**STATE OF HAWAI‘I**

**STANDARD QUALIFICATIONS QUESTIONNAIRE**

**FOR OFFERORS**

**Issued by the**

**HAWAI‘I TOURISM AUTHORITY**

**In compliance with the PROCUREMENT POLICY BOARD**

**To be filed with the procurement officer calling for offers**

**In accordance with Section 103D-310 HRS, as amended.**

RFP# and Title:

Company/Org. Name:

Person submitting:

Title:

Date:

**STANDARD QUALIFICATIONS QUESTIONNAIRE**

Covering experience, and financial statement of offerors. The officer calling for offers may require the offeror to furnish additional information not specifically covered herein. All items must be answered and omissions may be considered good cause for unfavorable consideration.

**GENERAL INFORMATION**

1. The statements contained in this Questionnaire are being furnished for consideration in submitting an offer for the following project:
	1. RFP# and Title:
2. The Questionnaire is being submitted on behalf of:
	1. Name of Organization:
	2. Entity Type (Corp, Partnership, etc.):
	3. Address:
	4. Telephone:
	5. Email:
	6. RFP Contact:
3. If the bid is submitted by a joint venture, composed of two or more individual firms, then each member firm comprising the joint venture must submit their own separate Qualifications Questionnaire:
	1. Members of joint Venture:
	2. Date of Joint Venture Agreement:
	3. Is agreement between members comprising the joint venture and several liability?

If not, state the terms of agreement in this respect:

**EXPERIENCE**

Company/Org. Name:

Principal Officer:

Date:

**The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to**

**interrogatories hereinafter made**

1. How many years has your organization been in business in this capacity under your present business name?
2. How many years of experience in destination brand marketing and management has your organization had in services related to those in the RFP?

1. List the last five (5) major projects your organization has completed in the past five (5) years or fewer. Include the following for each: a) Buyer, b) Approximate contract amount, c) Brief description of work, d) When completed, e) Buyer contact information.
2. In what other lines of business are you financially interested?
3. For what government agencies within the State of Hawai‘i, if any, have you performed?
4. For what government agencies, either in Hawai‘i or elsewhere, have you performed work and when?
5. List the experience of the principal individuals who would be assigned to this contract. Include
6. Individual’s Name:
7. Current Position:
8. Position they would hold under this contract:
9. Years of work experience in destination brand marketing and management:

**FINANCIAL STATEMENT**

Company/Org. Name:

Name and Title of Preparer:

Date:

BALANCE SHEET

As of (date)

**Assets**

|  |  |
| --- | --- |
| Current assets: | Amount in USD |
| Cash and cash equivalents (1)  |  |
| Short-term investments (2) |  |
| Accounts receivable, net (3) |  |
| Inventories (4) |  |
| Costs and estimated earnings in excess of billings on uncompleted contracts (5) |  |
| Prepaid expenses and other (6) |  |
| Sub-Total Current Assets |  |
|  |  |
| Property and equipment: |  |
| Land (7) |  |
| Buildings (8) |  |
| Vehicles, machinery and equipment (9) |  |
| Furniture and fixtures (10) |  |
| Less accumulated depreciation |  |
| Sub-Total Net Property and Equipment |  |
|  |  |
| Other assets: |  |
| Cash surrender value of life insurance policies (11) |  |
| Deposits and other (12) |  |
| Sub-Total Other Assets |  |
|  |  |
| Total Assets:  |  |

BALANCE SHEET (continued)

Liabilities and Stockholder’s Equity

|  |  |
| --- | --- |
| Current liabilities: | Amount in USD |
| Current portion of long-term debt (1)  |  |
| Accounts payable (2) |  |
| Billings in excess of costs and estimated earnings on uncompleted contracts (3) |  |
| Accrued liabilities and other (4) |  |
| Sub-Total Current Liabilities |  |
|  |  |
| Long-term debt, net of current portion (5)  |  |
|  |  |
| Sub-Total Liabilities & Long-term Debt:  |  |
|  |  |
| Stockholder’s equity: |  |
| Capital stock (6) |  |
| Additional paid-in capital (7) |  |
| Retained earnings |  |
| Treasury stock (8)  |  |
| Sub-Total Stockholder’s Equity  |  |
|  |  |
| Total Liabilities and Stockholder’s Equity  |  |

## STATEMENTS OF INCOME AND RETAINED EARNINGS

### For the Years Ended , 20 and 20

20 20

Contract revenues $ $

Costs of contracts

Gross income from contracts

General and administrative expenses Income from operations

Other income (expense) Income before income taxes

|  |  |  |
| --- | --- | --- |
| Income taxesNet income |   |   |
| Retained earnings, beginning of the year |   |   |
| Retained earnings, end of the year | $  | $  |

|  |  |
| --- | --- |
| If a corporation, answer this:Capital paid in cash, $ When Incorporated In what State Date registered in Hawaii President's name Vice-President's name Secretary's name Treasurer's name  | If a partnership, answer this:Date of organization Date registered in Hawaii State whether partnership is general or limited  |
| Name and address of partners: | Age |

**The undersigned hereby declares: that the foregoing is a true statement of the financial condition of the individual, partnership or corporation herein first named, as of the date herein first given; that this statement is for the express purpose of inducing the party to whom it is submitted to award the offeror a contract; and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.**

**N OT E : A partnership must give firm name and signatures of all partners. A corporation must give full corporate name, signature of official, and affix corporate seal.**

**Affidavit for Individual**

STATE OF HAWAII

COUNTY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 being duly sworn, deposes and says that the foregoing financial statement, taken from his books, is a true and accurate statement of his financial condition as of the date thereof and that the answers to the foregoing interrogatories are true.

 (Applicant must also sign here)

Sworn to before me this

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_

 Notary Public

**Affidavit for Partnership**

STATE OF HAWAII

COUNTY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 being duly sworn, deposes and says that he is a member of the firm of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and that he is familiar with the books of the said firm showing its financial condition: that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and that the answers to the foregoing interrogatories are true.

 (Members of firm must also sign here)

Sworn to before me this

 day of 20\_\_\_\_\_

 Notary Public

**Affidavit for Corporation**

STATE OF Hawai‘i

COUNTY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 being duly sworn, deposes and says that he is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the corporation described in and which executed the foregoing statement; that he is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof and that the answers to the foregoing interrogatories are true.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Officer must also sign here)

Sworn to before me this

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public