

**APPLICANT FORM
AF-1**

**HI GROWTH CONNECT AND NETWORK SPONSORSHIP
STATE OF HAWAII
HAWAII STRATEGIC DEVELOPMENT CORPORATION
RFP-16-001-HSDC**

Procurement Officer
Hawaii Strategic Development Corporation
State of Hawaii
Honolulu, Hawaii 96804

Dear HSDC:

The undersigned has carefully read and understands the terms and conditions specified in the RFP, and in the General Conditions, by reference made a part hereof and available upon request; and hereby submits the following application to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this application, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Applicant is:

- Sole Proprietor Partnership *Corporation Joint Venture
 Other _____

*State of incorporation: _____

Hawaii General Excise Tax License I.D. No. _____

Payment address (other than street address below): _____
City, State, Zip Code: _____

Business address (street address): _____
City, State, Zip Code: _____

Date: _____

Respectfully submitted:

Telephone No.: _____

(x) _____
Authorized (Original) Signature

Fax No.: _____

E-mail Address: _____

Name and Title (Please Type or Print)
**

Exact legal name of Company (Applicant)

**If Applicant is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:



SPONSORSHIP APPLICATION, AF-2

Thank you for your interest in seeking sponsorship support from the HI Growth Connect and Network Program. Please complete **all items** on this application form, sign and return to: Hawaii Strategic Development Corporation, Attn: Karl Fooks, 250 South Hotel Street #508, Honolulu, Hawaii 96813. After committee review, notice of sponsorship award or decline will be provided by email within an estimated 3 weeks of submission of application or 7 working days prior to start of Program, whichever is earlier. A delay in this process may occur if there are questions about the application, missing information, or a need to discuss the request with the Applicant.

If you have any questions, contact karl.fooks@dbedt.hawaii.gov, or call (808) 587-3830 and reference HI Growth Connect and Network Program (RFP-16-001-HSDC).

Date of Application: _____

A. APPLICATION INFORMATION

Name of Program:	
Date(s):	
Location(s):	
Amount Requested:	
Name of Contact:	
Title:	
Lead Organization:	
Address:	
☎ Daytime Phone:	
✉ E-Mail Address:	

B. PROGRAM OVERVIEW

1. Please describe the Program, including its purpose and intended audience.

SPONSORSHIP APPLICATION, AF-2

C. PROGRAM ALIGNMENT WITH CAN MISSION

1. Describe how the Program aligns with the CAN mission to expose Hawaii's high-growth businesses to potential customers, partners and/or investors that can help those businesses to further grow and scale.

2. Does the Program address an unfulfilled need in the community? Please explain.

D. CAN PRIORITY AREA(S) ADDRESSED

1. Describe how the Program addresses at least one of the CAN Priority Areas.

2. How many participants do you expect? How will you market your program to these participants?



SPONSORSHIP APPLICATION, AF-2

E. SPONSORSHIP OBJECTIVES

1. Describe how the Program will create public awareness and support for the innovation sector, the Startup Paradise brand and the HI Growth Initiative.

2. List confirmed and invited speakers, partners, participating organization and sponsors, including amounts raised to-date.

3. Will this be a recurring Program? Please describe how you plan to sustain the Program over time (i.e., sponsorships/donations, grants, revenue).

F. APPLICANT QUALIFICATIONS

1. Describe your organization and involvement in the community.

SPONSORSHIP APPLICATION, AF-2

2. Describe your past experience in organizing or hosting programs similar to what's being proposed.

3. How does your organization's mission align with CAN?

4. Describe the additional steps you must take to produce the Program.

G. BUDGET

1. Please provide a detailed budget of the Program, including all cost and revenue items (i.e., ticket sales, other sponsorships). Please note if any cost items are being contributed as in-kind.



SPONSORSHIP APPLICATION, AF-2

H. OTHER

1. Please provide any Supplemental Information and marketing materials/drafts for the Program.

Please also submit with this application:

- ✓ Completed AF-1 form.
- ✓ Evidence of compliance w/ all State laws via HCE Certificate. See Sections 5.02 and 5.13 of the RFP.