

NATIVE HAWAIIAN ORGANIZATION STEWARDSHIP TRAINING PROGRAM

NATIVE HAWAIIAN ORGANIZATION ATTESTATION FORM

Native Hawaiian Organization Name: _____

Mailing Address: _____

City, State: _____

Zip Code: _____

I, the undersigned, provide this attestation to confirm that _____ conforms with the definition and criteria of "Native Hawaiian Organization" as specified in the Native American Tourism and Improving Visitor Experience (NATIVE) Act, 130 STAT. 847, Section 3(3), codified at 25 U.S.C. §4352(3), and is:

1. A nonprofit organization;
2. that serves the interests of Native Hawaiians;
3. that is recognized for having expertise in Native Hawaiian culture and heritage, including tourism; and
4. in which Native Hawaiians serve in substantive and policymaking positions.

Authorized Representative Name (Printed)

Authorized Representative Signature

Title of Authorized Representative

Date