**REQUEST FOR PROPOSALS FESTIVAL & EVENTS JANUARY - APRIL 2023**

**APPLICANT INFORMATION & PROPOSAL FORM**

**APPLICANT INFORMATION**

Date Submitted: Choose a date.

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| **I. 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: |
| 1. Budget Information:    1. Amount Requested:    2. Total Estimated Budget for Entire Project: |
| 1. Project Description: (Provide a brief description of the major elements of this project.) 800 Character Limit |
| 1. 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)? |

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| **II. ORGANIZATION INFORMATION** |
| 6. Applicant (Legal Business name): |
| 7. Street Address: |
| 8. Mailing Address: |

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| 9. City / State / Zip: |
| 10. Website Address/es, if available: |
| 11. Federal Taxpayer ID No: |
| 12. State Taxpayer ID No: |
| 13. Project Location/s:  Hawai‘i Island location/s: |
| 14. Applicant is a (check one):  Non-profit  Government Entity |
| 15. Registered/Licensed in the State of: |

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| **III. 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: |

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| **IV. NICHE MARKET** |
| 1. Choose **ONE** Niche only:   Agricultural Tourism Educational Tourism  Culinary Tourism  Nature Tourism Health and Wellness Tourism  Sports Tourism  Cultural Tourism  Voluntourism |

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| **V. 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 CEP 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**

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| **I. PROJECT COMPONENTS (1-50 points)** |
| A. OVERVIEW OF PROPOSED PROJECT: Describe the proposed project, including the project’s history and major activities. How does the proposed project provide for an innovative, new solution? (max 3,000 characters) |
| B. PROJECT’ S OBJECTIVES: Describe how the proposed project meets the objectives of the Community Enrichment Program? (max 2,000 characters) |
| C. COMMUNITY NEED/RATIONALE: Identify the project’s relationship to the community and how it fulfills the needs of the community. How does the proposed project improve or enhance the current situation? Identify all entities that support or are directly involved in the project. Letters from community organizations and businesses acknowledging this relationship are encouraged. (max 2,000 characters) |
| D. 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. Please also describe how you will prepare your program/event to keep your customers/attendees/staff safe in the time of COVD-19. 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)? (max 5,000 characters) |
| MARKETING & COMMUNICATIONS PLAN: Describe your marketing & communications activities to attract target audiences(s), including residents and pre- and post- arrival visitors. Show the ability to reach the right target audiences to ensure visitor and resident attendance and/or participation goals. 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. Provide specific examples of past activities and performance, if applicable.  E. Who is your target audience and why? (max 1,500 characters) |

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| **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 |  |  |

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| F. 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). Provide specific examples of past activities and performance. Identify specific visitor-related marketing and promotional efforts. (max 4,500 characters) |
| G. WORK PLAN/TIME LINE: Provide an overall work plan with estimated timeline for the project implementation, including a) start dates, b) completion dates, c) description of activity and completion of major milestones in the project. 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. (max 8,000 characters) |
| **II. 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 CEP as described above in Section II. of this solicitation.  These are the Key Performance Indicators (KPIs) that you are responsible for reporting:   1. Satisfaction level of attendees (majority are satisfied; likelihood to return) 2. Number of on-island residents attending and/or participating in the proposed project 3. Number of neighbor island residents attending and/or participating in the proposed project 4. Number of out-of-state visitors attending and/or participating in the proposed project detailed by the U.S. state and international country |
| B.1 Please identify the 2023 targets, actuals for most recent year for the |

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|  | **Attendance** | | **2023 Expected Goal** | **Most Recent Actual Figures (Specify Year: )** | |  |
|  | No. of on-island residents attending and/or participating in the proposed project | | Click or tap here to enter text. | Click or tap here to enter text. | |  |
|  | No. of neighbor-island residents attending and/or participating in the proposed project | | Click or tap here to enter text. | Click or tap here to enter text. | |  |
|  | No. of out-of-state visitors attending and/or participating in the proposed project detailed by U.S. | | Click or tap here to enter text. | Click or tap here to enter text. | |  |
|  | No. of out-of-state visitors and/or participating in the proposed project detailed by international country | | Click or tap here to enter text. | Click or tap here to enter text. | |  |
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|  | **Applicant’s Proposed Measures of Success** | **2023 Expected Goal** | | | **Most Recent Actual Figures (Specify Year:** **)** |  |
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| 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) | | | | | | |

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| **III. 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**

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| **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. (max 10,000 characters) |