OHA Informational Sheet

Office of Hawaiian Affairs
Procurement Unit
560 North Nimitz Highway Suite 200
Honolulu, Hawaii 96817

Dear Sir/Madam:

Re: POLICY ANALYST

The undersigned has carefully read and understands the terms and conditions specified in the Request for Quotes and hereby submits the following cost proposal and application packet to perform the work specified.

Cost Proposal Attached: ☐ Y ☐ N Total Proposal Cost: $_________

Vendor is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture
State of Incorporation: ☐ Hawaiʻi ☒ Other: ______________________
*If “Other”, is corporate seal available in Hawaii? ☐ Yes ☐ No

Exact Legal Name of Vendor:______________________________

Business Address: _______________________________________

City, State, Zip Code: _______________________________________

Hawaii General Excise Tax License I.D. Number: _______________

Social Security or Federal I.D number: _________________________

Vendor is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture
State of Incorporation: ☐ Hawaiʻi ☒ Other: ______________________
*If “Other”, is corporate seal available in Hawaii? ☐ Yes ☐ No

Respectfully Submitted:

__________________________________________________________________________

Authorized (Original) Signature                                           Date
Name (Print) ........................................ Title ........................................

State Department of Commerce and Consumer Affairs License Number: ____________________________

Interested Vendor(s) shall list below similar or identical workshops they have conducted for the community to address Native Hawaiian Customs

<table>
<thead>
<tr>
<th>Name of Workshop</th>
<th>Description of Workshop</th>
<th>Type of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.________________</td>
<td>______________________</td>
<td>____________________</td>
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<tr>
<td>2.________________</td>
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<tr>
<td>3.________________</td>
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</tbody>
</table>

Insurance coverage to be provided by:

Commercial General Liability: ____________________________

Name of Agent: ____________________________

Telephone Number: ____________________________

Worker Compensation: ____________________________

Automobile Insurance: ____________________________

Signature of Vendor: ____________________________

Date: ____________________________