



HAWAII HEALTH SYSTEMS CORPORATION
KAUAI REGION

REQUEST FOR QUOTATION (RFQ)
Imaging Suites Furniture for SMMH & KVMH
RFQ No. 23-01

Hawaii Health Systems Corporation (HHSC)
Kauai Region

HHSC Kauai Region is seeking written quotations from qualified contractors to supply; deliver; and install equipment for the Imaging Suites at Samuel Mahelona Memorial Hospital and Kauai Veterans Memorial Hospital.

Written proposals must be submitted to the Procurement Office no later than **2:00 pm on January 19, 2023**. Interested bidders are asked submit a **Notice of Intent to Bid by January 5, 2023**. Please submit your intent by email to Ray Shirai rshirai@hhsc.org and Maia Guirao mguirao@hhsc.org.

Scope

The scope of work shall consist of furniture and installation services. The scope shall include but is not limited to all labor, transportation, equipment, and other tools necessary to furnish the Imaging Suites at Samuel Mahelona Memorial Hospital and Kauai Veterans Memorial Hospital as listed and in accordance to the Specifications. A total overall cost shall be provided along with a cost breakdown for Common Area and Staff Area.

Specifications

1. See Exhibit A – SMMH Imaging Suites FF&E Specification Package.
2. See Exhibit B – KVMH Imaging Suites FF&E Specification Package.

Submittals

1. The contractor shall submit one price proposal. Price proposal shall be separated by cost for common area and cost for staff area.
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 January 19, 2023**. Please call Ray Shirai or Maia Guirao if you have any questions regarding the RFQ.
4. W-9

KAUAI VETERANS MEMORIAL HOSPITAL
4643 Waimea Canyon Dr, Waimea, HI 96796
(808) 338-9431



HAWAII HEALTH SYSTEMS CORPORATION
KAUAI REGION

SAMUEL MAHELONA MEMORIAL HOSPITAL
4800 Kawaihau Rd, Kapa'a, HI 96746
(808) 822-4961

Ray Shirai
CONTRACT MANAGER
Phone: (808) 338-9472 Email: rshirai@hhsc.org

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

Kauai Region Procurement Office
4643 Waimea Canyon Drive
P.O. Box 337
Waimea, Hawaii 96796

Award

Award 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.

BID FORM

FOR

LABOR, TRANSPORTATION, EQUIPMENT,
AND OTHER TOOLS

REQUIRED FOR

SAMUEL MAHELONA MEMORIAL HOSPITAL
AND
KAUAI VETERANS MEMORIAL HOSPITAL

IMAGING SUITES FURNITURE FOR SMMH & KVMH
RFQ No. 23-01

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

Bidder proposes to furnish at its own expense all necessary labor, transportation, furniture, and other tools necessary to complete the work according to the true intent and meaning of specifications for the total bid of: _____
as detailed on the following pages.

SAMUEL MAHELONA MEMORIAL HOSPITAL

COMMON AREA					
TAG	MANUFACTURER	DESCRIPTION/FINISH	QTY	UNIT COST	EXT. COST
CH-04	Arcadia	Waiting Room Chair - Reprise Metal	7		
COM-03	Knoll	Tightrope Pathway (assume 2 yd back)	14		
COM-04	Knoll	Prarie Cinder (assume 1 yd seat)	7		
				Subtotal	
				Shipping & Installation	
				4.712% Tax	
				Cost	

STAFF AREA					
TAG	MANUFACTURER	DESCRIPTION/FINISH	QTY	UNIT COST	EXT. COST
B-01	Sauder Education	On-Call Bed - Merit Twin Head Panel	1		
B-02	American Bedding	Twin Dormatory Mattress	1		
CG-01	Herman Miller	Bookshelf, Low-Canvas Landscape wood	1		
CG-03	Herman Miller	Pedestall Storage - Canvas Landscape Wood	2		
CH-01	Herman Miller	Task Chair - Sayl Work Chair	11		
CH-02	Herman Miller	Stacking Gues Chair - Caper Chair	3		
CH-03	Steelcase	Side Chair - Move Chair	6		
CH-05	Stance	Physician Stool - S1200	3		
COM-01	Maharm	Ledger Marsh (assume 1 yd at seat CH01)	11		
COM-05	CF Stinson	Route Stone (assume 1 yd per seat CH03)	6		
T-01	Herman Miller	Round Meeting Table 30" - Everywhere Table	2		
T-02	Herman Miller	Round Meeting Table 36" - Everywhere Table	1		
T-03	Nemschoff	Side Table - Palisade Tote with Top	2		
WS-01	Herman Miller	Workstation 1 - Canvas Landscape	2		
WS-02	Herman Miller	Workstation 2 - Canvas Landscape	2		
				Subtotal	
				Shipping & Installation	
				4.712% Tax	
				Cost	

GRAND TOTAL (SMMH Common Area cost plus Staff Area cost)	
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KAUAI VETERANS MEMORIAL HOSPITAL

COMMON AREA

TAG	MANUFACTURER	DESCRIPTION/FINISH	QTY	UNIT COST	EXT. COST
CH-04	Arcadia	Waiting Room Chair - Reprise Metal	4		
COM-02	CF Stinson	Route Stone (2 yd per per back)	8		
COM-03	Knoll	Prarie Clay (1 yd per per seat)	4		
				Subtotal	
				Shipping & Installation	
				4.712% Tax	
				Cost	

STAFF AREA

TAG	MANUFACTURER	DESCRIPTION/FINISH	QTY	UNIT COST	EXT. COST
CH-01	Herman Miller	Task Chair - Sayl Work Chair	9		
CH-02	Herman Miller	Stacking Guest Chair - Caper Chair	2		
CH-03	Steelcase	Side Chair - Move Chair	4		
CH-05	Stance	Physician Stool - S1200	5		
COM-01	Maharm	Ledger Marsh (assume 1 yd per seat at CH01)	9		
COM-02	CF Stinson	Route Stone (assume 1 yd per seat at CH03)	4		
T-01	Herman Miller	Round Meeting Table - Everywhere Table	1		
				Subtotal	
				Shipping & Installation	
				4.712% Tax	
				Cost	

GRAND TOTAL (KVMH Common Area cost plus Staff Area cost)	
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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 _____

_____.

METHOD OF AWARD

Award 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