ATTACHMENT A

Professional Services Submittal Identification and Information Form
Project No. PS D27-004

EXTERNAL EVALUATION SERVICES FOR FEDERAL GRANT COMPLIANCE

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):			
Local Office Address (only if different; may not be a P.O. Box):			
Firm's Primary Contact Person: Name			
Title			
Telephone Number		Fax Number	
Email Address			
Federal Tax Identification Number:			
State of Hawaii General Excise Tax License Number:			
Average number of employees over the past 5 years:			
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:			
If other than a Sole Proprietorship:	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 No. PS D27-004

EXTERNAL EVALUATION SERVICES FOR FEDERAL GRANT COMPLIANCE

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 services were rendered.
- Any supplemental information related to this project although not required, should be attached to the respective Attachment B, Client Project Information sheet.

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

Description of project/services rendered:

Other Information or comments:

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