**APPLICANT INFORMATION – SIGNATURE EVENTS PROGRAM**

Date Submitted: Choose a date. (Use drop down box, select date)

|  |
| --- |
| 1. **PROJECT INFORMATION** |
| 1. Project Title: |
| 2. Project Start and End Dates. If the project is an event/festival, list date(s): |
| 3. Project Location/s: |
| 4. Budget Information:  a. Amount Requested:    b. Total Estimated Budget for Entire Project: |
| 5. Project Description: (Provide a brief description of the major elements of this project.) 800 Character Limit |
| 6. Classify How Funds will be Used:  Development/Implementation of Project and/or  Marketing of Project  New Project or  Established Project |
| 7. Has this Project Received HTA Funds in the Past?  Yes  No  If yes, how much (please list most recent 2 years)? |

|  |
| --- |
| 1. **ORGANIZATION INFORMATION** |
| 6. Applicant (Legal Business name): |
| 7. Street Address: |
| 8. Mailing Address: |
| 9. City / State / Zip: |
| 10. Website Address/es, if available: |
| 11. Federal Taxpayer ID No: |
| 12. State Taxpayer ID No: |
| 13. Project Location/s:  Statewide  O‘ahu  Hawai‘i Island  Maui  Kaua‘i  Moloka‘i  Lāna‘i  Provide specific location/s: |
| 14. Applicant is a (check one):  Non-profit  Government Entity |
| 15. Registered/Licensed in the State of: |

|  |
| --- |
| 1. **CONTACT INFORMATION** |
| 16. **Primary RFP Contact Person**: (This is the person to whom HTA will send award notices, debriefing letters, and any RFP-related requests. Only one contact person allowed per application.)  Name:  Title:  Phone:  Company email: |
| 17. **Primary PROJECT Contact Person**: (This will be the HTA’s main contact if you are awarded a contract. Please list only one. Contractor will have the opportunity to provide additional contacts once contract is executed.)  Name:  Title:  Phone:  Company email: |
| 18. **Promotional Contact Person**: (This is the person you would like to list on promotional materials for more information about your project/festival/event (this can be the event organizer or a person designated to answer questions about the project.))  Name:  Title:  Phone:  Company email: |

|  |
| --- |
| 1. **Check payable and Remittance Address** |
| 20. Must be authorized to receive and dispense HTA funds:  If same as above, check here  Applicant Legal Name:  Address: |

**REQUIRED CERTIFICATION (Must be completed to be considered):**

*\* You may print, sign and scan the RFP Signature Events Program Application & Proposal Form or electronically sign by converting the document to a PDF and then electronically sign.*

The undersigned authorized official acknowledges and certifies that the information contained in this proposal and application is true and correct to the best of my knowledge, has been duly authorized by the governing body of the organization. I also acknowledge that the Proposal is considered firm for one hundred twenty (120) days after the proposal’s due date.

**Signature of Authorized Official**

Choose a date.

**Print Name / Title Date**

**PROPOSAL**

|  |
| --- |
| 1. **PROJECT COMPONENTS (1-50 points)** |

1. OVERVIEW OF PROPOSED PROJECT: Provide an overall work plan with estimated timeline for the project implementation, including: a) Program Dates, b) Location(s), c) Identify the Need, d) Target Audience, e) Expected Participants, f) Major Elements of the Program. Evaluators should be able to determine from looking at the timeline the applicant’s comprehensive understanding of all the elements involved in putting on the project and the reasonableness of the time and resources needed to execute it successfully
2. PROJECT’ S OBJECTIVES: Describe how the proposed project meets the objectives of the Signature Events Program found in the RFP?
3. EXECUTABLE MARKETING, COMMUNICATIONS & PROMOTIONAL PLAN: Describe your marketing & communications activities to attract the right target audiences(s), including residents and pre- and post- arrival visitors nationally and internationally that will achieve participation goals. How do you intend to reach the target audience to attend your project? Be specific (e.g., use of social media, use of advertising, use of public relations, other promotional efforts) and include anticipated media exposure, and as many details as possible. It should include the activities/tasks you will undertake to increase the exposure and overall participation. Demonstrate how there is sufficient reach, frequency, and other measures to be effective. Activities should be timed appropriately to affect awareness, consideration and conversion of audience.
4. MEDIA EXPOSURE AND ASSETS: Describe what media assets will be provided to HTA, which highlight the Hawaiian Islands through your event, such as on air, on site, and online. For example:
   1. Who will broadcast event
   2. On what platforms will the event be broadcast (on air/live, tape delay, streamed)
   3. To what countries will the eent be broadcast
   4. To what markets in the continent will the event be broadcast
   5. Date and time slots which the event will be broadcast and re-broadcast (primte time positioning is desirable)
   6. Number of commercial spots
   7. Vignettes and bumpers featuring unique attrib utes of each Island
   8. Online initiatives
   9. On site initiatives
   10. PR components
   11. Other advertising and promotions
5. HIGHLIGHTING HOST CULTURE: Describe how you will highlight the host culture through the event using ʻōlelo Hawaiʻi, support of cultural practitioners, and engagement with the Hawaiian community.
6. HIGHLIGHTING STATE’S DIVERSITY: Describe how you will highlight unique attributes of Hawaiʻi during the event(s). Proposed event(s) must highlight the unique attributes of the Islands of Hawaiʻi (Kauaʻi, Oʻahu, Maui, Molookaʻi, Lānaʻi, Hawaiʻi), natural resources, culture, activities, attractions, and other events.
7. RISK ASSESSMENT & MANAGEMENT: Describe the challenges, obstacles, or threats to the successful delivery of the proposed project and the risk management plan you will put in place to ensure a successful outcome. What measures will be taken and be in place to provide a safe environment. What will trigger you to cancel your in-person event (if your project is an event/festival)?

|  |
| --- |
| 1. **PROJECT IMPACT (1-20 points)** |
| The indicators of success should reflect measures that can be reliably and accurately attained, and that demonstrate a successful project, as articulated in the proposal outline. While some measures may be qualitative, please provide detailed quantifiable values where possible. Additional measures are encouraged and should relate to one or more of the objectives for the Signature Events Program as described above in Section II. of this solicitation. (Please review the rubric included in the RFP to understand how your applicated will be measured.)  These are the Key Performance Indicators (KPIs) that you are responsible for reporting:  a. Satisfaction level of attendees (majority are satisfied; likelihood to return)  b. Number of on-island residents attending and/or participating in the proposed project  c. Number of neighbor island residents attending and/or participating in the proposed project  d. Number of out-of-state visitors attending and/or participating in the proposed project detailed by the U.S.  state and international country  e. Economic Impact  f. TV and Digital Impressions |
| B.1 Please identify the 2023 targets, actuals for most recent year for the   |  |  |  | | --- | --- | --- | | **Satisfaction Level** | **2023 Expected Goal** | **Most Recent Actual Figures (Specify Year:**     **)** | | Percentage of attendees who are satisfied |  |  | | Percentage who are likely to return to the project in the future |  |  |  |  |  |  | | --- | --- | --- | | **Attendance** | **2023 Expected Goal** | **Most Recent Actual Figures (Specify Year:**     **)** | | No. of on-island residents attending and/or participating in the proposed project |  |  | | No. of neighbor-island residents attending and/or participating in the proposed project |  |  | | No. of out-of-state visitors attending and/or participating in the proposed project detailed by U.S. |  |  | | No. of out-of-state visitors and/or participating in the proposed project detailed by international country |  |  |  |  |  |  | | --- | --- | --- | | **Media** | **2023 Expected Goal** | **Most Recent Actual Figures (Specify Year:**     **)** | | Digital Impressions |  |  | | TV Impressions |  |  | | Print Impressions |  |  | |  |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | | **Economic Impact to the State** | **2023 Expected Goal** | **Most Recent Actual Figures (Specify Year:**     **)** | |  |  |  |  |  |  |  | | --- | --- | --- | | **Applicant’s Proposed Measures of Success** | **2023 Expected Goal** | **Most Recent Actual Figures (Specify Year:**     **)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| B.2. Describe how the data will be collected. What kind of surveys will be administered? How will attendance be tracked and verified? What will be the source of your media and other proposed metrics? (max 4,000 characters) |

|  |
| --- |
| 1. **ORGANIZATION CAPACITY (1-10 points)** |
| Ability to produce, implement and execute the project, demonstrated success, expertise, and past performance**.** |
| A. QUALIFICATIONS OF ORGANIZATION: Provide a description of the organization, its qualifications and experience specifically related to the proposed project. (max 2,000 characters) |
| B. PROJECT TEAM: Describe the qualifications and expertise of the project team. Identify the lead individuals responsible for implementing the project. (max 2,000 characters) |

**BUDGET NARRATIVE**

|  |
| --- |
| **Budget Narrative Form (1-20 points) (Must Be Filled Out Along with the Itemized Budget Form.)** |
| Provide a detailed description of the proposed budget for your project, describing what the requested funds will be used for, including all major expenses. Refer to the “*Itemized Budget Form*” to describe each category and itemized line items. Ensure you outline how your organization will obtain its Matching Funds. (max 10,000 characters) |