required, it is highly recommended that the Contractor schedule a site visit with the Technical Representative to view the area where the resurfacing is needed. Clarifications will be presented at the site visit. *All questions must be submitted to the Contract Manager no later than August 24, 2017.*

Questions must be submitted in writing via email, fax, or post mail to the Contract Manager no later than the “Closing Date for Receipt of Questions” in order to generate an official answer. All written questions will receive an official written response from HHSC and become an addendum to the RFQ.

The Technical Representative for this project is John Pimental, (808) 645-0530; jopimental@hhsc.org. The Technical Representative has the right to oversee the successful completion of contract requirements, including monitoring, coordinating and assessing Contractor performance; and approving completed work with verification of same for Contractor’s invoices. Technical Representative will serve as point of contact for “technical matters” throughout the term of the contract.

KVMH • P.O. BOX 337 • WAIMEA, HAWAII 96796 • PHONE: (808) 338-9431 • FAX: (808) 338-9420

WAIMEA & PORT ALLEN CLINICS, WEST KAUAI CLINIC - KALAHEO
P.O. BOX 669 • WAIMEA, HAWAII 96796 • PHONE: (808) 338-8311 • FAX: (808) 338-0225

The Contract Manager is Cora Shirai at (808) 338-9454; cshirai@hhsc.org.

The Contract Manager is responsible for facilitating all requirements of the RFQ solicitation process and is the point of contact for Offerors from date of public announcement of the RFQ until the selection of the successful Offeror. The Contract Manger is also responsible for all contractual inquiries throughout the term of the contract.

Written proposals must be submitted using the Bid Form (EXHIBIT B) to Cora Shirai, Contract Manager, and Maia Guirao, Procurement Specialist, no later than **2:00 pm, September 5, 2017**.

Proposal shall be broken down into three (3) phases (refer to EXHIBIT A for aerial view):

- Base bid for the area in **ORANGE**
- Option #1 for the area in **YELLOW**
- Option #2 for the area in **GREEN/WHITE**

RFQ Timetable:

ACTIVITY	SCHEDULED DATES
RFQ Public Announcement	August 7, 2017
Closing Date for Receipt of Questions	August 24, 2017
Closing Date for Receipt of Bid Form	September 5, 2017 by 2:00 pm
Proposal Evaluations & Discussions	September 5-11, 2017
Contract Selection/Award Notification (on/about)	September 14, 2017

A. INTENT

Samuel Mahelona Memorial Hospital desires to enter into an agreement with a single Contractor to provide the services. The Contractor shall provide all materials, labor, and equipment required for the parking lot and roadway resurfacing.

B. SCOPE OF WORK

1. The work shall include, but shall not be limited to the following (not necessarily in the order indicated):
 - a. Cold plane and pave two (2) inches of AC Pavement.
 - b. Install permanent striping for parking lot and roadway as required by Federal and State of Hawaii requirements.
 - c. Workmanship and materials shall be covered by minimum one (1) year warranty.

C. SUBMITTALS

The Contractor shall submit for approval a complete set of submittals as described below:

1. Contractor shall submit preconstruction submittals for review and approval which will consist of but not limited to the following items:
 - Performance & Payment Bonds
 - Certificate of Insurance
 - Safety Plan
 - State of Hawaii Contractors License to perform the work described

- Project Schedule (include estimated start date)
- Schedule of Values
- Work Plan
- List of all subcontractors
- List of key personnel with contact information

2. Contractor shall provide documentation on Warranty period.

D. RUBBISH

1. Contractor shall remove rubbish and debris resulting from the work on a daily basis. Rubbish not removed by the Contractor will be removed by the hospital and back charged to the Contractor.

E. HOURS OF WORK

1. All work shall be conducted during normal work hours, 7:30 am to 4:00 pm, Monday through Friday. Work performed outside the hours above shall be approved by the hospital prior to work being performed. If work needs to be performed after normal work hours, the Contractor shall be responsible for any cost the hospital incurs to provide necessary personnel to comply with its operations requirements.

F. SCHEDULING AND COMPLETION OF WORK

1. Contractor shall provide a work plan and schedule so that it can be coordinated with the hospital.
2. Contractor shall fully complete all work by or before November 30, 2017.

G. PRICING

1. Price proposal shall be sent to Cora Shirai, Contract Manager, or Maia Guirao, Procurement Specialist, no later than **2:00 pm, September 5, 2017**. Please call (808) 338-9454 if you have any questions regarding the RFQ.

<p>Cora Shirai, Contract Manager / Maia Guirao, Procurement Specialist HHSC/Kauai Region 4643 Waimea Canyon Drive P.O. Box 337 Waimea, HI 96796 Phone: (808) 338-9454 Email: cshirai@hhsc.org & mguirao@hhsc.org</p>
--

H. METHOD OF AWARD

1. The contract will be awarded to the most responsible and responsive Offeror whose proposal provides the best value as and meets the requirements and criteria set forth in this solicitation documents and as determined by HHSC.
2. In the event the total lump sum base bid for all Offerors exceed the project control budget, the HHSC shall reserve the right to make an award to the apparent Low Bidder and seek

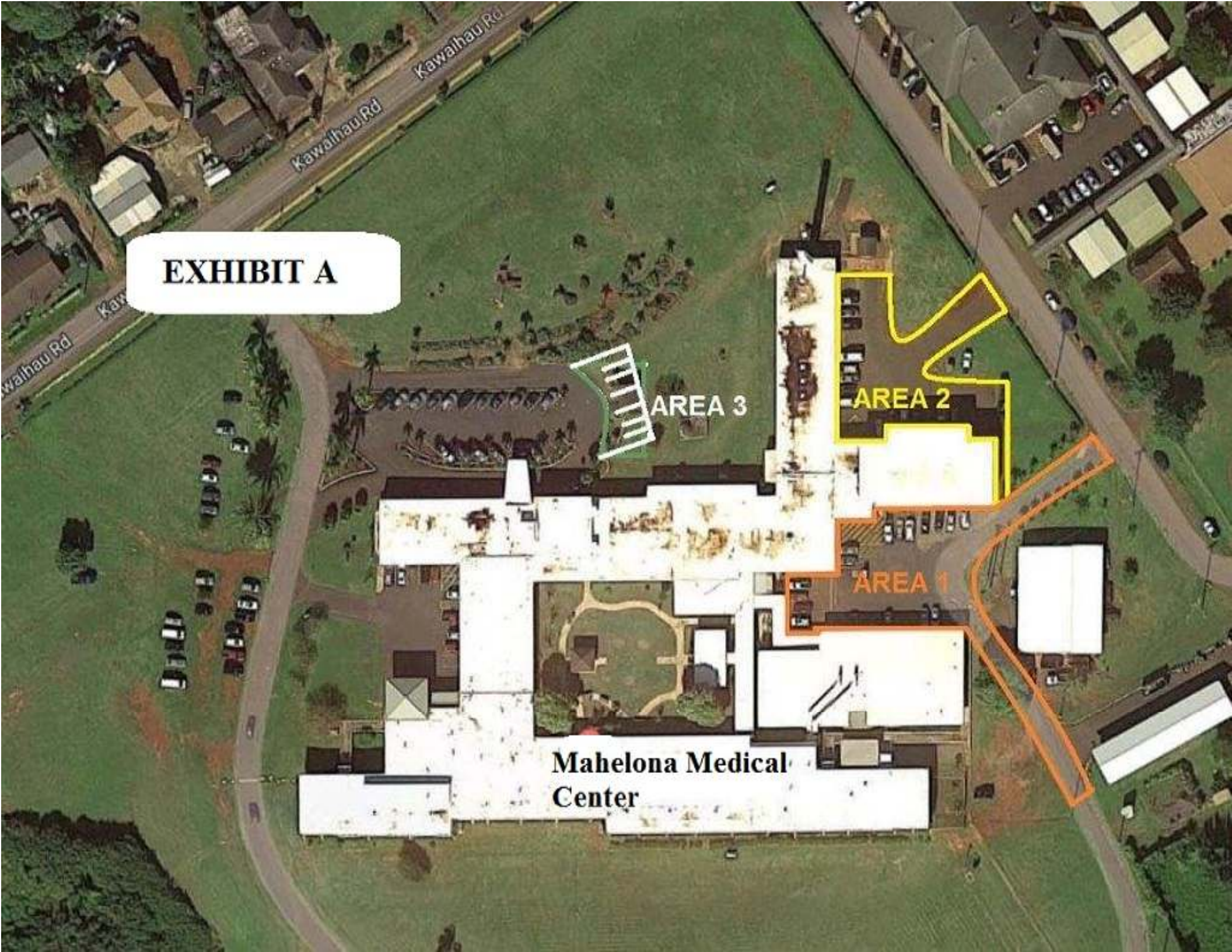
additional funds and increase the project control budget or reduce the scope of work through negotiation to meet the project control budget.

3. Other conditions for award:
 - The HHSC reserves the right to reject any and/or all proposals when, in its opinion, such rejection or waiver will be for the best interest of the HHSC;
 - The award of the contract shall be contingent upon funds being made available for these projects and further upon the right of the HHSC to hold all proposals received for a period of sixty (60) days from the date of the opening thereof, unless otherwise required by law, during which time no bid may be withdrawn;

I. CONTRACT

1. Award of a contract shall be made to the most responsible and responsive Offeror whose proposal provides the best value. Price proposals will be evaluated and a contract awarded.
2. Failure to provide any of the required documents such as the Certificate of Insurance, Performance and Payment Bonds, Certificate of Good Standing, etc. may result in non-award.
3. Requirements for the contract:
 - **HAWAII BUSINESS.** A business entity referred to as a “Hawaii Business,” is registered and incorporated or organized under the laws of the State of Hawaii. As evidence of compliance, the Contractor shall obtain/possess **Certificate of Good Standing** issued by the Department of Commerce and Consumer Affairs Business Registration Division (BREG).
 - **COMPLIANT NON-HAWAII BUSINESS.** A business entity referred to as a “Compliant Non-Hawaii Business” is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State. As evidence of compliance, the Contractor shall obtain/possess **Certificate of Good Standing** issued by the Department of Commerce and Consumer Affairs Business Registration Division (BREG).
 - The **Certificate of Good Standing** can be obtained by phone (call (808) 586-2727, Monday through Friday 7:45 am – 4:30 pm HST) or by mail (Department of Commerce and Consumer Affairs, Business Registration Division, P.O. Box 40, Honolulu, HI 96810). The certificate is valid for six (6) months from date of issue and must be valid on the date it is received by HHSC.
 - **Performance and Payment Bonds.** Upon the acceptance of the proposal by Samuel Mahelona Memorial Hospital, the Contractor must enter into and execute a contract and furnish the Performance and Payment Bonds, as required by law.

EXHIBIT A



AREA 3

AREA 2

AREA 1

**Mahelona Medical
Center**

Kawaihau Rd
Kawaihau Rd
Kawaihau Rd

B I D F O R M

FOR

FURNISHING MATERIALS; LABOR; AND EQUIPMENT

REQUIRED FOR

SAMUEL MAHELONA MEMORIAL HOSPITAL

RESURFACING PARKING LOT AND ROADWAY

RFQ No. 18-01

TAX MAP KEY: (4) 4-6-014: 113

KAPAA, KAUAI, HAWAII

FOR THE

HAWAII HEALTH SYSTEMS CORPORATION

STATE OF HAWAII

After carefully examining the bid documents, drawings and specifications identified above, the Offeror proposes to furnish at its own expense all necessary labor, materials, tools and equipment to complete the work according to the true intent and meaning of the drawings and specifications, all for the Lump Sum Base Bid of:

_____ DOLLARS (\$ _____)
(Schedule of Values shall be submitted in bid)

In addition, please submit pricing for:

Option #1: _____ (Yellow area on Exhibit A)

Option #2: _____ (Green & White area on Exhibit A)

Respectfully Submitted:

Signature / Printed Name _____
Date

Title
(Name of Business) is a: Sole Proprietor

Partnership Corporation Joint Venture Other (Specify) _____

Business Address: _____

Business Phone Number: _____

E-mail address: _____

Federal TAX ID #: _____

Hawaii GET Lic ID #: _____

State of Incorporation is: (Specify) _____

The exact legal name of the business under which the contract, if awarded, shall be executed _____

END OF BID FORM

SCHEDULE AND COMPLETION OF WORK

The Offeror agrees to commence and complete all work under this contract as follows:

1. Upon receipt of the Letter of Award with written instructions from the Contract Manager, proceed with preparatory work including processing submittals, obtaining approvals, and permits, or other work as approved by the HHSC Representative. No work will be allowed at the jobsite. No ordering of materials will be allowed until;
 - (a) the date stipulated in the Notice to Proceed, or
 - (b) upon earlier written notice from the Contract Manager, or
 - (c) upon receipt of the schedule of values and executed contract for the project.
2. The Contractor shall prepare and submit with the proposal, an estimated start date and project schedule for the work. **Contractor shall fully complete all work under this contract by or before November 30, 2017** as stated in the Notice to Proceed.

OTHER CONDITIONS

1. Offeror agrees to pay liquidated damages to the HHSC to be specified.
2. By submitting this proposal, the Offeror is declaring that its firm has not been assisted or represented on this matter by an individual who has, in a County capacity, been involved in the subject matter of this contract in the past two years;
3. Anti-collusion certification. In accordance with HAR 3-122-192, by submitting this proposal, the Offeror is declaring that the price submitted is independently arrived at without collusion.
4. Upon the acceptance of the proposal by the HHSC, the Offeror must enter into and execute a contract for the same and furnish a Performance and Payment bonds, as required by law.

RECEIPT OF ADDENDA

Receipt of the following addenda issued by the HHSC Kauai Region is acknowledged by the date (s) of receipt indicated below:

Addendum No. 1 _____ Date	Addendum No. 3 _____ Date
Addendum No. 2 _____ Date	Addendum No. 4 _____ Date

It is understood that failure to receive any such addendum shall not relieve the Offeror from any obligation under this Proposal as submitted.

ALL JOINT CONTRACTORS OR SUBCONTRACTORS TO BE ENGAGED ON THIS PROJECT

The Offeror certifies that the following is a complete listing of all joint contractors or subcontractors covered under Chapter 444, Hawaii Revised Statutes, who will be engaged by the Offeror on this project to perform the nature and scope of work indicated pursuant to Section 103D-302, Hawaii Revised Statutes and understands that failure to comply with this requirement may be just cause for rejection of the bid.

The Offeror further understands that only those joint contractors or subcontractors listed shall be allowed to perform work on this project and that all other work necessary shall be performed by the Offeror with his own employees. If no joint contractor or subcontractor is listed, it shall be construed that all of the work shall be performed by the Offeror with its own employees.

The Offeror must be sure that it has and that the subcontractor(s) listed in the proposal have all the necessary specialty licenses needed to perform the work for this project. The Offeror shall be solely responsible for assuring that all the specialty licenses required to perform the work are covered in its bid.

The Offeror shall include the license number of the joint contractors or subcontractors listed below. Failure to provide the correct names and license numbers as registered with the Contractor's Licensing Board may cause rejection of the bid submitted.

Complete Firm Name Joint Contractor or Subcontractor for <u>Lump Sum Base Bid</u>	<u>License Number</u>	Nature and Scope of Work to be <u>Performed</u>

Enclosed herewith:

- 1. Surety Bond (*1))
 - 2. Legal Tender (*2))
 - 3. Cashier's Check (*3))
 - 4. Certified Check (*3))
- (Cross Out Those Not Applicable)

in the amount of:

_____ DOLLARS (\$ _____).
as required by law.

Respectfully submitted,

Name of Company, Joint Venture or Partnership

License

By _____
Signature (*4)

(CORPORATE SEAL)

Title _____

Date: _____

Address: _____

Telephone No.: _____

(*5)

NOTES:

- 1. Surety bond underwritten by a company licensed to issue bonds in this State;
- 2. Legal tender; or
- 3. A cashier's or a certified check accepted by, and payable on demand to the HHSC by a bank, a savings institution, or credit union insured by the Federal Deposit Insurance Corporation.
 - a. These instruments may be utilized only to a maximum of \$100,000.
 - b. If the required security or bond amount totals over \$100,000, more than one instrument not exceeding \$100,000 each and issued by different financial institutions shall be accepted.

4. Please attach to this page evidence of the authority of this officer to submit bids on behalf of the Company, and also the names and residence addresses of all officers of the Company.
5. Fill in all blank spaces with information asked for or bid may be invalidated.
PROPOSAL MUST BE INTACT. MISSING PAGES MAY INVALIDATE YOUR BID.