Informational Sheet

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

Dear Sir/Madam:

Re: NATIVE HAWAIIAN CULTURAL WORKSHOP FOR IWI PRESERVATION

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>
</tr>
<tr>
<td>2._______________________</td>
<td>______________________</td>
<td>____________________</td>
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<tr>
<td>3._______________________</td>
<td>______________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Insurance coverage to be provided by:

Commercial General Liability: __________________________________________________

Name of Agent: ________________________________________________________________

Telephone Number: ____________________________________________________________

Worker Compensation: _________________________________________________________

Automobile Insurance: _________________________________________________________

**Signature of Vendor:** _______________________________________________________

**Date:** ____________________________