*Date:*

**Shanetta Kemple**

Business Opportunity Specialist
Washington Metropolitan Area District Office
409 3rd Street, SW, 2nd Floor

Washington, DC 20416
U.S. Small Business Administration
Office: (202) 205-6602
Cell: (202) 431-9524

Deliver to: DCOfferletters@sba.gov, CC: shanetta.kemple@sba.gov

SUBJECT: *Enter the name of the contract/ requirement*

Ms. Kemple,

*Agency Name* would like to enter into a sole source contract with Hilo Enterprises LLC and requests your approval. Hilo Enterprises LLC is an SBA certified 8(a) Native Hawaiian Organization (NHO) owned small business.

Hilo Enterprises LLC’s corporate information is contained in the following table.

|  |  |
| --- | --- |
| **Cage Code:** | 8C3Y9 |
| **UEI #:** | PYK5RBMY2MA7 |
| **DUNS #:** | 117057129 |
| **8(a) Case #:** | C00gGH |
| **8(a) Exit Date:** | 02/18/2030 |
| **Hilo Enterprises LLC Points of Contact:** | Daniel Marquardtdaniel@hilo8a.com(703) 657-7844 | Erik Boonstraerik.boonstra@hilo8a.com(951) 475-4911 |

The enclosed document contains all pertinent information required by the SBA as well as the Statement of Work (SOW). If you have any questions, please contact me directly.

Sincerely,

*Signature*

*Name, Title*
Phone:
Email:

***Enter the name of the contract/ requirement***

**SUMMARY OF PROJECT**

**1. Description of the work to be performed.** *Enter the overall description of the contract/requirement. One or two paragraphs are all that is needed. Describe what support HILO will provide the government.*

**2. The estimated period of performance (including all options):**

*Base Period: <Start Date> to <End Date>*

*Option Period 1: <Start> to <End>*

*Option Period 2: <Start> to <End>*

*Option Period 3: <Start> to <End>*

*Option Period 4: <Start> to <End>*

**3. The NAICS code that applies to the principal nature of the acquisition:** *Enter NAICS Code*

**4. The anticipated dollar value of the requirement, including options, if any:** *Enter the total requirement dollar amount to include all options $000,000*

**5. Any special restrictions or geographical limitations on the requirement:** There are no special restrictions or geographical limitations on this requirement.

**6. The location of the work:** *Enter the work location. If this is off-site work then enter ‘Contractor Location’*

**7. Any special capabilities or discipline needed for contract performance:** none

**8. The type of contract to be awarded is:** *Firm Fixed Price, Cost Reimbursement, or Time and Materials*

**9. The acquisition history, if any, of the requirement:** *If the contract was previously competed discuss that here. If this is a new requirement enter ‘Not applicable. This is a new requirement’*

**10. The names and addresses of any small business contractors which have performed on this requirement during the previous 24 months:**

**11. Required Statement:** Prior to the offering this work no solicitation for the specific acquisition has been issued as a small business set-aside, or as a small disadvantaged business set-aside if applicable, and that no other public communication (such as a notice in the Commerce Business Daily/SAM) has been made showing the procuring activity’s clear intent to use any of these means of procurement.

**12. Justification for nomination:** Hilo Enterprises LLC, through its own efforts, marketed the requirement and caused it to be reserved for the 8(a) BD program **OR** the acquisition is a follow-on or renewal contract and the nominated concern is the incumbent.

**13. Bonding requirements:**

**12. Identification of all participants which have expressed an interest in being considered for the acquisition:**

**13. Identification of all SBA field offices which have requested that the requirement be awarded through the 8(a) BD Program:** None

**14. A request, if appropriate, that a requirement whose estimated contract value is under the applicable competitive threshold be awarded as an 8(a) competitive contract:** No

**15. Any other information that the procuring activity deems relevant or which SBA requests:**