**HAWAI‘I TOURISM AUTHORITY**

**RFP 21-05 Destination Marketing Management Services Oceania MMA**

**APPLICANT INFORMATION FORM**

Date Submitted: Choose a date.

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| **ORGANIZATION INFORMATION (Must Be Completed)** |
| 1. Organization Name (Must match Certificate of Vendor Compliance): |
| 2. Street Address: |
| 3. Mailing Address: |
| 4. Federal Taxpayer ID No: |
| 5. State Taxpayer ID No: |
| 6. State Incorporated in (or agency of): |
| 7. Type of Organization (Non-Profit, For-Profit or Government Entity): |
| 8. Type of For-Profit (LLC, Partnership, etc.): |
| 9. Company Website: |

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| **Requirements (All items must be provided)** |
| 1. Proposal |
| 2. Certificate of Vendor Compliance (Due to COVID-19 safety issues, Compliance status updates may be delayed. Applicants must include evidence that they currently possess or have filed for a Certificate of Vendor Compliance (CVC) by June 30, 2020.) |
| 3. W9 or W8 |
| 4. Blank Sample Invoice |
| 5. Any additional attachments (please provide details): |

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| **CONTACT INFORMATION (Must Be Completed)** |
| 17. **Primary RFP Contact Person**: (This is the person to whom HTA will send award notices, debriefing letters, and any RFP-related requests. Only one contact person allowed per application.)  Name:  Title:  Phone:  Company email: |
| 18. **Primary PROJECT Contact Person**: (This will be the HTA’s main contact if you are awarded a contract. Please list only one. Contractor will have the opportunity to provide additional contacts once contract is executed.)  Name:  Title:  Phone:  Company email: |