



State of Hawai‘i

Request for Proposals

RFP No. TAP 2017-29

ECONOMIC STABILITY FOR NATIVE HAWAIIANS

May 17, 2017

Note: *It is the Applicant’s responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

REQUEST FOR PROPOSALS
(Chapter 103F, Hawai‘i Revised Statutes)

RFP No. TAP 2017- 29
ECONOMIC STABILITY FOR NATIVE HAWAIIANS

May 17, 2017

The Office of Hawaiian Affairs (hereinafter “OHA”), is requesting proposals from qualified Applicants to provide economic stability services to increase access to resources for Native Hawaiians. The programs under this Request For Proposal (hereinafter “RFP”) shall provide services to Native Hawaiians for : 1) Emergency Financial Assistance to aid individual and families in reestablishing economic self-sufficiency; 2) Asset Building to encourage the establishment of Individual Development Accounts (hereinafter “IDA”) and administer funding to match savings to promoted asset building; and 3) Multi-Service Referral shall provide direct links to resources relating to employment, business development, education, healthcare, housing, culture, and/or other social services. The Contract term will be from August 1, 2017 through July 30, 2019. Multiple Contracts may be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service (hereinafter “USPS”) on or before June 8, 2017, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 12 noon, Hawai‘i Standard Time (hereinafter “HST”), on June 8, 2017, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The OHA will conduct an orientation on May 23, 2017 from 10:00 a.m. to 11:30 a.m. HST, at 560 North Nimitz Highway Suite 200, Honolulu, Hawai‘i 96817. All prospective Applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 12 noon, HST, on May 26, 2017. All written questions will receive a written response from the OHA on or about May 31, 2017.

Any inquiries and requests regarding this RFP should be directed to Ms. Phyllis Ono-Evangelista/RFP Coordinator, 560 North Nimitz Highway, Suite 200, Honolulu, Hawai‘i 96817, telephone: (808) 594-1833, fax: (808) 594-1865, e-mail: phylliso@oha.org.

Kamana’opono M. Crabbe, Ph. D
Ka Pouhana/Chief Executive Officer

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 3 copies and 1 flash drive or cd

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **June 8, 2017, 12 NOON** and received by the OHA no later than **10 days from the submittal deadline**.

All Mail-ins

*Office of Hawaiian Affairs
Procurement Unit
560 North Nimitz Highway, Suite 200
Honolulu, Hawai‘i 96817*

RFP COORDINATOR

*Phyllis Ono-Evangelista
Phone: (808)594-1833
Fax: (808)594-1863
Email: phylliso@oha.org*

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **12 NOON Hawai‘i Standard Time (hereinafter “HST”), June 8, 2017**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after **12 NOON, June 8, 2017**.

Drop-off Sites

*Office of Hawaiian Affairs/Reception Desk
Phyllis Ono-Evangelista
560 North Nimitz Highway, Suite 200
Honolulu, Hawai‘i 96817*

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the Applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the OHA's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	May 17, 2017
Distribution of RFP	May 17, 2017
RFP orientation session	May 23, 2017
Closing date for submission of written questions for written responses	May 26, 2017
OHA's response to Applicants' written questions	May 31 2017
Discussions with Applicant prior to proposal submittal deadline (optional)	TBD
Proposal submittal deadline	June 8 - 20, 2017
Discussions with Applicant after proposal submittal deadline (optional)	TBD
Final revised proposals (optional)	TBD
Proposal evaluation period	June 21 – 30 TBD
Provider selection	July 10, 2017
Notice of statement of findings and decision	On or about July 12, 2017
Contract start date	August 1, 2017

1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2 RFP website	http://hawaii.gov/spo2/health/rfp103f/
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4 General Conditions, AG-103F13	http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5 Forms	http://spo.hawaii.gov Click on the “Forms” tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords “Cost Principles”
7 Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8 Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9 Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10 Department of Taxation	http://tax.hawaii.gov
11 Department of Labor and Industrial Relations	http://labor.hawaii.gov
12 Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13 Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14 Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (hereinafter “HRS”) Chapter 103F and its administrative rules, as amended. All prospective Applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective Applicant shall constitute admission of such knowledge on the part of such prospective Applicant.

1.4 RFP Organization

This RFP is organized into five (5) sections:

Section 1, Administrative Overview: Provides Applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides Applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals shall be evaluated by the OHA .

Section 5, Attachments: Provides Applicants with information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the Contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

**Office of Hawaiian Affairs
Procurement Unit
560 North Nimitz Highway
Honolulu, Hawai‘i 96817
Phone : (808)594-1833**

1.6 RFP Point of Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Phyllis Ono-Evangelista
RFP Coordinator
Email: phylliso@oha.org Phone: 594-1833

1.7 Orientation

An orientation for Applicants in reference to the request for proposals will be held as follows:

Date: May 23, 2017 **Time:** 10:00 a.m.- 11:30 a.m.
Location: Mauli Ola Conference Room

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the OHA's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the OHA's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The OHA will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: May 26, 2017 **Time:** 12 Noon HST

The OHA responses to Applicant written questions will be provided by:

Date: May 31, 2017

1.9 Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200).** Provides Applicant proposal identification.
2. **Proposal Application Checklist.** The checklist provides Applicant's specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the OHA.

3. **Table of Contents.** A sample table of contents for proposals is located in Section 5 Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPOH-200A).** The Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on Attachment B. Proposal Application Checklist. Refer to Section 5.
- C. Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an Applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the Applicant.
- D. Provider Compliance.** All Applicants shall comply with all laws governing entities doing business in the State.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into Contracts of \$25,000 or more, the Providers are required to have a tax clearance from the Hawai'i State Department of Taxation (hereinafter "DOTAX") and the Internal Revenue Service (hereinafter "IRS"). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 - **Labor Law Compliance.** Pursuant to HRS §103-55, Providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (hereinafter "DLIR") website address.
 - **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (hereinafter "DCCA"), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

The Provider may register with Hawaii Compliance Express (hereinafter "HCE") for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for

both contracting and final payment purposes. Refer to Section 1.2, Website Reference for HCE's website address.

The Provider not utilizing the HCE to demonstrate compliance shall provide paper certificates to the OHA. All applications for applicable clearances are the responsibility of the Applicants. All certificates must be valid on the date it is received by the OHA. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six (6) months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

- E. Wages Law Compliance.** If applicable, by submitting a proposal, the Applicant certifies that the Applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of Contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government Contractors during the term of the Contract if the Contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. Confidential Information.** If an Applicant believes any portion of a proposal contains information that should be withheld as confidential, the Applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- H. Proposal Submittal.** All mail-ins shall be postmarked by the USPS and received by the OHA no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the OHA by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:

1. Postmarked after the designated date; or
2. Postmarked by the designated date but not received within ten (10) days from the submittal deadline; or
3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks. No proposal(s) faxed, emailed, website, or other electronic means is permitted

1.10 Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential Applicants to promote understanding of the OHA's requirements.
- B. After Proposal Submittal Deadline.** Discussions may be conducted with Applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

Upon the OHA's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the OHA and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a Contract has been awarded and executed by all parties.

1.12 Additional Materials and Documentation

Upon request from the OHA, each Applicant shall submit additional materials and documentation reasonably required by the OHA in its evaluation of the proposals.

1.13 RFP Amendments

The OHA reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the OHA. If a final revised proposal is not submitted, the previous submittal shall be construed as the Applicant's final revised proposal. *The Applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposals

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the OHA.

1.16 Costs for Proposal Preparation

Any costs incurred by Applicants in preparing or submitting a proposal are the Applicants' sole responsibility.

1.17 Provider Participation in Planning

Provider(s), awarded a Contract resulting from this RFP,

☐ are required

☒ are not required

to participate in the OHA's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in the OHA's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and the Providers' resources, shall not disqualify the Providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The OHA reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrates an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one (1) or more of the following reasons:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible Applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any Contract arising out of this solicitation is subject to the approval of the OHA Corporation Counsel as to form, and to all further approvals, including the approval of the OHA Chief Executive Officer, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a Contract prior to the Contract commencement date. The State of Hawai'i and the OHA is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an Applicant aggrieved by an award of a Contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. Only the following matters may be protested:

- (1) The OHA's failure to follow procedures established by Chapter 103F of the Hawai'i Revised Statutes;
- (2) The OHA's failure to follow any rule established by Chapter 103F of the Hawai'i Revised Statutes; and
- (3) The OHA's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the OHA.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the OHA conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the OHA.

Head of State Purchasing Agency	Procurement Officer
Name: Kamana'opono Crabbe, Ph.D.	Name: Phyllis Ono-Evangelista
Title: Ka Pouhana/CEO/HOPA	Title: Procurement Manager
Mailing Address: 560 North Nimitz Highway, Suite 200 Honolulu, Hawai'i 96817	Mailing Address: 560 North Nimitz Highway, Suite 200 Honolulu, Hawai'i 96817
Business Address: 560 North Nimitz Highway, Suite 200 Honolulu, Hawai'i 96817	Business Address: 560 North Nimitz Highway, Suite 200 Honolulu, Hawai'i 96817

1.21 Availability of Funds

The award of a Contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawai'i, pursuant to HRS Chapter 37, and subject to the availability of State and/or OHA funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the OHA website. Special conditions may also be imposed contractually by the OHA, as deemed necessary.

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, the OHA will utilize standard cost

principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

THE END OF SECTION

Section 2

Service Specifications

Section 2

Service Specifications

2.1 Introduction

A. Overview, Purpose or Need

In 1978, a State of Hawai‘i Constitutional Convention created the Office of Hawaiian Affairs to better the conditions of native Hawaiians and Hawaiians as defined in HRS sections 10-2, 10-4(4), 10-4(6) and 10-4(8), and other applicable law(s), as amended.

The OHA’s mission is to mālama Hawai‘i’s people and environmental resources, and OHA’s assets, toward ensuring the perpetuation of the culture, the enhancement of lifestyle and the protection of entitlements of native Hawaiians, while enabling the building of a strong and healthy Hawaiian people and nation, recognized nationally and internationally. We are here to – Ho‘oulu Lāhui Aloha – raise a beloved nation.

The purpose of this solicitation is to contract services to support the OHA’s Strategic Priority of Economic Self-Sufficiency.

The need exists to ensure Native Hawaiian families achieve financial stability. The programs under this RFP shall provide the following services for Native Hawaiians: 1) Administration of emergency financial assistance to aid individuals and families in reestablishing economic self-sufficiency; 2) Promotion of asset building through education to encourage the establishment of Individual Development Accounts (hereinafter “IDA”) and administration of funding to match Participant savings; and 3) Multi-Service referrals that provide direct links to resources relating to employment, business development, education, healthcare, housing, culture, and/or other social services.

B. Planning activities conducted in preparation for this RFP

Pursuant to HRS§ 3-142-301, the OHA planning activities included, but may not have been limited to the following:

1. Considered the views of Provider organizations to improve service specifications and better achieve mandated goals. A request for information was utilized as designated in HRS § 3-142-202;
2. Analyzed information from program monitoring and evaluation reports of current Provider organizations;
3. Analyzed socio-economic and health data for trends to determine demand factors; and

4. Considered the views of service recipients and community advocacy organization on conditions affecting the achievement of mandated goal.

C. Description of the service goals

The goal of these services is to increase the economic self-sufficiency of Native Hawaiians by implementing services that shall provide, but may not be limited to the following:

1. Access information and community resources;
2. Attain/reestablish financial and household stabilization following an emergent crisis; and
3. Build financial knowledge and assets.

D. Description of the target population to be served

Clients served by this program must be of Native Hawaiian ancestry. More specifically for only the Emergency Financial Assistance and Match Savings Program services, the target population for these services is persons of Native Hawaiian ancestry whose income is at or below 250% of the federal poverty guideline for Hawai'i.

The Providers must maintain proper documentation to demonstrate that program participants meet these eligibility requirements. Further details regarding documentation are provided in Section 2.4 Scope of Work.

E. Geographic coverage of services

Service areas include the counties of Honolulu, Hawai'i, Maui, and Kaua'i. The Provider may apply in any one or more of these areas. The Provider shall demonstrate capability to provide the required services in the area(s) for which it applies. The Provider is responsible for clearly identifying the geographic areas that it proposes to serve.

F. Probable funding amounts, source, and period of availability

Funding for this RFP TAP 2017-29 is a combination of State General Funds and OHA Funds (hereinafter "OHA Funds") for Fiscal Year (hereinafter "FY") 2018 and 2019. The total anticipated available funds for the two (2) fiscal years during the period of July 1, 2017 through and including June 30, 2019 is ONE MILLION SIX HUNDRED SIXTY THOUSAND AND NO/100 DOLLARS (\$1,660,000.00). Any contract resulting from this RFP shall be subject to the availability of funds.

These funds are suggested to be applied to the different program areas as follows:

- 1) SIX HUNDRED THOUSAND AND NO/100 DOLLARS (\$600,000.00) for program operating costs.
- 2) SIX HUNDRED NINETY THOUSAND AND NO/100 DOLLARS (\$690,000.00) for emergency financial assistance.
- 3) THREE HUNDRED SEVENTY THOUSAND AND NO/100 DOLLARS (\$370,000.00) for Individual Development Accounts.

The OHA Funds may not be used for out-of-state travel, capital projects, or general organizational expenses not directly related to the program. Funding will be allocated based on proposals submitted. Funds awarded as a result of this solicitation will be awarded for two (2) years. Second year funding is subject to availability of funding and successful evaluation of first year activities.

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the Contract shall be monitored and evaluated are:

A. Performance/Outcome Measures

Monitoring activities shall include, but may not be limited to: comparison of reported outcomes and service activities documenting substantiating claims, interviews with clients to ensure reported services were received, and other such measures.

B. Output Measures

Monitoring activities shall include, but may not be limited to: review of attendance sheets or other documents to substantiate number of people, or other documents such as program files to ensure services are provided as reported.

C. Quality of Services

Monitoring activities shall include, but may not be limited to: interviews with clients to ensure satisfaction with service, as well as interviews with staff to gauge internal capacity to assess and improve services.

D. Financial Management

Monitoring activities shall include, but may not be limited to: risk assessment through examination of fiscal policies and procedures, and reconciling payment claims to actual service activities.

E. Administrative Requirements

Monitoring activities shall include, but may not be limited to: compliance testing, review of practices and costs to applicable cost principles, statutes, etc. OHA Funds shall not be used for lobbying, other practices unallowable under State law and contracted agreement.

2.3 General Requirements

- A. Specific Qualifications or Requirements** including, but not limited to licensure or accreditation
1. The Provider shall hold all licenses, permits, accreditations, and meet all standards required by applicable Federal, State and County laws, ordinances, codes and rules to provide services. The Provider shall also be in good standing with required licensing bodies and in compliance with professional standards and requirements.
 2. The Provider must have IRS tax-exempt non-profit status and be registered to do business in the State of Hawai‘i, or be a government agency.
 3. The Provider shall have a minimum three (3) years of experience in Hawai‘i providing assistance to Native Hawaiians and/or operating a related program serving Native Hawaiians in the program area for which the proposal is being made. The CEO of the OHA may grant an exception from this requirement if the Provider has demonstrated the necessary experience in the program area.
 4. The Provider shall have the program in operation in the geographic areas where the Contract is awarded and be able to provide services beginning July 1, 2017 through June 30, 2019.
 5. The Provider shall refer to Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 9/11), which can be found on the SPO website:
<http://spo.hawaii.gov/for-state-county-personnel/manual/procurement/solicitation/health-human-services/methods-of-procurement/competitive-procurement/cost-principles-hrs-chapter-103f-purchases-of-health-and-human-services/>
 6. The Provider must provide reasonable accommodations to assure capacity to deliver services to those participants with limited physical limitations. The Provider must provide reasonable accommodations to assure that it has the capacity to deliver services to all clients in a culturally and linguistically appropriate manner as practicable.
 7. The Provider must assure and be responsible for the continuity of service activities in the event of staff illness, medical emergencies, vacancies, or other situations that result in program resources that are less than proposed and contracted for. The Provider shall not require nor depend on the OHA's staff to provide service activities in the event that program resources are not available due to the above situations.
 8. The Provider must use credible and tested measurement tools to evaluate program effectiveness in achieving outcomes.

9. In the event of a conflict between the OHA and the Provider regarding the performance of specific service activities based on the Contract and accepted proposal, the OHA Contract scope of work shall prevail.

The Provider shall provide reasonable accommodations to assure capacity to deliver services to those participants with limited physical limitations.

B. Secondary purchaser participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed subject to approval by the OHA

Planned secondary purchases - None

C. Multiple or alternate proposals

(Refer to HAR §3-143-605)

☒ Allowed ☐ Unallowed

Submit separate proposals if applying for more than one (1) county, but not the whole state. Each service agency is limited to one (1) proposal per county or up to a total of three (3) proposals. If applying for Statewide services, submit ONE (1) proposal but clearly delineate how services will be delivered, how funds will be allocated, and the amount and type of clients served in each and the amount and type of clients served in each county. Proposed outcomes will be compared one against the other for the same geographic areas. For example, Kaua'i county outcomes will be compared against all other proposed Kaua'i County outcomes.

D. Single or multiple Contracts to be awarded (Refer to HAR §3-143-206)

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

A single Contract may be awarded to a proposal that demonstrates the ability to provide comprehensive and efficient services for multiple counties within the State of Hawai'i.

Criteria for multiple awards: When advantageous to the OHA, multiple awards may be awarded. These may be awarded when a single proposal is insufficient to cover the entire geographic area, when multiple proposals with different treatment modalities are deemed meritorious, or when the total cost of the service is lower or number of outcomes is greater than in a single proposal.

E. Single or multi-term Contracts to be awarded
(Refer to HAR §3-149-302)

☒ Single term (2 years or less) ☐ Multi-term (more than 2 years)

Contract terms:

Initial term of Contract: 24 months

Length of each extension: up to 6 months

Number of possible no-cost extensions: 1

Maximum length of Contract: 30 months

Conditions for extension: N/A

The initial period shall commence on the Contract date or Notice to Proceed, whichever is later.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

1. Establish an Emergency Financial Assistance Fund to provide temporary financial assistance for individuals and families who are facing hardships due to loss of income, loss of employment by layoff, debilitating illness or injury, death, dislodgement, or other unanticipated circumstances. Emergency funding may be provided on a one-time per year basis.

Unanticipated circumstances that may qualify for assistance shall include, but may not be limited to: unexpected funeral costs, impending eviction, impending termination of utility services, and other similar time-sensitive situations.

The intent of the one-time emergency funds is to assist Native Hawaiians to achieve and/or reestablish economic stability and prevent a reoccurring cycle of debt. Payments shall be made directly to the vendor.

2. Establish an IDA to provide funds to match the savings achievements of families and individuals for the purposes of home down payment, education, housing, transportation and/or job enhancement. The Provider shall serve as an intermediary between individual account holders and financial institutions holding the accounts. The OHA Funds shall provide a 2:1 match up to TWO THOUSAND AND NO/100 DOLLARS (\$2,000.00) per participant or family;
3. Outreach to encourage Native Hawaiians to access program services;
4. Screening, intake and assessment to assure compliance with specific guidelines and policies relating to eligibility, level of financial assistance, and other needed resources. The intake and assessment shall include, but may not be limited to: basic assessment of the household's financial situation including current income

and expenses, spending practices, and other government or financial supports utilized;

5. Service planning and case management shall include, but may not be limited to: developing individual service plans (shall outline a financial plan and include any savings goals), monitoring, and follow up;
6. Program education shall be provided to potential IDA holders and on-going assistance as an intermediary between IDA holders and financial institutions, as appropriate/necessary;
7. Financial counseling and financial literacy training provided shall include, but may not be limited to: topics related to budgeting, financial planning, credit, and savings. Financial literacy training is required for all participants who receive emergency financial assistance or a savings match;
8. Counseling, information, and referral shall be provided to link Native Hawaiians to other services and activities designed to increase the financial independence of individuals and families;
9. Record-keeping shall document all program activities and shall include, but may not be limited to all request and referrals; and
10. Program measurement and evaluation shall be documented to determine effectiveness and efficiency of services and activities.

B. Match Funding Requirement

The Provider is required to provide a minimum 2.0 Full Time Employee (hereinafter “FTE”) or more staff matching that is equivalent to a cash match of at least ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) or twelve percent (12%) per year of the anticipated total available funding of EIGHT HUNDRED THIRTY THOUSAND AND NO/100 DOLLARS (\$830,000.00) per year. Match requirements must be met for each project year.

The Provider shall submit commitment of dedicated matching whether it is staff time, other in-kind, and/or cash match. If awarded, matching staff time, other in-kind, and/or cash match will be dedicated and made part of the program and included in the Contract agreement.

C. Management Requirements - (Minimum and/or mandatory requirements)

1. **Personnel** – The Provider shall maintain personnel that possess the necessary knowledge, skills and abilities to effectively deliver the proposed services. At a minimum, personnel should include the following suggested full-time equivalents per county: three (3.0) FTE for Honolulu County; two (2.0) FTE for Hawai‘i County; one (1.0) FTE for Kaua‘i County; and one (1.0) FTE for

Maui County. Personnel requirements listed above shall include, but may not be limited to the required match contribution of two (2.0) FTE staff positions.

The Provider shall have written descriptions for each position, requirements and qualifications, and policies and procedures to ensure that all employees are fully qualified to engage in activities and perform the services required.

2. **Administrative** -Written policies and procedures are required for all services including personnel standards, operating procedures, documentation, record-keeping, data gathering, reporting, financial administration, quality assurance, monitoring and evaluation.

The Provider shall be required to provide a written outcome-based program plan, and an on-going planning and evaluation process for the services provided for this RFP.

3. **Quality Assurance and Evaluation Specifications** - The Provider shall maintain a written quality assurance plan, including procedures to assure that its services are provided in conformance with all Federal, State, and County requirements, and the requirements of this RFP. The plan shall include, but may not be limited to procedures documenting how the Provider will monitor management, fiscal and program operations for compliance with all requirements. The plan shall also provide for procedures to determine whether clients receive consistent, high quality services. The quality assurance plan shall identify roles and responsibilities for on-going implementation.

The Provider shall have a written plan for evaluation of performance in providing the required services, including procedures and methodology to measure, monitor and collect data on outputs and outcomes, and to evaluate the outcomes and other results of its services. The evaluation plan shall include, but may not be limited to, procedures to identify and resolve problems, and make improvements to the program as needed. The evaluation plan shall include, but may not be limited to identifying staff roles and responsibilities for assuring on-going implementation.

4. **Output and Performance/Outcome Measurements** – The Provider must maintain throughout the term of the Contract a system of program evaluation to track and validate effectiveness of the activities provided. The Provider shall set target amounts that it expects to achieve for each of the following minimum and required performance outputs and outcomes. Program outputs and outcomes reported to the OHA for each specific activity must be a direct result of the OHA’s funding for this program. The Provider may also propose additional measures of effectiveness.

- a. Outputs

Total number of Native Hawaiians:

- a) Assessed for services;
- b) Requesting information and referral services;
- c) Requesting emergency financial assistance;
- d) Requesting savings match; and
- e) Enrolling in financial literacy training.

b. Outcomes

- (1) Total number of Native Hawaiians:
 - a) Referred to relevant services;
 - b) Completing financial literacy training;
 - c) Provided individual financial counseling;
 - d) Provided emergency financial assistance funds; and
 - e) Establishing Individual Development Accounts.
- (2) Total dollars of emergency financial assistance provided.
- (3) Total dollars of savings match provided.

1. **Experience** – The Provider shall have a minimum three (3) years of experience in Hawai‘i providing assistance to Native Hawaiians and/or an equivalent of three (3) years of operating a human services or related program serving Native Hawaiians in the program area for which the proposal is being made.
2. **Facilities** – The Provider shall demonstrate the capacity to maintain adequate facilities to provide the required services in the geographic area proposed. If facilities are not currently available, the Provider shall demonstrate capacity to secure facilities at the start of the Contract term. Facilities shall meet the Americans with Disabilities Act (hereinafter “ADA”) requirements, as applicable, including any special equipment that may be required for the services. If the Provider believes facilities are unnecessary, they may indicate this with an explanation in their proposal.
3. **Coordination of Services** – The Provider shall demonstrate its capability to coordinate the proposed services with relevant agencies and resources in the community.
4. **Reporting Requirements for Program and Fiscal Data** – Quarterly program progress and fiscal reports are required within thirty (30) calendar days after the last day of each quarter. The final report on the total Contract period is required within sixty (60) calendar days after the last day for the Contract period.
 - a. The program progress reports shall include, but may not be limited to:

- 1) Statements by the Provider relating to the work accomplished during the reporting period;
 - 2) A statement of the nature of the work performed, including
 - a) Actual performance measures;
 - b) Activity levels; and
 - c) Target group indicators.
 - 3) Identification of persons served by the Provider during the reporting period;
 - 4) Identification of any immediate problems encountered during the period; and
 - 5) Any recommendations deemed pertinent by the Provider.
- b. Fiscal reports shall detail the expenditures paid by the Provider, based on the submitted and approved budget within the Contract. The Provider shall outline the expenditures incurred and certified by the Provider.
- c. The OHA Funds must be acknowledged in reports and in all other publications based on the project results. All project reports and results are considered public property and cannot be patented, copyrighted or restricted in any manner unless specifically agreed to by both parties.
- d. Timely compliance with interim reporting requirements is required to continue to receive funding under the award.
- e. Other reports may be required as determined by the OHA.

2.5 Compensation and Method of Payment

A. Compensation

An initial advance payment of up to twelve and-a-half percent (12.5%) of the total Contract amount shall be made upon Contract execution and receipt of an invoice requesting payment.

Subsequent payments shall be made to the Provider on a quarterly payment schedule, upon submission by the Provider of written requests for payment and the OHA approval and acceptance of the quarterly reports by the OHA. The OHA shall retain ten percent (10%) of the total amount awarded for a final payment. Quarterly payments shall be made based upon: (1) the OHA's acceptance and approval of the written quarterly fiscal and program progress reports, and (2) the OHA's acceptance and approval of final written fiscal and program progress reports. The reports shall be reviewed by the OHA and shall be subject to the preliminary determination of appropriateness and allowability of the reported expenditures which shall be subject to later verification and subsequent audit.

B. Unit of Service and Unit Rate

Not applicable.

C. Method of Payment

The method of payment shall be cost reimbursement. The cost reimbursement Contract shall provide for payment of allowable incurred costs, to the extent prescribed in the Contract. Cost reimbursement Contracts establish an estimate of total cost for the purpose of obligating funds and establishing a ceiling that the Provider may not exceed without the approval of the OHA.

Advance payment of dollars used as match for participants enrolled in the savings program and as financial assistance for participants enrolled in the emergency financial assistance program may be requested at any time during the service, however shall be requested and reimbursed no more than one (1) time per quarter.

It is important to note that the STATE appropriation is made on a yearly basis. Therefore, assuming no budget cuts or restrictions, only fifty (50) percent of the two (2) year Contract amount may be available for payment in the first year of the Contract. Any amount earned and requested by the Provider in the first year of the Contract, in excess of fifty (50) percent of the two (2) year Contract amount, may be held for payment until the following fiscal year, and paid upon confirmation of available funds.

THE END OF SECTION

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the OHA using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the Applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals must be spiral bound to be submitted. **Do not submit** proposal in a three (3) - ring binder. Submission of a proposal in this manners is disfavored by the OHA*
- *Tabbing of sections and any attachments is **required**.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment C of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an Applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (Refer to Section 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the Applicant must include all items listed in this section.*

The Proposal Application is comprised of the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

3.1 Program Overview

The Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

3.2 Experience and Capability

A. Experience

- 1) The Applicant shall provide a list and a brief description of past and current projects/Contracts pertinent to providing multi-service referrals, emergency financial assistance, financial literacy, debt counseling, or other financial assistance that includes all of the following information: Contracting agency name, contact person, address, telephone number and/or e-mail address, Contract/program title, Contract period, funding amount, and performance outcomes.
 - a) Contracting Agency;
 - b) Contact Person;
 - c) Contact Information;
 - d) Contract/Program Title;
 - e) Contract Period;
 - f) Funding Amount;
 - g) Performance Outcomes; and
 - h) Budgeted and Actuals
- 2) The Applicant shall describe its experience in providing services to Native Hawaiians. The Applicant shall demonstrate that it possesses the respect and trust of the Native Hawaiian community in relation to providing relevant and/or similar services.

The OHA reserves the right to contact references to verify experience.

B. Quality Assurance and Evaluation

The Applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

1. The Applicant shall provide a written Quality Assurance Plan to demonstrate consistent and high quality of administration and services. The Quality Assurance Plan shall include but may not be limited to:
 - a. How the Applicant intends to determine whether or not the program was a success.

- b. The Applicant shall describe what evidence or documentation shall be used to verify program accomplishments.
2. The Applicant shall demonstrate that it has a written Evaluation Plan that effectively measures, monitors, and evaluates program performance and detects and addresses problems in a timely manner. Refer to the “Quality Assurance and Evaluation Specifications,” in Section 2.4 Scope of Work.

C. Coordination of Services

The Applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

The Applicant shall demonstrate the partnership of any named agency through letters of intent, Memoranda of Understanding or Agreement, or other mutual binding agreement.

If letters of support are submitted, include only letters that establish genuine support and actually make a commitment of time, money, personnel, space, or resources to the program and are absolutely necessary to support your proposal or that shall enhance it.

D. Facilities

Provide a description of the facilities (i.e., location(s), layout, available technology and resources, etc.) and demonstrate its adequacy in relation to the proposed services.

If the facilities are not presently available, describe the plans to acquire the facilities and identify the resources that will be used to secure the facilities. If the Applicant believes facilities are unnecessary, they may indicate this and provide an explanation in their proposal.

Describe how the facilities meet the ADA requirements, as applicable. Also, identify any special equipment that may be required for the services and whether the Applicant is in possession of the equipment, or will need to acquire it.

3.3 Project Organization and Staffing

A. Staffing

1. **Proposed Staffing** – The Applicant shall describe the proposed staffing pattern. The Applicant shall demonstrate that client/staff ratios are appropriate for the viability of the services and that the assignment of staff shall be sufficient to effectively administer, manage, supervise, and provide the required services. Include a list that identifies whether a specific staff is employed by your agency

or a position shall be created to deliver each of the specified services described in Section 2.4 Scope of Work.

The Applicant shall fully explain, justify, and demonstrate any proposed use of a subcontractor. Demonstrate that the proposed subcontractor is fully qualified for the specific work that shall be subcontracted by including, but may not be limited to: a description of the proposed subcontractor's experience, capability, project organization, staffing, and proposed services as set forth for Applicants in this solicitation. Explain how the Applicant shall assure the quality and effectiveness of the subcontractor, monitor and evaluate the subcontractor, and ensure compliance with all of the requirements of this solicitation.

The Applicant shall fully explain, justify, and demonstrate any proposed use of volunteers to be as effective as in-house staff for the provision of the required services. Demonstrate that proposed volunteers are or shall be fully qualified for the specific work assigned, can be relied on, and shall be available when and where needed to provide the required services. Explain how Applicant shall provide sufficient management, supervision, oversight, and evaluation of volunteers, and otherwise assure their work quality and effectiveness. Explain how Applicant shall assure that volunteers perform in compliance with the requirements of this solicitation.

2. **Staff Qualifications** –The Applicant shall provide a description for each personnel position relevant to the program. Descriptions shall include, but may not be limited to: (1) roles and responsibilities; (2) minimum qualifications; and (3) explanation of how the minimum qualifications and/or actual qualifications would assure delivery of quality services.

The Applicant shall identify key staff members who shall be involved in the management, administrative, and program functions needed to provide and support the services being requested. The Applicant shall describe and demonstrate that these key staff members have the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Project Organization

1. **Supervision and Training** – The Applicant shall describe and demonstrate its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

The Applicant shall explain how the program organization and assignment of personnel are sufficient for the effective administration, management, supervision, and provision of services under the program to meet the projected caseload.

The Applicant shall describe the training that shall be provided for program staff to strengthen their capability to effectively provide the program services.

2. **Organization Chart** – Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

The Applicant shall provide an “Organization-wide” chart that shows the program placement of the required services within the overall agency, and a “Program” organization chart that shows lines of communication between program administration and staff. Written explanations of both organization charts shall be included as needed for clarification.

The Applicant shall reflect the position of each staff and line of responsibility/supervision. Include the position title, name of individual and FTE.

3.4 Service Delivery

- A. **Geographic and Target Population** - The Applicant shall clearly identify and describe the geographic areas and the targeted population groups that it proposes to serve. Demonstrate with demographic data and other documentation, that the geographic area(s) it proposes to serve: (1) contains significant numbers of the target population of this solicitation; (2) determines a need for the services under this solicitation; (3) the services available to the area are insufficient to fill the need; and 4) the extent of services proposed for each area shall effectively address the needs.
- B. **Program Design** - The Applicant shall describe its program in sufficient detail to provide a complete and comprehensive picture of its total program design. The description shall address all service locations, tasks, activities, time lines, and other pertinent information. Time lines should include goals and objectives with start and completion dates, major milestones or special events, important deadlines, scheduled reports and evaluations. The Applicant shall explain how it will provide all of the services required in the Scope of Work. Refer to Section 2.4 Scope of Work. The Applicant shall describe and demonstrate its capacity to provide the required services to Native Hawaiians in a manner that reflects sensitivity and understanding of Hawaiian identity, family dynamics, and culture.
- C. **Approach and Methodology** - The Applicant shall describe and justify its overall approach and methodology in addressing the goals of this solicitation. The Applicant shall provide a logical step-by-step progression of proposed program services from start to finish and describe how it would effectively serve clients with multiple barriers and achieve the goals of service described in Section 2- Service Specifications.
- D. **Performance Outputs and Outcomes** - The Applicant shall complete the Performance Output and Outcome Measurements Table, refer to Section 5 Attachments, Attachment C for template. The Applicant shall identify target amounts that it expects to achieve for each performance output and outcome. If the Applicant proposes additional outputs or outcomes than those provided by the OHA, a description of the relevancy of proposed measures should be provided. Additionally, the Applicant shall demonstrate that the outputs and outcomes it expects to achieve or achievements resulting from its

services are feasible and effective. Explain in sufficient detail how the outputs and outcomes shall be tracked and documented in files and/or agency records.

3.5 Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the OHA. The cost proposal shall be attached to the Proposal Application.

- a. **Pricing Structure Based on Cost Reimbursement** – The cost reimbursement pricing structure reflects a purchase arrangement in which the OHA pays the Contractor for budgeted costs that are actually incurred in delivering the services specified in the Contract, up to a stated maximum obligation.
- b. **Budget Forms** – As applicable, provide a budget with line-item detail and detailed calculations for each budget object class identified in the budget forms below. Detailed calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated.

All budget forms, instructions and samples are located on the SPO website, refer to Section 1.2, Website Reference. The following budget form(s) shall be submitted with the Proposal Application:

- (1) SPO-H-205 Proposal Budget for FB 2016-2017
- (2) SPO-H-206A-Personnel: Salaries & Wages
- (3) SPO-H-206B-Payroll Taxes, Assessment & Fringe Benefits
- (4) SPO-H-206c- Travel:Interisland
- (5) SPO-H-206D- Travel- Out of State
- (6) SPO-H-206E-Contractual Services: Administrative
- (7) SPO-H-206F-Contractual Services:Subcontractors
- (8) SPO-H-206G-Depreciation
- (9) SPO-H-206H-Program Activities
- (10) SPO-H-206I – Equipment Purchases

- c. **Cost Principles** - The Applicant shall also utilize and refer to form SPO-H-201, Chapter 103F, HRS, Cost Principles in Purchases of Health and Human Services, in preparing its cost proposal.

In completing the required budget forms, the Applicant should consider the evaluation criteria contained in Section 4, whereby the comprehensiveness of the information presented and the justification of all cost items are particularly important factors. If more space is needed to fully explain and justify the proposed cost items, the Applicant shall attach additional sheets as necessary.

- d. **Budget Justification** – The budget justification should be in a narrative form. It evaluates the appropriateness and reasonableness of project costs in relation to anticipated program activities and planned outcomes.

a. **Personnel:**

- (1) Description: Costs of employee salaries and wages.
- (2) Justification: Identify key project staff, if known, at the time of application. For each staff person, provide: title, time commitment to the project as a percentage or full-time equivalent, and annual salary.

Note: It is suggested that THREE HUNDRED EIGHTY THOUSAND AND NO/100 DOLLARS (\$380,000.00) or thirty-six point fourteen percent (36.14%) per year of the anticipated total available funding of EIGHT HUNDRED THIRTY THOUSAND AND NO/100 DOLLARS (\$830,000.00) per year be made available for staffing and direct program administrative costs.

b. **Fringe:**

- (1) Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.
- (2) Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefits, payroll taxes and assessment costs such as health insurance, FICA, retirement, unemployment insurance, social security, etc.

c. **Travel:**

- (1) Description: Costs of project-related travel by the Applicant employees.
- (2) Justification: For each trip show: the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs as well as subsistence allowances.

d. **Equipment:**

- (1) Description: "Equipment" means an article including items of personal property, as distinguished from real property, having a useful life of more than one (1) year and an acquisition cost of FIVE HUNDRED AND NO/100 DOLLARS (\$500.00) or more.

Note: Equipment purchased with OHA Funds must continue to be used to benefit the Hawaiian community after the term of the OHA Contract.

- (2) Justification: For each type of equipment requested, provide: a description of the equipment, the cost per unit, the number of units, the total cost, and a plan for use by the project.

e. **Supplies:**

- (1) Description: Costs of all tangible personal property other than that included under the equipment category.
- (2) Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

f. **Contract/Consultant Services:**

- (1) Description: Costs of all Contracts for services and goods except for those that belong under other categories such as equipment, supplies, etc. Include third-party evaluation Contracts, if applicable, and Contracts with secondary recipient organizations, including delegate agencies and specific project(s) and/or businesses to be financed by the Applicant.
- (2) Justification: Demonstrate that all procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition.

Note: Whenever the Applicant intends to delegate part of the project to another agency, the Applicant must provide a detailed budget and narrative for each delegate agency, by agency title, along with the required supporting information.

g. **Other:**

- (1) Enter the total of all other costs. Such costs, where applicable and appropriate shall include, but may are not limited to: insurance; medical costs; professional services costs; space and equipment rentals; printing and publication; computer use; training costs, such as tuition and stipends; staff development costs; and administrative costs.
- (2) Justification: Provide computations, a narrative description and a justification for each cost under this category.

h. **Indirect Charges:**

Description: The OHA shall not allow indirect cost rates.

e. In-Kind Matching Staff Requirement – The Applicant shall provide a minimum two (2.0) FTE or more staff matching equivalent to a cash match of at least ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) or twelve percent (12%) per year of the anticipated total available funding of EIGHT HUNDRED THIRTY THOUSAND AND NO/100 DOLLARS (\$830,000.00) per year. Match requirements shall be met for each project.

In-kind matching contribution is the value of non-cash contributions made by an eligible entity and third parties. Other additional in-kind contributions may be

in the form of equipment, supplies (and other expendable property), facilities, and services. In-kind contributions must be valued at fair market price and to be shown to directly benefit and be specifically identifiable in the project.

The Applicant shall submit commitment of dedicated matching whether it is staff time, other in-kind, and/or cash match. If awarded, matching staff time, other in-kind, and/or cash match will be dedicated and made part of the program and included in the Contract agreement.

B. Other Financial Related Materials

1. **Accounting System** – The Applicant shall demonstrate through narrative and appropriate documentation the adequacy of Applicant’s accounting system and procedures to assure proper and sound fiscal administration such as submitting its most recent independent audit and/or management letter. Also, the Applicant shall describe its ability to provide complete, accurate and timely fiscal reports that are in compliance with generally accepted accounting principles.
2. **Need for Funding** – If the services proposed by the Applicant are to be part of a larger project supported by other funding sources, the Applicant shall identify the other funding amounts and sources, provide the planned or anticipated total project budget and explain its need for the OHA funds.

3.6 Other

Litigation

The Applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

If there is no pending litigation or outstanding judgment, please state that there is no pending litigation or outstanding judgment.

END OF SECTION

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the OHA or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	105 Points
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	20 points
Service Delivery	50 points
Financial	15 Points
TOTAL POSSIBLE POINTS	105 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

(Submitted/Not submitted – 0 points)

- a. Proposal Application Checklist
- b. Litigation Information
- c. Hawaii Compliance Express or provide paper certificates for:
 - State and Federal Tax Clearance;
 - Labor Law Compliance; and
 - Business Registration DCCA Certificate of Good Standing.

2. Proposal Application Requirements

- a. Proposal Application Identification Form (Form SPOH-200)
- b. Table of Content
- c. Program Overview
- d. Experience and Capability
- e. Project Organization and Staffing
- f. Service Delivery
- g. Financial (All required forms and documents)
- h. Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (105 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the Applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

The OHA will evaluate the Applicant's experience and capability relevant to the proposal Contract, which shall include:

A. Program Experience

The Applicant has clearly and concisely listed relevant past projects which sustain a minimal of three (3) years prior experiences serving to the Native Hawaiian Community and/or equivalent of three (3) years of operating a human service program.

7 Points

B. Quality Assurance and Evaluation

The Applicant has provided a written quality assurance plan which clearly and concisely assures consistent and high quality of administration and services. The Applicant has provided a written evaluation plan which clearly, concisely effectively measures, monitors, and evaluate program performance (short and long-term). Both plans clearly and concisely demonstrates how it provides a timely response to program problems as they arise.

5 Points

C. Coordination of Services

The Applicant has clearly and concisely demonstrated the capability to coordinate services with other agencies and resources in the community through partnerships providing formalized relationships or letters of commitment to assist in achieving program goals and objectives.

4 Points

D. Facilities

The Applicant has clearly and concisely demonstrated the facility's ability to meet the need for the proposed services and are in compliance with the American with Disabilities Act and other State, Federal and County rules and regulations. If facilities are not required at a specific location the Applicant clearly and concisely demonstrates sufficient justification related to the proposed services.

4 Points

2. Staffing and Project Organization (20 Points)

The OHA will evaluate the Applicant's overall staffing approach to the service that shall include:

A. Staffing

The Applicant has proposed a staffing pattern and client/staff ratios reasonable to insure viability of the services. The Applicant has demonstrated the assigned staff is sufficient to effectively administer, manage, supervise and provide the required services.

5 Points

The Applicant has clearly and concisely provided minimum staff qualifications and experience for staff assigned to the program. The Applicant has provided resumes, employment history, responsibilities, program experience and significant accomplishments for key staff.

5 Points

Note: If the Applicant proposed the use of subcontracting, the Applicant has included the above

information for the proposed subcontracted staff.

B. Organization Charts

(1) Supervision and training

- a) The Applicant has clearly and concisely described its ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. **4 Points**
- b) The Applicant has clearly and concisely described its plan how the proposed services will be effectively administered, managed and delivered. **2 Points**

(2) Organizational Chart

- a) The Applicant has provided an Organizational-Wide Chart which clearly demonstrates the where the program fits within the overall agency. **2 Point**
- b) The Applicant has provided a Program Specific chart that details all positions. **2 Point**

3. Service Delivery (50 Points)

Evaluation criteria for this section will assess the Applicant's approach to the service activities and management requirement outlined in the Proposal Application.

A. Geographic and Target Population

The Applicant has provided data and evidence-based knowledge, the Applicant has identified the geographic areas and target populations it proposes to serve and clearly demonstrates that: **8 Points**

- (1) The geographic area contains significant numbers of the target population;
- (2) That there is a determined need for the proposed services;
- (3) The services already provided in the designated area is insufficient to meet the need/demands; and
- (4) The extent of services proposed for each area will effectively address the needs.

B. Program Design

The Applicant has clearly and concisely described a comprehensive program providing services location feasibility, program tasks, activities and other pertinent

informant provided. The Applicant has demonstrated the program design that is sensitive to Hawaiian identity, family dynamics and culture. The Applicant provided a detailed start-up plan for any services not currently being provided, as well as implementation timelines for partnerships not currently developed.

10 Points

C. Approach and Methodology

The Applicant has clearly and concisely demonstrated the proposed approach and methodology is effective and efficient in addressing the goals of the solicitation and the needs of the Hawaiian community by showing a step-by-step progression of services that will effectively assist client with multiple barriers to obtain a successful outcome.

12 Points

D. Performance Outputs and Outcomes

The Applicant has clearly and concisely demonstrated the feasible, realistic and effective program outputs and outcomes are proposed. If the Applicant proposed additional outputs or outcomes, sufficient description of the relevancy of proposed measures is provided. Sufficient detail on how the outputs and outcomes will be tracked and documented in files and program records are provided

10 Points

E. Leveraging

The Applicant has clearly and concisely demonstrated capability to leverage other public or private funding and indicated the amount of leveraged monetary support provided by the agency or any of its partners.

2 Points

Each dollar of leverage proposed per dollar saved earns one (1) points, up to a maximum of 5 points. Leverage match amounts greater than the 5:1 ratio shall receive full points.

3 Points

F. Program Reporting

The Applicant has clearly and concisely demonstrated capacity to provide complete, accurate and timely reports on program performance.

5 Points

4. Financial (15 points)

A. Pricing Structure

The Applicant has demonstrated that the proposed costs are reasonable and necessary by providing adequate information and justification for all cost items. Matching in-kind staff support requirement met.

10 Points

B. Other Financial Related Materials

(1) Accounting System: The Applicant has clearly and concisely demonstrated the adequacy of Applicant's accounting system and procedures to assure proper and sound fiscal administration of funding and timely reporting.

3 Points

(2) Need for Funding: The Applicant has clearly and concisely demonstrated the need for funding and provided the planned and anticipated total project budget.

2 points

Total Points 105

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the Contract to each Applicant.

Section 5

Attachments

- A. Proposal Application and Identification Form
- B. Proposal Application Checklist
- C. Sample Proposal Application Table of Contents
- D. Sample Cost Proposal (Budget) Forms
- E. General Conditions
- F. Performance Outputs and Outcomes Measurement Table

Attachment A

**Proposal Application Identification
Form
(SPO – H200 and 200A)**

**This is a “protected” form which should be completed
on-line then printed**

**Refer to the SPO website at:
<http://spo.hawaii.gov/all-forms/>**

STATE OF HAWAII
STATE PROCUREMENT OFFICE
CHAPTER 103F, HRS

PROPOSAL APPLICATION IDENTIFICATION FORM

FORM SPO-H 200
INSTRUCTIONS

- **State Agency Issuing RFP:** Enter the name of the state agency issuing the RFP.
 - **RFP Number and RFP Title:** Enter the RFP number and title as it is stated in the RFP.
 - **Initial or Final Revised Proposal:** Check whether this is 1) an initial proposal, or 2) a final revised proposal (best and final offer). If this is a final revised proposal enter the sections being submitted.
1. **Applicant Information**

Enter the legal name of the applicant as registered with the Department of Commerce and Consumer Affairs Business Registration Division.

If the applicant is doing business under another name (DBA) enter the DBA. If the applicant does not have a DBA, leave it blank.

Enter the street address and mailing address of the applicant. If the mailing address is the same as the street address, "same" may be entered for the mailing address.

Enter the name, title, phone number, fax number and e-mail address of the point of contact for matters pertaining to the application. Ensure the person knows they are listed as the point of contact.
 2. **Business Information**

Check the type of business entity at the time of the proposal submittal.

As applicable, enter the state of incorporation and date incorporated.
 3. **Proposal Information**

Enter the geographic area to be served as required by the RFP.

Enter the target group to be served as required by the RFP.
 4. **Funding Request**

As specified in the RFP, enter the funding request by fiscal year.
- **Authorized Representative:** The applicant or authorized representative must sign the application. Enter the name, title and date signed.

STATE OF HAWAII
STATE PROCUREMENT OFFICE
PROPOSAL APPLICATION IDENTIFICATION FORM

STATE AGENCY ISSUING RFP: _____

RFP NUMBER: _____

RFP TITLE: _____

Check one:

☐ Initial Proposal Application

☐ Final Revised Proposal (Completed Items _____ - _____ only)

1. APPLICANT INFORMATION

Legal Name:

Doing Business As:

Street Address:

Mailing Address:

Contact person for matters involving this application:
Name:

Title:

Phone Number:

Fax Number:

e-mail:

2. BUSINESS INFORMATION

Type of Business Entity (*check one*):

☐ Non-Profit Corporation

☐ Limited Liability Company

☐ Sole Proprietorship

☐ For-Profit Corporation

☐ Partnership

If applicable, state of incorporation and date incorporated:

State: _____ Date: _____

3. PROPOSAL INFORMATION

Geographic area(s):

Target group(s):

4. FUNDING REQUEST

FY _____

FY _____

FY _____

FY _____

FY _____

FY _____

Grand Total _____

I certify that the information provided above is to the best of my knowledge true and correct.

Authorized Representative Signature

Date Signed

Name and Title

\

Attachment B

Proposal Application Checklist

Proposal Application Checklist

Attachment B

Applicant: _____ RFP No.: _____

The Applicant's proposal must contain the following components in the order shown below. Return this checklist to the OHA as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance	Section 1, RFP	SPO Website*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	N/A	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	N/A	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	N/A	
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP	N/A	
Debarment & Suspension		Section 5, RFP	N/A	
Drug Free Workplace		Section 5, RFP	N/A	
Lobbying		Section 5, RFP	N/A	
Program Fraud Civil Remedies Act		Section 5, RFP	N/A	
Environmental Tobacco Smoke		Section 5, RFP	N/A	
Program Specific Requirements:				

*Refer to Section 1.2, Website Reference for website address.

Attachment C

(SPO 200A)

Sample Proposal Application Table of Contents

Proposal Application Table of Contents

Attachment C

1.0	Program Overview	1
2.0	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities	6
3.0	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
4.0	Service Delivery	12
5.0	Financial.....	20
	See Attachments for Cost Proposal	
6.0	Litigation.....	20
7.0	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

Attachment D

Sample Cost Proposal (Budget) Forms

(SPO – H- 205 and 206A - 206I)

**This is a “protected” form which should be
completed on-line then printed**

Refer to the SPO website at:
<http://spo.hawaii.gov/all-forms/>

COST PROPOSAL (BUDGET) FORMS
(INSTRUCTIONS AND SAMPLES)
ON
PURCHASES OF HEALTH AND HUMAN SERVICES

(Chapter 103F, Hawaii Revised Statutes)

Form No.	Form Title
SPO-H-205	Budget
SPO-H-206A	Budget Justification-Personnel: Salaries & Wages
SPO-H-206B	Budget Justification-Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification-Travel: Inter-Island
SPO-H-206D	Budget Justification-Travel: Out of State
SPO-H-206E	Budget Justification-Contractual Services: Administrative
SPO-H-206F	Budget Justification-Contractual Services: Subcontracts
SPO-H-206G	Budget Justification-Depreciation
SPO-H-206H	Budget Justification-Program Activities
SPO-H-206I	Budget Justification-Equipment Purchases

Don't forget the Cost Principles (SPOH 201)

Instructions for Completing FORM SPO-H-205 BUDGET

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request for Proposal (RFP) identifying number for this service activity.
Column (a) Budget Request	Budget Request. Enter the requested budget amounts for each cost item listed. Use the Cost Principles included in the RFP as a guide to determine which costs are allowed.
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for columns (a) through (d).
SOURCES OF FUNDING: (a) (b) (c) (d)	Identify all sources of funding to be used for this service activity.
TOTAL REVENUE	Enter the sum of all revenue sources cited above.
Budget Prepared by:	Type or print the name of the person who prepared the budget request and their telephone number. If there are any questions or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

SPECIAL INSTRUCTIONS:

<p>Column (b):</p> <p>All Matching Fund must be indicated in Column (b). The Applicant shall submit commitment of dedicated matching whether it is staff time, other in-kind, and/or cash match. If awarded, matching staff time, other in-kind, and/or cash match will be dedicated and made part of the program and included in the Contract agreement.</p>
<p>Column (c):</p>
<p>Column (d):</p>

BUDGET

(Period _____ to _____)

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

BUDGET CATEGORIES		Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST					
1. Salaries		70,250			
2. Payroll Taxes & Assessments		7,643			
3. Fringe Benefits		11,451			
TOTAL PERSONNEL COST		89,344			
B. OTHER CURRENT EXPENSES					
1. Airfare, Inter-Island		500			
2. Airfare, Out-of-State		800			
3. Audit Services		500			
4. Contractual Services - Administrative		900			
5. Contractual Services - Subcontracts		900			
6. Insurance		2,000			
7. Lease/Rental of Equipment					
8. Lease/Rental of Motor Vehicle					
9. Lease/Rental of Space					
10. Mileage		400			
11. Postage, Freight & Delivery		200			
12. Publication & Printing		100			
13. Repair & Maintenance		200			
14. Staff Training		100			
15. Substance/Per Diem		1,200			
16. Supplies		1,000			
17. Telecommunication		1,200			
18. Transportation		215			
19. Utilities		3,000			
20.					
21.					
22.					
23.					
TOTAL OTHER CURRENT EXPENSES		13,215			
C. EQUIPMENT PURCHASES		500			
D. MOTOR VEHICLE PURCHASES		9,750			
TOTAL (A+B+C+D)		\$112,809			
SOURCES OF FUNDING			Budget Prepared By:		
(a) Budget Request	\$112,809	Joe E. Hawai'i			999-9999
(b) Funds Raised		Name (Please type or print)			Phone
(c) Program Income					02/14/97
(d)		Signature of Authorized Official			Date
		LEE D. BUSS, Executive Director			
		Name and Title (Please type or print)			
TOTAL REVENUE		\$112,809	For State Agency Use Only		
		Signature of Reviewer			Date

**Instructions for Completing
FORM SPO-H-206A BUDGET JUSTIFICATION
PERSONNEL - SALARIES & WAGES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
POSITION NO.	Enter each employee's position number.
POSITION TITLE	Enter the position title for each identified position.
FULL TIME EQUIVALENT to Organization.	Enter the full-time equivalency of employees to the organization (i.e., full-time is 1.0; half-time is 0.5). If the employee is employed on an hourly basis, estimate the FTE and indicate it is an estimation in the justification/comments section.
ANNUAL SALARY Including Budgeted Salary Increase (A)	Enter the employee's annual salary. If part-time, report what employee actually earns for the year. If employed on an hourly basis, estimate the annual salary and indicate the hourly wage in the comments section (e.g., \$6.00/hr).
% OF TIME BUDGETED to the Contract (B)	Enter the percentage of employees' time charged to the budget for this contract. (e.g., if the employee is employed by the organization at 0.5 FTE and half of that time is for this contract, the percentage will be 50%).
TOTAL SALARY BUDGETED to the Contract (AxB)	Enter the salary budgeted. This should be the result of multiplying (A) x (B). If it is not, a full explanation must be given. At the bottom of this column, enter the TOTAL of this column. It must correspond to the Salaries budgeted for the contract.
JUSTIFICATION/ COMMENTS:	Provide any other comments or explanations. Attach additional sheets, if necessary.

[illegible]

**Instructions for Completing
FORM SPO-H-206B BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, & FRINGE BENEFITS**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
TYPE	
Payroll Taxes-Social Security and Unemployment	Indicate the total amount for Social Security and Unemployment Insurance.
Assessments - Workers' Compensation & TDI	Indicate the total amount charged for Workers' Compensation and Temporary Disability Insurance assessments.
BASIS OF FRINGE ASSESSMENTS	
Health Insurance	Indicate the basis of the fringe benefit assessment for health insurance. For example, if an employer is contributing toward the cost of a health insurance plan for its employees and is passing the cost on to the budget, the basis for the assessment to the budget should be indicated, e.g., the percentage of the employer's contribution toward the plan.
Retirement	Indicate the basis of the fringe benefit assessment for retirement. For example, if an employer is making a contribution towards a retirement plan for employees, the basis for the assessment to the budget should be indicated, e.g., the employer's contribution toward the plan based on a percentage (specify) of employee's salaries.
JUSTIFICATION/ COMMENTS:	Provide any other comments or explanations. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: XYZ Hawaii, Inc.
RFP No.: ABC-123
Contract No. (As Applicable): DHS-97-001
Period: 07/01/95 to 06/30/96
Date Prepared: 02/14

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	As required by law	5,374
Unemployment Insurance (Federal)	As required by law	As required by law	281
Unemployment Insurance (State)	As required by law	As required by law	1,370
Worker's Compensation	As required by law	As required by law	520
Temporary Disability Insurance	As required by law	As required by law	98
SUBTOTAL:			7,643
FRINGE BENEFITS:			
Health Insurance	Personnel Policy	6.35	4,461
Retirement	Personnel Policy	9.95	6,990
SUBTOTAL:			\$11,451
TOTAL:			\$19,094
JUSTIFICATION/COMMENTS:			

**Instructions for Completing
FORM SPO-H-206C BUDGET JUSTIFICATION
TRAVEL - INTER-ISLAND**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF EMPLOYEE & TITLE	Enter name and/or position title for individual(s) who will be traveling.
DESTINATION	Enter destination and purpose of travel (e.g., training, provision of services, etc.) Travel must be directly related to the program.
NO. DAYS	Enter the estimated number of days of travel.
PER DIEM A	Enter the per diem or subsistence amount requested (i.e., per diem rate multiplied by the number of days of travel.) Per diem should be based on the applicant's per diem policy and should not exceed the maximum allowed by the state purchasing agency.
AIR FARE B	Enter the cost of airfare. First-class travel is not allowed.
TRANSPORTATION C	Enter the estimated cost of ground transportation, based on the applicant's ground transportation policy.
TOTAL	Enter column totals for columns A, B and C and the total travel cost (A+B+C). If the purpose of travel relates to two or more programs, costs for the per diem or subsistence, airfare, and taxi/bus/car should be prorated in accord with a cost allocation method approved by the state purchasing agency.
JUSTIFICATION/ COMMENTS:	Justify the need for travel for the delivery of this service activity. Enter additional explanations. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
TRAVEL - INTER-ISLAND**

Applicant/Provider: XYZ Hawaii, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

Period: 07/01/95 to 06/30/96

Date Prepared: 02/14/95

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
1 Mary Smith, Program Director	O'ahu (Training)	2	100	100	30	230
2 Susan Yamamoto, Case Manager	O'ahu (Training)	2	100	100	10	210
3 Jane Taylor, Social Worker	Moloka'i (Provider Services)	1	30	100	5	135
4 Patrick Lau, Counselor	Moloka'i (Provider Services)	1	30	100	5	135
5 John Ota, Social Worker	Moloka'i (Provider Services)	1	30	100	5	135
SAMPLE						
TOTAL:		7	\$290	\$500	\$55	\$845

JUSTIFICATION/COMMENTS:

1 and 2 = To attend training related to the provision of advocacy services for clients.
3, 4, and 5 = To provide advocacy services for clients living on Molokai as contracted.

**Instructions for Completing
FORM SPO-H-206D BUDGET JUSTIFICATION
TRAVEL - OUT OF STATE**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF EMPLOYEE & TITLE	Enter name and/or position title for individual(s) who will be traveling.
DESTINATION	Enter destination and purpose of travel (e.g., training, provision of services, etc.) Travel must be directly related to the program.
NO. DAYS	Enter the estimated number of days of travel.
PER DIEM A	Enter the per diem or subsistence amount requested (i.e., per diem rate multiplied by the number of days of travel.) Per diem should be based on the applicant's per diem policy and should not exceed the maximum allowed by the state purchasing agency.
AIR FARE B	Enter the cost of airfare. First-class travel is not allowed.
TRANSPORTATION C	Enter the estimated cost of ground transportation, based on the applicant's ground transportation policy.
TOTAL	Enter column totals for columns A, B and C and the total travel cost (A+B+C). If the purpose of travel relates to two or more programs, costs for the per diem or subsistence, airfare, and taxi/bus/car should be prorated in accord with a cost allocation method approved by the state purchasing agency.
JUSTIFICATION/ COMMENTS:	Explain need for travel, for delivery of this service activity. Attach additional sheets, if necessary. Prior approval from the state purchasing agency is needed for out-of-state travel.

Date Prepared: 02/14/95

[illegible]

1. and 2. = To attend the national conference on client advocacy, presenting the nation's foremost advocacy experts and to make a presentation on Hawaii's advocacy programs.

**Instructions for Completing
FORM SPO-H-206E BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF BUSINESS OR INDIVIDUAL	Enter the business or individual you are contracting with. If the firm or individual is not known at the time of preparation, enter "(UNKNOWN, to be selected)"
TOTAL BUDGETED	Enter the projected cost to be charged to the budget.
SERVICES PROVIDED	Identify the specific service(s) you are contracting for, with the business or individual (e.g., payroll services, occupational therapy, physical therapy, etc.)
TOTAL	Add the "Total Budgeted" column and enter the sum of the amounts listed.
JUSTIFICATION/ COMMENTS:	Justify the need for contractual services in the delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

Applicant/Provider: XYZ Hawaii, Inc. Period: 07/01/98 to 06/30/98 Date Prepared: 02/14/95
RFP No.: ABC-123
Contract No. (As Applicable): DHS-97-001

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
Accountants, Inc.	600	Payroll Services	Personnel payroll services
Life Therapeutic	1200	Occupational Therapy	Required for periodic client evaluations.
TOTAL:	\$1,800		

SAMPLE

**Instructions for Completing
FORM SPO-H-206F BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - SUBCONTRACTS**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF ORGANIZATION OR INDIVIDUAL	Enter the organization or individual you are contracting with. If the firm or individual is not known at the time of preparation, enter "(UNKNOWN, to be selected)"
TOTAL BUDGETED	Enter the projected cost to be charged to the budget.
SERVICES PROVIDED	Identify the specific service(s) you are contracting for, with the organization or individual (e.g., payroll services, occupational therapy, physical therapy, etc.)
TOTAL	Add the "Total Budgeted" column and enter the sum of the amounts listed.
JUSTIFICATION/ COMMENTS:	Justify the need for contractual services in the delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - SUBCONTRACTS**

Applicant/Provider: XYZ Hawaii, Inc. Period: 07/01/95 to 06/30/96 Date Prepared: 02/14/95
RFP No.: ABC-123
Contract No. (As Applicable): DHS-97-001

NAME OF ORGANIZATION OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
Med Eval, Inc.	2,500	client evaluations	specialized services
TOTAL:	\$2,500		

SAMPLE

**Instructions for Completing
FORM SPO-H-206G BUDGET JUSTIFICATION
DEPRECIATION**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
ITEM	Identify the item to be depreciated individually. Do not group items by asset title.
AQUISITION COST	Purchase price paid to acquire the item(s).
AQUISITION DATE	Date item was acquired.
USEFUL LIFE	Estimate the useful life of the item as determined by Internal Revenue Service guidelines.
METHOD OF DEPREC.	Use the straight line method of depreciation. Other methods require prior approval from the state purchasing agency.
PREVIOUS DEPREC. TAKEN	Enter total amount of any depreciation claim previously taken (i.e., depreciation taken on income tax returns.)
DEPRECIATED EXPENSE	Enter the amount for each depreciation expense item.
PERCENT ALLOCATED	Enter the percentage of the depreciation allocated to this proposal.
DEPRECIATION ALLOCATED	Enter the amount requested for each depreciation expense item. This should be the depreciated expense multiplied by the percent allocated.
JUSTIFICATION/ COMMENTS:	Describe the need for the depreciated items, for the delivery of the contracted service. Explain why depreciation of the expense is appropriate. Provide other comments or explanations. Attach additional sheets, if necessary.

Date Prepared: 02/14/98

ITEM PLEASE IDENTIFY EACH ASSET DO NOT GROUP BY ASSET TITLE	ACQUISITION DATE	ACQUISITION COST	USEFUL LIFE	METHOD OF DEPRECIATION	PREVIOUS DEPRECIATION TAKEN	DEPRECIATION EXPENSE	% ALLOCATED	DEPRECIATION ALLOCATED
Computer	07/01/93	1600	5	SL	640	320	10	32.00
File Cabinet	07/01/93	322	10	SL	32	32	10	3.20
Desk	07/01/93	266	10	SL	74	27	10	2.70
Chair	07/01/93	200E	10	SL	0	20	10	2.00
TOTAL:								\$39.90

SAMPLE

JUSTIFICATION/COMMENTS:
Office equipment to be used for Kona program office exclusively
E = Estimate
SL = Straight Line Method

**Instructions for Completing
FORM SPO-H-206H BUDGET JUSTIFICATION
PROGRAM ACTIVITIES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
DESCRIPTION	Identify item(s) individually. Do not group by category titles.
AMOUNT	Enter the dollar amount of the item that will be charged to the budget for this service activity.
TOTAL	Enter total amount.
JUSTIFICATION/ COMMENTS:	Justify the need for the item, for delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

Applicant/Provider: XYZ Hawai'i, Inc.
RFP No.: ABC-123
Contract No. (As Applicable): DHS-97-001

Period: 07/01/95 to 06/30/96

SAMPLE

[illegible]

**Instructions for Completing
FORM SPO-H-206I BUDGET JUSTIFICATION
EQUIPMENT PURCHASES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
DESCRIPTION OF EQUIPMENT	Identify the type of equipment to be purchased.
NO. OF ITEMS	Enter the number of unit(s) to be purchased.
COST PER ITEM	Enter the estimated costs for each unit.
TOTAL COST	Calculate the total cost for each type of equipment, by multiplying number of units by cost per unit.
TOTAL BUDGETED	Enter the dollar amount of the equipment costs that will be charged to the budget for this service activity. This amount will be entered as budget "category C. EQUIPMENT" in your budget.
JUSTIFICATION/ COMMENTS:	Justify the need for equipment for the delivery of this service activity. Enter additional explanations. Attach additional sheets, if necessary.

Date Prepared:

DESCRIPTION OF EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Printer (Model DXZ-2)	2	250	500	500
TOTAL:				\$500

JUSTIFICATION/COMMENTS:
Printer needed for production of work books used by clients. Printers will be located at our Pearl City office.

Attachment E

General Conditions

GENERAL CONDITIONS

1. COORDINATION AND REPORTS

The work performed under this Agreement shall be coordinated with OHA's Transitional Assistance Staff or his/her designee, hereinafter referred to as "Grant Monitor", who will act as the principal liaison between the CONTRACTOR and OHA and who will assist in resolving policy questions, expediting decisions, and reviewing the work performed.

It shall be the responsibility of the CONTRACTOR to maintain close and frequent communication with the Grant Monitor at all stages of the work required under this Agreement. The CONTRACTOR shall coordinate and schedule site visits with an OHA representative as OHA deems appropriate in OHA's sole discretion. Such site visits may include, but not necessarily be limited to, access to all project-related activities, organized events, invoices, receipts, evaluation records and other documents as deemed necessary by OHA's representatives.

The CONTRACTOR shall submit to the Grant Monitor Narrative Reports, Expenditure Reports, and Invoices describing the status of program activities, deliverables, approximate percentage completed to date, and other information required by OHA for its monitoring and evaluation process. The CONTRACTOR shall submit these reports in the appropriate formats and within deadlines specified by the Grant Monitor.

2. RECORDS MAINTENANCE, RETENTION, AND ACCESS

The CONTRACTOR shall, in accordance with generally acceptable accounting practices, maintain fiscal records and supporting documents and related files, papers, and reports that adequately reflect all direct and indirect expenditures and management and fiscal practices related to the CONTRACTOR's performance of services under this Contract. OHA, the comptroller of the State of Hawai'i, and any of their authorized representatives, the Committees

(and their staff) of the Legislature of the State of Hawai'i, and the Legislative Auditor of the State of Hawai'i shall have the right of access to any book, document, paper, file, or other record of the CONTRACTOR (and of any of its subcontractors) that is related to the performance of services under this Contract in order to conduct an audit or other examination or to make excerpts and transcripts for the purposes of monitoring and evaluating both the CONTRACTOR's performance of services and the CONTRACTOR's program management and fiscal practices to assure the proper and effective expenditure of funds under this Agreement. The CONTRACTOR shall cooperate and participate in all monitoring and evaluation of activities under this Contract.

The right of access shall not be limited to the required retention period but shall last as long as the records are retained. The CONTRACTOR shall retain all records related to the CONTRACTOR's performance of services under this Contract for at least THREE (3) years after the date of submission of the CONTRACTOR's final expenditure report, except that if any litigation, claim, negotiation, investigation, audit, or other action involving the records has been started before the expiration of the three-year period, the CONTRACTOR shall retain the records until completion of the action and resolution of all issues that arise from it, or until the end of the regular three (3) year retention period, whichever occurs later.

3. INDEPENDENT GRANTEE STATUS AND RESPONSIBILITIES

In the performance of the services required under this Agreement, the CONTRACTOR shall be an "independent contractor" (which status shall be considered for all purposes the same as that of an independent contractor) with the authority to control and direct the performance and details of the work and services required under this Contract; however, OHA shall have a general right to inspect the work in progress to determine whether, in OHA's opinion, the services are being performed by the CONTRACTOR in accordance with the provisions of this Contract. All

hired or used by the CONTRACTOR shall be the CONTRACTOR's employees and agents and the CONTRACTOR shall insure that such persons are qualified to engage in the activity and services in which they participate. The CONTRACTOR shall be responsible for the accuracy, completeness, and adequacy of any and all work and services performed by the CONTRACTOR's employees and agents and shall insure that all applicable licensing and operating requirements of the State, Federal, and County governments and all applicable accreditation and other standards of quality generally accepted in the field of the CONTRACTOR's activities are complied with and satisfactorily met. Furthermore, the CONTRACTOR intentionally, voluntarily, and knowingly assumes the sole and entire liability (if any such liability is determined to exist) to its employees and agents or to other persons for all loss, damage, or injury caused by the CONTRACTOR's employees and agents in the course of their employment. The mere participation in the performance of services under this Contract shall not constitute nor be construed as employment with the State of Hawai'i or OHA and shall not entitle the CONTRACTOR or the CONTRACTOR's employees, agents, or subcontractors to vacation, sick leave, retirement, or other benefits afforded State or OHA employees by statute. The CONTRACTOR shall be responsible for payment of applicable income, social security, and any other Federal, State, or County taxes and fees.

4. ACKNOWLEDGEMENT OF OHA SUPPORT

The CONTRACTOR recognizes that OHA requires appropriate public acknowledgement for funding CONTRACTOR's project and agrees to issue a press release acknowledging that support upon receipt of OHA's Notice of Award letter prior to the release of any funds. The CONTRACTOR further acknowledges and agrees that accepting and depositing grant funds from OHA does not in any form or manner further obligate or impose any legal obligations upon OHA for CONTRACTOR's project. All relevant legal obligations and liabilities are the sole responsibility of

the CONTRACTOR and any of its subcontractors. CONTRACTOR shall also acknowledge the support of OHA in all publicity, publications, and other materials produced in connection with this CONTRACT and shall prominently cite the underwriting/sponsorship of OHA in any promotional events and materials, which become an integral part of the effort.

5. ASSIGNMENTS

The CONTRACTOR shall not assign any part of the money that may be distributed to the CONTRACTOR pursuant to this Contract without the prior written consent and approval of OHA. OHA may condition any consent and approval upon such terms and provisions that OHA may deem necessary. Furthermore, no assignment of claims for money due or to become due to the CONTRACTOR under the Contract shall be effective unless the assignment of such claims is first approved by OHA.

6. INDEMNIFICATION

The CONTRACTOR shall defend, indemnify and hold harmless OHA, and its Trustees, employees, and agents from any and all actions, claims, suits, damages and expenses, including attorney fees, costs and judgments arising, either directly or indirectly, out of or resulting from the errors, omissions or acts of the CONTRACTOR or the CONTRACTOR's officers, employees, agents, subcontractors, or volunteers occurring during or in connection with the performance of the CONTRACTOR's services under this Contract.

7. OTHER CONDITIONS OF USE OF FUNDS

The CONTRACTOR shall not use any funds involved in this Contract for purposes of entertainment or perquisites and shall comply with any and all conditions applicable to the funds to be paid under this Contract, including those conditions made applicable by provisions of appropriation acts of the Legislature or by statute or administrative rules adopted pursuant to law.

8. CONFIDENTIALITY OF MATERIAL

Any information, data, report, record or material given to or prepared or assembled by the CONTRACTOR under this Contract shall be confidential and shall not be made available to any individual or organization by CONTRACTOR without prior written approval of OHA. A violation of this Section shall be a material violation of this Contract.

If it appears that the CONTRACTOR Contract has disclosed (or has threatened to disclose) information in violation of this Contract, OHA shall be entitled to an injunction to restrain the CONTRACTOR from disclosing, in whole or in part, such information, or from providing any services to any party to whom such information has been disclosed or may be disclosed. OHA shall not be prohibited by this provision from pursuing other remedies, including a claim for losses and damages. The confidentiality provisions of this Contract shall remain in full force and effect after termination of this Contract.

9. CONFLICT OF INTEREST/DISCLOSURE

The CONTRACTOR represents that the CONTRACTOR presently has no interest and promises that the CONTRACTOR shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of the services under this Contract.

The CONTRACTOR is required to disclose any outside activities or interests, including ownership or participation in any activity that conflicts or may conflict with the best interests of OHA. Prompt disclosure is required under this Section if the activity or interest is related, directly or indirectly, to any activity that the CONTRACTOR may be involved with on behalf of OHA.

10. RETURN OF RECORDS/PROPERTY OF OHA

Unless OHA otherwise determines in its sole discretion to the contrary and notifies the

CONTRACTOR accordingly in writing, the CONTRACTOR shall, upon termination of this Contract as provided hereinafter, deliver all finished or unfinished documents, reports, summaries, lists, charts, graphs, maps, records, notes, data, memorandum, photographs, photographic negatives, videos, or other materials prepared by the CONTRACTOR to the Grant Monitor. In addition, any and all discoveries, inventions or developments produced in whole or in part under this Contract shall become OHA's property and together with all information, data, reports, records, maps, and other materials provided to the CONTRACTOR by OHA, shall be delivered and surrendered to OHA on or before the expiration date or date of sooner termination.

11. DISPUTES

Any disputes concerning any matter of fact rising under this Contract which is not disposed of by mutual agreement within THIRTY (30) calendar days, shall be decided by the Chief Executive Officer of OHA, or the Chief Executive Officer's designated representative, who shall reduce the decision to writing and mail or otherwise furnish a copy of the decision to the CONTRACTOR. The decision of such person shall be final and conclusive. Pending final decision of such a dispute, the CONTRACTOR shall proceed diligently with the performance of services under this Contract in accordance with OHA's request.

12. TERMINATION OF CONTRACT

If, for any cause, the CONTRACTOR fails to satisfactorily fulfill in a timely and proper manner the CONTRACTOR's obligation under this Contract or breaches any of the promises, terms, or conditions of this Contract, and having been given reasonable notice of an opportunity to cure any such default and not having taken satisfactory corrective action within the time specified by OHA, OHA shall have the right to terminate this Contract by giving written notice to the CONTRACTOR of such termination at least THIRTY (30) calendar days before

the effective date of such termination. Furthermore, either party may terminate this Contract without statement of cause at any time by giving written notice to the other party of such termination at least THIRTY (30) calendar days before the effective date of such termination. In the event of sooner termination of either type, or in the event of the scheduled expiration of the time of performance specified in this Contract, copies of all finished or unfinished documents, reports, summaries, lists, charts, graphs, maps, or other material prepared by the CONTRACTOR and all discoveries, inventions, or developments produced in whole or in part under Contract shall, at the option of OHA, become OHA's property and, together with all information, data, reports, records, maps and other materials (if any) provided to the CONTRACTOR by OHA, shall be delivered and surrendered to OHA on or before the expiration date or date of sooner termination. In the event that this Contract is terminated for cause, all equipment and unused supplies and materials leased or purchased with funds paid to the CONTRACTOR under this Contract shall become the property of OHA as it so specifies and shall be disposed of as directed by OHA. In the final settlement of this Contract OHA shall review the final expenditure report of the CONTRACTOR and shall determine the amount of unexpended and unobligated funds to be refunded to OHA by the CONTRACTOR . If the termination is for cause, any other provision to the contrary notwithstanding, the CONTRACTOR shall not be relieved of liability to OHA for damages sustained because of any breach by the GRANTEE of the Contract.

13. FAILURE TO COMPLY

Failure to comply with any of the conditions of this Contract may result in the CONTRACTOR 's being deemed ineligible for funding from OHA for a period of FIVE (5) years from the date of such deeming or the termination of this Contract, whichever occurs first.

14. WAIVER OF VIOLATIONS

It is expressly understood and agreed that no waiver granted by OHA on account of any violation of any promise, term, or condition of this Contract shall constitute or be construed in any manner as a waiver of the promise, term, or condition or of the right to enforce the same as to any other or further violation.

15. MODIFICATION OF CONTRACT

Any modification, alteration, or change to this Contract, including modification of the services to be performed and/or extension of time of performance shall be made only by written supplemental Contract executed by the parties of this Contract .

16. ENTIRE CONTRACT

This Agreement contains the entire Contract of the parties and there are no other promises or conditions in any other Contract whether oral or written. This Contract supersedes any prior written or oral Contract between the parties.

17. APPLICABLE LAW

This Contract shall be governed by the laws of the State of Hawai'i.

Attachment F

Performance Outputs and Outcomes Measurement Table

PERFORMANCE OUTPUTS AND OUTCOMES MEASUREMENT TABLE

Organization: _____

All numbers should reflect **actual** expected outputs and outcomes to be achieved by the applicant. The applicant may also propose additional measures of effectiveness.

Performance Measures	2018	2019
1) Outputs		
Total number of Native Hawaiians assessed for services		
Total number of Native Hawaiians requesting information and referral services		
Total number of Native Hawaiians requesting emergency financial assistance		
Total number of Native Hawaiians requesting savings match		
Total number of Native Hawaiians enrolling in financial literacy training		
2) Outputs		
Total number of Native Hawaiians referred to relevant services		
Total number of Native Hawaiians completing financial literacy training		
Total number of Native Hawaiians provided individual financial counseling		
Total number of Native Hawaiians provided emergency financial assistance funds		
Total number of Native Hawaiians establishing an IDA		
Total dollars of emergency financial assistance provided		
Total dollars of savings match provided		