ATTACHMENT E
OHA RFQ No. HLID-2015-01: REFERENCE VERIFICATION FORM

Designated Reference Verifier: ____________________________________________
(Any handwritten notes taken during reference verification are to be copied and included with this
Reference Verification Form)

Submitter: _____________________________________________________________
Date: _____________________________

Question numbers listed below correspond with questions numbers on Attachment A associated with
reference verification.

Knowledge of Culture

1. **Degree of Hawaiian Cultural Acumen**
   Listed Reference: ____________________________________________

   Do you acknowledge knowing the Submitter? _____ Yes; or _____ No

   What cultural art or practice has the Submitter participated in?
   _______________________________________________________________
   ___________________________________________________________________

   How many years of experience does the Submitter have in the cultural art or practice mentioned
   above? ___________________________________________________________

   How would you describe the Submitters proficiency at the mentioned cultural art or practice
   (Beginner; Intermediate; Advanced; Master)? ___________________________

2. **How many years of experience do you have working with Hawaiian cultural practitioners?**
   Listed Reference: ____________________________________________

   Do you acknowledge knowing the Submitter? _____ Yes; or _____ No

   How many years of experience does the Submitter have working with Hawaiian cultural
   practitioners? _______________________________________________________

   What kind of activities did the Submitter participate in with these Hawaiian cultural practitioners?
   ___________________________________________________________________

3. **Check which applies to your ability to use the Hawaiian Language**
   Listed Reference: ____________________________________________

   Do you acknowledge knowing the Submitter? _____ Yes; or _____ No
How would you describe the Submitter’s level of Hawaiian language use (No ability; Basic knowledge of greetings and words; Able to understand, but unable to converse; Fluent competency?)

Knowledge of Place

5. How many years of experience do you have caring for Hawaiian cultural sites or areas?
   Listed Reference: ____________________________

   Do you acknowledge knowing the Submitter? _____ Yes; or _____ No

   How many years of experience does the Submitter have caring for Hawaiian cultural sites?
   ____________________________

   Which cultural sites has the Submitter cared for in the past?
   __________________________________________
   __________________________________________
   __________________________________________

Community Outreach

21. How many years of experience do you or your organization has working with kūpuna?
   Listed Reference: ____________________________

   Do you acknowledge knowing the Submitter? _____ Yes; or _____ No

   How many years of experience does the Submitter have working with kūpuna?
   ____________________________

   Where has this kūpuna work primarily taken place?
   __________________________________________
   __________________________________________
   __________________________________________

22. Check which applies to you regarding the organization of public and/or community meetings.
   Listed Reference: ____________________________

   Do you acknowledge knowing the Submitter? _____ Yes; or _____ No

   How would you describe the Submitter’s experience organizing public and/or community meetings (No experience; Has organized a public and/or community meeting; Has organized multiple public and/or community meetings)?
   __________________________________________

   What were some of the more notable public and/or community meetings hosted by the Submitter?
   __________________________________________
   __________________________________________
When did these meetings occur? ______________________________________________________

Educational Programs

25. How many years of experience do you or your organization has implementing and arranging educational programs?
Listed Reference: ________________________________________________________________

Do you acknowledge knowing the Submitter? _____ Yes; or _____ No

How many years of experience does the Submitter have implementing and arranging educational programs? ________________________________________________________________

Where did these programs primarily occur at?
____________________________________________________________________________
____________________________________________________________________________

When did these programs primarily occur?
____________________________________________________________________________
____________________________________________________________________________