

1. QUESTIONNAIRE FOR FACILITIES INFORMATION TECHNOLOGY SERVICES

FIRM NAME		ESTABLISHED YEAR STATE	TYPE OF ORGANIZATION (Underline)		
			INDIVIDUAL	PARTNERSHIP	CORPORATION
			JOINT VENTURE	OTHER	
BUSINESS ADDRESS, TELEPHONE & FAX NO. OF HAWAII OFFICE			AGE OF FIRM	FEDERAL ID NO.	YEARS ESTABLISHED IN HAWAII
PRINCIPALS OF FIRM: (NAMES)			ASSOCIATE MEMBERS OF FIRM: (NAMES)		
PRESENT BRANCH OFFICE (s): (ADDRESS, TELEPHONE & FAX NO.)			PERSON IN CHARGE: (NAMES)		

PRESENT/COMPLETED PROJECTS IN WHICH YOUR FIRM IS/WAS DESIGNATED THE PRIME CONSULTANT (BY TYPE)

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

TYPE:					
YEAR	NAME, DESCRIPTION, AND LOCATION OF THE PROJECT	NAME OF PROJECT LEAD	NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER	ESTIMATED PROJECT COST (\$)	DURATION OF PROJECT

PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES WITHIN YOUR FIRM

NAME				RESIDENT OF				NAME				RESIDENT			
TITLE (PRESIDENT, PROJECT MANAGER, PROGRAMMER, ETC.)								TITLE (PRESIDENT, PROJECT MANAGER, PROGRAMMER, ETC.)							
YEARS OF EXPERIENCE		AS PRINCIPAL IN THIS FIRM		AS PRINCIPAL IN OTHER FIRMS		OTHER THAN PRINCIPAL		YEARS OF EXPERIENCE		AS PRINCIPAL IN THIS FIRM		AS PRINCIPAL IN OTHER FIRMS		OTHER THAN PRINCIPAL	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)								EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)							
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS								MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS							
CERTIFICATION (TYPE, YEAR, STATE)								CERTIFICATION (TYPE, YEAR, STATE)							
NAME				RESIDENT OF				NAME				RESIDENT OF			
TITLE (PRESIDENT, PROJECT MANAGER, PROGRAMMER, ETC.)								TITLE (PRESIDENT, PROJECT MANAGER, PROGRAMMER, ETC.)							
YEARS OF EXPERIENCE		AS PRINCIPAL IN THIS FIRM		AS PRINCIPAL IN OTHER FIRMS		OTHER THAN PRINCIPAL		YEARS OF EXPERIENCE		AS PRINCIPAL IN THIS FIRM		AS PRINCIPAL IN OTHER FIRMS		OTHER THAN PRINCIPAL	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)								EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)							
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS								MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS							
CERTIFICATION (TYPE, YEAR, STATE)								CERTIFICATION (TYPE, YEAR, STATE)							