**REQUEST FOR PROPOSALS:**

**EAST MAUI TOURISM MANAGEMENT PILOT PROGRAM**

**APPLICANT INFORMATION**

**APPLICANT INFORMATION**

Date Submitted: Choose a date.

|  |
| --- |
| **I. PROJECT INFORMATION** |
| 1. Project Title: |
| 2. Project Location/s:  Nāʻiliʻilhaele Stream (Bamboo Forest)  Waikamoi Falls  Kaihalulu  Waiʻoka  Honolewa (South Wailua Falls) |
| 3. Which elements of the program are you applying for (check all that apply):  Program Launch Services  Site Coordinator Management  Create Community-Supported Messaging to Visitors  Gather Data for Resident Satisfaction Survey  Gather Hot Spot Data |
| 4. Project Description: (Provide a brief description of the major elements of this project.) |

|  |
| --- |
| **II. ORGANIZATION INFORMATION** |
| 5. Applicant (Legal Business name): |
| 6. Moku your organization is based:  Koʻolau  Hāna  Kīpahulu  Kaupō  Kahikinui |
| 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. Registered/Licensed in the State of: |

|  |
| --- |
| **III. CONTACT INFORMATION** |
| 16. **Primary RFP Contact Person**: (This is the person to whom MVCB 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 MVCBʻs 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: |

|  |
| --- |
| **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 Application 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**

Click or tap to enter a date.

**Print Name / Title Date**