ATTACHMENT 1

OFFER FORM, OF-1

Pharmacy Benefit Consultant Services

STATE OF HAWAII

DEPARTMENT OF BUDGET AND FINANCE

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)

RFP NO. 23-002

Procurement Officer

State of Hawaii

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 | [ ]  \*Corporation | [ ]  Joint Venture |
| [ ]  Other |  |
| \*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 |  | Authorized (Original) Signature |
|  |  |  |
| Telephone No. |  | Name and Title (Please Type or Print) |
|  |  |  |
| Fax No. |  | \*\*Exact Legal Name of Company (Offeror) |
|  |  |  |
| E-mail Address |  |  |

\*\* 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: