**HAWAI‘I TOURISM AUTHORITY**

**RFP 21-11 Visitor’s Satisfaction and Activity Survey for CY 2021-2023**

**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: |