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 within 14 working days after the contract has been awarded. One form must be submitted for each vendor, if there are multiple vendors.

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

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

|  |
| --- |
| **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 [ ]  NoIf yes, what is the number of extension periods? Click here to enter. |