

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

## Request for Proposals

# RFP No. HMS-224-17-01-HPO Housing Placement Program

October 14, 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

October 14, 2016

**MEMORANDUM**

TO: All Interested Applicants

FROM: *for* Pankaj Bhanot *PJB*  
Director

SUBJECT: HOUSING PLACEMENT PROGRAM (HPP) FOR PROPOSALS (RFP)  
HMS 224-17-01-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 housing placement services that will enable families at 300% and below the federal poverty level to live independently in affordable market rental units. This Request for Proposal (RFP) is valid for four and one half (4.5) years, with annual contracts commencing on (Year 1) January 1, 2017 and expiring on June 30, 2018, (Year 2) July 1, 2018-June 30, 2019, (Year 3) July 1, 2019-June 30, 2020, and (Year 4) July 1, 2020-June 30, 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 November 14, 2016. Hand delivered proposals shall be received not later than 4:30 p.m., Hawaii Standard Time (HST), on November 14, 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 October 25, 2016, from 1:30 p.m. to 4:00 p.m., Hawaii Standard Time, at 820 Mililani Street, 6<sup>th</sup> floor conference room, 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 October 31, 2016. All written questions will receive a written response from the DHS on or about November 4, 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:**  
**NOVEMBER 14, 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 **NOVEMBER 14, 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 **NOVEMBER 14, 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 NOVEMBER 14, 2016 AND RECEIVED BY NOVEMBER 25, 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 November 14, 2016, 4:30 p.m. Hawaii Standard Time (HST) shall not be accepted.
- B. Mail delivery received postmarked after November 14, 2016 or postmarked by November 14, 2016 but received after November 25, 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>October 14, 2016</u>
Distribution of RFP	<u>October 14, 2016</u>
RFP orientation session	<u>October 25, 2016</u>
Closing date for submission of written questions for written responses	<u>October 31, 2016</u>
State purchasing agency's response to Applicants' written questions	<u>November 4, 2016</u>
Discussions with Applicant prior to proposal submittal deadline (optional)	<u>October 14- November 4, 2016</u>
Proposal submittal deadline	<u>November 14, 2016</u>
Discussions with Applicant after proposal submittal deadline (optional)	<u>As needed</u>
Final revised proposals (optional)	
Proposal evaluation period	<u>November 15-25, 2016</u>
Provider selection	<u>November 28, 2016</u>
Notice of statement of findings and decision	<u>November 28, 2016</u>
Contract start date	<u>January 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:** October 25, 2016      **Time:** 1:30 p.m. – 4:00 p.m. HST

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

- Honolulu, Oahu, HI: The Block, formerly Haseko Center, 820 Mililani St., Suite 606
- 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:** October 31, 2016      **Time:** 12:00 p.m. HST

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

**Date:** November 4, 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 Introduction**

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

Families with a rental assistance voucher may experience problems in acquiring an acceptable housing unit. Landlords may be hesitant to rent to a family with a voucher, when they can rent the unit to someone with greater resources and better credit references. Economic stereotypes and unsuccessful past dealings with Section 8 participants may contribute to negative perceptions about voucher recipients. The current rental housing market in Hawaii is highly competitive, and some families requiring housing assistance are getting squeezed out of the market. If they are unable to secure an appropriate unit, a family can end up losing their rental assistance voucher which may put them at risk of becoming homeless.

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 families at imminent risk of homelessness and homeless families access permanent housing through the Housing Placement Program (HPP). The HPP is an intervention program designed to help Temporary Assistance to Needy Families (TANF) eligible families to quickly exit homelessness, return to housing in the community, and avoid future homelessness. The core components of the HPP are housing identification and location services, move-in and time-limited rental assistance, and case management services.

Programs funded under this opportunity will use the Housing First (HF) approach to service delivery. The goals of the HF approach are to help at imminent risk of homelessness or homeless families access permanent housing as rapidly as possible by removing barriers to program entry, assisting with quickly locating and accessing housing options, providing HPP case management services, supporting post housing to promote stability, and helping to prevent evictions and returns to homelessness. Pre-conditions to the HPP program entry such as sobriety and completion of treatment programs are not consistent with the HF approach. In the HPP, the expectations are that families will assume the full rights and responsibilities of tenancy and meet standard lease obligations. Staff use assertive engagement strategies to teach tenancy skills, assist families in achieving housing goals, connect households with income through employment and benefits, make connections to community services and stabilization supports, and help prevent eviction and returns to homelessness.

### **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 HPP. 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**

Housing placement assistance to TANF eligible families will greatly enhance their success. The goal is to provide services that will enable these families to live independently in affordable rental units. The immediate focus will be on helping those families transition from homelessness to permanent housing that are TANF eligible and awarded Section 8 housing assistance.

A case manager will be assigned to walk participants through the required steps to obtain a suitable housing unit. The case manager will also help to ensure that each family obtains the mainstream benefits to which they are entitled, to further increase the chances of success in retaining their housing. Resources will be leveraged by referring participants to all appropriate existing services whenever possible and ensuring that the family understands the lease document and the responsibilities that the lease entails.

Each family shall have and remain with a housing case manager until the case manager determines that the family no longer requires this assistance. A representative from the agency providing the housing assistance, not necessarily the case manager, shall serve as the liaison with the landlord to ensure good landlord – tenant relations. If the tenant does not respond appropriately to the landlord’s request when a problem arises, the landlord shall have the option of calling on the agency representative to intervene. The representative is responsible to assist the tenant in meeting the landlord’s requirements and lease obligations to ensure that the family remains housed.

The Provider shall, with a focus on long-term housing stability, cultivate new prospective landlords and maintain a database of affordable rental housing units suitable for families in the program to enable housing choice in proximity to jobs and services.

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

The target population of the HPP are TANF eligible families who are at imminent risk of homeless or transitioning from homelessness to permanent housing; and families in need of assistance locating an affordable rental unit; or in possession of a Welfare to Work or Section 8 Voucher.

A family must include a child living with his or her custodial parent or other adult caretaker relative; must be U.S. citizens or legal non-citizens (permanent resident

and COFA); and family's income must be below threshold of the 300% federal poverty level (FPL).

The Provider shall complete the TANF Eligibility Worksheet to determine whether or not the family is eligible for TANF-funded services. (See Section 5 Attachments for Worksheet and Instructions).

The Provider shall determine and ensure that a participant's monthly gross income is less than the 300% Federal Poverty Level (FPL) for household size. The 2014 FPL must be used to determine eligibility. See the Department of Health and Human Services (HHS) federal register website for the latest update on Federal Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>

**E. 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. Hawaii One (1) contracted Provider
- 2. Kauai One (1) contracted Provider
- 3. Maui One (1) contracted Provider
- 4. Oahu Two (2) contracted Providers

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.

**F. 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, January 1, 2017, through June 30, 2021.

Funding is anticipated to be \$2,400,000 total per year, allocated as follows:

<i>Geographic Areas</i>	<i>SFY 2017</i>
Hawaii	\$500,000.00
Kauai	\$100,000.00
Maui	\$400,000.00

Oahu	\$1,400,000.00
<b>Total</b>	<b>\$2,400,000.00</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.

**G. 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.

“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.

“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 Continuum of Care to comply with the HMIS requirements prescribed by HUD.

“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 client that is waiting to move into a housing unit of their choice. The client 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 HPP and HF will work to determine the client’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 2.1, D, 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 project 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 Applicant 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.

“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.

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

## **2.2 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

## **2.3 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 and Special Conditions which include further requirements of this contract (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; and
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, January 1, 2017 through June 30, 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, January 1, 2017 through June 30, 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.

## **2.4 Scope of Work**

**A. Service Activities**

**1. Housing First Approach**

HPP 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 families immediate access to outreach, shelter, and permanent housing as appropriate without unnecessary prerequisites. This includes:

- a. Admission practices that are welcoming and low barrier and do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
- b. Not rejecting Applicants on the basis of credit, rental history, criminal history, or other factors that might indicate a lack of “housing readiness.” Programs shall consider criminal history and other factors on a case-by-case basis as necessary to ensure the safety of participants and staff.

Offer families experiencing homelessness ongoing access to services until they secure permanent housing. This includes, but is not limited to the following:

- a. Not establishing arbitrary time limits on length of program participation.
- b. Limiting program rules to a brief list of requirements that are necessary to ensure participant and staff health and safety, allowing participants who may be under the influence of drugs and/or alcohol to remain in the program as long as their behavior does not present a health or safety threat, and not removing participants for non-participation in services.
- c. Assessing client openness to and supporting behavioral change to assist participants in meeting program health and safety expectations.
- d. Removing participants from a program(s) only for as long as necessary to ensure their health and safety and connecting them to appropriate services and resources.
- e. Ensuring that an independent appeals process is in place and participants are notified of the process verbally and in writing to allow participants to contest involuntary temporary removal or discharge from a program.

**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. This includes, but is not limited to the following:

- a. Focus on rapid development of a housing plan to assist with quickly locating and accessing housing, obtaining necessary documents,

accessing income and benefits, and connecting to community services and supports to promote stability and prevent returns to homelessness.

- b. Providing services and supports to help participants to understand and comply with lease obligations, reduce risks to stable tenancy, and prevent eviction.
- c. Ensure that permanent housing leases do not include stipulations beyond those that are customary, legal, and enforceable under local and State housing law.
- d. Continuing to serve and re-house participants who have lost their housing and helping them to overcome barriers to stable tenancy.

#### **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. This includes, but is not limited to the following and ensuring that:

- a. Services are designed to help participants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- b. Services are recovery-based and designed to help participants to gain control of their own lives, define their personal values, preferences, visions for the future, establish meaningful individual short and long-term goals, and build hope.

#### **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. This includes, but is not limited to the following:

- a. Offering choices regarding type, frequency, timing, location and intensity of services and, whenever possible, choice of neighborhoods, apartments, furniture, and décor.
- b. Helping participants to understand risks and reduce harm caused to themselves and others by risky behavior.

**6. Assertive Engagement**

- a. A face-to-face meeting with case management staff shall occur within four (4) days of program entry to begin to build rapport and offer support in securing permanent housing.
- b. Programs are required to use assertive, low-barrier, culturally competent and trauma-informed engagement strategies that focus on building a respectful, trusting relationship with participants.
- c. Programs are required to document consistent attempts to locate and engage all participants, including those who have expressed reluctance to engage.
- d. Programs are required to 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. Housing-Focused Case Management**

- a. Programs are required to complete an initial assessment of client service needs within 7 days of program entry, update the assessment at least every 3 months, and ensure assessments are signed and dated by the client, case manager, and supervisor. Assessments should focus on client strengths and barriers to housing stability.
- b. Programs are required to complete an initial housing plan within 7 days of engagement in services, update the plan at least every 3 months, ensure plans are signed and dated by the client, case manager, and supervisor, and ensure that goals are person-centered, specific, measurable, and that plans identify who is responsible for the action steps and when those action steps will occur. Plans must outline steps to secure permanent housing as quickly as possible and address barriers to accessing housing and achieving housing stability.
- c. Programs are required to attempt to provide case management services to all families at least twice monthly with face-to-face contact, or, for families, with less intensive needs an alternate plan of contact approved by a supervisor may be documented and implemented.

- d. Case management services shall be flexible in response to tenant needs and preferences offering a variety of meeting times, locations and services.
- e. Case notes shall include contact attempts, services provided, including activities aimed at assisting tenants to meet their service plan goals, and efforts to help tenants to establish linkages to other service providers, community resources, and support from friends and family.
- f. Programs shall assist participants in obtaining one to three payments of any combination of security deposit, first month's rent, utilities deposit or past due rent and past due utilities, if necessary.
- g. Programs are required to conduct unit inspections and detailed unit inventories prior to participant move-in, in compliance with Housing and Urban Development unit inspection criteria. See attachment in Section 5.
- h. Programs are required to mediate landlord/tenant issues, and be "on call" to address landlord concerns.
- i. Programs are required to assist consumers in meeting tenancy requirements, such as making rent payments and other lease requirements. Secure "representative payee" services, if necessary.
- j. Programs are required to cultivate new landlords to participate in the program.
- k. Programs are required to maintain a database of affordable rental units in areas that are available to participants.
- l. Programs are required to implement a plan to address damage to units, in the event that a client is found responsible for the damages, including without limitation, a contingency fund and rental insurance.
- m. Programs shall require that participating landlords contain a general excise tax (GET) license.
- n. As authorized by participant consent, programs shall conduct proactive outreach to landlords at least monthly to identify risks to housing stability such as lease violations and coordinate to help tenants retain housing.
- o. As necessary, programs shall provide or otherwise assist participants to obtain personal hygiene items including at a minimum clean towels, basic toiletries, and personal hygiene articles.

- p. As necessary, each project shall provide or otherwise assist participants to obtain adequate clothing, food, and furniture.
- q. Programs shall provide case management services for a period of up to six (6) months after housing placement.
- r. Programs 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 tenant from having an eviction record.
- s. Programs are required to assist participants in securing permanent housing as rapidly as possible. This includes helping participants obtain identification and other necessary documents, complete housing applications, access financial assistance, identify and view apartments, and meet with landlords/property managers.
- t. Programs are required to prioritize housing placements for participants who have been homeless the longest and who have the most intensive service needs.
- u. Programs are required to help participants achieve well-being and prevent and manage crises.
- v. Programs are required to assist participants to increase income and assets, including, but is not limited to the following:
  - (1) Screening and/or assisting in obtaining public benefits eligibility.
  - (2) Assisting to connect to a SSI/SSDI Outreach, Access, and Recovery (SOAR) trained case manager as appropriate.
  - (3) Assisting participants to connect to services such as financial literacy, banking, budgeting, tax preparation, and credit repair.
  - (4) Assisting participants to connect to educational and vocational services and opportunities, including literacy, GED and computer skills classes, resume development, interview coaching, mentoring, job training, higher education, job placement, and supported employment services.

- w. Programs are required to provide and/or assist participants to connect to services to address health, mental health, addiction, and legal needs. This includes, but is not limited to the following:
  - (1) Accessing health insurance and establishing linkages to primary health, specialist, dental, mental health, and addiction services as needed.
  - (2) Accessing emergency health care, mental health crisis, and/or public safety services immediately in situations that present an imminent risk to client or staff safety.
  - (3) Accessing legal services, including immigration, record expungement, addressing pending charges, and legal services for those fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking or other dangerous or life-threatening conditions.
- x. Programs are required to assist participants to use community resources (e.g., schools, libraries, houses of worship, grocery stores, parks, etc.).
- y. Programs are required to assist participants to access the internet, preferably through accessible computers located on-site at the program or, when that is not possible, through linkages to accessible internet resources located in the community.
- z. Programs are required to assist participants to connect to appropriate on-going services in advance of planned discharges.
- aa. Programs are required to maintain a discharge summary that includes reason for discharge, location of new residence, an assessment of ongoing service needs, and identification of service providers to whom referrals were provided. Discharge summaries must be signed by the client, case manager, and supervisor and dated.
- bb. Programs are required to make at least monthly attempts to contact discharged participants to assess on-going service needs and connect participants to appropriate services as necessary for at least three months post discharge and a follow-up contact upon 6-months after discharge.

cc. Programs are required to provide services that are designed to help participants build motivation for change. This includes, but not limited to the following:

- (1) Helping participants to gain control of their own lives, define their personal values, preferences, and visions for the future, and establish meaningful individual short and long-term goals.
- (2) Helping participants to develop discrepancy between their personal goals or values and their current behavior.
- (3) Helping participants to build confidence, self-efficacy and hope that the things they want out of life are attainable.
- (4) Helping staff to develop services that are attractive and meaningful to participants and that are responsive to their needs and preferences.
- (5) Helping staff to understand that client reluctance to engage in services means staff needs to adjust the intervention to make it appealing to the person being served.

## **8. Educational Responsibilities**

Programs are responsible for: ensuring that participants are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; ensuring that children and young adults are immediately enrolled in school, as required by federal and State law; and to ensure that they are connected to educational services to help them succeed in school. This includes, but is not limited to the following:

- a. Ensuring that all housing, whether temporary or permanent, is located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
- b. The Program Director and/or his/her designee is responsible for:
  - (1) Ensuring that all families with children and young adults participating in any project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
  - (2) Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in any project are enrolled in school immediately, even if they lack the paperwork normally required. Students have the right to enroll in school and attend classes

while the school gathers needed documents. Enrollment shall occur immediately and within no more than 48 hours of project entry. Children and young adults who are not required by State law to enroll in school, shall be encouraged but not required to enroll.

- (3) Advocating as necessary to ensure that homeless students, except when contrary to the request of a parent or guardian, continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled, including preschools and the school the student is to attend after completing the final grade level at the school of origin. Students have the right to attend their school of origin the entire time they are homeless and until the end of the academic year during which they find permanent housing and to receive transportation to and from the school of origin, if requested. If the parent or guardian initiates a dispute, the student must be immediately enrolled in the school in which the placement is sought and provided transportation if requested for the duration of the dispute, including any appeals.
- (4) Advocating on behalf of homeless students as necessary to ensure that they do not face enrollment barriers, including barriers related to missed application or enrollment deadlines, fines, fees, records required for enrollment, including immunizations or other health records, proof of residency or other documentation, and academic records, including documentation of credit transfer.
- (5) Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical education, summer learning, online learning, and referrals to health, mental health, dental and other services.
- (6) Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including

magnet and charter schools, summer school, career and technical education, advanced placement, and online learning.

- (7) Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- (8) Advocating as necessary to ensure that all homeless high school students receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status.
- (9) Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
- (10) Developing relationships with colleges to access higher education services specifically for homeless young adults.
- (11) Designating a staff person who is responsible for:
  - 11.1 Helping participants to understand their educational rights
  - 11.2 Ensuring that children and young adults are enrolled in school & connected to services
  - 11.3 Ensuring that children and young adults receive the transportation services to which they are entitled (i.e., school districts must provide transportation to and from schools of origin, as necessary).These need not be the only responsibilities of the designated staff person.
- (12) Ensuring that the designated person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
- (13) Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

## 9. **Financial Assistance**

The Provider shall provide assistance to help eligible families with one to three payments of any combination of the following eligible costs:

- a. Security deposit,
- b. Rent,
- c. Utilities deposit, or

- d. Past due rent,
- e. Past due utilities.

Housing costs must serve to avert imminent eviction or to provide permanent housing. In the event Provider determines that the family needs further assistance during the contract period, the provider shall provide an additional one to three payments or any combination as previously described.

## 10. **Grievance Procedures**

The Provider shall provide to the participant formal and documented due process. 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 persons 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 project 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**

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

The contracted agency 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 their CoC and comply with all CoC and CES written standards, policies, and procedures.

### **3. Personnel**

The Provider shall provide adequate staffing on a day-to-day basis, as approved by HPO, and case management 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 client 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 client motivation, conduct thorough assessments, establish meaningful service plans, ensure client 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 Discharge planning
    - 1.4 Documentation requirements
    - 1.5 Confidentiality and ethics
    - 1.6 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 of Hawaii 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 of Hawaii and DHS as additional insured parties and provide 30 days’ notice of cancellations. It is agreed that any insurance maintained by the State of Hawaii 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 homeless persons with disabilities are provided with reasonable access to services.

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

- a. The Provider shall be required to meet the following outcome measures:
  - (1) 80% of participants are placed in a permanent housing unit within 30 days of program entry.
  - (2) 90% of residents who exit during a one-year reporting period, will exit to a permanent housing location.
  - (3) Less than 15% of participants return to homelessness within 1 year.
  - (4) 60% of residents increase earned income during a one-year reporting period.
  - (5) 30% of residents increase non-employment cash income during a one-year reporting period.
  - (6) 75% of residents increase total income during a one-year reporting period.

- (7) Maintain average monthly project enrollment that is at least 90% of the contracted commitment.

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

- a. The Provider shall be required to submit the following payment requests and supporting documents to HPO:

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

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

- b. The Provider shall be required to submit the following reports:

**Activity Report – Quarterly and Final**

- (1) Provider is required to submit a Quarterly Activity Report within 15 days of the end of each quarter, and a Final Activity Report within 45 days of the end of the contract term, or on such day designated as the due date by the HPO.
- (2) If awarded, refer to your agency's contract for specific due dates and summary of due dates.

- c. **Financial Reports – Quarterly and Final**

- (1) Agencies are required to 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.
- (2) The quarterly financial report (HPP 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 (HPP 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.

d. 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.

The Provider shall submit other information or records as may be requested from time to time by DHS in the form required by DHS, 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. Programs shall collect and enter all required client level data using the HMIS in accordance with all data standards, policies, and procedures as determined by the Provider's CoC.
- b. Programs 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. Programs 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. Programs shall have and implement a comprehensive policy and procedures for reporting, resolving, and documenting and reviewing critical incidents. Programs are required to make adjustments to policies, procedures, facilities, and program design as needed to improve client well-being and promote health and safety for participants and staff.
- e. Programs shall have and implement a comprehensive policy and procedures for surveying program participants, at least annually, to assess satisfaction with and obtain input regarding program services, staffing, and facilities. Programs are required to make adjustments to policies, procedures, facilities, and program design as needed to improve client 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.

## 2.5 **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.

Cost reimbursement where the State pays the Provider for all of its allowed expenses up to 70% of the contract amount.

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 Workplan. The Performance Measures and Outcome Form will assist Provider and the State to calculate payments.

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

Year 1	January 1, 2017 – June 30, 2018	90% and 10%
Year 2	July 1, 2018 – June 30, 2019	85% and 15%
Year 3	July 1, 2019 – June 30, 2020	80% and 20%
Year 4	July 1, 2020 – June 30, 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 each payment request total shall be withheld as the final payment, subject to timely submittal and approval of the Provider’s final activity and financial reports.

Requests for monthly cost reimbursement payments must include, but are not limited to:

- A. Letter on Provider letterhead requesting reimbursement and certifying that the services rendered are in compliance with the terms of the contract.
- B. Provider’s Payment Request Summary. Copies of receipts and invoices are required to support the expenses claimed.
- C. An expense summary, indicating the appropriate line item expenses to be charged. Expenses must be in line with the Provider’s approved budget.

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. An amount equal to five percent (5%) of each payment request amount shall be withheld as final payment subject to

satisfactory performance, submittal of all reports, and a valid vendor compliance certificate.

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.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B 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, client/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	January 1, 2017 – June 30, 2018
Year 2	July 1, 2018 – June 30, 2019
Year 3	July 1, 2019 – June 30, 2020
Year 4	July 1, 2020 – June 30, 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 (5 Points) <input type="checkbox"/> Yes, but findings were subsequently resolved and closed. (3 Points) <input type="checkbox"/> Yes (0 Points)	
---	--

<b>2. Program Organization and Staffing</b>	<b>15 Points</b>
Does the Applicant proposed staffing patterns, client to staff ratios and proposed caseload capacity appropriate for the viability of the services to be provided? (5 Points)	
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? (5 Points)	
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? (5 Points)	

<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) (20 Points)	
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? (10 Points)	
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. TANF Eligibility Worksheet and Instructions
- F. U.S. Department of Housing and Urban Development (HUD)  
Unit Inspection Checklist and Inspection Form
- G. Work Plan
- H. Program and Fiscal Reports:
  - a. Payment Request with attachments
  - b. Financial Reports – Quarterly
  - c. Activity Report – Quarterly
  - d. Language Access Reporting Tool

## **ATTACHMENT A**

### **Proposal Application Identification Form (SP0-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 \_\_\_\_\_ \$0

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*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Provider Compliance	Section 1, RFP	SPO Website*	<b>X</b>	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	<b>N/A</b>	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	<b>N/A</b>	
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*	<b>X</b>	
<b>Certifications:</b>				
<i>Federal Certifications</i>		Section 5, RFP	<b>N/A</b>	
Debarment & Suspension		Section 5, RFP	<b>N/A</b>	
Drug Free Workplace		Section 5, RFP	<b>N/A</b>	
Lobbying		Section 5, RFP	<b>N/A</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>N/A</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>N/A</b>	
<b>Program Specific Requirements:</b>				
Work Plan		Section 5, RFP	<b>X</b>	

\*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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	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 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**

## **TANF Eligibility Worksheet and Instructions**

### TANF ELIGIBILITY WORKSHEET

1. **Client Name:** \_\_\_\_\_  
 (Primary Adult) Last First M.I.

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ U.S. Citizen or Lawfully Admitted  Yes  No  
 MM DD YYYY Non-Citizen (includes COFA)  
*If answer is 'No', go directly to #5 and check 'No'.*

2. **Client Name:** \_\_\_\_\_  
 (Other Adult in household) Last First M.I.

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ U.S. Citizen or Lawfully Admitted  Yes  No  
 MM DD YYYY Non-Citizen (includes COFA)  
*If answer is 'No', go directly to #5 and check 'No'.*

3. **Family Composition:**
- a. Number of children under eighteen (18) years old \_\_\_\_\_  
*If Zero "0", family is not eligible for TANF-funded services. Go directly to #5 and check 'No'.*
  - b. Relationship to the Child(ren) \_\_\_\_\_  
*If non-relative, family is not eligible for TANF-funded services. Go directly to #5 and check 'No'.*
  - c. Do the child(ren) live with the adult(s) named in Item #1 and 2?  Yes  No  
*If the answer is 'No', go directly to #5 and check 'No'.*
  - d. Are all family members U.S. citizens or Lawfully Admitted  Yes  No  
 Non-Citizens (includes COFA)?  Yes  No  
*If answer is 'No', go directly to #5 and check 'No'.*

4. **Income Declaration:** (Please refer to #4 on page 2 for instructions and guidelines)  
 Total Household Gross Income (Earned/Unearned): \$ \_\_\_\_\_ / Month  
 Please refer to the Income Eligibility Table on page 2 to determine eligibility.  
*If income exceeds amount listed in the Income Eligibility Table on page 2, then the family is not eligible for TANF-funded services. Go directly to #5 and check 'No'.*

**Agency Determination:**

5. **Family is eligible for TANF-funded services.**  Yes  No

\_\_\_\_\_  
 Print Name of Reviewer

\_\_\_\_\_  
 Signature of Reviewer Date

**TANF ELIGIBILITY WORKSHEET****Instructions**

1. Enter the name of the primary adult in the family that is requesting TANF-funded services, the adult's date of birth and citizenship status, i.e. U.S. Citizen or Lawfully Admitted Non-Citizen which includes COFA (Compact of Free Association).
2. Enter the name of the other adult (e.g. spouse, significant other with common child, etc.) in the family, the adult's date of birth and citizenship status.
3. One adult (named in #1 or #2) must be a parent or a relative through blood or marriage, to the child/children in the family. In addition, all members of the family must be U.S. Citizens or Lawfully Admitted Non-Citizens which includes COFA.
4. Income Declaration: Families may self-declare Total Household Income.

*Examples of Income:*

Employer paid wages, self-employment earnings, Social Security benefits, pension/retirement benefits, workers compensation payments, disability payments, child support, etc.

**STATE OF HAWAII - 300% of the 2014 FEDERAL POVERTY LEVEL (FPL)**

Household Size	Maximum Monthly Gross Income	Maximum Yearly Gross Income	Household Size	Maximum Monthly Gross Income	Maximum Yearly Gross Income
<b>1</b>	\$ 3,355	\$ 40,260	<b>7</b>	\$ 10,360	\$124,320
<b>2</b>	4,523	54,270	<b>8</b>	11,528	138,330
<b>3</b>	5,690	68,280	<b>9</b>	12,695	152,340
<b>4</b>	6,858	82,290	<b>10</b>	13,863	166,350
<b>5</b>	8,025	96,300	<b>11</b>	15,030	180,360
<b>6</b>	9,193	110,310	<b>12+</b>	<i>Add \$14,010 (yearly income) for each additional person</i>	

5. Please indicate whether or not the family is eligible for TANF-funded services based on the responses provided for items 1 - 4.

**ATTACHMENT F**

**U.S. Department of Housing and Urban Development (HUD)  
Unit Inspection Form**

# Inspection Form

Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 04/30/2018)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f).  
a unit meets the housing quality standards of the section 8 rental assistance program.

The information is used to determine if

PHA		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector		Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)
Neighborhood/Census Tract	Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Project Number

**A. General Information**

Street Address of Inspected Unit				Housing Type (check as appropriate)	
City	County	State	Zip	<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Duplex or Two Family Row
Name of Family		Current Telephone of Family		<input type="checkbox"/> House or Town House	<input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment
Current Street Address of Family				<input type="checkbox"/> High Rise; 5 or More Stories	<input type="checkbox"/> Manufactured Home
City	County	State	Zip	<input type="checkbox"/> Congregate	<input type="checkbox"/> Cooperative
Number of Children in Family Under 6				<input type="checkbox"/> Independent Group Residence	<input type="checkbox"/> Single Room Occupancy
Name of Owner or Agent Authorized to Lease Unit Inspected			Telephone of Owner or Agent		
Address of Owner or Agent				<input type="checkbox"/> Shared Housing	<input type="checkbox"/> Other:(Specify)

## B. Summary Decision on the Unit

(to be completed after the form has been filled in)

### Housing Quality Standard Pass or Fail

1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

**Unit Size:** Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

**Year Constructed:** Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

**Number of Sleeping Rooms:** Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

### C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living
basement or utility room	5. All Secondary Rooms Not Used for Living
outside	6. Heating & Plumbing 7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

**Important:** For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security" in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; if "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

Previous editions are obsolete

## 1. Living Room

### 1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

### 1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e., there must be **two** of these in the room, or **one** of these **plus a permanently installed ceiling or wall light fixture**.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

### 1.3 Electrical Hazards

Examples of what this means: broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

### 1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

### 1.5 Window Condition

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

### 1.6 Ceiling Condition

"Unsound or hazardous" means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint).

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

### 1.7 Wall Condition

"Unsound or hazardous" includes: serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration.

Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

### 1.8 Floor Condition

"Unsound or hazardous" means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., stripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, especially if badly worn, soiled or peeling (for peeling paint, see 1.9).

### 1.9 Lead-Based Paint

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

# 1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1	<b>Living Room Present</b> Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
1.2	<b>Electricity</b> Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	<b>Electrical Hazards</b> Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	<b>Security</b> Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
1.5	<b>Window Condition</b> Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
1.6	<b>Ceiling Condition</b> Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.7	<b>Wall Condition</b> Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.8	<b>Floor Condition</b> Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.9	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	

**Additional Comments:** (Give Item Number)

Comments continued on a separate page Yes  No

## 2. Kitchen

### 2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

**2.2 - 2.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:**

#### 2.2 Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

#### 2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

### 2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light - a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range).

A microwave oven may be substituted for an owner-supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

### 2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

### 2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

### 2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable.

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

## 2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>2.1</b>	<b>Kitchen Area Present</b> Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.2</b>	<b>Electricity</b> Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.3</b>	<b>Electrical Hazards</b> Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.4</b>	<b>Security</b> Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.5</b>	<b>Window Condition</b> Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.6</b>	<b>Ceiling Condition</b> Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.7</b>	<b>Wall Condition</b> Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.8</b>	<b>Floor Condition</b> Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>2.9</b>	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>2.10</b>	<b>Stove or Range with Oven</b> Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.11</b>	<b>Refrigerator</b> Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.12</b>	<b>Sink</b> Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2.13</b>	<b>Space for Storage, Preparation, and Serving of Food</b> Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

### 3. Bathroom

#### 3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

#### 3.2 - 3.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

##### 3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working

##### 3.3 Electrical Hazards

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

##### 3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

##### 3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

##### 3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

#### 3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to a water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism does not function properly. If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

#### 3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e., a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate from the other bathroom facilities (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working," but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10).

#### 3.12 Tub or Shower in Unit

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

#### 3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

### 3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1	<b>Bathroom Present</b> (See description) Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
3.2	<b>Electricity</b> Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	<b>Electrical Hazards</b> Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4	<b>Security</b> Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
3.5	<b>Window Condition</b> Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
3.6	<b>Ceiling Condition</b> Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.7	<b>Wall Condition</b> Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.8	<b>Floor Condition</b> Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.9	<b>Lead-Based Paint</b> Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
3.10	<b>Flush Toilet in Enclosed Room in Unit</b> Is there a working toilet in the unit for the exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11	<b>Fixed Wash Basin or Lavatory in Unit</b> Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12	<b>Tub or Shower</b> Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13	<b>Ventilation</b> Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

## 4. Other Room Used for Living and Halls

Complete an "Other Room" checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2, and 3 of the checklist. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e., as part of one space).

Additional forms for rating "Other Rooms" are provided in the check-list.

Definition of "used for living." Rooms "used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (e.g., a finished basement/play-room, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

### 4.1 Room Code and Room Location

Enter the appropriate room code given below:

#### Room Codes:

- 1 Bedroom or any other room used for sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other

**Room Location:** Write on the line provided the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back, front or center of the unit.

floor level: identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

**4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:**

### 4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

### 4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be operable. The minimum standards do not require a window in "other rooms." Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

### 4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

If the unit was under HAP contract prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992 (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e. the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit). In this case, check "Pass" and note under comments.

### Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railings is covered under Part 8 of the checklist (General Health and Safety)

**4. Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

\_\_\_\_\_ right/left/center: the room is situated to the right, left, or center of the unit.  
 \_\_\_\_\_ front/rear/center: the room is situated to the back, front or center of the unit.  
 \_\_\_\_\_ floor level: the floor level on which the room is located.

**Room Code**

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

**4. Supplemental for Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

\_\_\_\_\_ right/left/center: the room is situated to the right, left, or center of the unit.  
 \_\_\_\_\_ front/rear/center: the room is situated to the back, front or center of the unit.  
 \_\_\_\_\_ floor level: the floor level on which the room is located.

Room Code

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

**4. Supplemental for Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

Room Code

- \_\_\_\_\_ right/left/center: the room is situated to the right, left, or center of the unit.
- \_\_\_\_\_ front/rear/center: the room is situated to the back, front or center of the unit.
- \_\_\_\_\_ floor level: the floor level on which the room is located.

- 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2 = Dining Room or Dining Area
- 3 = Second Living Room, Family Room, Den, Playroom, TV Room
- 4 = Entrance Halls, Corridors, Halls, Staircases
- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

**4. Supplemental for Other Rooms Used for Living and Halls** For each numbered item, check one box only.

**4.1 Room Location**

\_\_\_\_\_ right/left/center: the room is situated to the right, left, or center of the unit.  
 \_\_\_\_\_ front/rear/center: the room is situated to the back, front or center of the unit.  
 \_\_\_\_\_ floor level: the floor level on which the room is located.

Room Code

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- 5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>4.2 Electricity/Illumination</b>	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.3 Electrical Hazards</b>	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.4 Security</b>	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.5 Window Condition</b>	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4.6 Ceiling Condition</b>	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.7 Wall Condition</b>	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.8 Floor Condition</b>	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>4.9 Lead-Based Paint</b>	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>4.10 Smoke Detectors</b>	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

## 5. All Secondary Rooms (Rooms not used for living)

### 5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

#### 5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

#### 5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

#### Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

## 6. Building Exterior

### 6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

### 6.2 Condition of Stairs, Rails, and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

### 6.3 Condition of Roof and Gutters

"Unsound and hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under eaves) shows serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

### 6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

### 6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

### 6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces. Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six.

All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

### 6.7 Manufactured Homes: Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tie down device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

**5. All Secondary Rooms (Rooms not used for living)** For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	<b>Security</b> Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	<b>Electrical Hazards</b> Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	<b>Other Potentially Hazardous Features</b> Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6.0 Building Exterior</b>						
6.1	<b>Condition of Foundation</b> Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	<b>Condition of Stairs, Rails, and Porches</b> Are all the exterior stairs, rails, and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	<b>Condition of Roof and Gutters</b> Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	<b>Condition of Exterior Surfaces</b> Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.5	<b>Condition of Chimney</b> Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.6	<b>Lead-Based Paint: Exterior Surfaces</b> Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
6.7	<b>Manufactured Homes: Tie Downs</b> If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

**Additional Comments:** (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes  No

## 7. Heating and Plumbing

### 7.1 Adequacy of Heating Equipment

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"Directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

"indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

### 7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

### 7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no operable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

### 7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature- pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive."

Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

### 7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

**General note:** If items 7.5, 7.6, or 7.7 are checked "Inconclusive," check with owner or manager for verification of adequacy.

### 7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

### 7.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

## 7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1	<b>Adequacy of Heating Equipment</b> Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	<b>Safety of Heating Equipment</b> Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3	<b>Ventilation and Adequacy of Cooling</b> Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4	<b>Water Heater</b> Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5	<b>Water Supply</b> Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6	<b>Plumbing</b> Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7	<b>Sewer Connection</b> Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:** (Give Item Number)

Comments continued on a separate page    Yes     No

## 8. General Health and Safety

### 8.1 Access to Unit

"Through another unit" means that access to the unit is only possible by means of passage through another dwelling unit.

### 8.2 Exits

"Acceptable fire exit" means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An openable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

"Blocked" means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

### 8.3 Evidence of Infestation

"Presence of rats, or severe infestation by mice or vermin" (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

### 8.4 Garbage and Debris

"Heavy accumulation" means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

### 8.5 Refuse Disposal

"Adequate covered facilities" includes: trash cans with covers, garbage chutes, "dumpsters" (i.e., large scale refuse boxes with lids); trash bags (if approvable by local public agency). "Approvable by local public agency" means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check "Inconclusive." Contact the owner or manager for verification of facilities provided when the unit is occupied.

### 8.6 Interior Stairs and Common Halls

"Loose, broken, or missing steps" should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

"Other hazards" would be conditions such as bare electrical wires and tripping hazards.

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including

mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

### 8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

### 8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check "Not Applicable."

### 8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

### 8.10 Site and Neighborhood Conditions

Examples of conditions that would "seriously and continuously endanger the health or safety of the residents" are:

- other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),
- evidence of flooding or major drainage problems,
- evidence of mud slides or large land settlement or collapse,
- proximity to open sewage,
- unprotected heights (cliffs, quarries, mines, sandpits),
- fire hazards,
- abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and
- continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

### 8.11 Lead-Based Paint: Owner Certification

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

## 8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
<b>8.1 Access to Unit</b>	Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.2 Exits</b>	Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.3 Evidence of Infestation</b>	Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.4 Garbage and Debris</b>	Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.5 Refuse Disposal</b>	Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8.6 Interior Stairs and Common Halls</b>	Are interior stairs and common halls free from hazards to the occupant because of loose, broken; or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>8.7 Other Interior Hazards</b>	Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.8 Elevators</b>	Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>8.9 Interior Air Quality</b>	Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.10 Site and Neighborhood Conditions</b>	Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>8.11 Lead-Based Paint: Owner Certification</b>	If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

**Additional Comments:** (Give Item Number)

Comments continued on a separate page Yes  No

**ATTACHMENT G**

**Work Plan**

**Housing Placement Program**  
**Work Plan Form**

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

Type of Program: Housing Placement Program  
 Type of Service: Assisting TANF eligible families and voucher holders to secure and retain permanent housing.

Time of Performance: January 1, 2017 through June 30, 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 Housing Placement 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	-
ii. Number of Unduplicated Children	-
iii. Number of Unduplicated Households	-
<b>Total Number of Unduplicated Participants Served</b>	-

<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 or safe havens	-
iv. Number of Households whose prior residence will be from housing in which households are at imminent 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. Number of participants searching for housing ( <b>clients with program entry but not yet placed in perm housing - PH</b> ).	
a. Number of households	a. __
b. Number of adults in households	b. __
c. Number of children in households	c. __
ii. Number of homeless households* that will have a VI-FSPDAT completed (Next page: homeless households defined*)	-

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

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 Housing Placement Program.

<b>Level of Housing Placement Services</b>	<b>Proposed</b>
i. <b>Total # of households</b> who will receive ongoing case management services	–
ii. <b>Total # of households</b> who will be taught/modeled tenancy skills (landlord-tenant rights & responsibilities, conflict resolution, unit inspection, requests, upkeep, etc.)	–
iii. <b>Total # of households</b> who will be taught/modeled money management skills including developing a budget	–
iv. <b>Total # of households</b> who will participate in programs that promote self-sufficiency (job training, vocational, post-secondary education, LEP- English, etc.)	–
v. <b>Total # adults</b> who will be referred for employment	–
vi. <b>Total number of households</b> assisted with:	
a. 1 <sup>st</sup> month's rent	–
b. Rental security deposit	–
c. Utility Deposit	–
d. Both 1 <sup>st</sup> month's rent and rental security deposit	–
e. Rent, security deposit, & utility deposit	–
f. Rent & utility deposit	–
g. Security deposit & utility deposit	–
h. Past due utilities	–
i. Past due rent	–
j. Past due rent & utilities	–
vii. <b>Level of Housing search/Landlord engagement:</b>	
a. <b>Total # of households</b> provided with a list of appropriate, suitable rental housing units	–
b. <b>Total # of housing interviews arranged and scheduled</b> for households with landlord	–
c. <b>Total # of potential housing unit visitations</b> (face-to-face with households) prior to tenancy	–
d. <b>Total # of unit inspections and inventories</b> to be conducted prior to move in	–
e. <b>Total # of affordable rental units</b> that will be participating in the program	–
f. <b>Total # of new landlords</b> that will be contacted and cultivated	–
viii. <b>Total # of households</b> who will be receiving damage assistance	–

**3. Outcome Objectives:**

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

i. <b>Total # of households</b> who will complete programs that promote self-sufficiency (job training, vocational, post-secondary education, LEP -English, etc.)	—
ii. <b>Total # of adults</b> who will be assisted with locating and obtaining employment	—
iii. <b>Total # of adults</b> who will increase earned-income (employment) due to program services	—
iv. <b>Total # of adults</b> who will increase non-employment cash income (SSI, SSDI, VA, TANF, GA, SS, Unemployment, etc.) due to program services	—
v. <b>Total # and % of adults</b> who will increase non-cash benefits (childcare subsidies, TANF Trans, SNAP, WIC) due to program services	_ / _%
vi. <b>Total # and % of all participants</b> who will obtain PH (clients moved into PH) a. Number of households b. Number of adults in households c. Number of children in households	a. _ / _% b. ___ c. ___
vii. <b>Total # of participants</b> who exit to a PH location (must be at least 90% of total participants) a. Number of households b. Number of adults in households c. Number of children in households	a. N/A b. N/A c. N/A
viii. <b>Total # of participants retaining PH for more than three (3) months</b> after program exit due to program assistance a. Number of households b. Number of adults in households c. Number of children in households	a. ___ b. ___ c. ___
ix. <b>Total # of participants retaining PH for more than six (6) months</b> after program exit due to program assistance a. Number of households b. Number of adults in households c. Number of children in households	a. ___ b. ___ c. ___

<b>Length of Time Services/Outcomes</b>	<b>Proposed</b>
i. Average number of days for participants to enter the program and move into permanent housing	N/A
ii. Average number of days participants are in program: from enrollment to exit	N/A
iii. Total # of participants placed into PH units within 30 days of program entry	N/A
iv. Total # of participants in program who returned to homelessness within 1 year	N/A

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 all participants will be placed into permanent housing (PH) units within 30 days of program entry	Total # of participants (stayers and leavers) placed into PH units within 30 days of program entry <u>N/A</u>	Total # of participants (stayers and leavers) <u>N/A</u>	% of all participants (stayers and leavers) placed into PH units within 30 days of program entry <u>N/A</u> %
ii. 90% of all participants who exited during a one-year reporting period, will exit to a PH location	Total # of participants who exited program (leavers) exited to a PH location <u>N/A</u>	Total # of participants who exited program (leavers) <u>N/A</u>	% of all participants who exited during the reporting period, exited to a PH location <u>N/A</u> %
iii. Less than 15% of participants placed into PH will return to homelessness within 1 year	Total # of participants placed into PH who returned to homelessness within 1 year <u>N/A</u>	Total # of participants placed into PH <u>N/A</u>	% of participants placed into PH who returned to homelessness within 1 year <u>N/A</u> %
iv. 60% of all adults will increase earned income during a one-year reporting period	Total # of adults (stayers and leavers) who increased earned income (employment) during the reporting period <u>N/A</u>	Total # of adults (stayers and leavers) during the reporting period <u>N/A</u>	% of all adults (stayers and leavers) who increased earned income during the reporting period <u>N/A</u> %
v. 30% of all adults will increase non-employment cash income during a one-year reporting period	Total # of adults (stayers and leavers) who increased non-employment cash income during the reporting period <u>N/A</u>	Total # of adults (stayers and leavers) during the reporting period <u>N/A</u>	% of adult (stayers and leavers) who increased non-employment cash income during the reporting period <u>N/A</u>
vi. 75% of all adults will increase total income during a one-year reporting period	Total # of adults (stayers and leavers) who increased total income during the reporting period <u>N/A</u>	Total # of adults (stayers and leavers) during the reporting period <u>N/A</u>	% of adults (stayers and leavers) who increased total income during the reporting period <u>N/A</u>
viii. Maintain average quarterly program enrollment that is at least 90% of the contracted commitment	Total # actually served <u>N/A</u>	Total # contracted to serve <u>N/A</u>	% of quarterly participants and households served in comparison with the contracted # to be served <u>N/A</u>

**ATTACHEMNT H**  
**PROGRAM AND FISCAL REPORTS**

Payment Request with attachments  
Quarterly Financial Reports  
Quarterly Activity Report  
Language Access Reporting Tool

(Copy form onto Agency letterhead)  
**PAYMENT REQUEST FORM**  
HOUSING PLACEMENT PROGRAM  
Form No. HPO HPP-01, (08/2012)

\_\_\_\_\_  
(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: HOUSING PLACEMENT PROGRAM  
CONTRACT NO: \_\_\_\_\_  
PAYMENT REQUEST #: \_\_\_\_\_

I hereby request payment under the above stated contract for the Housing Placement 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 Housing Placement 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:

**Attach Supporting Documentation**



xxx  
 Contract No. DHS-xx-HPO-xxx (Grant Amount \$xxx)  
 Housing Placement Program

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	YTD Total	YTD Total	Full Year
	DHS-xx-HPO- xxx	Actual	Budget	Variance	Budget											

Provider Costs  
 Personnel Expenses:  
 Salaries  
 Position

	1	2	3	4	5	6	7	8	9	10	11	12				
Total Salaries																
Flea Taxes																
Employee Benefits																
Total Personnel Expenses																
Operating Expenses:																
Audit Services/Professional Fees																
Utilities/Waste Management																
Insurance																
Equipment - \$1000																
Rent/Lease-Equipment																
Rent/Lease-Space																
Traavel/Hotel/Car Rental																
Postage, Freight, Delivery																
Supplies - Printing																
Repairs & Maintenance																
Staff Training																
Supplies																
Tele-Communication																
Utilities																
Transportation & Parking																
Advertising & Recruitment																
Miscellaneous																
Bank & Payroll Charges																
Dues & Subscriptions																
Public Relations & Events																
Depreciation Expense																
Investment Expense																
Unfunded Pension Investments																
Unfunded Pension Investments																
Equipment Purchases <\$1000																
Total Operating Expenses																
Guest Assistance																
Total Operating Expenses																
Total Provider Costs																
Direct Costs																
Housing Assistance																
Total Direct Costs																
Total Costs																
Total Billings																
Payment Request Number																









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>	\$	
<u>Administrative Costs</u>		
<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	\$	





Total # of homeless households\* served that have a VI-FSPDAT completed (count only new households for each quarter)

\*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 Housing Placement Services**  
**Total # of households** who received ongoing case management services  
**Total # of households** who were taught/modeled tenancy skills\*\*  
**Total # of households** were taught/modeled money management skills\*\*\*, including developing a budget  
**Total # of households** who participated in programs that promote self-sufficiency (job training, vocational, post-secondary education, LEP- English, etc.)  
**Total # of adults** who will be referred for employment

\*\* tenancy skills: landlord-tenant rights & responsibilities, conflict resolution, unit inspections, requests, reasonable accommodations, upkeep, etc.) \*\*\* money management skills: affording & paying for a rental unit, reducing debt and expenses, preparing for unexpected expenses, savings, etc.

**Output Objectives: Level of Housing Assistance**  
**Total number of households** assisted with:  
a. 1<sup>st</sup> month's rent  
b. Rental security deposit  
c. Utilities deposit  
d. Both 1<sup>st</sup> month's rent and rental security deposit  
e. Rent, deposit, & utilities deposit  
f. Rent & utilities deposit  
g. Security deposit & utilities deposit  
h. Past due utilities  
i. Past due rent  
j. Past due rent & utilities

**Output Objectives: Level of Housing Search/Landlord Engagement**  
a. **Total # of households** provided with a list of appropriate, suitable rental housing units  
b. **Total # of housing interviews arranged and scheduled** for households with landlords  
c. **Total # of potential housing unit visitations** (face-to-face with households) prior to tenancy  
d. **Total # of unit inspections and inventories** to be conducted prior to move in  
e. **Total # of affordable rental units** from landlords currently participating in the program  
f. **Total # of new landlords** contacted and cultivated during the period

#DIV/0!  
0%

Proposed Total	1st Qtr Actual	2nd Qtr Actual	3rd Qtr Actual	4th Qtr Actual	5th Qtr Actual	6th Qtr Actual	YTD Actual	YTD % of Total	Variance %
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
0	0	0	0	0	0	0	0	0%	0%
0	0	0	0	0	0	0	0	0%	0%
0	0	0	0	0	0	0	0	0%	0%
0	0	0	0	0	0	0	0	0%	0%
0	0	0	0	0	0	0	0	0%	0%

Proposed Total	1st Qtr Actual	2nd Qtr Actual	3rd Qtr Actual	4th Qtr Actual	5th Qtr Actual	6th Qtr Actual	YTD Actual	YTD % of Total	Variance %
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Proposed YTD Total	1st Qtr Actual	2nd Qtr Actual	3rd Qtr Actual	4th Qtr Actual	5th Qtr Actual	6th Qtr Actual	YTD Actual	YTD % of Total	Variance %
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

N/A

**Total # of households who were provided damage assistance**

Proposed YTD 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)
------------------------	--------------------	--------------------	--------------------	--------------------	--------------------	--------------------	----------------	--------------------	----------------

**Outcome Objectives**

Total # of households who completed programs that promote self-sufficiency (job training, vocational, post-secondary education, LEP -English, etc.)

Total # of adults who were assisted with locating and obtaining employment services

Total # of adults who increased earned-income (employment) due to program services

Total # of adults who increased non-employment cash income (SSI, SSDI, VA, TANF, GA, SS, Unemployment, etc.) due to program services

Total # and % of adults who increased non-cash benefits (childcare subsidies, TANF Trans, SNAP, WIC) due to program services

# and % of participants who obtained Perm Housing (i.e. clients moved into PH)

- a. # of households
- b. # of adults in households
- c. # of children in households

Total # of participants who exited to a PH location (must be at least 90% of total participants)

- a. # of households
- b. # of adults in households
- c. # of children in households

Total # of participants retaining PH for more than three (3) months after program exit due to program assistance

- a. # of households
- b. # of adults in households
- c. # of children in households

Total # of participants retaining PH for more than six (6) months after program exit due to program assistance

- a. # of households
- b. # of adults in households
- c. # of children in households

Proposed YTD 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)
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**Outcome Objectives: Length of Time for Services/Outcomes**

Average number of days for participants to enter the program and move into permanent housing

Average number of days participants are in program: from enrollment to exit

Total # of participants placed into PH units within 30 days of program entry

Total # of participants in program who returned to homelessness within 1 year



### III. Demographic Information

1. **Ethnicity.** Primary or designated ethnic background of all members in each household (unduplicated total should equal the total number of persons served):

Count	Ethnicity
0	Hispanic/Latino:
	Non-Hispanic/Non-Latino:
	<b>TOTAL</b>

2. **Race.** Primary or designated ethnic background of all members in each household (unduplicated total should equal the total number of persons served)

Count	Race Most Identified With
0	Caucasian/White:
	Portuguese:
	Black/African American:
	Japanese:
	Chinese/Taiwanese:
	Korean:
	Vietnamese:
	Asian Indian:
	Other Asian:
	Hawaiian:
	Filipino:
	Samoan:
	Tongan:
	Guamanian/Chamorro:
	Micronesian:
	Marshallese:
	Other Pacific Islander:
Native American/Alaskan Native:	
Unknown:	
Refused:	
<b>TOTAL</b>	

3. **Income sources of all members of household** (number of persons, not dollars received):

Count	Entry Resources
0	Earned Income (Employment)
	<b>EARNED INCOME TOTAL</b>
0	Supplemental Security Income or SSI
	TANF
	General Assistance (GA)
<b>FINANCIAL ASSISTANCE TOTAL</b>	
0	SNAP (Food Stamps)
	WIC
	<b>NON-CASH FOOD ASSISTANCE TOTAL</b>
	Medicaid
	Medicare
	State Children's Health Insurance
	State Health Insurance for Adults

	Employer Provided Health Insurance
	Health Insurance through COBRA
	Private Insurance
	Indian Health Services Program
	VA Medical Services
	Other Health Insurance
	SCHIP
	TANF Child Care Services
	TANF Transportation Services
	Other TANF-funded services
	Section 8, public housing, or other ongoing rental assistance
	Temporary rental assistance
	Other Benefit
0	<b>OTHER NON-CASH BENEFITS TOTAL</b>
	Unemployment Insurance
	Social Security Disability Income (SSDI)
	A veteran's disability compensation
	Private disability insurance
	Worker's compensation
	Retirement income from Social Security
	VA Non-service Disability Pension
	Pension or Retirement Income (job)
	Child support
	Alimony or other spousal support
	Family/friends
	Other Source
0	<b>OTHER FINANCIAL INCOME TOTAL</b>
0	No resources <b>NONE TOTAL</b>
0	<b>GRAND TOTAL OF RESOURCES</b>

4. Citizenship: (unduplicated total should equal the total number of persons served):

Count	Citizenship
	Unknown
	Non-citizen other
	Non-citizen w/Green Card
	Non-citizen w/Visa
	U.S. Citizen
0	<b>TOTAL</b>

Date of Request (not intake date) (a)	Name of Client (b)	SSN (last 4 digits) (c)	Family Size (d)	Landlord Name (e)	Assistance Amount (f)	Type of Assistance (g)
Totals: 0		Totals: 0		Totals: 0		

Total number of grants provided: 0  
Total \$ amount of assistance provided: 0  
Average \$ amount of assistance per household:

**IV. 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 that 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:**

**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	

\*Specify Type of Other Language on a Separate Sheet

**Expenditures:**

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

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

Interpretation & Translation Total \$0.00