ATTACHMENT A

Professional Services Submittal Identification and Information Form
Project Number PS D27-005

USDA ADMINISTRATIVE REVIEWS AND/OR PROGRAM REVIEWS FOR THE HAWAII STATE DEPARTMENT OF EDUCATION HAWAII CHILD NUTRITION PROGRAM

Directions: Please provide the following information.

Exact Legal Name of Offeror, including "dba" or "division" of a corporation (furnish the exact legal name of the entity under which an awarded contract, if any, will be executed):			
Address: Principal Place of Business (may not be a P.O. Box):			
Mailing Address (only if different):			
Payment Address (only if different)			
Offeror's Primary Contact Person: Name			
Title			
Telephone Number		Fax Number	
Email Address			
Federal Tax Identification Number:			
State of Hawaii General Excise Tax License Number:			
Type of Business Entity (check one):	☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Limited Liability Company ☐ Other _____		
Names of all Offeror's parent, affiliate and subsidiary organizations:			
Offeror is either:	☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR** ☐ A **Compliant Non-Hawaii business** incorporated or organized under the laws of the State of _____ on (date) _____, and, if applicable, registered with the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.		

ATTACHMENT B

Client Project Information
Project Number PS D27-005

USDA ADMINISTRATIVE REVIEWS AND/OR PROGRAM REVIEWS FOR THE HAWAII STATE DEPARTMENT OF EDUCATION HAWAII CHILD NUTRITION PROGRAM

Directions:

- Please provide information regarding recent projects and the names of a minimum of three (3) but no more than five (5) clients who may be contacted for whom similar project services were rendered. Project may be similar in size, scope, program or educational organization.
- Any supplemental information related to this project although not required, should be attached to the respective Attachment B, Client Project Information Form.

Name of Your Company:	
Name of Client:	
Name of Client Contact Person:	
Client's Phone Number:	
Date or period of project and/or service:	

Description of project/services rendered:

Other Information or comments:

☐ *check here if supplemental information related to this project is attached.*