Department Control No.

Click here to enter

**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**

**DEPARTMENTAL NOTIFICATION OF VENDOR SELECTED**

(for BU1 and/or BU10-type work)

Please submit this form electronically to DHRD at [dhrd.eccd.recs@hawaii.gov](mailto:dhrd.eccd.recs@hawaii.gov) within 5 working days after the contract has been awarded. One form must be submitted for each vendor, if there are multiple vendors.

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| **PART I** |
| DHRD Request No: Click here to enter | |

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| **PART II** |
| Department: Click here to enter. Division: Click here to enter. | |
| Name & Phone No. of Contact Person: Click here to enter. | |

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| **PART III** |
| Name of Vendor: Click here to enter. | |
| Period of Service: From Click here to enter a date. To Click here to enter a date. | |
| Contract Cost for this Period of Service: Click here to enter. | |
| Does this contract include an option to extend?  Yes  No  If yes, what is the number of extension periods? Click here to enter. | |