

Ke'ena Kuleana Ho'okipa O Hawai'i Hawai'i Convention Center 1801 Kalākaua Avenue, Honolulu, HI 96815 kelepona tel (808) 973-2255 kelepa'i fax (808) 973-2253 kahua pa'a web hawaiitourismauthority.org Josh Green, M.D. Kiaʻāina Governor

John De Fries Pelekikena & Luna Hoʻokele President & Chief Executive Officer

May 3, 2023

R. Brian Black The Civil Beat Law Center for the Public Interest 700 Bishop St., Suite 1701 Honolulu, HI 96813

Re: November 17, 2022 Public Records Request

Aloha Brian,

Thank you for your UIPA request dated November 17, 2022 and associated follow-up.

The staff members responsible for fulfilling UIPA requests during your requested period of July 1, 2021 to June 30, 2022 are no longer with the Hawai'i Tourism Authority. While we were unable to locate the specific spreadsheet you requested, our team examined email records to compile this summary of requests during that range:

Date	Requestor	Record Requested	Disposition
3/10/2022	Andrew Matz	Contract #19175 + Supplementals	Unknown
3/12/2022	Rose Santos	Contract #19175 and Proposals for RFP 19-	Unknown
		13 (Vacation Rental Performance Tracking)	
3/29/2022	Melissa Postle	Convention Center Management and	Issued 4/26/2022
		Operations Contract	
3/31/2022	Flaubert Phanord	All Purchasing Records 2015-Current	Issued 4/27/2022
4/19/2022	Daniel Watts	Proposals, Evaluation Information, Award,	RFP 22-02 Request
		Contract for RFP 22-02 and RFP 19-13	Directed to DBEDT
		(Vacation Rental Performance Tracking)	
			RFP 19-13 Issued
			4/26/2022
6/3/2022	Emily Lessard	Proposals, Scoring for RFP 22-01 (US Brand	Issued 6/13/2022
		Marketing & Management)	
6/21/2022	Debi Bishop	Contract File for RFP 22-01	Issued 6/23/2022
6/23/2022	Kiyohide Noguchi	Contract File for RFP 22-01	Issued 6/24/2022
6/30/2022	Marisa Yamane	Contract File for RFP 22-01	Issued 6/30/2022

Attached is the Notice to Requester form. If you have any questions, please don't hesitate to let me know. Mahalo.

T. Ilihia Gionson, Public Affairs Officer Hawai'i Tourism Authority

NOTICE TO REQUESTER						
TO:						
	(Requester's name)					
FROM:						
	(Agency, and agency contact pers	on's name, telephone numbe	r, mailing, & email address)			
DATE THAT	THE RECORD REQUEST	WAS RECEIVED BY A	GENCY:			
DATE OF TH	HIS NOTICE:					
GOVERNME 1. 2. 3. 4.	NT RECORDS YOU REQUES	STED (attach copy of requ	est or provide brief description below):			
THIS NOTICE IS TO INFORM YOU THAT YOUR RECORD REQUEST:						
Cannot be granted. Agency is unable to disclose the requested records for the following reason: Agency does not maintain the records. (HRS § 92F-3) Other agency that is believed to maintain records:						
	Agency needs further clarification or description of the records requested. Please contact the agency and provide the following information:					
	Request requires agency to creatis not readily retrievable. (HR	eate a summary or compila	tion from records, but requested information			
 Will be granted in part and denied in part, <u>OR</u> □ Is denied in its entirety Although the agency maintains the requested records, it is not disclosing all or part of them based on the exemptions provided in HRS § 92F-13 and/or § 92F-22 or other laws cited below. (Describe the portions of records that the agency will not disclose.) 						
RECORDS OR <u>INFORMATI</u>	R ION WITHHELD	APPLICABLE <u>STATUTES</u>	AGENCY JUSTIFICATION			

REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees and costs assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested. **For questions about this notice or the records being sought, please ask the agency's contact person named at the top of this form.** Also, please submit your payment, if any, to the agency at the address listed at the top of this form. DO NOT SEND YOUR PAYMENT to the Office of Information Practices (OIP) unless you are requesting records directly from OIP.

If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request and the agency shall have no further duty to process your request. Once the agency begins to process your request, you

may be liable for any fees and costs incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

Please note that the Office of Information Practices (OIP) does <u>not</u> maintain the records of other agencies, and a requester must seek records directly from the agency it believes maintains the records. If the agency denies or fails to respond to your written request for records or if you have other questions regarding compliance with the UIPA, then you may contact OIP at (808) 586-1400, <u>oip@hawaii.gov</u>, or 250 South Hotel Street, Suite 107, Honolulu, Hawaii, 96813.

METHOD & TIMING OF DISCLOSURE:

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days from the date the request was received, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days after this notice or after receipt of any prepayment required. HAR § 2-71-13(c). If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

Method of Disclosure:

Inspection at the following location: ____

As requested, a copy of the record(s) will be provided in the following manner:

Available for pick-up at the following location: _____

Will be mailed to you.

Will be transmitted to you by other means requested: _____

Timing of Disclosure: All records, or the first increment if applicable, will be made available or provided to you:

On _____, 20____.

After prepayment of 50% of fees and 100% of costs, as estimated below.

For incremental disclosures, each subsequent increment will be disclosed within 20 business days after:

The prior increment (if one prepayment of fees is required and received), or

Receipt of each incremental prepayment, if prepayment for each increment is required.

Records will be disclosed in increments because the records are voluminous and the following extenuating circumstances exist:



Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F.



trom disclosure under HRS chapter 92F. Request requires extensive agency efforts to search, review, or segregate the records or

otherwise prepare the records for inspection or copying.

Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.

A natural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

ESTIMATED FEES & COSTS AND PAYMENT:

FEES: For personal record requests under Part III of chapter 92F, HRS, the agency may charge you for its costs only, and fee waivers do not apply.

For public record requests under Part II of chapter 92F, HRS, the agency is authorized to charge you fees to search for, review, and segregate your request (even if a record is subsequently found to not exist or will not be disclosed in its entirety). The agency must waive the first \$30 in fees assessed for general requesters, OR in the alternative, the first \$60 in fees when the agency finds that the request is made in the public interest. Only one waiver is provided for each request. *See* HAR §§ 2-71-19, -31 and -32.

COSTS: For either personal or public record requests, the agency may charge you for the costs of copying and delivering records in response to your request, and other lawful fees and costs.

PREPAYMENT: The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. If a prepayment is required, the agency may wait to start any search for or review of the records until the prepayment is received by the agency. Additionally, if you have outstanding fees or costs from previous requests, including abandoned requests, the agency may require prepayment of 100% of the unpaid balance from prior requests before it begins any search or review for the records you are now seeking.

The following is an itemization of what you must pay, based on the estimated fees and costs that the agency will charge you and the applicable waiver amount that will be deducted:

For public record requests only:

Fees:	Search Review & segregation Fees waived	Estimate of time to be spent: hours \$ (\$2.50 for each 15-minute period) \$ Estimate of time to be spent: hours \$ (\$5.00 for each 15-minute period) \$ general (\$30), OR Public interest (\$60) \$							
	Other	(Only one waiver per request) (Pursuant to HAR §§ 2-71-19 & 2-71-31)							
	Total Estimated Fees:	\$							
For public or personal record requests:									
Costs:	Copying	Estimate of # of pages to be copied: \$ (@ \$ per page, pursuant to HRS § 92-21)							
	Delivery	Postage \$							
	Other	\$							
	Total Estimated Costs:	\$							
TOTA	\$								
	The estimated fees and costs above are for the first incremental disclosure only. Additional fees and costs, and no further fee waivers, will apply to future incremental disclosures.								
	PREPAYMENT IS REQUIRED (50% of fees + 100% of costs, as estimated above)								
	UNPAID BALANCE FRO	\$							
TOTA	TOTAL AMOUNT DUE AT THIS TIME								
	Payment may be made by: Submit your payment to the name of the agency's	personal check payable to	rm, including						