**HAWAI‘I TOURISM AUTHORITY**

**RFP 21-09 Hawai‘i Cruise Industry Consultant Services**

**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)** |
| [ ]  Proposal |
| [ ]  Certificate of Vendor Compliance |
| [ ]  Application Form |
| [ ]  W9 |
| [ ]  Blank Sample Invoice |

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| **CONTACT INFORMATION (Must Be Completed)** |
| 17. **Primary RFP Contact Person**: (Person to whom HTA will send notices and any RFP-related requests. Please list only one.) Name:       Title:      Phone:      Company email:       |
| 18. **Primary PROJECT Contact Person**: (HTA’s main contact if you are awarded a contract. Please list only one.) Name:       Title:      Phone:      Company email:        |