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| Color State Seal - Large | **SUBCONTRACTOR REFERENCES (If applicable)**  To be completed by the Offeror. | |
| **PROVIDER INFORMATION** | | |
| 1. Name of Provider | | 2. Solicitation Reference Number  **RFP 23-01** |

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| **SUBCONTRACTOR INFORMATION** | | | | | | |
| 3. Organization Name | | | | 4. Organization Address | | |
| 5. Project Name | | | | 6. Subcontract Dates  Start:  End: |  | 7. Contract Value in $USD |
| 8. Contact  Name/Title:  Email:  Phone: | | | | 9. Type of Good or Service | | 10. Type of Contract (e.g., Fixed Price) |
| 11. Entity Type | 12. Federal Tax ID # (FEIN) | 13. Hawai‘i Tax ID # |  |  |  | |
| 14. Scope of Services to be Rendered: | | | | | | |
| 15. Competitive Selection Information on the competitive selection criteria and process, including summary information on the qualifications and experience of the selected individual or firm. | | | | | | |
| 16. Rationale of Subcontractor Selection: Rationale of why subcontractor was selected, including qualifications to provide the goods or services and information used to determine the reasonableness of the subcontract amount | | | | | | |
| 17. Confidential Information: Describe HTA confidential information shared with subcontractor is protected from unauthorized release, if applicable | | | | | | |
| 18. Intellectual Property: Information on intellectual property (work for hire, licensed, etc.) and how the HTA's interest in the intellectual property is protected, if applicable | | | | | | |