

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: Hawai'i * 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: Hawai'i * 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

Name of Workshop	Description of Workshop	Type of Participants
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Insurance coverage to be provided by:

Commercial General Liability: _____

Name of Agent: _____

Telephone Number: _____

Worker Compensation: _____

Automobile Insurance: _____

Signature of Vendor: _____

Date: _____