**ATTACHMENT 1 - OFFER FORM OF-1**

RFP No. 20-004, Benefit Plan Audit Services
STATE OF HAWAII, DEPARTMENT OF BUDGET AND FINANCE
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)

Procurement Officer

Department of Budget and Finance/EUTF

Honolulu, Hawaii 96813

Dear Procurement Officer:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, by reference made a part hereof and available upon request; and hereby submits the following offer 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 offer, 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 at without collusion.

OFFEROR is:

 Sole Proprietor Partnership Joint Venture Other

 \*Corporation \*State of incorporation:

Hawaii General Excise Tax License I.D. No.

Federal 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

E-mail Address:

 Name and Title (Please Type or Print)

Telephone No.: Fax No.:

Exact Name of OFFEROR\*\*:

**\*\***If OFFEROR 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