

### 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:

\_\_\_\_\_  
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 work that demonstrated advance knowledge of the laws and practices relating to employee classification and compensation within a government setting.

Name of Company	Description of Work	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:** \_\_\_\_\_