OHA Informational Sheet

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

Dear Sir/Madam:

Re: RFQ HR 2016-09 - STANDARDIZATION OF JOB TITLES, DESCRIPTION OF POSITIONS AND COMPENSATION REVIEW FOR THE OFFICE OF HAWAIIAN AFFAIRS

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:  □ Hawai‘i  * □ Other: __________________________

*If “Other”, is corporate seal available in Hawai‘i?  □ 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:  □ Hawai‘i  * □ Other: __________________________

*If “Other”, is corporate seal available in Hawai‘i?  □ Yes  □ No
Respectfully Submitted:

_________________________________________  Date
Authorized (Original) Signature

_________________________________________
Name (Print)  Title

State Department of Commerce and Consumer  Affairs License Number:

Affairs License Number:

Interested Vendor(s) shall list below similar or identical work that demonstrated advance knowledge of the laws and practices relating to employee classification and compensation within a government setting.

<table>
<thead>
<tr>
<th>Name of Company</th>
<th>Description of Work</th>
<th>Type of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________</td>
<td>____________________</td>
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<tr>
<td>2. __________________</td>
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<td>3. __________________</td>
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Insurance coverage to be provided by:

Commercial General Liability: ________________________________

Name of Agent: ________________________________

Telephone Number: ________________________________

Worker Compensation: ________________________________

Automobile Insurance: ________________________________

Signature of Vendor: ________________________________

Date: ________________________________