



Office of the Administrative Director – Financial Services Division

THE JUDICIARY • STATE OF HAWAII • 1111 ALAKEA STREET, 6TH FLOOR • HONOLULU, HAWAII 96813-2807
TELEPHONE (808) 538-5800 • FAX (808) 538-5802

October 1, 2015

MEMORANDUM

TO WHOM IT MAY CONCERN

FROM: Janell Kim
Financial Services Director

SUBJECT: ADDENDUM NO. 1
INVITATION FOR BID J16225
TO PROVIDE STATEWIDE SAMPLE COLLECTION,
INITIAL DRUG SCREENING AND CONFIRMATION TESTING
FOR THE JUDICIARY, STATE OF HAWAII

Transmitted herewith is a copy of Addendum No. 1 for your review. A copy of this Addendum is also available from our Judiciary web page at <http://www.courts.state.hi.us>.

Please direct questions to Ms. Ramona Yano of the First Circuit Court at (808) 954-8226 or email Ramona.H.Yano@courts.hawaii.gov.

/s/ Janell Kim
Janell Kim
Financial Services Director

ADDENDUM NO. 1
INVITATION FOR BID J16225
TO PROVIDE STATEWIDE SAMPLE COLLECTION,
INITIAL DRUG SCREENING, AND DRUG CONFIRMATION TESTING
FOR THE JUDICIARY, STATE OF HAWAII

October 1, 2015

The items listed hereinafter are hereby made a part of Invitation for Bid, J16225 for the above project and shall govern the work taking precedence over previously issued specifications governing the items mentioned.

1. The Offer Form has been attached to the IFB J16225. The Offer Form will be after the page marked number 11 at bottom-center of the page. The pages will be marked with OF at the bottom-center of each page.

**INVITATION FOR BID J16225
TO PROVIDE STATEWIDE SAMPLE COLLECTION
INITIAL DRUG SCREENING AND CONFIRMATION TESTING FOR
THE JUDICIARY, STATE OF HAWAII**

Financial Services Director
The Judiciary State of Hawaii
Kauikeaouli Hale
1111 Alakea Stree, 6th Floor
Honolulu, Hawaii 96813

Dear Financial Services Director:

The following proposal is made to provide the service indicated in the following proposal schedule to the Judiciary, State of Hawaii, at the location(s) required in the specifications, all according to the true intent and meaning of the specifications hereinafter contained.

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Terms and Conditions; and that the Financial Services Administrator reserves the right to reject any or all bids and to waive any defects when in his opinion such rejection or waiver will be for the best interest of the Judiciary. 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.

The undersigned hereby submits the following offer to PROVIDE STATEWIDE SAMPLE COLLECTION, INITIAL DRUG SCREENING AND CONFIRMATION TESTING FOR THE JUDICIARY, STATE OF HAWAII all in accordance with the true intent and meaning thereof in strict compliance with the Agreement, Specifications, Special Provisions, General Conditions and Procedural Requirements attached hereto and made a part hereof for the Total Amount of:

_____ (\$ _____)

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

- A **Hawaii Business** incorporated or organized under the State of Hawaii; **OR**
- A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, is or shall be registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division (DCCA-BREG) to do business in the State of Hawaii

State of Incorporation _____

Offeror is:

- Sole Proprietor
- Partnership
- Corporation
- Joint Venture
- G Other _____

If Offeror is a "dba" or a "division" of a corporation, please furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

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 (**Hawaii street address**): _____

City, State, Zip Code _____

Respectfully submitted,

(x) _____
Authorized Signature (Original)

Name and Title (Please Type or Print)

* _____
Exact Legal Name of Company (Offeror)

Date

Telephone No

E-mail Address

I. The following offer for the twenty four (20) month period effective November 1, 2015 through June 30, 2017, as specified herein, is hereby submitted:

TYPE OF ACTION	EST # OF TESTS (A)	YEAR # 1 TEST COST (B)	YEAR # 1 BID AMT (C) A x B = C	YEAR # 2 TEST COST (D)	YEAR # 2 BID AMT (E) A x D = E	TTL BID AMT C + E = (F)
Collection Oahu	700					
Collection Maui	404					
Collection Hawaii	92					
Collection Kauai	To be determined					
Screening						
Panel I	418					
Panel II	710					
Confirmation	405					
Additional cost test (if any) for:						
TOTAL BID AMOUNT						

NOTE: Bid amount shall include all applicable taxes and expenses (including all shipping and related transportation costs from sample pick up through delivery of hard copy results. TOTAL 20 month BID AMOUNT should agree with Bid amount shown on page 1 of the Bid Proposal. Be advised that all contracts are subject to the availability of funds.

II. Proposed Expert Witness Fees for Court Hearings

1	Actual Court Time (Per hour)	\$ /hour
2	Travel/Waiting Time (Per hour)	\$ /hour
3	Maximum Fee Per Day (per day)	\$ /day
4	Litigation packet	\$
5	Rejected specimen fee (if applicable)	\$

III. Contractor Information

FAILURE TO COMPLETE ANY OF THE FOLLOWING ITEMS MAY RESULT IN THE DISQUALIFICATION OF THE SUBMITTED PROPOSAL.

A. Laboratory & Contact Information

Laboratory Address	
Contact	Phone No.
email	Fax

B. Other proposed procedures in lieu of testimony in person:

C. Joint Contractors/Subcontractors

The Offeror certifies that the following is a complete list of all contractors and subcontractors who will be engaged by the Offeror on the project to perform the nature and scope of work indicated. The Offeror further understands that only those joint contractors and 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 his own employees.

Provide the complete firm name, address and phone number of the joint or subcontractor.

Subcontractor Name	Address	Phone/Fax/email

D. References

Provide the names and addresses of companies other than the Judiciary or government agencies for which the undersigned has provided or is currently providing drug confirmation testing. Refer to the Qualification section, of the enclosed Special Provisions

COMPANY NAME	CONTACT PERSON	ADDRESS	PHONE #	FAX #	EMAIL ADDRESS

E. Copies of Accreditations and Licenses that qualify Proposer to conduct toxicology testing:

- Attached
- Not attached

If copies are NOT attached, please explain why they have been omitted:

F. Insurance coverage will be provided by the following provider/policy number. Refer to Insurance requirements section of the Special Provisions.

	Insurance Provider	Policy No.
General Liability		
Automobile		
Worker's Compensation		
Prepaid Health Care		
Unemployment Insurance: State of Hawaii I.D. No.		

G. By submitting this bid, our company acknowledges that we meet all of the requirements in this bid proposal (Special Provisions and Specifications), Chapter 329B, HRS and the Department of Health Administrative Rules, Title 11, Chapter 113, Regarding Substance Abuse Testing.

- There are no exceptions
- The following is our list of deficiencies:
