A.3. NOTICE OF INTENTION TO BID

Date _____

Ms. E. Keiki Kipapa, Property Manager
Department of Land and Natural Resources
Division of State Parks:

Hawai'i District Office
75 Aupuni Street, #204
Hilo, HI 96720

(or)

Kalanimoku Building
1151 Punchbowl Street, #310
Honolulu, HI 96813

The undersigned intends to bid for the Mobile Food Truck Concession Agreement—relating to IFB No. SPH25-0103A—for the Operation of a Mobile Food Truck for Parking Lot "A" situated at Hāpuna Beach State Recreation Area, Waimea, South Kohala, Hawai'i Island, TMK: (3)6-6-002:035 (Portion).

Attached is the fully completed Qualifications Questionnaire, as required.

Respectfully submitted,

_____
Name of Bidder
(Legal name of Entity if Applicable)

_____
Authorized Signature

_____
Printed Name and Capacity

Title_____

Address of Bidder:_____

_____

Telephone: _____

E-mail Address: _____

A.4. QUALIFICATIONS

1. QUALIFICATIONS OF BIDDERS:

Only qualified bidders, as determined by DSP authorized representative(s) pursuant to §102-3, HRS, may submit a Bid Proposal for IFB No. SPH25-0103A. In order to be considered, the entire Qualifications Questionnaire must be completed. At its discretion, DSP or its authorized representative(s) may require prospective bidders to submit answers, under oath, to questions contained in the form of questionnaire setting forth a complete statement of the experience, competence, and financial standing of the prospective bidders. Neither DSP nor its authorized representative(s) charged with administering IFB No. SPH25-0103A and responsive Bid Proposals shall divulge or permit to be divulged identifying information regarding those who submit any Notice of Intention to Bid until after the deadline for the submission of Bid Proposals, as specified herein. All information contained in the answers to questionnaires shall remain confidential, and Qualification Questionnaires of all bidders shall be returned to the bidders after serving their purpose.

By affixing its signature on the Qualifications Questionnaire, the undersigned certifies that the bidder satisfies the minimum qualifications required under IFB No. SPH25-0103A and according to the "Specifications" section of this Bid Packet and that it is furnishing the attached information as proof of its qualifications. All bidders shall submit this Qualifications Questionnaire, the Bid Deposit, and all the required evidence in a single, complete Bid Proposal. Bidders that do not submit a complete Qualifications Questionnaire and the required documentation by the deadline for submission shall be disqualified from bidding.

2. TENTATIVE SCHEDULE:

The expected timeline for processing of the instant IFB is as follows:

Advertisement of Publication of IFB No. SPH25-0103A and Application Pick-up	September 5, 7, 8, 2025
Notice of Intention to Bid & Qualifications Questionnaire Due	September 19, 2025
Substantive Review and Qualifications of Applications	September 22 – 24, 2025
Notice of Qualification/ Disqualification	September 25, 2025
Sealed Bid Proposal and Bid Deposit Due	2:00 PM HST, October 3, 2025
Opening of Sealed Bids	3:00 PM HST, October 3, 2025
Notice of Award to the Winning Bidder	October 6, 2025
Estimated Start of Concession Lease	November 1, 2025

3. QUALIFICATIONS QUESTIONNAIRE:

If more space is needed to fully answer the below questions, please append additional page(s).

3.1. Name of Bidder: _____

3.2. Business Organization: [ ]Individual [ ]Partnership [ ]Corporation [ ]Other (if "other" Describe type) _____

3.3. Principal Office Address: _____

3.4. State of Hawaii General Excise Tax ("GET") Number: _____
3.4.1. If exempt from GET, cite applicable statute: _____

3.5. Federal Employer I.D. Number: _____
3.5.1. If exempt from federal taxes, attach documentation of exemption.

3.6. If a Corporation, please answer the following:
[ ] Profit [ ] Non-Profit

When incorporated and where: _____

When authorized to do business in the State of Hawaii: _____

Name of Officers:
President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Other(s): _____

Principal Stockholders:

Name and Address	% of Stock held
(1)	
(2)	
(3)	
(4)	

3.7. If a Partnership, please answer the following:
When and where organized: _____

General or Limited Partnership: _____

When registered in the State of Hawaii: _____

Partners:

	Name and Address	Share
(1)		
(2)		
(3)		
(4)		

3.8. If "other" type of business entity, please describe:
What type of business: _____

Where and when organized: _____

When registered in State of Hawaii: _____

List Names of Members/Owners/Managers/etc. (including titles and addresses):

_____

_____

_____

_____

3.9. Attach a description and evidence of a minimum of two-years' experience of the bidder in the ownership and/or operation of a MFT Concession, restaurant, food concession, food catering business or operations, or related business similar to that described in IFB No. SPH25-0103A, including the number of years of experience, business name, business address, and dates of operation, as well as a recent (within the past 3 months) photograph of the vehicle the bidder intends to be used if selected for the Mobile Food Truck Concession Agreement described herein.

3.10. Provide evidence of the bidder's ability to procure mobile food equipment that will meet the minimum requirements of IFB No. SPH25-0103A. Attach any information sheet showing but not limited to design and specifications, anticipated costs, and bidder's financial means of procuring the equipment.

3.11. Has the bidder ever defaulted or been terminated on a State of Hawai'i contract/agreement or defaulted on real property taxes? If yes, give details on a separate sheet.

[ ] Yes [ ] No

3.12. Have any leases, contracts, or agreements for the operation of any restaurants, food concessions or similar businesses owned and operated by the bidder ever been cancelled? If yes, give details on a separate sheet.

[ ] Yes [ ] No

3.13. Has the bidder ever been cited for or found to be in violation of City, County, Federal and/or State of Hawai'i law during the previous two-year period? If yes, give details on a separate sheet.

[ ] Yes [ ] No

3.14. Attach satisfactory evidence to support the financial ability of the bidder to operate and maintain a MFT Concession. Minimum requirements include income and expense statements, Federal tax returns and balance sheets, from the past two years.

3.15. Attach at least two outside references whom the DSP may contact to confirm the bidder's qualifications to operate an MFT. Provide names, contact information, and the relationship or experience with each reference.

3.16. Attach copy of State and Federal tax clearance.

3.17. Attach evidence of annual gross income indicating a successful business during the two immediately preceding fiscal years.

3.18. Attach evidence of sufficient liquid working capital or a firm written commitment from a financial institution for a sufficient loan.

3.19. By affixing a signature on the following page, the bidder hereby consents to and authorizes the DSP to confirm all or any of the foregoing information with any financial institution or any other source necessary.

3.20. By affixing a signature on the following page, the bidder certifies that it has or will have a State Permit to serve food, and a certified kitchen according to the State Department of Health.

[ ] Bidder has the State permit to serve food and a certified kitchen (attach copy).
[ ] Bidder will obtain the State permit to serve food and a certified kitchen as a prerequisite of the final issuance of the concession agreement.

3.21. Attach a list of principal items to be on the proposed menu, including the approximate cost of each item that will be charged to the customers to be approved by the DSP Property Manager, as well as any sundry items to be sold secondary to food and non-alcoholic beverage, if applicable. The Administrator of DSP reserves the right to request that a bidder revise its menu, including but not limited to pricing. If DSP determines that revisions are needed, the bidder will be contacted by the DSP Property Manager at the contact information provided by the Bidder.

3.22. Attach a list of days and hours of intended operations, including proposed holiday closure.

3.23. As of the date of submission, does the bidder have in its possession a fully equipped mobile vending concessions vehicle?

[ ] Yes. Bidder has attached picture(s) of the proposed MFT Concession vehicle, whose License Plate number is: _____.
[ ] No, but by affixing a signature on the following page, bidder affirms it is able to obtain in Hawaii a fully equipped mobile food concession vehicle necessary to perform the required food and beverage services for timely commencement of a mobile food concession operation.

3.24. Bidder must obtain all insurance policies required in the "Specifications" section of this IFB as a prerequisite of the final execution of the MFT Concession Agreement.

3.25. Insurance Coverage
Bidder's Business Address: _____

Telephone No. and Email: _____
Contact Person: _____

Insurance coverage is (or will be) carried by:

	Carrier	Policy No.	Agent
Commercial General Liability:			
Automobile Liability:			
Workers' Compensation:			
Temporary Disability Insurance:			
Prepaid Health Care:			
Unemployment Insurance:			

3.26. Bidders may attach any other information they wish to further describe their qualifications.

The undersigned swears that the foregoing information and attached supporting documentation are true and correct to the best of his/her/its/their knowledge and belief.

Dated this _____ day of _____, 2025, at _____

_____.

Respectfully submitted,

_____
Name of Bidder

_____
Authorized Signature*

_____
Print Name

_____
Title

*SIGNATURE MUST BE ACKNOWLEDGED BY A NOTARY PUBLIC USING THE FORM PROVIDED ON THE FOLLOWING PAGE

ACKNOWLEDGMENT:

STATE OF HAWAII)
) SS.
COUNTY OF)

On this _____ day of _____, 20_____, before me personally appeared _____, to me personally known, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable in the capacity shown, having been duly authorized to execute such instrument in such capacity.

_____
Notary Public, State of Hawaii

_____

My commission expires:_____