

ATTACHMENT A

**Professional Services Submittal Identification and Information Form
Project No. PS D17-004**

EXTERNAL EVALUATION SERVICES FOR FEDERAL GRANT COMPLIANCE

Directions: Please provide the following information.

Exact Legal Name of Applicant, 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):	
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 PO Box):	
Applicant's Primary Contact Person:	Name/Title: _____ Telephone/Fax No.s: _____ e-mail address: _____
Federal Tax Identification Number:	
State of Hawaii General Excise Tax License Number:	
Average # of employees over the past 5 years:	
Type of Business Entity (check one):	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____
If other than a Sole Proprietorship:	Applicant is either: <input type="checkbox"/> A Hawaii business incorporated or organized under the laws of the State of Hawaii; OR <input type="checkbox"/> A Compliant Non-Hawaii business incorporated or organized under the laws of the State of _____, and registered with the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii. Date of incorporation/organization: _____ All state(s) where Applicant is authorized to transact business: _____ _____ Names of all Applicant's parent, affiliate and subsidiary organizations: _____ _____

ATTACHMENT B

**Client Project Information
Project No. PS D17-004**

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:	
<i>Name of Client:</i>	
<i>Name of Client Contact Person:</i>	
<i>Client's Phone Number:</i>	
<i>Date or period of project/service:</i>	
<i>Description of project/services rendered:</i>	
<i>Other Information or comments:</i>	
<input type="checkbox"/> <i>check here if supplemental information related to this project is attached.</i>	