



HAWAII HEALTH SYSTEMS CORPORATION
KAUAI REGION

REQUEST FOR QUOTATION (RFQ)
Refuse Collection & Disposal Services
RFQ No. 21-04

Hawaii Health Systems Corporation (HHSC)
Kauai Region

HHSC Kauai Region is seeking written quotations from qualified contractors with experience and interest to provide refuse collection and disposal services.

Written proposals must be submitted to the Procurement Office no later than **2:00 pm on June 4, 2021.**

Scope

The scope of work shall consist of refuse collection and disposal services. The scope shall include but is not limited to all labor, transportation, equipment, refuse containers, and other tools necessary to collect and dispose of refuse for Kauai Veterans Memorial Hospital; The Specialty Clinic at Kalaheo; and Samuel Mahelona Memorial Hospital as listed and in accordance to the Specifications.

Specifications

1. Refuse Collection Sites, Container and Schedule
 - a. The Contractor shall provide refuse collection services for the HHSC Kauai Region beginning August 1, 2021 according to the following schedule:

Kauai Veterans Memorial Hospital

4643 Waimea Canyon Drive, Waimea, HI 96796

Facility/Location	Type	Container	Quantity	Schedule
KVMH/Dietary	Recycle	6.0 cubic yards	1	2 x a week Monday & Wednesday
KVMH/Medical Office Building	Recycle	6.0 cubic yards	1	2 x a week Monday & Wednesday
KVMH/Dietary	Waste	6.0 cubic yards	1	6 x a week Monday - Saturday
KVMH/Medical Office Building	Waste	6.0 cubic yards	1	3 x a week Monday; Wednesday & Friday

Samuel Mahelona Memorial Hospital

4800 Kawaihau Road, Kapaa, HI 96746

Facility/Location	Type	Container	Quantity	Schedule
SMMH/Dietary	Recycle	6.0 cubic yards	1	1 x a week Thursday
SMMH/Dietary	Waste	6.0 cubic yards	3	3 x a week Monday; Wednesday & Friday

Language assistance services are available free of charge, please contact us for arrangement



HAWAII HEALTH SYSTEMS CORPORATION
KAUAI REGION

SMMH/Staff Housing	Waste	6.0 cubic yards	1	1 x a week Friday
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Specialty Clinic at Kalaheo

2469-C Puu Road, Kalaheo, HI 96741

Facility/Location	Type	Container	Quantity	Schedule
Specialty Clinic at Kalaheo	Waste	3.0 cubic yards	1	2 x a Month Monday

- b. Changes in days designated for collection and disposal service may be adjusted, provided written approval is granted by the Contract Manager.
 - c. Contractor shall schedule pickup time such that pickups are done at approximately the same time of day consistently throughout the contract. Contract shall adhere to the schedule as approved. Hours of collection at both facilities shall be between 8:00 a.m. and 3:30 p.m., Monday through Friday.
2. Maintenance of Containers and Collection Duties
- a. Contractor shall empty refuse from containers or haul the container as designated by the schedule.
 - b. On every pickup, containers shall be clean to the complete satisfaction of the Technical Representative.
 - c. The containers shall be completely emptied during the collection, with a minimum of spillage of dust and solids. Spillage of any type shall be completely picked up by the Contractor and the area left broom clean, free of any debris and rubbish.
 - d. The Contractor shall hose down, disinfect, and deodorize any container, on any pickup, that is found to be soiled with wet rubbish or food refuse. Hosing down of the container shall not be done on HHSC Kauai Region property.
 - e. Movable parts such as hinges and casters of Contractor's containers shall be oiled by the Contractor as needed.
 - f. Equipment, water, and materials needed to perform required maintenance shall be furnished by the Contractor.
 - g. Any container deemed by the Technical Representative to be undesirable shall be replaced with an acceptable container on or before the next pickup.
 - h. Contractor's containers shall be kept in good repair and appearance at the Contractor's expense.
 - i. The Contractor agrees to make unscheduled collections when requested. Such "emergency calls" shall be completed within twenty-four (24) hours after notification. Quote price per cubic yard/load will be used as the basis for charges for "emergency calls", provided such charges are modified by mutual agreement at the time of the emergency to account for additional expenses, if any, incident to making a special pickup.
3. Disposal of Refuse

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KAUAI REGION

- a. The Contractor shall dispose of all refuse collected by transporting the disposal sites that meet the requirements of local ordinances and regulations applicable to refuse disposal.
4. Vehicle and Equipment
 - a. Vehicles and equipment used by the Contractor to collect and remove the refuse shall at all times be clean and well-maintained, both mechanically and in appearance. All equipment used to collect and remove refuse shall be covered to prevent littering.
 5. Damages
 - a. The Contractor shall repair all damages to existing utilities and structures such as water lines, electric conduits, sewer lines, buildings, and hook up, etc., caused by his equipment or employees. If such repairs are not completed within fifteen (15) calendar days, HHSC Kauai Region reserves the right to purchase services for the necessary repairs from the open market and shall deduct all repair costs from the moneys due or that may thereafter become due to the Contractor. In case any money due the Contractor is insufficient for said purposes, the Contractor shall pay the difference upon demand by the HHSC Kauai Region.
 6. Invoicing
 - a. Contractor shall invoice each facility separately. Invoice term is NET30.

Submittals

1. The contractor shall submit one price proposal.
2. Contractor shall fill out the "Bid Form" completely. Write in ink or type. Do not alter the "Bid Form," and maintain the form intact.
3. Price Proposal shall be sent to the Procurement Office, no later than **2:00 pm on June 4, 2021**. Please call Cora Shirai or Maia Guirao if you have any questions regarding the RFQ.

Cora Shirai
CONTRACT MANAGER
Phone: (808) 338-9454 Email: cshirai@hhsc.org

Maia Guirao
PROCUREMENT SPECIALIST
Phone: (808) 240-2737 Email: mguirao@hhsc.org

Kauai Veterans Memorial Hospital
Procurement Office
4643 Waimea Canyon Drive
P.O. Box 337
Waimea, Hawaii 96796

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HAWAII HEALTH SYSTEMS CORPORATION
KAUAI REGION

Award of Contract

1. Award of contract shall be made to the most responsible and responsive offeror whose proposal is determined to provide the best value. Price proposal will be evaluated and a contract awarded.
2. Contract will be for a term of one year commencing on August 1, 2021 through July 31, 2022. The contract may be extended for three (3) additional one (1) year terms upon mutual written agreement executed by both parties prior to the end of the then current term. No work is to be undertaken by the contractor prior to the commencement date specified. HHSC Kauai Region is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the contractor prior to the official commencement date.
3. Failure to provide any of the required documents such as the Certificate of Compliance and Certificate of Insurance may result in a non-award.
4. Requirements for the contract:
 - a. Certificate of Compliance
The contractor is required to obtain/possess a valid **Certificate of Compliance** from the Hawaii State Department of Labor and Industrial Relations (DLIR) prior to executing a contractual agreement with a State Agency. The certificate is valid for six months from the date of issue and must be valid on the date it is received by HHSC Kauai Region.

The **Certificate of Compliance** shall be obtained on the State of Hawaii, DLIR APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTIN 3-122-112, HAR, Form LIR #27 which is available at www.hawaii.gov/labor (open "Get a Form"; then open "LIR#27") or at the neighbor island DLIR District Offices. The application for the certificate is the responsibility of the OFFEROR and must be submitted directly to the DLIR and not to HHSC Kauai Region. The DLIR will return the form to the contractor who in turn shall submit the form to HHSC.
 - b. Certificate of Insurance
 - c. W-9, Request for Taxpayer Identification Number and Certification

BID FORM

FOR

LABOR, TRANSPORTATION, EQUIPMENT,
REFUSE CONTAINERS, AND OTHER TOOLS

REQUIRED FOR

KAUAI VETERANS MEMORIAL HOSPITAL
SAMUEL MAHELONA MEMORIAL HOSPITAL
SPECIALTY CLINIC AT KALAHEO

REFUSE COLLECTION & DISPOSAL SERVICES
RFQ No. 21-04

WAIMEA, KAUAI, HAWAII
FOR THE
HAWAII HEALTH SYSTEMS CORPORATION
STATE OF HAWAII

Bidder proposes to furnish at its own expense all necessary labor, transportation, equipment, refuse containers, and other tools necessary to complete the work according to the true intent and meaning of specifications for the bid of:

Kauai Veterans Memorial Hospital

Facility/Location	Type	Container	Quantity	Schedule	Amount
KVMH/Dietary	Recycle	6.0 cubic yards	1	2 x a week Monday & Wednesday	\$ _____
KVMH/Medical Office Building	Recycle	6.0 cubic yards	1	2 x a week Monday & Wednesday	\$ _____
KVMH/Dietary	Waste	6.0 cubic yards	1	6 x a week Monday - Saturday	\$ _____
KVMH/Medical Office Building	Waste	6.0 cubic yards	1	3 x a week Monday; Wednesday & Friday	\$ _____

Samuel Mahelona Memorial Hospital

Facility/Location	Type	Container	Quantity	Schedule	Amount
SMMH/Dietary	Recycle	6.0 cubic yards	1	1 x a week Thursday	\$ _____
SMMH/Dietary	Waste	6.0 cubic yards	3	3 x a week Monday; Wednesday & Friday	\$ _____
SMMH/Staff Housing	Waste	6.0 cubic yards	1	1 x a week Friday	\$ _____

Specialty Clinic at Kalaheo

Facility/Location	Type	Container	Quantity	Schedule	Amount
Specialty Clinic at Kalaheo	Waste	3.0 cubic yards	1	2 x a month Monday	\$ _____

TOTAL \$ _____

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: _____

Email 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 _____
_____.

SCHEDULE OF WORK

The Bidder agrees to commence work on August 1, 2021.

METHOD OF AWARD

Award of contract shall be made to the most responsible and responsive offeror whose proposal is determined to provide the best value.

RECEIPT OF ADDENDA

Receipt of the following addenda issued by 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 Bidder from any obligation under this Proposal as submitted.

Respectfully submitted,

Name of Company, Joint Venture or Partnership

License

By _____
Signature

Title

Date: _____

Address _____

Telephone: _____

NOTES

1. Please attach to this page evidence of the authority of this officer to submit bids on behalf of the Company.
2. Fill in all blank spaces with information asked for or bid may be invalidated. Proposal must be intact. Missing pages may invalidate your bid.

END OF BID FORM