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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 DatesStart:End: |  | 7. Contract Value in $USD |
|  8. ContactName/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 SelectionInformation 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 |