

State of Hawaii  
Department of Human Services  
Benefit, Employment and Support Services Division  
Homeless Programs Office

**Request for Proposals**

**RFP No. HMS-224-17-04-HPO**  
**Homeless Emergency Grants Program**

November 7, 2016

**NOTE:** *It is the Applicant's responsibility to access the Public Procurement Notices for Solicitations for Health and Human Services on the State Procurement Office website or to contact the RFP Contact Person identified in this RFP regarding any subsequently issued addenda for this RFP. The State shall not be responsible for an incomplete proposal submitted as a result of the Applicant's not knowing about issued addenda, including additionally requested information or attachments, regarding this RFP.*

DAVID Y. IGE  
GOVERNOR



PANKAJ BHANOT  
DIRECTOR

BRIDGET HOLTHUS  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Office of the Director  
P. O. Box 339  
Honolulu, Hawai'i 96809-0339

November 7, 2016

**MEMORANDUM**

TO: All Interested Applicants

FROM: Pankaj Bhanot  
Director *Pankaj Bhanot*

SUBJECT: HOMELESS EMERGENCY GRANTS PROGRAM REQUEST FOR PROPOSALS  
(RFP) HMS 224-17-04-HPO

The State of Hawaii, Department of Human Services (DHS), Benefit, Employment & Support Services Division (BESSD) is seeking proposals from qualified provider agencies to provide Homeless Emergency Grants services that will enable Households to receive financial assistance in order to retain their current housing or obtain permanent housing. This Request for Proposal (RFP) is valid for four and one half (4.5) years, with annual contracts commencing on (Year 1) February 1, 2017 and expiring on July 31, 2018, (Year 2) August 1, 2018-July 31, 2019, (Year 3) August 1, 2019-July 31, 2020, and (Year 4) August 1, 2020-July 31, 2021, pending the availability of funds. Multiple contracts will be awarded under this RFP.

Proposals shall be mailed, postmarked by the United States Postal Service on or before December 7, 2016. Hand delivered proposals shall be received not later than 4:30 p.m., Hawaii Standard Time (HST), on December 7, 2016, at the drop-off sites 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 BESSD Homeless Programs Office (HPO) will conduct an RFP orientation on November 16, 2016, from 9:00 a.m. to 11:00 a.m., at KHNL/KFVE New Media Center (WBC), 420 Waiakamilo Road, Suite 416A, Honolulu, Hawaii. All prospective Applicants are encouraged to attend the orientation. Neighbor island participants may join the meeting via video conferencing by going to the DHS video conferencing office sites on their islands.

The deadline for submission of written questions is 12:00 p.m., HST, on November 21, 2016. All written questions will receive a written response from the DHS on or about November 28, 2016.

Inquiries regarding this RFP should be directed to the RFP contact person, Mr. Harold Brackeen III, 820 Mililani Street, Suite 606, Honolulu, Hawaii 96813, telephone: (808) 586-7072; fax: (808) 586-5180; e-mail: [hbrackeeniii@dhs.hawaii.gov](mailto:hbrackeeniii@dhs.hawaii.gov).

Thank you for your interest. The DHS looks forward to receiving and reviewing your proposals.

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**PROPOSAL SUBMISSION DEADLINE:**  
**DECEMBER 7, 2016, 4:30 P.M., HAWAII STANDARD TIME**

THE APPLICANT IS **REQUIRED** TO SUBMIT:

**ONE (1) ELECTRONIC COPY OF THE PROPOSAL IN PORTABLE  
DOCUMENT FORMAT (PDF)**

**AND**

**ONE (1) ORIGINAL PRINTED COPY OF THE PROPOSAL.**

THE COMPLETE PROPOSAL SUBMISSION SHALL CONSIST OF **BOTH** THE ELECTRONIC COPY OF THE PROPOSAL IN PORTABLE DOCUMENT FORMAT (PDF) **AND** THE ORIGINAL PRINTED COPY OF THE PROPOSAL RECEIVED WITHIN SPECIFIED TIMELINES.

A proposal for which either the electronic copy or the printed copy is not received within the established timelines shall be considered incomplete and **SHALL NOT BE ACCEPTED** for consideration. All submissions shall become the property of the DHS.

1. An electronic copy in PDF shall be submitted by hand delivery and received by **DECEMBER 7, 2016, 4:30 P.M. HAWAII STANDARD TIME (HST)**. **NO EXCEPTIONS SHALL BE MADE.** HAND DELIVERY is considered the following:
  - A. in person to the DHS office
  - B. by private mail (e.g. FEDEX or UPS)
  - C. by email

If submitted in person to the DHS office or by private mail, the electronic copy in PDF shall be on a UNIVERSAL SERIAL BUS (USB) FLASHDRIVE/THUMBDRIVE OR A COMPACT DISC (CD) readable by a personal computer system (PCS). The USB or CD shall be received at the drop-off address listed below.

If submitted by email, the electronic copy in PDF shall be sent to the following email address: **BESSDHomelessProgram@dhs.hawaii.gov**

The Applicant bears the complete responsibility for the submission of the electronic copy of the proposal in PDF including assuring it's complete, correctly formatted, and timely submission. The Applicant assumes all risk that proposal submission may not be readable by the DHS.

2. An original printed copy shall be submitted by hand delivery or mail delivery. HAND DELIVERY is considered the following:
  - A. in person to the DHS office
  - B. by private mail (e.g. FEDEX or UPS)

MAIL DELIVERY is through the United States Postal Service (USPS).

If submitted by hand delivery, the printed copy shall be received by **DECEMBER 7, 2016, 4:30 P.M. HAWAII STANDARD TIME (HST)** at the drop-off address listed below. NO EXCEPTIONS SHALL BE MADE.

If submitted by mail delivery, the printed copy shall be **POSTMARKED BY THE USPS BY DECEMBER 7, 2016 AND RECEIVED BY DECEMBER 19, 2016, 4:30 P.M. HAWAII STANDARD TIME (HST)** at the drop-off address listed below. NO EXCEPTIONS SHALL BE MADE.

All hand delivery (in person to the DHS office or by private mail) submissions and mail delivery (USPS) submissions shall be enclosed in a sealed envelope. A cover sheet shall be included in the envelope stating the RFP number, Provider's name, contents of the envelope, and number of pages of the contents. All hand delivery (by email) submissions shall include an email cover sheet stating the RFP number, Provider's name, contents of the submission, and number of pages of the submission.

**DROP-OFF ADDRESS:** (HAND AND MAIL DELIVERY)

**Department of Human Services  
Benefit, Employment & Support Services Division  
Homeless Programs Office  
820 Mililani Street, Suite 606  
Honolulu, Hawaii 96813**

**EMAIL ADDRESS:**

**BESSDHomelessProgram@dhs.hawaii.gov**

**RFP CONTACT PERSON:**

Mr. Harold Brackeen III  
Phone: (808) 586-7072  
Email: hbrackeeniii@dhs.hawaii.gov

**BE ADVISED:**

- A. Hand delivery attempted after December 7, 2016, 4:30 p.m. Hawaii Standard Time (HST) shall not be accepted.
- B. Mail delivery received postmarked after December 7, 2016 or postmarked by December 7, 2016 but received after December 19, 2016, 4:30 p.m. Hawaii Standard Time (HST) shall not be accepted.

- C. Dated USPS shipping labels are not considered postmarked.
- D. Proposals sent by facsimile (fax) shall not be accepted.
- E. It is the Applicant's responsibility to access the Public Procurement Notices for Solicitations for Health and Human Services on the State Procurement Office website or to contact the RFP Contact Person identified in this RFP regarding any subsequently issued addenda for this RFP which may include a revision to the proposal submission deadline.

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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 State'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)	<u>November 7, 2016</u>
Distribution of RFP	<u>November 7, 2016</u>
RFP orientation session	<u>November 16, 2016</u>
Closing date for submission of written questions for written responses	<u>November 21, 2016</u>
State purchasing agency's response to Applicants' written questions	<u>November 28, 2016</u>
Discussions with Applicant prior to proposal submittal deadline (optional)	<u>November 7- November 21, 2016</u>
Proposal submittal deadline	<u>December 7, 2016</u>
Discussions with Applicant after proposal submittal deadline (optional)	<u>As needed</u>
Final revised proposals (optional)	<u>As needed</u>
Proposal evaluation period	<u>December 7-19, 2016</u>
Provider selection	<u>December 21, 2016</u>
Notice of statement of findings and decision	<u>December 21, 2016</u>
Contract start date	<u>February 1, 2017</u>

## 1.2 Website Reference

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

## 1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. 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 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 will be evaluated by the state purchasing agency.

**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:

Department of Human Services  
Benefit, Employment and Support Services Division  
Homeless Programs Office  
820 Mililani Street, Suite 606  
Honolulu, Hawaii 96813

## 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.

Mr. Harold Brackeen III  
Phone: (808) 586-7072  
Email: [hbrackeeniii@dhs.hawaii.gov](mailto:hbrackeeniii@dhs.hawaii.gov)

## 1.7 Orientation

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

**Date:** November 16, 2016                      **Time:** 9:00 a.m. – 11:00 a.m. HST

**Location:** Department of Human Services, Benefits, Employment, and Support Services Division (BESSD) Video Conferencing Center (VCC) locations as follows:

- Honolulu, Oahu, HI: KHNL/KFVE New Media Center (WBC), 420 Waiakamilo Road, Suite 416A
- Hilo, Hawaii, HI: Kinoole Shopping Center, 1990 Kinoole St., Suite 108
- Kona, Hawaii, HI: Kona Center, 75-5722 Hanama Pl., Room 1105
- Wailuku, Maui, HI: Waiehu Beach Center, 270 Waiehu Beach Rd., Suite 107
- Lihue, Kauai, HI: Dynasty Court, 4473 Pahee St., Suite G

The orientation shall be held live at the Honolulu location listed above and via videoconference at the other locations. To attend the orientation the Applicant shall contact Mr. Harold Brackeen III at (808) 586-7072 or [hbrackeeniii@dhs.hawaii.gov](mailto:hbrackeeniii@dhs.hawaii.gov) as soon as possible and provide their name, agency, telephone number, and email address as well as the number of people planning to attend the meeting.

If the Applicant would like to attend but is unable to participate at one of the video conferencing centers listed above, a teleconference option will be made available. The Applicant shall contact Mr. Harold Brackeen III at (808) 586-7072 or [hbrackeeniii@dhs.hawaii.gov](mailto:hbrackeeniii@dhs.hawaii.gov) at least two days before the orientation and provide the same information detailed above to participate via teleconference.

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 state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency'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 purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

**Date:** November 21, 2016      **Time:** 12:00 p.m.      HST

State agency responses to Applicant written questions will be provided by:

**Date:** November 28, 2016

## 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 Applicants 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 state purchasing agency.
  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)**. 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 the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals**. Multiple proposals shall be accepted but alternate proposals shall not be accepted (see Service Specifications, Section 2 of this RFP).
- D. **Provider Compliance**. All Providers shall comply with all laws governing entities doing business in the State.
1. **Tax Clearance**. Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, Providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal

Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.

2. **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 (DLIR) website address.
3. **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 (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.

Providers may register with Hawaii Compliance Express (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.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the Providers. All certificates must be valid on the date it is received by the purchasing agency. 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 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.**

FOR PROPOSAL SUBMISSION INFORMATION REGARDING THIS RFP PLEASE REFER TO PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET AT THE BEGINNING OF THIS RFP.

### **1.10 Discussions with Applicants**

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential Applicants to promote understanding of the purchasing agency'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 state purchasing agency'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 state purchasing agency 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 state purchasing agency, each Applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

### **1.13 RFP Amendments**

The State 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 state purchasing agency. 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 Proposal**

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 State.

### **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 purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency'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 Providers' resources, shall not disqualify Providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

### **1.18 Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate 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 or more of the following reasons:

- A. Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
- B. Rejection for inadequate accounting system. (HAR §3-141-202)
- C. Late proposals (HAR §3-143-603)
- D. Inadequate response to request for proposals (HAR §3-143-609)
- E. Proposal not responsive (HAR §3-143-610(a)(1))
- F. 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 agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, 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 unless otherwise agreed between the State and the Provider (i.e. via a Notice to Proceed). The State of Hawaii 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:

- A. A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- B. A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- C. A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five 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 state purchasing agency.

<b>Head of State Purchasing Agency and Procurement Officer</b>
Director of the Department of Human Services
Mailing Address: 1390 Miller Street Honolulu, Hawaii 96813
Business Address: 1390 Miller Street Honolulu, Hawaii 96813

### **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 Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

### **1.22 General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, 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, state purchasing agencies 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.

## **Section 2**

# **Service Specifications**

## 2.1 Definitions

“Administrative Costs” means costs for general management, oversight, coordination, evaluation and reporting on contracted services. Such costs do not include costs directly related to carrying out contracted services, since those costs are eligible as Operating Costs (see below).

“Applicant” means an eligible profit or non-profit organization submitting proposal application(s) to receive funds from any of the State Homeless Programs.

“At Risk” and “at risk of becoming Homeless” are used interchangeably and means an individual or Family who will lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 45 days of the date of application for Homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or Family lacks the resources or support networks, e.g., Family, friends, faith-based or other social networks, needed to obtain other permanent housing;

“Chronically Homeless” means an individual or Family that: 1) is Homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; and 2) has been Homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions [defined below] in the last 3 years where those occasions cumulatively total at least 12 months; and 3) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance abuse disorder, serious mental illness, developmental disability (as defined by HUD regulations), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions; the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently.

“Client costs” means costs directly benefiting a participant, provided directly to the client or paid on behalf of the participants. Examples include but are not limited to subsidies, deposits or rental assistance paid to a landlord/managing agent, payment of utility deposits or arrears or purchase of goods or supplies which the participant receives directly.

“Continuum of Care” and “CoC” are used interchangeably in this document and mean the planning bodies required by the U.S. Department of Housing and Urban Development (HUD) to carry out the responsibilities defined under 24 CFR Part 578 (Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program). A CoC is a group composed of representatives of organizations, including nonprofit Homeless Providers, victim service Providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service Providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement,

organizations that serve Homeless and formerly Homeless veterans, and Homeless and formerly Homeless persons to the extent these groups are represented within the geographic area and are available to participate. A CoC is responsible for coordinating funding, policies, strategies and activities toward ending Homelessness in a designated geographic region, including but not limited to plans and oversight for use of HUD CoC funding.

“Coordinated entry system” (CES) is a fair, immediate, low barrier, person-centered process that helps communities prioritize housing assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes provide information about service needs and gaps to help communities plan their assistance and identify needed resources. All coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decision making processes.

“Family” means:

1. Two or more persons who live or intend to live together as a unit, one of whom is a minor, under 18 years of age, related by blood, marriage, or operation of law, including foster children and hanai children; or
2. A person who is pregnant or in the process of securing legal custody of a minor child or children.

“Homeless” means:

1. An individual or Family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or Family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or Family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or Family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for Homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or Family

lacks the resources or support networks, e.g., Family, friends, faith-based or other social networks, needed to obtain other permanent housing;

3. Any individual or Family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a Family member, including a child, that has either taken place within the individual's or Family's primary nighttime residence or has made the individual or Family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., Family, friends, and faith-based or other social networks, to obtain other permanent housing.

“Homeless Management Information System” and “HMIS” are used interchangeably in this document and mean the information system designated by the CoC to comply with the HMIS requirements prescribed by HUD.

“Household” means all the people who occupy a housing unit. A household includes the related Family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.

“Housing First” means the definition given in Section 2.4 of this RFP. Proposals submitted must follow this format and instructions.

“Imminent Risk of Homelessness” means an individual or Family who will imminently lose (within 14 days) their primary nighttime residence provided that no subsequent residence has been identified and the individual or Family lacks the resources or support networks needed to obtain other permanent housing.

“Interim Housing” refers to a short-term housing arrangement offered to a Participant that is waiting to move into a housing unit of their choice. The Participant may have obtained all of the documents necessary to enter into a rental lease, but a permanent unit may not be readily accessible. Interim housing achieves the goal of immediately exiting an individual from Homelessness, providing safe temporary housing, during which time the Provider and HF will work to determine the Participant's housing preferences that will guide the search for safe and affordable housing units including meeting landlords, signing leases, and setting up households. It is anticipated this process will take approximately two weeks.

“Occasions” (under chronically Homeless definition, see Section 2.1G) are defined by a break of at least seven nights not residing in an emergency shelter, safe haven, or residing in a place meant for human habitation (e.g., with a friend or Family). Stays of fewer than seven nights residing in a place meant for human habitation, or not in an emergency shelter or safe haven do not constitute a break and count toward total time Homeless. Stays in institutions of fewer than 90 days where they

were residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven immediately prior to entering the institution, do not constitute as a break and the time in the institution counts towards the total time Homeless. Where a stay in an institution is 90 days or longer, the entire time is counted as a break and none of the time in the institution can count towards a person's total time Homeless.

“Operating costs” means non-personnel costs directly related to the operation and to the provision of contracted services.

“Participant” means a person who applies for Homeless services and is enrolled into the Homeless program based on specific eligibility criteria defined in this RFP, under Section 2, Description of Target Population to be Served.

“Partners In Care” or “PIC” is used interchangeably and is the official name for Hawaii's Continuum of Care on Oahu. For a detailed definition for Continuum of Care, see “Continuum of Care” above. This regional planning body coordinates housing and services funding for Homeless Families and individuals for the City and County of Honolulu.

“Personnel costs” means costs incurred for operations and social services personnel in the provision of contracted services and include salaries and wages, payroll taxes and fringe benefits.

“Project” refers to the program being proposed by the Applicant under any of the State Homeless Programs.

“Proposal Application Form” means the format and instructions given as Section 3 of this RFP. Proposals submitted must follow this format and instructions.

“Provider” and “Contractor” are used interchangeably in this document and means an eligible profit or non-profit organization that is selected by the HPO to receive funds and provide services under any of the State Homeless Programs.

“Social Services” include but are not limited to case management, job training, housing search assistance, housing placement, assistance in obtaining mainstream entitlement benefits, counseling and referrals, education, life skills training, child care, transportation or substance abuse counseling which may be provided directly by the Provider or by arrangement with other public or private service Providers. Social services shall be offered in the context of a harm reduction model of intervention.

“TANF eligible Family” includes single parent Families with minor children that pass the federal income and asset TANF eligible test.

“VI-SPDAT” refers to the Vulnerability Index- Service Prioritization and Decision Assistance Tool which has been adopted as a common assessment tool by the

Hawaii Balance of State Continuum of Care called Bridging the Gap and the Oahu Continuum of Care called Partners in Care.

“Vulnerability” means that the person may be at higher risk due to age (60 or above), frequent use of emergency/hospital services, being a frequent victim of assault, significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing. Vulnerability can, but does not necessarily include all of the factors listed.

## **2.2 Introduction**

### **A. Overview, purpose or need**

The State of Hawai’i, through the Department of Human Services (DHS), Benefit, Employment & Support Services Division (BESSD), Homeless Programs Office (HPO) is seeking proposals to provide quality, efficient and effective services designed to help Homeless Households access permanent housing or that are at risk of becoming Homeless retain their current housing through the State Homeless Emergency Grants (SHEG) Program.

SHEG is an intervention program designed to help Households to quickly exit Homelessness, return to housing in the community, and avoid future Homelessness. The core components of the SHEG program is to assist Homeless Households with housing, medical and other types of expenses arising from emergency needs including housing rental deposit and rent; utility cost and deposit. The SHEG program will assist Homeless Households that are sheltered, unsheltered or at risk of Homelessness. The SHEG program will comply with all established policies developed by DHS regarding prioritization and eligibility for this service.

### **B. Planning activities conducted in preparation for this RFP**

Planning activities conducted in preparation for this RFP include a Request for Information (RFI) and evaluation of current services provided. The RFI was posted on September 8, 2016, on the SPO web site requesting written information and recommendations to improve the previous RFP for the SHEG program. The deadline for written responses to the RFI was due to HPO on September 16, 2016.

Planning information may be obtained from Mr. Harold Brackeen III, RFP contact person, by email at [hbrackeeniii@dhs.hawaii.gov](mailto:hbrackeeniii@dhs.hawaii.gov).

### **C. Description of the service goals**

Providers funded under this opportunity will use a Housing First (HF) approach to service delivery. The goals of the HF approach are to help at risk and Homeless Households access permanent housing as rapidly as possible by removing barriers

to program entry, assisting with quickly locating and accessing housing options and providing services and support post housing to promote stability and prevent evictions and returns to Homelessness. Pre-conditions to SHEG program entry such as sobriety and completion of treatment programs are not consistent with the HF approach. In HF, the expectations are that people will assume the full rights and responsibilities of tenancy, meet standard lease obligations and will not be denied from SHEG for other reasons besides violations of standard lease requirements. When Participants are unable to meet those standard lease requirements, including financial hardship and an inability to pay according to the lease, they will be considered for services. Staff use assertive engagement to assist Participants in achieving housing goals, make connections to community services and stabilization supports, and prevent eviction and returns to Homelessness.

**D. Description of the target population to be served**

The target population of the SHEG program are Households who are unsheltered Homeless, sheltered Homeless, and at risk of becoming Homeless. Within this target population, eligible Participants must demonstrate a financial and emergency need which is directly related to impending eviction or be a direct barrier toward permanent housing move-in. Those with section 8 or other subsidized financial assistance for housing are eligible to receive grant assistance.

**E. Eligibility requirements**

Households who meet the following criteria are eligible for program assistance:

1. Are currently Homeless or have income at or below 50% of the Area Median Income (AMI) and have experienced a trigger event which is expected to result in housing loss within 45 days or less. Trigger events are defined as:
  - a. Eviction from a private dwelling (including housing provided by Family or friends).
  - b. Foreclosure of a rental property which will result in loss of housing for tenant.
  - c. Doubled up and must leave – such as a violation of the host’s lease and landlord threatening eviction or host-guest conflict.
  - d. Discharge from an institution where the Participant has resided for more than 30 days, including a jail, substance abuse or mental health treatment facility, hospital, foster care or other similar facility.
  - e. Residency in housing that is condemned or is no longer suitable for human habitation.
  - f. Rental and/or utility arrears (excluding phone, cable, internet) and inability to repay due to job loss, medical debt or other factors beyond Participant’s control.

- g. Severe overcrowding – the number of people exceeds health and/or safety standards for the housing unit size and landlord has given a warning to reduce occupancy or be evicted.
- 2. The Participant has no resources, viable plan, or other options to resolve the crisis, and but for, this assistance would become Homeless.
- 3. The Provider has assessed and determined that there is a reasonable expectation that the crisis can be resolved and housing sustained once services and/or financial assistance have been provided.
- 4. The Participant has scored the minimum on the common assessment tool (VI-SPDAT) necessary as determined by the Provider’s CoC.

**F. Documentation to Verify Eligibility**

Programs are required to document and verify eligibility of Participants and use of grant assistance. Providers shall exercise due diligence in obtaining third party verification. Provider shall document all efforts to obtain third-party documentation. All documentation shall be subject to review to ensure accountability of SHEG program funds.

- 1. Documentation of Participant eligibility shall include but is not limited to:
  - a. Checking and confirming if Participant(s)’ housing status(es) are identified in the HMIS.
  - b. Obtaining documentation of unsheltered status from an outreach Provider.
  - c. Obtaining documentation of sheltered status from a shelter Provider,
  - d. Obtaining documentation of discharge from an institution, or
  - e. Obtaining documentation of at-risk Homeless status by means of an eviction notice signed by the landlord, or other acceptable documentation.

In limited circumstances, such as instances where Participants’ safety of would be jeopardized in trying to obtain third party verification, Participant eligibility may be documented through Participant self-certification if the intake worker attests, based on his/her professional judgment and to the best of his/her knowledge the circumstances being self-certified, are true and accurate. Self-certification should be limited to rare and extreme cases and shall not be used for more than ten percent (10%) of households served by a program during an operating year.

- 2. Documentation for eligible use of grant assistance shall include, but is not limited to:
  - a. Documentation of Participant’s financial need and ability to make future rent payments,

- b. Documentation of a signed lease agreement which names the Participant as the resident for which rent, deposit or utilities are owed, **or** proof of invoice which names the Participant as the debtor for which expenses (e.g. medical, child care) are due, and
- c. Form W-9, from the Department of the Treasury Internal Revenue Service (IRS), Request for Taxpayer Identification Number and Certification, shall be used to collect identifying information such as name, address, and taxpayer identification information of the taxpayer to ensure a vendor or landlord is a legitimate entity. The information on Form W9 and the payment made shall be reported on Form 1099, from the IRS.

**G. Targeting assistance**

Provider shall have a clear, written process for determining who is accepted to receive assistance. Time is of the essence when serving Participants with a housing crisis. As such, Providers shall make assessments and determinations as quickly as possible to avoid Homelessness to shorten the length of Homelessness for Participants.

Provider shall coordinate with their CES and CoC, to identify a common assessment tool and to determine criteria for targeting assistance to Participants that are at the greatest risk of becoming Homeless. To continue to be eligible to receive assistance, the tool and criteria must be developed within 18 months of contract execution or Provider shall obtain an exemption in writing from HPO.

Provider shall expend a minimum of 50% of funds on diversion from Homeless shelters. This requirement may be waived if the HPO determines that the indicated level of diversion services is not required or is otherwise unable to be expended in the Provider's geographic service area.

**H. Geographic coverage of service**

The Provider shall be responsible for provision of the full range of services throughout the contracted area. Services shall be provided to the geographic areas listed below:

- 1. Oahu One (1) contracted Provider
- 2. County of Hawaii, Kauai, Maui One (1) contracted Provider

The Provider may propose to service one or more of the areas listed. The Provider shall submit separate and detailed program information for each area that the Provider proposes to service. When determining service areas, the Provider must consider factors such as the area's population and needs, the proposed program's capacity, available community services and resources, and the Provider's ability to collaborate in the area. A separate budget shall also be submitted for each proposed

area. Multiple contracts may be awarded to one Provider. If multiple areas are awarded to one Provider, a combined budget may be requested by DHS to allow for greater efficiency in use of funds.

**I. Probable funding amounts, source, and period of availability**

The contracts shall be awarded for an initial term of one and a half (1.5) years with the possibility of three (3) one (1) year extensions thereafter, subject to the availability of State and federal funds and the satisfactory performance of services by the Provider as determined by the DHS. The maximum contract term shall not exceed four and a half (4.5) years, February 1, 2017, through July 31, 2021.

Funding is anticipated to be \$500,000 total per year, allocated as follows:

<i>Geographic Areas</i>	<i>SFY 2017</i>
Oahu	\$250,000.00
Neighbor Islands	\$250,000.00
<b>Total</b>	<b>\$500,000.00</b>

Funding increases and decreases shall also be subject to the availability of funds, service needs (e.g. changes in the geographic location’s needs, utilization increases/decreases, or scope of service changes), and satisfactory performance as determined by the DHS.

**2.3 Contract Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

- A. Performance/Outcome Measures
- B. Input and Output Measures
- C. Quality of Care/Quality of Services
- D. Financial Management
- E. Administrative Requirements

**2.4 General Requirements**

- A. **Specific qualifications or requirements, including but not limited to licensure or accreditation**

The Provider shall be responsible for complying with the following requirements. The Provider shall also be responsible for complying with the General Conditions which include further requirements of this RFP (see Section 5 of this RFP).

1. The Provider shall provide services in concurrence with Hawaii Revised Statute (HRS) Chapters 346; Hawaii Administrative Rules (HAR); and DHS policies and procedures.
2. The Provider shall be a profit organization incorporated under the laws of the State or nonprofit organization determined by the Internal Revenue Service to be exempt from federal income tax and with a governing board whose members have no material conflict of interest and serve without compensation and with bylaws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflict of interest situations.
3. The Provider shall have a minimum of one (1) year verifiable service history within the most recent three (3) years of experience with a similar project or financial and permanent housing placement assistance for which the proposal is being made. Exceptions may be granted by the Director of DHS where an agency has not demonstrated the necessary experience or expertise in the financial and permanent housing assistance area.
4. The Provider shall have addressed any instances of non-compliance found in past audit and monitoring reports conducted for the HPO to the satisfaction of DHS.
5. The Provider shall have no outstanding balances owing to DHS. Exceptions may be granted by the Director of DHS for debts recently acquired and for debts which have a repayment plan approved by the Director of DHS.
6. The Provider shall be in good standing with the Department of Commerce and Consumer Affairs, the State Department of Taxation, and Internal Revenue Service.
7. The Provider shall have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or have a designated entity that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles.
8. The Provider shall comply with the Chapter 103F, HRS, Cost principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98, as amended), which can be found on the SPO website: <http://Hawaii.gov/spo/>.
9. The Provider shall refund to the State any funds unexpended or expended inappropriately.

**B. Secondary purchaser participation**

(Refer to HAR §3-143-608)

After-the-fact secondary purchases shall be allowed.

Planned secondary purchases shall not be allowed.

**C. Multiple or alternate proposals**

(Refer to HAR §3-143-605)

Multiple proposals shall be allowed.

Alternate proposals shall not be allowed.

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

Single                       Multiple                       Single & Multiple

The highest scoring Applicants may be awarded multiple contracts. Multiple contracts may be awarded to one Applicant for any combination of geographic areas specified above if the DHS determines that it will be more advantageous in terms of cost effectiveness (output and outcomes per funding).

Per HAR §3-143-611, the DHS may partially reject any proposal or combination of proposals and request a proposal modification to be done that is in the best interest of the State.

**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 contract term:

One and a half (1.5) years, February 1, 2017 through July 31, 2018.

The initial term shall commence on the contract start date or Notice to Proceed date, whichever is later.

Number of possible extensions: Three (3) extensions

Length of extensions: One (1) year

Maximum contract term:

Four and one half (4.5) years, February 1, 2017 through July 31, 2021

Conditions for extension, including but not limited to:

1. Ongoing need for the service as determined by the HPO.
2. Availability of funding.
3. Satisfactory performance as determined by the HPO.
4. Satisfactory compliance with the terms and conditions of the contract as determined by the HPO.
5. Must be in writing, shall allow 30 calendar days for consideration and approval by HPO, and shall be executed prior to the contract expiration date.

**F. Subcontracting**

(Refer to Section 3.2 General Conditions, Section 5 of this RFP)  
Subcontracting shall be allowed with prior written approval from the DHS.

If approved, the Provider shall be responsible for monitoring the performance of any subcontractor and ensuring that all contract terms and conditions are satisfactorily fulfilled.

**2.5 Scope of Work**

**A. Service Activities**

**1. Housing First Approach**

SHEG services shall be provided in a manner that is consistent with the HF approach as described below.

**2. Low barrier to entry and ongoing program participation**

Offer Participants immediate access to outreach, shelter, and permanent housing as appropriate without unnecessary prerequisites.

Offer Participants experiencing Homelessness ongoing access to services until they secure permanent housing.

**3. Housing access and retention**

Provider shall provide services focused on helping Families to access permanent housing as rapidly as possible and preventing returns to Homelessness.

**4. Community integration and recovery**

Provider shall make efforts to integrate the program into the community and offer Participants ample opportunity and support to form connections outside of the program.

**5. Participant Choice**

Provider shall make efforts to understand Participant preferences and priorities without judgment and to assertively engage Participants in services that are non-coercive to help Participants to achieve their personal goals.

## **6. Assertive Engagement**

- a. Provider shall use assertive, low-barrier, culturally competent and trauma-informed engagement strategies that focus on building a respectful, trusting relationship with Participants.
- b. Provider shall document consistent attempts to locate and engage all Participants.
- c. Provider shall create an inviting and safe environment for Participants to overcome grief/loss, build trust, disclose sensitive information, and identify reasons to engage in services that are personally meaningful.

## **7. Outreach**

- a. Provider shall work with their CoCs and CES to develop an outreach strategy that is informed by patterns of Homelessness in the community and that targets locations and uses methods determined most likely to reach households at greatest risk of becoming Homeless. Such strategies might include for example referral relationships with food pantries, public assistance offices, subsidized housing providers, key personnel in institutions, school social workers, law enforcement, crisis hotlines, treatment programs, faith communities and detox centers and using public information to identify rental properties in foreclosure.
- b. Provider shall ensure that all outreach materials and efforts clearly define program eligibility and targeting criteria to reduce referrals of households that are not eligible for assistance.

## **8. Intake, Assessments and Housing Plans**

- a. Provider shall provide a process for screening calls and requests within their geographical area to determine if the Participant is eligible for the SHEG. If eligible, Provider shall inform the initial eligible Participants how to apply and what supporting documents are needed to verify information.
- b. Provider shall provide intake and application processing, including without limitation, ensuring completion of intake, application containing all Participants' names, ages, dates of birth, gender, social security numbers, race and ethnicity, marital status, dependent children, employment status, all income and income sources, Homeless status, a waiver of release of information, and other pertinent information used to determine eligibility and assess the needs of the Participant.

- c. Upon intake, Provider shall conduct a housing crisis assessment to: determine the timely and relevant factors driving the current housing crisis, identify barriers to resolving the crisis, assess Participant strengths, needs, financial situation, amount and type of grants, and guide the interventions and referrals necessary to resolve or prevent Homelessness. Assessments shall focus on those things necessary to reduce immediate risks to health and safety and resolve the housing crisis as quickly as possible. Providers shall ensure assessments are signed and dated by the Participant, worker, and supervisor.
- d. Upon intake, Provider shall complete a brief housing plan. Providers shall ensure plans are signed and dated by the Participant, outreach worker, and supervisor. The housing plan shall ensure that goals are person-centered, specific and measurable and that plans indicate who is responsible for indicated action steps and when those action steps will occur. Plans must include: one brief goal statement related to retaining or securing housing, a description of the housing crisis and contributing factors including any critical information about the urgency of the situation and necessary timeline for resolution (e.g. landlord confirms two-day deadline for paying arrears), the households strengths as related to resolving the crisis and specific action steps to retain or secure permanent housing as quickly as possible.

## 9. Financial Assistance

When indicated, Provider are required to provide financial assistance for housing costs, which includes security deposits, rent, utility assistance and/or other assistance essential to resolving the immediate housing crisis. This includes reasonable back rent and utility arrears that directly prevent a Participant from being able to sign a lease or lose their current housing. Other eligible grant assistance uses that will help to resolve the immediate housing crisis are the following:

- a. Medical care or medicine, including emergency medical related expenses or purchase of supplies for special medical needs with supporting documentation.
- b. Transportation for job-hunting or public assistance programs that will allow Participants to secure employment or increase income to afford housing.
- c. Specialized equipment or licensure fees that will allow Participants to secure and maintain employment to afford housing.
- d. Child and dependent care costs.
- e. Unpaid program fees of up to two (2) months for a Homeless housing program in order to prevent the household from being evicted from the program.
- f. Other emergency needs at the sole discretion of the STATE.

- (1) The amount of emergency grant assistance per household per program

year shall be as follows:

- 1.1 Up to two thousand four hundred dollars (\$2,400) per program year for a single eligible applicant. For rental assistance that is provided for two consecutive months, a limit of one thousand two hundred dollars (\$1,200) applies to each month's assistance. For rental assistance that is combined with other eligible grant assistance (e.g. utility, medical expenses, etc.), an additional two hundred fifty (\$250.00) may be added to the two thousand four hundred dollars (\$2,400) limit for a total limit of two thousand six hundred fifty dollars (\$2,650.00).
- 1.2 Up to three thousand dollars (\$3,000) per program year for an eligible household of two. For rental assistance that is provided for two consecutive months, a limit of one thousand five hundred (\$1,500) applies to each month's assistance. For rental assistance that is combined with other eligible grant assistance (e.g. utility, medical expenses, etc.), an additional five hundred (\$500.00) may be added to the three thousand dollars (\$3,000) limit for a total limit of three thousand five hundred dollars (\$3,500.00).
- 1.3 Up to four thousand dollars (\$4,000) for a household of three or more. For rental assistance that is provided for two consecutive months, a limit of two thousand (\$2,000) applies to each month's assistance. For rental assistance that is combined with other eligible grant assistance (e.g. utility, medical expenses, etc.), an additional five hundred (\$500.00) may be added to the four thousand dollars (\$4,000) limit for a total limit of four thousand five hundred dollars (\$4,500.00).

Provider shall report all program assistance to the HPO quarterly to ensure that financial assistance amounts do not exceed the program limits allowed.

- (2) Provider shall require Households to use their own resources first. This includes exploring resources, assets, and supports that may be available to resolve the crisis (e.g., converting possessions to cash or help from Family and friends, an employer, or faith community). The goal is to ensure all other available resources have been considered and used before limited program resources are used.
- (3) Provider shall require households who qualify to apply for public assistance benefits, including emergency assistance, and to use those resources, if possible, to resolve the crisis before limited program resources are used.
- (4) Provider shall seek financial assistance from other available sources and negotiate with landlords, utility companies, and hosts to resolve the housing crisis before limited program resources are used.
- (5) Provider shall offer financial assistance that is flexible and tailored to the varying and changing needs of a Household providing the assistance

- necessary for households to move immediately out of Homelessness and/or to retain permanent housing. This includes, but not limited to:
- 5.1 Not creating a standard “package” of financial assistance;
  - 5.2 Ensuring financial assistance is flexible enough to adjust to Households’ unique needs and resources; and
- (6) Provider shall maximize the number of Households they are able to serve by providing Households with financial assistance in a progressive manner. This includes, but is not limited to:
- 6.1 Providing only the assistance necessary to access or retain permanent housing;
  - 6.2 Moving as quickly as appropriate to provide timely assistance; and
  - 6.3 Provider shall have policies detailing this progressive approach, including clear and fair decision guidelines and processes for the following, without limitation:
    - 6.3.1 Approval, review, and modification of types and amounts of financial assistance;
    - 6.3.2 Reassessment for determining approval for additional financial assistance and amount; and
    - 6.3.3 When and how assistance is used as a leverage or as a bridge to a permanent or temporary subsidy or other assistance to help Participants obtain or sustain housing.
  - 6.4 Provider shall issue checks quickly, make payments on-time and track payments to landlords and other vendors.
  - 6.5 Provider shall provide written policies and procedures to ensure that financial assistance is granted to the payee within a reasonable time to avoid the Participant’s eviction, shut off of utility or other consequence due to unpaid debts of the Participant. Providers shall also send a notice to the payee of forthcoming payment within two (2) business days after the decision of approval.
  - 6.6 Payments shall be granted up two times within a single program year. Payments may be issued within two (2) consecutive months at a time if needed.
  - 6.7 Provider shall provide grants assistance directly to the prospective landlord, utility company, medical care provider, childcare provider or other vendor on behalf of the Participant.
  - 6.8 Provider shall not use funds or issue grants for the following purposes and situations:
    - 6.8.1 Payment for which other resources of the Participant exist.
    - 6.8.2 Participant is not the primary resident of the home for which the deposit, rent or utilities are being paid.
    - 6.8.3 Payment to a Family or relative of the Participant where there is no formal, written lease agreement and eviction process.
    - 6.8.4 Payment for rental arrears (back rent) for Participants living in housing that has subsidized rent based on the Participant’s income, including, without limitation, public housing and Section 8 voucher households.

- 6.8.5 Payments for car purchases, car loans, car insurance or major car repairs.
  - 6.8.6 Mortgage payments that have not been pre-approved by the HPO.
  - 6.8.7 Airline tickets for relocation or entertainment purposes.
  - 6.8.9 Tax payments, pet deposits, education grants, entertainment costs, funeral costs, or television cable bills.
- 6.9 Provider shall apply stricter measures before further payment to Participants who have received multiple assistance in the past two years.

## 10. Housing Stabilization Services and Follow Up

- a. For Participants who require services in addition to financial assistance to resolve the immediate housing crisis, Providers shall either provide those services directly or to develop clearly defined relationships with employment, income support, financial literacy, credit repair, budgeting, legal, health, mental health, substance abuse, domestic violence, and other programs that it can connect Participants to when appropriate. The array of services available should be sufficiently comprehensive and flexible in response to Participant needs and preferences.
- b. Provider shall collect, maintain, and update records of available mainstream and community resources for Participants. This includes community resources that can reduce burdens on income including employment opportunities, food banks, clothing consignment stores, low-income utility programs, and others.
- c. Provider shall offer mediation services either directly or through referral to assist in resolving conflicts that have led or are likely to lead to Homelessness (e.g., conflicts between a youth and a Family, between a landlord and a tenant or between a host and a guest). Effective mediation requires special competencies and professional training. As such, Providers shall contract with or refer to another agency that has the necessary expertise to provide a minimum of one full day of mediation training annually to all program staff who provide this service.
- d. Provider shall keep up to date listings/openings of affordable rental units and Homeless service programs in the Provider's geographical service area to refer Participants to when applicable. The Participant is ultimately responsible for locating and selecting the appropriate permanent housing based on the assessment and recommendation in their housing plan.
- e. Provider shall ensure that retention in housing is contingent only on lease compliance and that landlords are required to use the legal court eviction process to terminate Participants from permanent housing or to negotiate mutual terms for the termination of a lease in order to prevent the Participant from having an eviction record.

- f. Provider shall notify local tenant rights organizations when landlords fail to comply with licensing/building requirements and/or fail to correct violations.
- g. Provider shall train staff on understanding landlords' perspectives, housing identification, landlord tenant rights and responsibilities, negotiating with landlords and other core competencies as well as the wider array of housing assistance available within a community.
- h. Provider shall have routine ways to onboard new staff and to keep staff regularly updated on new strategies, policies, and housing assistance options in the community.
- i. Provider shall assist Participants in making an informed housing choice with the goal that the participant will be able to maintain the unit after assistance terminates. While, Participants ultimately choose their housing unit, a program uses housing and budgeting plans that help a Participant understand the likelihood of being able to pay rent and meet the requirements of the lease.
- j. Providers shall have a written policy requiring staff to explain to Participants basic landlord-tenant rights and responsibilities and the requirements of their specific lease.
- k. Providers shall have written criteria for success and criteria for closing cases (whether or not success was achieved).
- l. Upon providing assistance to obtain or maintain housing, Providers shall address the long-term housing stability of the household by providing at least a three (3) and six (6) month follow-up contact. Providers shall attempt to contact the household more than once if there is no initial response from the household and these attempts shall be documented. If consent is provided by Participants, the Provider shall contact the landlord as a last resort. If the household is struggling to maintain its unit anytime during this six month follow up period, the Providers shall assess and assist the household with resources and/or counsel them on budgeting or other issues as needed. All follow up services rendered shall be documented.

## 11. Grievance Procedures

The Provider shall provide to the Participant formal and documented due process for termination or denial of assistance. This process shall minimally consist of the following:

- a. Written notification containing a clear statement of the reasons for termination or denial of assistance, the specific date for which assistance will cease, the right of the Participant to have a review of the decision, instructions on how the Participant is to evoke this review, the right of the Participant to review the records and the right to counsel at the sole expense of Participant during this review;

- b. Upon request by the Participant, a review of the decision with the opportunity to present written or oral objections and to be represented by counsel at his or her own expense before a person other than the person who made or approved the termination or denial decision. The Participant shall have the opportunity to question witnesses and present evidence; and;
- c. Prompt service of the final decision in writing to the Participant.
- d. Provider's grievance procedures shall include language that if the Participant is not satisfied with the Provider's final determination, a formal review of the decision may be requested of the State. The review letter shall be mailed to:
 

Department of Human Services  
Benefit, Employment & Support Services Division  
Homeless Programs Office  
820 Mililani Street, Suite 606  
Honolulu, Hawaii 96813
- e. Attach as Exhibit I: The Provider shall attach to the proposal its grievance/termination procedures that shall be provided to Participants who have services denied or terminated. DHS may require changes to Exhibit I to ensure such procedures afford these Participants due process.

**B. Administrative/Management Requirements**

**1. Experience**

- a. The Provider shall submit a verifiable history of a minimum of one (1) year, within the most recent three (3) years, of experience with the Program or in the program area for which the proposal is being made. Exceptions may be granted by the Director of DHS where an agency has not demonstrated the necessary experience or expertise in the program area.
- b. The Provider shall have demonstrated and documented knowledge, skills, capacity, and competence to perform the required services.

**2. Coordination of services**

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

Provider shall coordinate and integrate Homeless programs with other mainstream health, social services, and employment programs for which Homeless populations may be eligible including Medicaid, State Children's Health Insurance Program, Temporary Assistance to Needy Families, Food Stamps, and services funding through the Mental health and Substance Abuse Block Grant, Workforce Investment Act and the Welfare-to-Work grant program.

Provider shall participate in their local CES, CoC, and Point-in-Time Count, assist in maintaining a current by-name list that includes all sheltered and unsheltered Homeless people, use the common assessment tool VI-SPDAT as determined by Provider's CoC and comply with all CoC and CES written standards, policies, and procedures for that particular geographic region.

### 3. **Personnel**

The Provider shall provide adequate staffing on a day-to-day basis, as approved by HPO, to meet the requirements of the program.

The Provider shall ensure that staff, volunteers, and contracted personnel meet the education, work experience, and training qualifications necessary to provide the contracted service activities.

The Provider shall submit as part of the proposal, the following:

- a. An organization-wide chart showing where the proposed program fits within the Provider's agency.
- b. A program-specific chart showing each staff position in the program, including title, full-time equivalency (FTE), and the lines of authority/supervision.
- c. A position description specifying the education, work experience, training qualifications, and the work requirements for each staff position in the program.
- d. A staffing pattern (chart listing program staff), including staff to Participant ratios.

The Provider shall assure that:

- a. A system is in place to ensure compliance with:
  - (1) Affirmative action standards
  - (2) Equal opportunity employment standards
- b. Direct service staff shall have at least one hour of individual supervision bi-weekly to help them to develop low barrier, assertive engagement skills, build Participant motivation, conduct thorough assessments,

establish meaningful housing plans, ensure Participant and staff safety, and support self-care.

#### 4. **Training**

The Provider shall submit and implement a training plan for staff and contracted personnel who have direct contact with Participants. The training plan shall identify areas of training, how training will be structured, and how training will be provided.

- a. Staff training shall include, but is not limited to the following:
  - (1) Agency orientation, including, but is not limited to, policy and procedures addressing:
    - 1.1 Screening, intake, and assessment
    - 1.2 Service planning
    - 1.3 Documentation requirements
    - 1.4 Confidentiality and ethics
    - 1.5 Disaster preparedness
  - (2) Community resources available to support Homeless Families, independence, and wellbeing, such as, but not limited to, housing resources, financial/employment resources, health/mental health services, legal/advocacy services, and Limited English Proficiency (LEP) services.
  - (3) Supports and services offered by the DHS BESSD and how to access them (e.g. financial assistance (TANF/TAONF), food assistance (SNAP), medical coverage (MedQUEST), employment assistance (First-to-Work, E & T), child care assistance, and housing assistance).
  - (4) Homeless management information system (HMIS) - Training for end users and agency administration by HMIS Administrator. Training will include, but is not limited to the following:
    - 4.1 Data security and quality standards
    - 4.2 Program entry and exits
    - 4.3 On-going assessments (such as income, health insurance)
    - 4.4 New system features
  - (5) Trauma informed care – Training that includes, but not limited to the following:
    - 5.1 Understanding the physical, social, and emotional impact of trauma on an individual
    - 5.2 Recognizing how trauma affects all individuals
    - 5.3 Responding by putting knowledge into practice
    - 5.4 Trauma-informed approach help produces better case results

5.5 Trauma-informed care helps with safety, trustworthiness, choice, collaboration and empowerment

- b. Annual training that includes relevant training refreshers completed each year after the first year of employment.
- c. A training record shall be maintained and updated in the staff, volunteers, and contracted personnel file.

**5. Insurance and Indemnity Requirements**

The Provider shall indemnify the State and the DHS. The Provider shall also obtain, maintain and keep in force throughout the period of this Contract, \$2,000,000.00 comprehensive insurance as required by section 1.4 of the General Conditions and the following insurance:

	<u>Automobile Liability:</u>
Bodily Injury	\$ 1,000,000.00 (per person)
Property Damage	\$ 1,000,000.00 (per occurrence)
Per Accident	\$ 1,000,000.00 (per accident)
or	
Combined Single Limit	\$ 2,000,000.00 (each accident)

The State and DHS, its elected and appointed officials, and employees shall be named as additional insured, except for Worker's Compensation Insurance, with respect to operations performed under this PROVIDER Contract.

The contracted agency shall name the State and DHS as additional insured parties and provide 30 days' notice of cancellations. It is agreed that any insurance maintained by the State will apply in excess of, and not contribute with, insurance provided by this policy.

If combined single limit is \$1,000,000.00, excess umbrella policy shall cover the remaining \$1,000,000.00 for auto insurance.

**6. Federal and State Tax Clearance**

The contracted agency shall provide Certificate of Vendor Compliance issued by Hawaii Compliance Express (HCE). The status on the certificate must state "compliant".

**7. Compliance with Laws and DHS Rules**

The contracted agency shall comply with all laws, ordinances, codes, rules and regulations of the federal, State and local governments which in any way affect its operations and to adhere to instructions prescribed by DHS for the effective administration of a program.

**8. Confidentiality**

Attach as Exhibit II: The Provider shall attach to the proposal, its policies and procedures regarding securing and ensuring the confidentiality of Participant files and other confidential information.

**9. Americans with Disabilities Act**

The Provider shall describe its efforts to ensure that Participants with disabilities are provided with reasonable access to services.

**10. Output and performance/outcome measurements**

The Provider shall be required to meet the following outcome measures:

- (1) 80% of Participants are stabilized in existing permanent housing or placed in alternative permanent housing within 30 days of program entry.
- (2) Less than 10% of Participants become Homeless within 1 year.
- (3) Maintain average monthly Program enrollment that is at least 90% of the contracted commitment.

**11. Reporting requirements for program and fiscal data**

The Provider shall be required to submit the following payment requests and supporting documents to HPO. See Attachments in Section 5 of this RFP for samples of the program and fiscal reports.

- a. Payment request (original plus one copy) on agency's letterhead.
- b. Supporting Documentation (attachments to payment request):
  1. Provider's Payment Request Summary Form
  2. Expenditure Report

Payment request(s) will not be accepted or approved without this supporting documentation.

The Provider shall be required to submit the following reports:

- (1) Activity Report – Quarterly and Final
  - 1.1 Provider is required to submit a Quarterly Activity Report within 15 days from the end of each quarter, and a Final Activity Report within 45 days from the end of the contract term, or on such day designated as the due date by the HPO.

1.2 If awarded, refer to your agency's contract for specific due dates and summary of due dates.

(2) Financial Reports – Quarterly and Final

1.1 Agencies shall submit a Quarterly Financial Report (3-months report) within 15 days of the end of each reporting period, and a Final Financial Report within 45 days of the end of the contract term, or on such day designated as the due date by the HPO.

1.2 The Quarterly Financial Report (HPO Funds Only Report) shall include the annual approved budget, 3-month budget for the reporting quarter, actual 3-month expenditures for the reporting quarter, year-to-date expenditures, and variance percentages. Personnel and administrative costs need to be broken out and listed on the financial report. Variance percentages of +/-15% shall be explained in writing.

The payment request expenditure report may be submitted to HPO in lieu of the Financial Report provided the expenditure report contains the above-mentioned Financial Report information.

(3) The Quarterly Financial Report (All Funding Sources Report) shall show "other" funding sources. Budget and actual costs for personnel and administrative expenses do not need to be broken out and listed on the Financial Report. Variance explanations are not required on the Quarterly Financial Report.

(4) The Final Financial Report (HPO Funds Only Report) shall include an approved budget, year-to-date expenditures, and variance percentages. Budget and actual costs for personnel and administrative costs shall be broken out and listed on the Final Financial Report. Variance percentages of +/-15% shall be explained in writing. Explanation of the variance does not guarantee that the State will reimburse your agency for expenses beyond the approved budget.

(5) The Final Financial Report (All Funding Sources Report) shall show "other" funding sources. Budget and actual costs for personnel and administrative expenses do not need to be broken out and listed. Variance explanations are not required on this report.

(6) If awarded, refer to your agency's contract for specific due dates and summary of due dates.

c. Language Access Reports – Semi-Annually

The Provider shall complete and submit the Language Access Reporting Tool or LEP Report semi-annually to HPO.

If awarded, refer to your agency's contract for specific due dates and summary of due dates.

The Provider shall submit all required reports in a timely manner and in the appropriate forms as prescribed by DHS.

d. Other Information

The Provider shall submit other information or records may be requested from time to time by HPO in the form required by HPO, including but not limited to, demographic and program activity information for use in a centralized database and/or any community-based planning efforts.

See Attachments, Section 5 of this RFP for samples of the program and fiscal reports.

**12. Data & Continuous Quality Improvement**

- a. Provider shall collect and enter all required Participant level data using the HMIS in accordance with all data standards, policies, and procedures as determined by the Provider's CoC.
- b. Provider shall comply with the following data standards as determined by HPO:
  - (1) Data entry completed within 72 hours of activity or service: e.g., program entry, program exit, assessment, provision of assistance, etc.
  - (2) Data Quality Rates for null, missing, refused, or unknown shall be less than 10% for both universal data elements and program specific data elements.
- c. Provider shall track and report outcome data and use that data to provide continuous quality improvement efforts aimed at increasing Participant income, decreasing length of Homelessness, rapidly securing permanent housing placements, and assisting Participants to stabilize in and retain housing.

- d. Provider shall have and implement a comprehensive policy and procedures for reporting, resolving, and documenting and reviewing critical incidents. Provider shall make adjustments to policies, procedures, facilities, and program design as needed to improve Participant well-being and promote health and safety for Participants and staff.
- e. Provider shall have and implement a comprehensive policy and procedures for surveying Participants, at least annually, to assess satisfaction with and obtain input regarding program services, staffing, and facilities. Provider shall make adjustments to policies, procedures, facilities, and program design as needed to improve Participant satisfaction.

### 13. **Quality Assurance and Evaluation Specifications**

Performance of all contracted agencies will be monitored on an ongoing basis by DHS through file reviews, site inspections and other methods.

Failure to comply with reporting requirements or to adequately address monitoring findings may result in the suspension or cancellation of payments or the contract. Upon request, the Provider shall agree to promptly make their Participant files available to DHS for the purposes of monitoring.

The State, DHS, the Comptroller of the State of Hawaii, and any of their authorized representatives, the committees and their staffs of the Legislature of the State of Hawaii, and the Legislative Auditor shall have the right of access to any book, document, paper, file, or other record of the contractor (and any of its subcontractors) that is related to the performance of services in order to conduct an audit or other examination or to make excerpts and transcripts for the purposes of monitoring and evaluating the contracted agency's performance of services and the agency's program, management and fiscal practices. The right of access shall not be limited to the required retention period but shall last as long as the records are retained.

The Provider shall be required to retain all records for at least six (6) years, except if any litigation, investigation, audit or other action is underway for an addition of one year after completion of due process, litigation, investigation, audit, or other actions.

#### **C. Facilities**

The Provider shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, the Provider shall describe plans to secure facilities. Provider shall

describe how the facilities meet ADA requirements, as applicable, and the special equipment that may be required for the services.

## 2.6 Compensation and Method of Payment

The Provider shall comply with Cost Principals, HRS Chapter 103F, Purchases of Health and Human Services (see the SPO website) in the development of its budget and the expending of the contract funding.

Unless otherwise proposed and agreed between the Provider and the DHS, the pricing structure for these services is described below. The pricing structure may be revised by mutual written agreement throughout the contract term.

Base Cost where the State pays the Provider a base amount (up to 90% of the maximum annual contract amount) for personnel, operating, and administrative costs.

Performance Measures and Outcome rate where the State pays the Provider up to 30% of the contract amount when program outcomes are met. The State and the Provider agree on the number of units of service to be delivered for the stated contract amount as specified in the Providers Work Plan. The Performance Measures and Outcome Form will assist Provider and the State to calculate payments. (See Section 5, Attachments, for Performance Measures and Outcomes Form).

The cost reimbursements and performance measures and outcome rate percentages for each contract year are as follows:

Year 1	February 1, 2017 – July 31, 2018	90% and 10%
Year 2	August 1, 2018 – July 31, 2019	85% and 15%
Year 3	August 1, 2019 – July 31, 2020	80% and 20%
Year 4	August 1, 2020 – July 31, 2021	70% and 30%

The Provider shall budget no more than 15% of the contract total for administrative expenses. An amount equal to 5% of the 90% base cost total shall be withheld as the final payment, subject to satisfactory performance, submittal and approval of all reports, and a valid vendor compliance certificate.

Requests for quarter base payments must include a letter on Provider letterhead requesting payment and certifying that the services rendered are in compliance with the terms of the contract.

Requests for quarterly performance measures and outcome payments must include, but are not limited to:

- A. Provider shall submit a letter on Provider letterhead requesting payment and certifying that the services rendered are in compliance with the terms of the contract.
- B. Provider's completed quarterly activity report and performance measures and outcome form to determine and calculate the amount to be compensated.
- C. An expense summary, indicating the appropriate line item expenses to be charged. Expenses must be in accordance with the Provider's approved budget.

If a reported expenditure is determined by DHS to be inappropriate, unallowable, or not made in accordance with the approved budget, DHS may require that an equivalent amount of monies be refunded by the Provider to DHS.

Upon the termination date of the contract for whatever reason, any and all unexpended funds advanced by DHS shall be remitted to DHS within 45 days. Funds shall be considered expended if the contractor has written verification that an expense was accrued during the time of performance, and if made in accordance with the approved budget.

## **Section 3**

# **Proposal Application Instructions**

# Section 3

## Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency 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 shall be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *The Application may be submitted in a three ring binder.*
- *Tabbing of sections is recommended.*
- *Times New Roman or Arial font; 12-point font size, single spacing and double spacing after each paragraph, and one inch margins.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachments 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:

The DHS prefers that the Applicant does not exceed the listed number of pages for the narrative portion of each section (this does not include the required attachments):

- *Proposal Application Identification Form* (1 page)
- *Table of Contents* (2 pages)
- *Program Overview* (2 pages)
- *Experience and Capability* (10 pages)
- *Project Organization and Staffing* (5 pages)
- *Service Delivery* (10 pages)
- *Financial* (5 pages)
- *Other* (2 pages)

### **3.1 Program Overview**

The Applicant shall give a brief overview to orient evaluators as to the program/services being offered. The Applicant shall clearly and concisely summarize the content and purpose of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. The Applicant shall include a description of their organization, the goals and objectives relating to the program/services, and how the proposed services will address the problems or needs identified in Section 2 of this RFP.

### **3.2 Experience and Capability**

#### **A. Necessary Skills**

The Applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

#### **B. Experience**

The Provider shall have a minimum of one (1) year of verifiable experience within the most recent three (3) years that are pertinent to the service activities detailed in Section 2 of this RFP. The Applicant shall provide the following information regarding each of its pertinent contracts/programs listed:

1. Contract number
2. Contracting agency
3. Name of contact person, phone number, email address, and mailing address of the contracting agency
4. Title and a brief description of the service

The Provider shall also provide information demonstrating its experience in working with different individuals, cultures, and communities, including those who have Limited English Proficiency (LEP).

The DHS reserves the right to verify the Provider's experience.

#### **C. Quality Assurance and Evaluation**

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

**D. Participation in the Continuum of Care (CoC)**

The Provider shall demonstrate participation in its respective CoC and describe the extent of its subcommittee participation. The Provider should include the type of subcommittee attended, number of meetings attended and whether or not their organization has a chair or member on the subcommittee.

**E. Coordination of Services**

The Provider shall provide information that demonstrates its capability of coordinating with the DHS and other agencies/community resources to meet the needs of the target population.

The Provider shall demonstrate their participation in their local CES, CoC, and Point-in-Time Count, assisting in maintaining a current by-name list that includes all sheltered and unsheltered Homeless people, using the VI-SPDAT as determined by their CoC and compliance with all CoC and CES written standards, policies, and procedures.

**F. Facilities**

The Provider shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, Provider shall describe plans to secure facilities. Provider shall describe how the facilities meet ADA requirements, as applicable, and the special equipment that may be required for the services.

**3.3 Project Organization and Staffing**

**A. Staffing**

**1. Proposed Staffing**

The Provider shall describe the proposed staffing pattern, Participant/staff ratio and proposed caseload capacity appropriate for the viability of the services.

Note: If the Provider proposes the use of subcontracting, the Provider shall also include the above information for the proposed subcontracted staff.

**2. Staff Qualifications**

The Provider shall provide the minimum qualifications (including experience) for staff assigned to the program.

Note: If the Provider proposes the use of subcontracting, the Provider shall also include the above information for the proposed subcontracted staff.

## **B. Project Organization**

### **1. Supervision and Training**

The Provider shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

### **2. Organization Chart**

The Provider shall reflect the position of each staff and line of responsibility/supervision (Include position title, name and full time equivalency). Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

## **C. Workplan**

The Provider shall propose reasonable numbers and percentages for all items listed in the workplan. Clear justifications shall be provided for the proposed numbers and percentages. The DHS shall have the final determination regarding the numbers and percentages for each contract.

The workplan will be used to determine and calculate performance measures and outcome rates in payments in Section 2.5, Compensation and Method of Payment.

## **3.4 Service Delivery**

Provider shall include a detailed discussion of its approach to applicable service activities and management requirements from Section 2, Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

Note: It shall not be acceptable for the Provider to simply repeat language in the RFP when addressing the specific service activities and tasks.

## **3.5 Financial**

### **A. Pricing Structure**

The Provider shall submit a clear, detailed budget utilizing the pricing structure designated by the State purchasing agency in Section 2 of this RFP. The budget shall fully support the delivery of the proposed services.

Note: The Provider is advised that, for budgeting purposes, there are insurance requirements and auditing requirements under this contract.

All budget forms, instructions and samples are located on the SPO website. Refer to Section 1.2, Websites References for website address. The following budget form(s) shall be submitted with the Proposal Application:

1. SPOH-205, Budget
2. SPOH-205A, Organization-wide - Budget by Source of Funds
3. SPOH-205B, Organization-wide - Budget by Programs
4. SPOH-206A, Budget justification - Personnel Salaries & Wages
5. SPOH-206B, Budget justification - Personnel Payroll Taxes, Assessments & Fringe Benefits
6. SPOH-206C, Budget justification - Travel inter-island
7. SPOH-206D, Budget justification - Travel out-of-state
8. SPOH-206E, Budget justification - Contractual Services, Administrative
9. SPOH-206F, Budget justification - Contractual Services, Subcontracts
10. SPOH-206G, Budget justification – Depreciation
11. SPOH-206H, Budget justification – Program Activities
12. SPOH-206I, budget justification - Equipment Purchases
13. SPOH-206J, Budget justification - Motor Vehicle

Indicate “N/A” if budget form is not applicable.

All budgeted costs (personnel, other current expenses, administrative, and performance) shall be appropriate considering the service activities and tasks to be accomplished. The Provider shall clearly explain how it verified that all budgeted costs are reasonable and comparable to similar costs in the community. The Provider’s budget shall be in compliance with any applicable laws, regulations, and rules.

In the initial contract period, ten percent (10%) of the total funding shall be budgeted for performance measures and outcome rate payments. The Provider shall take into consideration that the performance measures and outcome rate is contingent on reaching the outcomes as outlined in Section 2.4, B, 10a, Outcomes. In the event the Provider does not meet their outcomes, the Provider will not receive the 10% performance measures and outcome rate or a portion thereof, depending on the numbers of outcomes achieved.

The Provider shall provide a clear and separate budget for the administrative costs, not to exceed 15% of the total funding amount, and justify the costs. If the Provider has a federally-approved indirect rate, the Provider shall provide the approval letter and the general categories used to determine the federal rate. The Provider must submit an administrative cost budget despite the Provider’s approval for the federal rate. The Provider may use the general categories from the federal rate but the Provider’s indirect costs for this contract must not exceed 15%.

The Provider shall submit the administrative costs budget using the budget forms listed above. All budget forms, instructions, and samples are located on the SPO website. See 1.2 Website Reference, Section 1 of this RFP. The administrative costs budget, federally-approved indirect rate approval letter, and general categories used to determine the federal rate shall be attached to the Application.

The Applicant shall submit a budget for each contract period as follows:

Year 1	February 1, 2017 – July 31, 2018
Year 2	August 1, 2018 – July 31, 2019
Year 3	August 1, 2019 – July 31, 2020
Year 4	August 1, 2020 – July 31, 2021

**B. Other Financial Related Materials**

In order to determine the adequacy of the Provider’s accounting system as described under HAR, the Provider shall submit its most recently completed Financial Audit, including any management letters that accompanied that audit. The Financial Audit and letters shall be attached to the Application.

**3.6 Other**

**A. Litigation**

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

## **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.

All proposals will be initially reviewed to determine if the proposed project meets the minimum requirements. Particularly, proposals must 1) be submitted by an eligible agency; 2) serve eligible beneficiaries; 3) contain eligible activities appropriate for the population to be served; and, 4) be financially feasible and cost effective. All minimum requirements shall be met or proposals will be returned to the proposing agency.

### 4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency 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 DHS reserves the right to request written clarifications or revisions during the evaluation process.

The evaluation will be conducted in three phases as follows:

- A. Phase 1 - Evaluation of Proposal Requirements
- B. Phase 2 - Evaluation of Proposal Application
- C. Phase 3 - Recommendation for Award

### Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<b>Administrative Requirements</b>	Required
<b>Proposal Application</b>	
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 points

**TOTAL POSSIBLE POINTS**

**100 Points**

**SATISFACTORY PROPOSAL SCORE**

**70 Points**

The Applicant's total points will be identified and categorized as one of the following: **more than, meets, or are less than** the total points necessary for a satisfactory proposal score. If the Applicant is awarded the contract, the DHS requests that any comments written on the Proposal Evaluation Form be addressed by the Applicant before contract execution.

The Applicant scores in the "Service Delivery" category will be utilized to break any initial ties in scoring. If subsequent tie-breaks are needed, the Applicants' score in the category of "Experience and Capability" will be used.

### 4.3 Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

Failure to include any of the required documents stated in A.1. Administrative Requirements and A.2. Proposal Application Requirements as part of the submitted final proposal shall result in rejection of the proposal.

##### 1. Administrative Requirements

- a. All Items on the Proposal Application Checklist
- b. Tax Clearance Certificate/Vendor Compliance Certificate

##### 2. Proposal Application Requirements

- a. Proposal Application Identification Form (SPOH-200)
- b. Table of Contents
- c. Program Overview
- d. Experience and Capability
- e. Project Organization and Staffing
- f. Service Delivery
- g. Financial
- h. Other

#### B. Phase 2 - Evaluation of Proposal Application

##### Proposal Evaluation Form

<b>1. Experience and Capability</b>	<b>20 Points</b>
<input type="checkbox"/> Does the Applicant have the necessary experience to implement the proposed program as evidenced by similar past programs which serve the intended client group? Does the Applicant have adequate management and professional staff to successfully implement and manage the proposed	

<p>program? <b>(5 Points)</b></p> <p><input type="checkbox"/> Does the Applicant have the necessary experience to implement the proposed program based on experience with past programs which are related to, but not similar to the proposed program? Does the Applicant need to recruit and/or train additional management and professional staff prior to the implementation of the proposed program to augment existing staff? <b>(3 Points)</b></p> <p><input type="checkbox"/> The Applicant does not have relevant or related past experience. The Applicant needs to recruit and/or train new personnel to manage and operate the proposed program? <b>(0 Points)</b></p>	
<p><b>Capacity of Applicant – Readiness to Proceed</b></p> <p><input type="checkbox"/> Has the Applicant secured a site to implement the proposed program? Are all resources necessary to implement the proposed program secured, or will be secured with the receipt of the requested funding? Has the Applicant developed program guidelines and identified key personnel who will manage and implement the proposed program? <b>(5 Points)</b></p> <p><input type="checkbox"/> Has the Applicant secured most of the resources necessary to implement the proposed program? Do resources include an operation site, an outline of program guidelines, and identification of key staff members who will manage and implement the proposed program? <b>(3 Points)</b></p> <p><input type="checkbox"/> The Applicant has not secured a site in which to operate the proposed program and the resources necessary to implement the proposed program. The Applicant has not developed program guidelines or identified key staff that will manage the proposed program. <b>(0 Points)</b></p>	
<p>Does the Applicant regularly attend CoC General Meetings? <b>(3 Points)</b></p>	
<p>Does the Applicant participate, chair, and/or coordinate in CoC activities and planning processes? <b>(2 Points)</b></p>	
<p>Has the Applicant ever received a monitoring finding from HPO for any Homelessness related program?</p>	

<input type="checkbox"/> No ( <b>5 Points</b> ) <input type="checkbox"/> Yes, but findings were subsequently resolved and closed. ( <b>3 Points</b> ) <input type="checkbox"/> Yes ( <b>0 Points</b> )	
--	--

<b>2. Program Organization and Staffing</b>	<b>15 Points</b>
Does the Applicant proposed staffing patterns, Participant to staff ratios and proposed caseload capacity appropriate for the viability of the services to be provided? ( <b>5 Points</b> )	
Does the Applicant meet the minimum qualifications for staff assigned to the program? This includes the knowledge and experience of the proposed program director and/or staff. Has the Applicant demonstrated that services will be provided by persons with training and/or expertise appropriate to the type of service offered? ( <b>5 Points</b> )	
Does the Applicant demonstrate the ability to supervise, train and provide administrative direction relative to the delivery of the proposed services? Does the Applicant's organization charts identify staff positions and lines of responsibility/supervision? ( <b>5 Points</b> )	

<b>3. Service Delivery</b>	<b>55 Points</b>
Will your program practice the Housing First approach? (demonstrate a low barrier approach and prioritize rapid re-housing placement and stabilization in permanent housing) ( <b>20 Points</b> )	
Does the Applicant demonstrate a thorough understanding of the purpose and scope of the proposed program's service activities? Does the Applicant demonstrate a thorough understanding of community partnerships and/or linking Participants with community based resources and services? ( <b>10 Points</b> )	
Does the Applicant demonstrate a logical approach (including timelines) and a step-by-step process that explains in detail the	

planning and delivery of tasks and activities to the targeted client base? <b>(10 Points)</b>	
Does the budgeted activities for the program proposal fall within the guidelines as stated in the emphasis on housing first activities in Section 2 of this RFP? <b>(5 Points)</b>	
Does the project demonstrate prioritization of program Applicants based on vulnerability and need? <b>(5 Points)</b>	
Does the Applicant discuss in sufficient detail how the output/outcomes will be tracked and documented? <b>(5 Points)</b>	

<b>4. Financial</b>	<b>10 Points</b>
Does the Applicant have an adequate accounting system? <b>(5 Points)</b>	
Does the Applicant have no major findings in their most recent independent financial audit?  <input type="checkbox"/> Yes – Has no major findings <b>(3 Points)</b> <input type="checkbox"/> No – Has major findings <b>(0 Points)</b>	
Does the Applicant have other sources of funding to support the program?  <input type="checkbox"/> Yes – Has other funding sources <b>(2 Points)</b> <input type="checkbox"/> No – Has no other funding sources <b>(0 Points)</b>	

**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 Identification Form (SPO-H-200)
- B. Proposal Application Checklist
- C. Sample Proposal Application Table of Contents
- D. General Conditions
- E. Work Plan
- F. Performance Measures and Outcomes Form
- G. Program and Fiscal Reports:
  - a. Payment Request with attachments
  - b. Financial Reports – Quarterly
  - c. Activity Report – Quarterly
  - d. Client Assistance Worksheet
  - e. Language Access Reporting Tool

## **ATTACHMENT A**

### **Proposal Application Identification Form (SPO-H-200)**

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**  
**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

Applicant: \_\_\_\_\_ RFP No.: \_\_\_\_\_

The Applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency 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
<b>General:</b>				
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	N/A	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	N/A	
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*	X	
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*	X	
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*	X	
<b>Certifications:</b>				
<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	
<b>Program Specific Requirements:</b>				
Work Plan		Section 5, RFP	X	

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

# **ATTACHMENT C**

## **Sample Proposal Application Table of Contents**

## Proposal Application Table of Contents

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<b>6.0</b>	<b>Litigation</b> .....	20
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	SPO-H-205 Proposal Budget	
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	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, 2015	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Program Specific Requirement	
	Work Plan	

## **ATTACHMENT D**

### **General Conditions**

This is a PDF document.

Refer to the Department of Attorney General's website at:  
<http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view>

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## GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS

### 1. Representations and Conditions Precedent

#### 1.1 Contract Subject to the Availability of State and Federal Funds.

1.1.1 State Funds. This Contract is, at all times, subject to the appropriation and allotment of state funds, and may be terminated without liability to either the PROVIDER or the STATE in the event that state funds are not appropriated or available.

1.1.2 Federal Funds. To the extent that this Contract is funded partly or wholly by federal funds, this Contract is subject to the availability of such federal funds. The portion of this Contract that is to be funded federally shall be deemed severable, and such federally funded portion may be terminated without liability to either the PROVIDER or the STATE in the event that federal funds are not available. In any case, this Contract shall not be construed to obligate the STATE to expend state funds to cover any shortfall created by the unavailability of anticipated federal funds.

1.2 Representations of the PROVIDER. As a necessary condition to the formation of this Contract, the PROVIDER makes the representations contained in this paragraph, and the STATE relies upon such representations as a material inducement to entering into this Contract.

1.2.1 Compliance with Laws. As of the date of this Contract, the PROVIDER complies with all federal, state, and county laws, ordinances, codes, rules, and regulations, as the same may be amended from time to time, that in any way affect the PROVIDER's performance of this Contract.

1.2.2 Licensing and Accreditation. As of the date of this Contract, the PROVIDER holds all licenses and accreditations required under applicable federal, state, and county laws, ordinances, codes, rules, and regulations to provide the Required Services under this Contract.

1.3 Compliance with Laws. The PROVIDER shall comply with all federal, state, and county laws, ordinances, codes, rules, and regulations, as the same may be amended from time to time, that in any way affect the PROVIDER's performance of this Contract, including but not limited to the laws specifically enumerated in this paragraph:

1.3.1 Smoking Policy. The PROVIDER shall implement and maintain a written smoking policy as required by Chapter 328K, Hawaii Revised Statutes (HRS), or its successor provision.

1.3.2 Drug Free Workplace. The PROVIDER shall implement and maintain a drug free workplace as required by the Drug Free Workplace Act of 1988.

1.3.3 Persons with Disabilities. The PROVIDER shall implement and maintain all practices, policies, and procedures required by federal, state, or county law, including but not limited to the Americans with Disabilities Act (42 U.S.C. §12101, et seq.), and the Rehabilitation Act (29 U.S.C. §701, et seq.).

1.3.4 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.

1.4 Insurance Requirements. The PROVIDER shall obtain from a company authorized by law to issue such insurance in the State of Hawai'i commercial general liability insurance ("liability insurance") in an amount of at least TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) coverage for bodily injury and property damage resulting from the PROVIDER's performance under this Contract. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.

The liability insurance shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith.

A certificate of the liability insurance shall be given to the STATE by the PROVIDER. The certificate shall provide that the STATE and its officers and employees are Additional Insureds. The certificate shall provide that the coverages being certified will not be cancelled or materially changed without giving the STATE at least 30 days prior written notice by registered mail.

Should the "liability insurance" coverages be cancelled before the PROVIDER's work under the Contract is certified by the STATE to have been completed satisfactorily, the PROVIDER shall immediately procure replacement insurance that complies in all respects with the requirements of this section.

Nothing in the insurance requirements of this Contract shall be construed as limiting the extent of PROVIDER's responsibility for payment of damages resulting from its operations under this Contract, including the PROVIDER's separate and independent duty to defend, indemnify, and hold the STATE and its officers and employees harmless pursuant to other provisions of this Contract.

1.5 Notice to Clients. Provided that the term of this Contract is at least one year in duration, within 180 days after the effective date of this Contract, the PROVIDER shall create written procedures for the orderly termination of services to any clients receiving the Required Services under this Contract, and for the transition to services supplied by another provider upon termination of this Contract, regardless of the circumstances of such termination. These procedures shall include, at

the minimum, timely notice to such clients of the termination of this Contract, and appropriate counseling.

- 1.6 Reporting Requirements. The PROVIDER shall submit a Final Project Report to the STATE containing the information specified in this Contract if applicable, or otherwise satisfactory to the STATE, documenting the PROVIDER's overall efforts toward meeting the requirements of this Contract, and listing expenditures actually incurred in the performance of this Contract. The PROVIDER shall return any unexpended funds to the STATE.
- 1.7 Conflicts of Interest. In addition to the Certification provided in the Standards of Conduct Declaration to this Contract, the PROVIDER represents that neither the PROVIDER nor any employee or agent of the PROVIDER, presently has any interest, and promises that no such interest, direct or indirect, shall be acquired, that would or might conflict in any manner or degree with the PROVIDER's performance under this Contract.

## 2. Documents and Files

### 2.1 Confidentiality of Material.

2.1.1 Proprietary or Confidential Information. All material given to or made available to the PROVIDER by virtue of this Contract that is identified as proprietary or confidential information shall be safeguarded by the PROVIDER and shall not be disclosed to any individual or organization without the prior written approval of the STATE.

2.1.2 Uniform Information Practices Act. All information, data, or other material provided by the PROVIDER to the STATE shall be subject to the Uniform Information Practices Act, chapter 92F, HRS, and any other applicable law concerning information practices or confidentiality.

2.2 Ownership Rights and Copyright. The STATE shall have complete ownership of all material, both finished and unfinished that is developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract, and all such material shall be considered "works made for hire." All such material shall be delivered to the STATE upon expiration or termination of this Contract. The STATE, in its sole discretion, shall have the exclusive right to copyright any product, concept, or material developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract.

2.3 Records Retention. The PROVIDER and any subcontractors shall maintain the books and records that relate to the Contract, and any cost or pricing data for three (3) years from the date of final payment under the Contract. In the event that any litigation, claim, investigation, audit, or other action involving the records retained under this provision arises, then such records shall be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later. During the period that records are retained under this section, the

PROVIDER and any subcontractors shall allow the STATE free and unrestricted access to such records.

**3. Relationship between Parties**

- 3.1 Coordination of Services by the STATE. The STATE shall coordinate the services to be provided by the PROVIDER in order to complete the performance required in the Contract. The PROVIDER shall maintain communications with the STATE at all stages of the PROVIDER's work, and submit to the STATE for resolution any questions which may arise as to the performance of this Contract.
- 3.2 Subcontracts and Assignments. The PROVIDER may assign or subcontract any of the PROVIDER's duties, obligations, or interests under this Contract, but only if (i) the PROVIDER obtains the prior written consent of the STATE and (ii) the PROVIDER's assignee or subcontractor submits to the STATE a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER's assignee or subcontractor have been paid. Additionally, no assignment by the PROVIDER of the PROVIDER's right to compensation under this Contract shall be effective unless and until the assignment is approved by the Comptroller of the State of Hawai'i, as provided in section 40-58, HRS.
- 3.3 Change of Name. When the PROVIDER asks to change the name in which it holds this Contract, the STATE, shall, upon receipt of a document acceptable or satisfactory to the STATE indicating such change of name such as an amendment to the PROVIDER's articles of incorporation, enter into an amendment to this Contract with the PROVIDER to effect the change of name. Such amendment to this Contract changing the PROVIDER's name shall specifically indicate that no other terms and conditions of this Contract are thereby changed, unless the change of name amendment is incorporated with a modification or amendment to the Contract under paragraph 4.1 of these General Conditions.
- 3.4 Independent Contractor Status and Responsibilities, Including Tax Responsibilities.
- 3.4.1 Independent Contractor. In the performance of services required under this Contract, the PROVIDER is an "independent contractor," with the authority and responsibility to control and direct the performance and details of the work and services required under this Contract; however, the STATE shall have a general right to inspect work in progress to determine whether, in the STATE's opinion, the services are being performed by the PROVIDER in compliance with this Contract.
- 3.4.2 Contracts with Other Individuals and Entities. Unless otherwise provided by special condition, the STATE shall be free to contract with other individuals and entities to provide services similar to those performed by the Provider under this Contract, and the

PROVIDER shall be free to contract to provide services to other individuals or entities while under contract with the STATE.

- 3.4.3 PROVIDER's Employees and Agents. The PROVIDER and the PROVIDER's employees and agents are not by reason of this Contract, agents or employees of the State for any purpose. The PROVIDER and the PROVIDER's employees and agents shall not be entitled to claim or receive from the STATE any vacation, sick leave, retirement, workers' compensation, unemployment insurance, or other benefits provided to state employees. Unless specifically authorized in writing by the STATE, the PROVIDER and the PROVIDER's employees and agents are not authorized to speak on behalf and no statement or admission made by the PROVIDER or the PROVIDER's employees or agents shall be attributed to the STATE, unless specifically adopted by the STATE in writing.
- 3.4.4 PROVIDER's Responsibilities. The PROVIDER shall be responsible for the accuracy, completeness, and adequacy of the PROVIDER's performance under this Contract.

Furthermore, the PROVIDER intentionally, voluntarily, and knowingly assumes the sole and entire liability to the PROVIDER's employees and agents, and to any individual not a party to this Contract, for all loss, damage, or injury caused by the PROVIDER, or the PROVIDER's employees or agents in the course of their employment.

The PROVIDER shall be responsible for payment of all applicable federal, state, and county taxes and fees which may become due and owing by the PROVIDER by reason of this Contract, including but not limited to (i) income taxes, (ii) employment related fees, assessments, and taxes, and (iii) general excise taxes. The PROVIDER also is responsible for obtaining all licenses, permits, and certificates that may be required in order to perform this Contract.

The PROVIDER shall obtain a general excise tax license from the Department of Taxation, State of Hawai'i, in accordance with section 237-9, HRS, and shall comply with all requirements thereof. The PROVIDER shall obtain a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER have been paid and submit the same to the STATE prior to commencing any performance under this Contract. The PROVIDER shall also be solely responsible for meeting all requirements necessary to obtain the tax clearance certificate required for final payment under section 103-53, HRS, and these General Conditions.

The PROVIDER is responsible for securing all employee-related insurance coverage for the PROVIDER and the PROVIDER's employees and agents that is or may be required by law, and for payment of all premiums, costs, and other liabilities associated with securing the insurance coverage.

3.5 Personnel Requirements.

- 3.5.1 Personnel. The PROVIDER shall secure, at the PROVIDER's own expense, all personnel required to perform this Contract, unless otherwise provided in this Contract.
- 3.5.2 Requirements. The PROVIDER shall ensure that the PROVIDER's employees or agents are experienced and fully qualified to engage in the activities and perform the services required under this Contract, and that all applicable licensing and operating requirements imposed or required under federal, state, or county law, and all applicable accreditation and other standards of quality generally accepted in the field of the activities of such employees and agents are complied with and satisfied.

4. Modification and Termination of Contract

4.1 Modification of Contract.

- 4.1.1 In Writing. Any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract permitted by this Contract shall be made by written amendment to this Contract, signed by the PROVIDER and the STATE.
- 4.1.2 No Oral Modification. No oral modification, alteration, amendment, change, or extension of any term, provision or condition of this Contract shall be permitted.
- 4.1.3 Tax Clearance. The STATE may, at its discretion, require the PROVIDER to submit to the STATE, prior to the STATE's approval of any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract, a tax clearance from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state and federal law against the PROVIDER have been paid.

- 4.2 Termination in General. This Contract may be terminated in whole or in part because of a reduction of funds available to pay the PROVIDER, or when, in its sole discretion, the STATE determines (i) that there has been a change in the conditions upon which the need for the Required Services was based, or (ii) that the PROVIDER has failed to provide the Required Services adequately or satisfactorily, or (iii) that other good cause for the whole or partial termination of this Contract exists. Termination under this section shall be made by a written notice sent to the PROVIDER ten (10) working days prior to the termination date that includes a brief statement of the reason for the termination. If the Contract is terminated under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.

- 4.3 Termination for Necessity or Convenience. If the STATE determines, in its sole discretion, that it is necessary or convenient, this Contract may be terminated in whole or in part at the option of the STATE upon ten (10) working days' written notice to the PROVIDER. If the STATE elects to terminate under this paragraph, the PROVIDER shall be entitled to reasonable payment as determined by the STATE for satisfactory services rendered under this Contract up to the time of termination. If the STATE elects to terminate under this section, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.4 Termination by PROVIDER. The PROVIDER may withdraw from this Contract after obtaining the written consent of the STATE. The STATE, upon the PROVIDER's withdrawal, shall determine whether payment is due to the PROVIDER, and the amount that is due. If the STATE consents to a termination under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.5 STATE's Right of Offset. The STATE may offset against any monies or other obligations that STATE owes to the PROVIDER under this Contract, any amounts owed to the State of Hawai'i by the PROVIDER under this Contract, or any other contract, or pursuant to any law or other obligation owed to the State of Hawai'i by the PROVIDER, including but not limited to the payment of any taxes or levies of any kind or nature. The STATE shall notify the PROVIDER in writing of any exercise of its right of offset and the nature and amount of such offset. For purposes of this paragraph, amounts owed to the State of Hawai'i shall not include debts or obligations which have been liquidated by contract with the PROVIDER, and that are covered by an installment payment or other settlement plan approved by the State of Hawai'i, provided, however, that the PROVIDER shall be entitled to such exclusion only to the extent that the PROVIDER is current, and in compliance with, and not delinquent on, any payments, obligations, or duties owed to the State of Hawai'i under such payment or other settlement plan.

## 5. Indemnification

- 5.1 Indemnification and Defense. The PROVIDER shall defend, indemnify, and hold harmless the State of Hawai'i, the contracting agency, and their officers, employees, and agents from and against any and all liability, loss, damage, cost, expense, including all attorneys' fees, claims, suits, and demands arising out of or in connection with the acts or omissions of the PROVIDER or the PROVIDER's employees, officers, agents, or subcontractors under this Contract. The provisions of this paragraph shall remain in full force and effect notwithstanding the expiration or early termination of this Contract.
- 5.2 Cost of Litigation. In case the STATE shall, without any fault on its part, be made a party to any litigation commenced by or against the PROVIDER in connection with this Contract, the PROVIDER shall pay any cost and expense incurred by or imposed on the STATE, including attorneys' fees.

**6. Publicity**

- 6.1 Acknowledgment of State Support. The PROVIDER shall, in all news releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials relating to the PROVIDER's performance under this Contract, acknowledge the support by the State of Hawai'i and the purchasing agency.
- 6.2 PROVIDER's Publicity Not Related to Contract. The PROVIDER shall not refer to the STATE, or any office, agency, or officer thereof, or any state employee, or to the services or goods, or both provided under this Contract, in any of the PROVIDER's publicity not related to the PROVIDER's performance under this Contract, including but not limited to commercial advertisements, recruiting materials, and solicitations for charitable donations.

**7. Miscellaneous Provisions**

- 7.1 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.
- 7.2 Paragraph Headings. The paragraph headings appearing in this Contract have been inserted for the purpose of convenience and ready reference. They shall not be used to define, limit, or extend the scope or intent of the sections to which they pertain.
- 7.3 Antitrust Claims. The STATE and the PROVIDER recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the purchaser. Therefore, the PROVIDER hereby assigns to the STATE any and all claims for overcharges as to goods and materials purchased in connection with this Contract, except as to overcharges which result from violations commencing after the price is established under this Contract and which are not passed on to the STATE under an escalation clause.
- 7.4 Governing Law. The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, shall be governed by the laws of the State of Hawai'i. Any action at law or in equity to enforce or interpret the provisions of this Contract shall be brought in a state court of competent jurisdiction in Honolulu, Hawai'i.
- 7.5 Conflict between General Conditions and Procurement Rules. In the event of a conflict between the General Conditions and the Procurement Rules or a Procurement Directive, the Procurement Rules or any Procurement Directive in effect on the date this Contract became effective shall control and are hereby incorporated by reference.
- 7.6 Entire Contract. This Contract sets forth all of the contracts, conditions, understandings, promises, warranties, and representations between the STATE and the PROVIDER relative to this Contract. This Contract supersedes all prior agreements, conditions, understandings,

promises, warranties, and representations, which shall have no further force or effect. There are no contracts, conditions, understandings, promises, warranties, or representations, oral or written, express or implied, between the STATE and the PROVIDER other than as set forth or as referred to herein.

- 7.7 Severability. In the event that any provision of this Contract is declared invalid or unenforceable by a court, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this Contract.
- 7.8 Waiver. The failure of the STATE to insist upon the strict compliance with any term, provision, or condition of this Contract shall not constitute or be deemed to constitute a waiver or relinquishment of the STATE's right to enforce the same in accordance with this Contract. The fact that the STATE specifically refers to one provision of the Procurement Rules or one section of the Hawai'i Revised Statutes, and does not include other provisions or statutory sections in this Contract shall not constitute a waiver or relinquishment of the STATE's rights or the PROVIDER's obligations under the Procurement Rules or statutes.
- 7.9 Execution in Counterparts. This Contract may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one instrument.

**8. Confidentiality of Personal Information**

8.1 Definitions.

8.1.1 Personal Information. "Personal Information" means an individual's first name or first initial and last name in combination with any one or more of the following data elements, when either name or data elements are not encrypted:

- 1) Social Security number;
- 2) Driver's license number or Hawaii identification card number; or
- 3) Account number, credit or debit card number, access code, or password that would permit access to an individual's financial information.

Personal information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.

8.1.2 Technological Safeguards. "Technological safeguards" means the technology and the policy and procedures for use of the technology to protect and control access to personal information.

8.2 Confidentiality of Material.

8.2.1 Safeguarding of Material. All material given to or made available to the PROVIDER by the STATE by virtue of this Contract which is identified as personal information, shall be safeguarded by the PROVIDER and shall not be disclosed without the prior written approval of the STATE.

8.2.2 Retention, Use, or Disclosure. PROVIDER agrees not to retain, use, or disclose personal information for any purpose other than as permitted or required by this Contract.

8.2.3 Implementation of Technological Safeguards. PROVIDER agrees to implement appropriate “technological safeguards” that are acceptable to the STATE to reduce the risk of unauthorized access to personal information.

8.2.4 Reporting of Security Breaches. PROVIDER shall report to the STATE in a prompt and complete manner any security breaches involving personal information.

8.2.5 Mitigation of Harmful Effect. PROVIDER agrees to mitigate, to the extent practicable, any harmful effect that is known to PROVIDER because of a use or disclosure of personal information by PROVIDER in violation of the requirements of this paragraph.

8.2.6 Log of Disclosures. PROVIDER shall complete and retain a log of all disclosures made of personal information received from the STATE, or personal information created or received by PROVIDER on behalf of the STATE.

8.3 Security Awareness Training and Confidentiality Agreements.

8.3.1 Certification of Completed Training. PROVIDER certifies that all of its employees who will have access to the personal information have completed training on security awareness topics related to protecting personal information.

8.3.2 Certification of Confidentiality Agreements. PROVIDER certifies that confidentiality agreements have been signed by all of its employees who will have access to the personal information acknowledging that:

- 1) The personal information collected, used, or maintained by the PROVIDER will be treated as confidential;
- 2) Access to the personal information will be allowed only as necessary to perform the Contract; and
- 3) Use of the personal information will be restricted to uses consistent with the services subject to this Contract.

8.4 Termination for Cause. In addition to any other remedies provided for by this Contract, if the STATE learns of a material breach by PROVIDER of this paragraph by PROVIDER, the STATE may at its sole discretion:

- 1) Provide an opportunity for the PROVIDER to cure the breach or end the violation; or
- 2) Immediately terminate this Contract.

In either instance, the PROVIDER and the STATE shall follow chapter 487N, HRS, with respect to notification of a security breach of personal information.

8.5 Records Retention.

8.5.1 Destruction of Personal Information. Upon any termination of this Contract, PROVIDER shall, pursuant to chapter 487R, HRS, destroy all copies (paper or electronic form) of personal information received from the STATE.

8.5.2 Maintenance of Files, Books, Records. The PROVIDER and any subcontractors shall maintain the files, books, and records, that relate to the Contract, including any personal information created or received by the PROVIDER on behalf of the STATE, and any cost or pricing data, for three (3) years after the date of final payment under the Contract. The personal information shall continue to be confidential and shall not be disclosed without the prior written approval of the STATE. After the three (3) year retention period has ended, the files, books, and records that contain personal information shall be destroyed pursuant to chapter 487R, HRS.

# **ATTACHMENT E**

## **Work Plan**

**Emergency Grants Program  
Work Plan Form**

Name of Provider: \_\_\_\_\_  
 Program Location: \_\_\_\_\_

Type of Program: State Homeless Emergency Grants (SHEG) Program  
 Type of Service: Providing emergency grants to benefit homeless and at-risk homeless individuals and families.

Time of Performance: February 1, 2017 through July 31, 2018  
 Amount of Contract: \_\_\_\_\_

**1. Input Objectives – Number and Types of Participants Served:**

Type of Participant: Complete the chart below by projecting the amount of each type of participants to be served by the SHEG Program.

<b>Program Service Capacity</b>	<b>Particpt</b>	<b>Houshld</b>
i. Number of Unduplicated Participants and Households that will be Served on Any Given Day	-	-
ii. Number of Unduplicated Participants and Households that will be Served Monthly	-	-
iii. Number of Unduplicated Participants and Households that will be Served Quarterly	-	-

<b>Number of Participants Served</b>	<b>Proposed</b>
i. Number of Unduplicated Adults without Children*	-
ii. Number of Unduplicated Adults in Families**	-
iii. Number of Unduplicated Families** (Only Households with Children)	-
iv. Number of Unduplicated Households with & without Children*	-
v. Total Number of Unduplicated Participants (All Adults & Children)	-

<b>Types of Households Served</b>	<b>Proposed</b>
i. Number of households whose prior residence will be from unsheltered locations	-
ii. Number of households whose prior residence will be from emergency shelters	-
iii. Number of households whose prior residence will be from transitional shelters	-
iv. Number of households whose prior residence will be from housing and are at-risk of becoming homeless	-
v. Number of households whose prior residence will be other than above (e.g. hospital, prison, nursing home, substance abuse treatment, foster care, halfway house, etc.)	-
<b>Total Number of Unduplicated Households Served</b>	-

i. Total number of applications expected to receive	-
ii. Number of participants who are at-risk or have lost permanent housing and had a prior homeless episode in the past 2 years	-
iii. Number of homeless households*** who will have a VI-SPDAT completed	-

\* Children are defined as minors under the age of eighteen (18).  
 \*\* Families are households with at least one dependent under the age of eighteen (18).  
 \*\*\* Homeless households refers to those households whose prior residence are from the following locations: unsheltered, emergency shelters, transitional shelters and safe havens.

**Emergency Grants Program  
Work Plan Form**

**2. Output Objectives – Level of Services Provided:**

Services Provided: Complete the chart below by projecting the amount and level of each type of service to be provided by the SHEG Program.

<b>Level of Assessment &amp; Housing Plan Services</b>		<b>Proposed</b>
i. <b>Total number of referrals</b> to other appropriate homeless programs based on VI-SPDAT scoring		-
ii. <b>Total # of households</b> who will have a housing plan developed		-
a. Number of at-risk households***		-
b. Number of homeless households****		-
iii. <b>Total # of households</b> who will receive one-on-one budget analysis and financial counseling		-
a. Number of at-risk households***		-
b. Number of homeless households****		-
iv. <b>Total # of households</b> who will be referred to programs that promote self-sufficiency (financial literacy, job training, GED, higher education, LEP- English, etc.)		-
a. Number of at-risk households***		-
b. Number of homeless households****		-
v. <b>Total # adults</b> who will be referred to other eligible sources of income to improve housing stability and options		-
vi. <b>Total # of applicable households</b> who will be provided with a list of appropriate, suitable rental housing units as needed		-
<b>Level and Types of Financial Assistance Services</b>		
i. <b>Total # of participants and households</b> who will receive financial assistance	Participants: ____	Houshlds: ____
ii. <b>Total # of participants and households</b> who will be denied financial assistance	Participants: N/A	Houshlds: N/A
<b>iv. Types &amp; Amounts of Financial Assistance:</b>	<b>Total # of grants</b>	<b>Total \$ of grants</b>
a. 1 <sup>st</sup> Month's Rent	-	-
b. Rental Security Deposits	-	-
c. Utility Deposits	-	-
d. Past Due Rent (includes unpaid program fees)	-	-
e. Past Due Utilities	-	-
f. Expenses for Medical/Health Care	-	-
g. Expenses for Transportation	-	-
h. Expenses for Child Care	-	-
i. Other Expenses	-	-
<b>Level of Housing Stabilization &amp; Follow Up Services</b>		
i. <b>Total # of applicable households</b> who will be provided tenancy skills (landlord-tenant rights & responsibilities, lease/landlord conflict resolution, unit inspections, requests, and upkeep, etc.) as needed		-
ii. <b>Total # of conflict resolution/mediation services</b> provided (directly or through referral) to prevent eviction		-
iii. <b>Total # of households</b> who will receive follow up re-assessment for additional services and resources needed to maintain housing		-

\*\*\* "Number of at-risk households" means all unduplicated households that participated in the program because they lacked the financial and other resources necessary for retaining their current housing and were therefore at risk of losing their housing.

\*\*\*\* "Number of homeless households" means all unduplicated households that participated in the program because they had no suitable permanent housing and lacked the financial and other resources necessary for obtaining one.

**Emergency Grants Program**  
**Work Plan Form**

**3. Outcome Objectives:**

Complete the following chart by determining the amount of outcome objectives to be achieved.

i. <b>Total # of households</b> whose housing crisis will be successfully resolved (with or without financial assistance) due to program services	—
ii. <b>Total # of households</b> who will complete programs that promote self sufficiency (financial literacy, job training, GED, higher education, LEP-English, etc.) due to program services	—
iii. <b>Total # of households</b> who will reduce household expenses due to one-on-one budget analysis and financial counseling	—
iv. <b>Total # of adults</b> who will increase housing stability due to referrals to other eligible sources of income: a. who increased employment income b. who increased public assistance income (SS, SSI, GA, TANF, etc.) c. who increased public non-cash benefits (SNAP, WIC, childcare, Section 8, etc.) d. who obtained other financial resources than above to resolve crisis (friends, family, faith-based, OHA, etc.)	— — — —
v. <b>Total # of perm. housing evictions</b> that will be prevented due to conflict resolution/mediation services provided (directly or through referral)	—
vi. <b>Total # of at-risk households</b> who received assistance and retained permanent housing (PH) a. Number of households b. Number of all participants (adults and children)	a. ___ b. ___
vii. <b>At-risk households</b> who received assistance and reported to the agency after three (3) months, after six (6) months	3mth: ___ 6mth: ___
viii. <b>Of At-risk households</b> that reported to the agency, percentage that have kept permanent housing for at least three (3) months, at least six (6) months	3mth: ___% 6mth: ___%
ix. <b>Total # of homeless households</b> who received assistance and obtained permanent housing (PH) a. Number of households b. Number of all participants (adults and children)	a. ___ b. ___
x. <b>Homeless households</b> who received assistance and reported to the agency after three (3) months, after six (6) months	3mth: ___ 6mth: ___
xi. <b>Of homeless households</b> that reported to the agency, percentage that have kept permanent housing for at least three (3) months, at least six (6) months	3mth: ___% 6mth: ___%

<b>Length of Time Services/Outcomes</b>	<b>Proposed</b>
i. <b>Average number of days</b> for agency to provide assistance to participants who enter the program at intake	N/A
ii. <b>Average number of days</b> participants are in program: from enrollment to exit	N/A
iii. <b>Total # of participants</b> that either stabilized in existing housing or got placed into PH within 30 days of program entry	N/A
iv. <b>Total # of participants</b> in program who exited with a PH location and returned to homelessness within 1 year a. Number of at-risk households b. Number of homeless households	N/A N/A

**Emergency Grants Program**  
**Work Plan Form**

**4. Performance Measures:**

Complete the following chart by defining the performance measures to be achieved.

<b>Performance Measure (PM) Standard</b>	<b>Outcome Numerator</b>	<b>Outcome Denominator</b>	<b>Actual % Achieved</b>
i. 80% of participants are stabilized in existing permanent housing or placed in alternative permanent housing within 30 days of program entry	Total # of participants that either stabilized in existing housing or got placed into PH within 30 days of program (intake) entry <u>N/A</u>	Total # of participants that obtained PH or retained (stabilized in existing) PH <u>N/A</u>	% of all participants that received financial assistance and obtained or retained PH within 30 days of program (intake) entry <u>N/A</u> %
ii. Less than 10% of participants become homeless within 1 year	Total # of participants (stayers and leavers) who received assistance, obtained or retained PH and returned to homelessness within 1 year <u>N/A</u>	Total # of participants who received assistance and obtained or retained permanent housing (PH) <u>N/A</u>	% of participants who returned to homelessness within 1 year after receiving assistance and obtaining or retaining PH <u>N/A</u> %
iii. Maintain average quarterly program enrollment that is at least 90% of the contracted commitment.	Total # actually served during the reporting period <u>N/A</u>	Total # contracted to serve (based on program service capacity and total proposed to serve) <u>N/A</u>	% of quarterly participants and households served in comparison with the contracted # to be served <u>N/A</u>

## **ATTACHMENT F**

### **Performance Measures and Outcomes Form**



## **ATTACHEMNT G**

### **PROGRAM AND FISCAL REPORTS**

Payment Request with attachments  
Financial Reports – Quarterly  
Activity Report – Quarterly  
Client Assistance Worksheet  
Language Access Reporting Tool

(Copy form onto Agency letterhead)  
**PAYMENT REQUEST FORM**  
STATE HOMELESS EMERGENCY GRANTS PROGRAM  
Form No. HPO G-01, (08/2016)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director's name)  
Director, Department of Human Services (DHS)  
Homeless Programs Office (HPO)  
820 Mililani Street, Suite 606  
Honolulu, Hawaii 96813

Attention: Homeless Programs Office (HPO)

Dear Director:

RE: STATE HOMELESS EMERGENCY GRANTS PROGRAM  
CONTRACT NO: \_\_\_\_\_  
PAYMENT REQUEST #: \_\_\_\_\_

I hereby request payment under the above stated contract for the State Homeless Emergency Grants Program in the amount of \_\_\_\_\_ dollars (\$\_\_\_\_\_). This amount represents the payment for the period covering from \_\_\_\_\_ to \_\_\_\_\_ of my agency's total allocation for the State Homeless Emergency Grants Program for the contract period (\_\_\_\_\_).

I certify that the services for which the payment is being made will be and are being satisfactorily rendered and that all contractual obligations under the contract identified above are being duly fulfilled.

\_\_\_\_\_  
Authorized Representative  
Printed name:  
Title:



Insurance	\$	
Lease/Rental of Equipment	\$	
Lease/Rental of Motor Vehicle	\$	
Lease/Rental of Space	\$	
Mileage	\$	
Postage, Freight and Delivery	\$	
Publication, Printing and Advertising	\$	
Repair and Maintenance	\$	
Staff Training	\$	
Subsistence/Per Diem	\$	
Supplies	\$	
Telecommunication	\$	
Transportation	\$	
Utilities	\$	
<b>Total Operations</b>	\$	
<b>Administrative Costs</b>	\$	
<Position Title FTE xx%>	\$	
Fringe Benefits	\$	
Payroll Taxes	\$	
Airfare (Inter-Island)	\$	
Airfare (Out-of-State)	\$	
Audit Services	\$	
Contractual Services - Administrative	\$	
Contractual Services - Subcontracts	\$	
Depreciation	\$	
Food	\$	
Insurance	\$	
Lease/Rental of Equipment	\$	
Lease/Rental of Motor Vehicle	\$	
Lease/Rental of Space	\$	
Mileage	\$	
Postage, Freight and Delivery	\$	
Publication, Printing and Advertising	\$	
Repair and Maintenance	\$	
Staff Training	\$	
Subsistence/Per Diem	\$	
Supplies	\$	
Telecommunication	\$	



**Actual Income and Expenditures Report Form 1**  
**Income and Expenditures**  
**All Funding Sources**

Agency Name:	
Program Name:	
Shelter Name (if applicable):	
Reporting Period:	
Fiscal Year:	

Funding Sources	<Enter Program Name Above> (a)	Other State Funding (b)	Other City or County Funding (c)	Other Federal Funding (d)	Program Fees (e)	Fundraising & Other Sources (f)	Total YTD Actuals (h)
<b>Income</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Income</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Expenditures</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Personnel</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<Position Title FTE xx%>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Compensation (subtotal from above)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payroll Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Personnel</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Operating Costs</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -





State Homeless Emergency Grants Program  
Quarterly and Final Activity Report

Agency Name:  
Program Name: State Homeless Emergency Grants (SHEG) Program  
Reporting Period:  
Date:  
Contact:

Instructions/Legend:

Column (a) Number proposed to be served for the whole contract period  
Column (b-g) Actual numbers served for the contract period  
Column (h) YTD Total Actual – Actual Totals To Date  
Column (i) Percent of actual totals to date based on the total served  
Column (j) Variance percentages between proposed and the actual achieved for the contract period using the formula:  
actual minus proposed divided by proposed.

Variance Explanations to be shared on Narrative Portion of this document

actual percent of outcome uses the formula: actual number that achieved outcome divided actual number served to date

Program Service Capacity	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Number of Unduplicated Participants that were served on any given day										
Number of Unduplicated Households that were served on any given day										
Number of Unduplicated Participants that were served each quarter										
Number of Unduplicated Households that were served each quarter										
Participants Served*	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Unduplicated Adults without Children**								0	N/A	0%
Unduplicated Adults in Families***								0	N/A	0%
Unduplicated Families*** (Only Households with Children)								0	N/A	0%
Unduplicated Children**	N/A	0	0	0	0	0	0	0	N/A	0%
Unduplicated Households with or without Children								0	N/A	0%
<b>Total Unduplicated Participants Served</b>								0	N/A	0%

Notes

- \* Total number of unduplicated participants served (only count new intakes for 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> quarters).
- \*\* Children are defined as minors under the age of eighteen (18).
- \*\*\* Families refers to an adult with one or more dependent child(ren) under the age of 18. Each family unit is counted as one unduplicated family.

Variance Explanations to be shared on Narrative Portion of this document

Input Objectives: Types of Households Served	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Number of Unsheltered Homeless Households								0	N/A	
Number of Households at Emergency Shelters								0	N/A	
Number of Households at Transitional Shelters								0	N/A	
Number of Households At Risk of Becoming Homeless								0	N/A	
Number of Participants whose Prior Residence is Other Than Above (e.g. hospital, prison, nursing home, substance abuse treatment, foster care, halfway house, etc.)								0	N/A	
Other Participants whose Prior Residence is Unknown/Refused/Data Not Collected								0	N/A	
<b>Total # of Unduplicated Households Served</b>		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	N/A	

Total number of applications received

lost permanent housing and had a prior homeless episode in the past 2 years

Number of homeless participants\*\*\*\* who have a VI-SPDAT completed

4. \*\*\*\* Homeless households refers to households whose prior residence are from the following locations: unsheltered, emergency shelters, transitional shelters and safe havens

Output Objectives: Level of Outreach Services	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Total number of referrals to other appropriate homeless programs based on VI-SPDAT scoring								0		0%
Total # of households who had a housing plan developed								0		0%
a. Number of at risk households***								0		0%
b. Number of homeless households****								0		0%
Total # of households who received one-on-one budget analysis and financial counseling								0		0%
a. Number of at risk households***								0		0%
b. Number of homeless households****								0		0%
Total # of households who will be referred to programs that promote self-sufficiency (financial literacy, job training, GED, higher education, LEP-English, etc.)								0		0%
a. Number of at risk households***								0		0%
b. Number of homeless households****								0		0%
Total # adults who will be referred to other eligible sources of income to improve housing stability and options								0		0%
Total # of applicable households who will be provided with a list of appropriate, suitable rental housing units as needed								0		0%

\*\*\* "Number of at-risk households" means all unduplicated households that participated in the program because they lacked the financial and other resources necessary for retaining their current housing and were therefore at risk of losing their housing. \*\*\*\* "Number of homeless households" means all unduplicated households that participated in the program because they had no suitable permanent housing and lacked the financial and other resources necessary for obtaining one.

Output Objectives: Level and Types of Financial Assistance	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Total # of participants who received financial assistance								0		0%
Total # of households who received financial assistance								0		0%
Total # of participants who were denied financial assistance								0		0%
Total # of households who were denied financial assistance								0		0%
<b>Types of Assistance</b>										
a. Total number of grants provided for 1st Month's Rent								0		0%
b. Total number of grants provided for Rental Security Deposits								0		0%
c. Total number of grants provided for Utility Deposits								0		0%



State Homeless Emergency Grants Program  
Quarterly and Final Activity Report

Maintain average quarterly program enrollment that is at least 90% of the contracted commitment.	90.00%
Housing PM	
80% of participants are stabilized in existing permanent housing or placed in alternative permanent housing within 30 days of program entry	80.00%
Less than 10% of participants become homeless within 1 year	10.00%

**General Comments/Narrative**

**1. Briefly describe your agency's key accomplishments for the reporting period.**

**2. Briefly describe any problems encountered, recommendations to remedy such problems and other general comments during the reporting period.**

**3. Briefly describe what ongoing evaluations were conducted to promote program effectiveness and improved performance measures in the period being reported?**

**4. What staff trainings were conducted in the period being reported?**

**(To be filled out for Final Report Only) Explain any variances greater than +/-15% between the proposed and actual total number here:**

# STATE HOMELESS EMERGENCY PROGRAM CLIENT ASSISTANCE WORKSHEET

## State Homeless Emergency Grants Program

Agency Name:

Reporting Period:

<sup>1</sup> Homeless/Housing Status: Unsheltered /  
<sup>2</sup> Types of Assistance: Rent, Past Rent, F  
<sup>3</sup> Types of Increased Income: E = Emplo

#	Entry Date/ Application Received (mm/dd/yy)	Approval or Denial of Application and Date (mm/dd/yy)	Date Check Sent (mm/dd/yy)	Date of Exit (mm/dd/yy)	Client Name or ID	# of Adults without Children	# of Adults with Children	# of Children	Houshd with or without Children	Landlord Name / Company	(Prior Residence to Program Entry) Homeless / Housing Status <sup>1</sup>	VI-SPDAT completed
1									without C			
2									with C			
3									without C			
4												
5												
6												
7												
8												
9												
10												
<b>TOTAL</b>	-	-	-	-	-	0	0	0		-	-	-

<sup>1</sup> Homeless/Housing Status: Unsheltered, Emergency Sheltered, Transitional Sheltered, At-Risk Homeless  
<sup>2</sup> Types of Assistance: Past Rent, Rental Deposit, Past Utilities, Utility Deposit, Food, Medical/Dental Care, Transportation, Child Care, Other  
<sup>3</sup> Types of Increased Income: E = Employment income, PA = Public (non-employment) cash assistance, PB = Public non-cash benefits, Other = Other sources of income like friends, family, faith-ba

SHEG Client Assistance Worksheet Updated FY17.xls

, Emergency Sheltered, Transitional Sheltered, At-Risk Homeless, Other  
 Rental Deposit, Past Utilities, Utility Deposit, Medical/Dental Care, Transportation, Child Care, Other  
 yment income, PA = Public (non-employment) cash assistance, PB = Public non-cash benefits, Other = Other sources of income like friends, family, faith-based, OHA)

Type of Assistance <sup>2</sup>	Assistance Amount	Housing Plan Developed	Housing Crisis Resolved	Received Budget Analysis & Financial Counseling	Reduced Expenses due to Counseling	Referred to Self-Sufficiency Program	Completed Self-Sufficiency Program	Provided Landlord/Tenant Skills	Referred to other eligible income	Increase income due to referral	Received Mediation services	Eviction Prevented due to Mediation services
	\$	-	-	-	-	-	-	-	-	-	-	-



**LANGUAGE ACCESS REPORTING TOOL**

LEP Services by Language

Period Covered: \_\_\_\_\_

Department: \_\_\_\_\_

DIV/BR/SEC/UNIT: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1 Language	2 # of Oral Language Encounters	3 Oral Language Service Utilized (#)						4 Translated Documents (#)		5 Translator Used (#)				6 Totals (Columns 2 & 4)		
		Bilingual Staff (Provides Direct Services in Another Language)	Community Volunteer	In-Person Contracted Interpreter (Agency)	In-Person Contracted Interpreter (Independent)	Telephone Interpreter	Other (including sight Translation)	# of Documents Translated Upon Request	# of Vital Documents Translated	Staff	Contracted (Agency) Translation Services	Contracted (Independent) Translation Services	Community Volunteer		Other # Only (Specify on Separate Sheet)	
Cantonese																0
Chuukese																0
Hawaiian																0
Ilokano																0
Japanese																0
Korean																0
Kosraean																0
LEP Hearing Impaired																0
Mandarin																0
Marshallese																0
Portuguese																0
Samoan																0
Spanish																0
Tagalog																0
Thai																0
Tongan																0
Vietnamese																0
Visayan (Cebuano)																0
Other Total # *																0
<b>Totals</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

\*Specify Type of Other Language on a Separate Sheet

**Expenditures:**

Interpretation Total \_\_\_\_\_

Translation Total \_\_\_\_\_

Interpretation & Translation Total \_\_\_\_\_

\$0.00