A.3. NOTICE OF INTENTION TO BID

Date		
Ms. E. Keiki Kipapa, Property M Department of Land and Natura Division of State Parks:		
Hawaiʻi District Office 75 Aupuni Street, #204 Hilo, HI 96720	(or)	Kalanimoku Building 1151 Punchbowl Street, #310 Honolulu, HI 96813
SPH26-0103A—for the Operati	on of a Mobile Foo	od Truck Concession Agreement—relating to IFB No d Truck for Parking Lot "A" situated at Hāpuna Beacl vai'i Island, TMK: (3)6-6-002:035 (Portion).
Attached is the fully completed	Qualifications Ques	stionnaire, as required.
		Respectfully submitted,
		Name of Bidder (Legal name of Entity if Applicable)
		Authorized Signature
		Printed Name and Capacity
		TitleAddress of Bidder:
		Telephone:
		- 31epitone.

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. SPH26-0103A. 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. SPH26-0103A 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. SPH26-0103A 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. SPH26-0103A and	
Application Pick-up	November 14, 16, 17, 2025
Notice of Intention to Bid & Qualifications Questionnaire Due	December 1, 2025
Substantive Review and Qualifications of Applications	December 2 - 4, 2025
Notice of Qualification/ Disqualification	December 5, 2025
Sealed Bid Proposal and Bid Deposit Due	4:00 PM HST, December 15,
	2025
Opening of Sealed Bids	9:00 AM HST, December 16,
	2025
Notice of Award to the Winning Bidder	December 17, 2025
Estimated Start of Concession Lease	TBD

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) Principal Office Address: 3.3. State of Hawaii General Excise Tax ("GET") Number: 3.4. 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: Other(s): Principal Stockholders: Name and Address % of Stock held (1)If a Partnership, please answer the following: 3.7. When and where organized: General or Limited Partnership: When registered in the State of Hawaii: ______

	Partners:	Name and Address			<u>Share</u>
	(1) (2) (3)				
3.8.	(4)				
	Where and when organized:				
	When registered in State of Hawaii:				
	List Names of Members/Owners/Managers/etc. (including titles and addresses):				
3.9.	ownership a business or o including the operation, as	and/or operation of operations, or relate number of years well as a recent (with the content)	a MFT Concess and business similars of experience, lithin the past 3 more	n of two-years' experiention, restaurant, food contact to that described in Illusiness name, business name, business of the vector concession Agreement described in the vector concession agreement desc	ncession, food catering FB No. SPH26-0103A, address, and dates of ehicle the bidder intends
3.10.	Provide evidence of the bidder's ability to procure mobile food equipment that will meet the minimum requirements of IFB No. SPH26-0103A. Attach any information sheet showing but no limited to design and specifications, anticipated costs, and bidder's financial means of procuring the equipment.				
3.11.				ed on a State of Hawai's	i contract/agreement or
3.12.	•	nesses owned and op	-	operation of any restaurar der ever been cancelled?	
3.13.	Has the bidd		for or found to	be in violation of City, r period? If yes, give det	•

- 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 Commercial General Liebility:		Agent	
	Automobile Liability:			
	Workers' Compensation:			
	Temporary Disability: Insurance:			
	Prepaid Health Care:			
	Unemployment Insurance:			
3.26.	Bidders may attach any other in	rmation they wish to further describe their qualif	ications.	
	dersigned swears that the foregoing to the best of his/her/its/their known	information and attached supporting documental ledge and belief.	ion are true and	
Dated	this day of	, 2025, at		
		Respectfully submitted,		
		Name of Bidde	Name of Bidder	
		Authorized Signa	ature*	
		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) 55.
On this da	y 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 f	foregoing instrument as the free act
and deed of such person, and i	f applicable in the capacity shown,
having been duly authorized t	o execute such instrument in such
capacity.	
Not	ary Public, State of Hawaii
My	commission expires: