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

Request for Proposals

RFP No. HMS-224-17-02-HPO
Homeless Outreach Program

November 4, 2016

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

DAVID Y. IGE
GOVERNOR

PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

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

November 4, 2016

MEMORANDUM

TO: All Interested Applicants

FROM: Pankaj Bhanot
Director

SUBJECT: HOMELESS OUTREACH PROGRAM, REQUEST FOR PROPOSALS (RFP)
HMS 224-17-02-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 outreach services including civil legal services that will enable homeless individuals and families access permanent housing as rapidly as possible by assisting with quickly locating and accessing housing options and connecting them to services and supports that will support housing stabilization. This Request for Proposal (RFP) is valid for four and one half (4.5) years, with annual contracts commencing on (Year 1) February 1, 2017 and expiring on July 31, 2018, (Year 2) August 1, 2018-July 31, 2019, (Year 3) August 1, 2019-July 31, 2020, and (Year 4) August 1, 2020-July 31, 2021, pending the availability of funds. Multiple contracts will be awarded under this RFP.

Proposals shall be mailed, postmarked by the United States Postal Service on or before December 5, 2016. Hand delivered proposals shall be received not later than 4:30 p.m., Hawaii Standard Time (HST), on December 5, 2016, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The BESSD Homeless Programs Office (HPO) will conduct an RFP orientation on November 14, 2016, from 9:00 a.m. to 11:30 a.m., at KHNL/KFVE New Media Center (WBC), 420 Waiakamilo Road, Suite 416A, Honolulu, Hawaii. All prospective Applicants are encouraged

to attend the orientation. Neighbor island participants may join the meeting via video conferencing by going to the DHS video conferencing office sites on their islands.

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

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

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

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

PROPOSAL SUBMISSION DEADLINE: DECEMBER 5, 2016, 4:30 P.M., HAWAII STANDARD TIME

THE APPLICANT IS REQUIRED TO SUBMIT:

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

AND

ONE (1) ORIGINAL PRINTED COPY OF THE PROPOSAL.

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

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

1. An electronic copy in PDF shall be submitted by hand delivery and received by **DECEMBER 5, 2016, 4:30 P.M. HAWAII STANDARD TIME (HST).** NO EXCEPTIONS SHALL BE MADE. HAND DELIVERY is considered the following:
   A. in person to the DHS office
   B. by private mail (e.g. FEDEX or UPS)
   C. by email

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

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

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

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

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

   If submitted by hand delivery, the printed copy shall be received by **DECEMBER 5, 2016, 4:30 P.M. HAWAII STANDARD TIME (HST)** at the drop-off address listed below. NO EXCEPTIONS SHALL BE MADE.

   If submitted by mail delivery, the printed copy shall be **POSTMARKED BY THE USPS BY DECEMBER 5, 2016 AND RECEIVED BY DECEMBER 15, 2016, 4:30 P.M. HAWAII STANDARD TIME (HST)** at the drop-off address listed below. NO EXCEPTIONS SHALL BE MADE.

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

   DROP-OFF ADDRESS: (HAND AND MAIL DELIVERY)
   Department of Human Services
   Benefit, Employment & Support Services Division
   Homeless Programs Office
   820 Mililani Street, Suite 606
   Honolulu, Hawaii 96813

   EMAIL ADDRESS:
   BESSDHomelessProgram@dhs.hawaii.gov

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

   BE ADVISED:

   A. Hand delivery attempted after December 5, 2016, 4:30 p.m. Hawaii Standard Time (HST) shall not be accepted.

   B. Mail delivery received postmarked after December 5, 2016 or postmarked by December 5, 2016 but received after December 15, 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.

RFP Table of Contents

Section 1 Administrative Overview

1.1 Procurement Timetable 1-1
1.2 Website Reference 1-2
1.3 Authority 1-2
1.4 RFP Organization 1-3
1.5 Contracting Office 1-3
1.6 RFP Contact Person 1-3
1.7 Orientation 1-4
1.8 Submission of Questions 1-4
1.9 Submission of Proposals 1-5
1.10 Discussions with Applicants 1-7
1.11 Opening of Proposals 1-7
1.12 Additional Materials and Documentation 1-7
1.13 RFP Amendments 1-7
1.14 Final Revised Proposals 1-7
1.15 Cancellation of Request for Proposals 1-8
1.16 Costs for Proposal Preparation 1-8
1.17 Provider Participation in Planning 1-8
1.18 Rejection of Proposals 1-8
1.19 Notice of Award 1-8
1.20 Protests 1-9
1.21 Availability of Funds 1-9
1.22 General and Special Conditions of the Contract 1-10
1.23 Cost Principles 1-10

Section 2 - Service Specifications

2.1. Definitions 2-1
2.2. Introduction 2-5
A. Overview, Purpose or Need 2-5
B. Planning activities conducted in preparation for this RFP 2-6
C. Description of the Service Goals 2-6
D. Description of the Target Population to be Served 2-7
E. Geographic Coverage of Service 2-7
F. Probable Funding Amounts, Source, and Period of Availability 2-8
2.3. Contract Monitoring and Evaluation 2-8
2.4. General Requirements 2-10
A. Specific Qualifications or Requirements 2-10
B. Secondary Purchaser Participation 2-11
C. Multiple or Alternate Proposals 2-11
D. Single or Multiple Contracts to be Awarded 2-11
E. Single or Multi-Term Contracts to be Awarded 2-11

2.5. Scope of Work 2-12
A. Service Activities 2-12
B. Management Requirements 2-25
C. Facilities 2-32
2.6. Compensation and Method of Payment 2-33

Section 3 - Proposal Application Instructions

General Instructions for Completing Applications 3-1
3.1. Program Overview 3-2
3.2. Experience and Capability 3-2
A. Necessary Skills 3-2
B. Experience 3-2
C. Quality Assurance and Evaluation 3-2
D. Coordination of Services 3-3
E. Facilities 3-3
3.3. Project Organization and Staffing 3-3
A. Staffing 3-3
B. Project Organization 3-3
3.4. Service Delivery 3-4
3.5. Financial 3-4
A. Pricing Structure 3-4
B. Other Financial Related Materials 3-6
3.6. Other 3-6
A. Litigation 3-6

Section 4 – Proposal Evaluation

4.1. Introduction 4-1
4.2. Evaluation Process 4-1
4.3. Evaluation Criteria 4-2
A. Phase 1 – Evaluation of Proposal Requirements 4-2
B. Phase 2 – Evaluation of Proposal Application 4-2
C. Phase 3 – Recommendation for Award 4-5

Section 5 – Attachments

Attachment A. Proposal Application Identification Form (SPO-H-200)
Attachment B. Proposal Application Checklist
Attachment C. Sample Proposal Application Table of Contents
Attachment D. General Conditions
Attachment E. Work Plan
Attachment F. Performance Measurement and Outcomes Form
Attachment H. Program and Fiscal Reports:

a. Payment Request with attachments
b. Financial Reports – Quarterly
c. Activity Report – Quarterly
d. Language Access Reporting Tool

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.

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	November 4, 2016
Distribution of RFP	November 4, 2016
RFP orientation session	November 14, 2016
Closing date for submission of written questions for written responses	November 21, 2016
State purchasing agency's response to Applicants' written questions	November 28, 2016
Discussions with Applicant prior to proposal submittal deadline (optional)	November 4-November 21, 2016
Proposal submittal deadline	December 5, 2016
Discussions with Applicant after proposal submittal deadline (optional)	As needed
Final revised proposals (optional)	As needed
Proposal evaluation period	December 5-16, 2016
Provider selection	December 21, 2016
Notice of statement of findings and decision	December 21, 2016
Contract start date	February 1, 2017

1.2 Website Reference

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

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (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

1.7 Orientation

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

Date: **November 14, 2016** **Time:** 9:00 a.m. – 11:30 a.m. HST

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

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

The orientation shall be held live at the Honolulu location listed above and via videoconference at the other locations. To attend the orientation the Applicant shall contact Mr. Harold Brackeen III at (808) 586-7072 or hbrackeeniii@dhs.hawaii.gov 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 at least two days before the orientation and provide the same information detailed above to participate via teleconference.

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

1.8 Submission of Questions

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

Deadline for submission of written questions:

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

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

Date: November 28, 2016

1.9 Submission of Proposals

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

1. **Proposal Application Identification (Form SPOH-200)**. Provides Applicant proposal identification.

2. **Proposal Application Checklist**. The checklist provides Applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.

3. **Table of Contents**. A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPOH-200A)**. Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.

B. **Program Specific Requirements**. Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.

C. **Multiple or Alternate Proposals**. Multiple proposals shall be accepted but alternate proposals shall not be accepted (see Service Specifications, Section 2 of this RFP).

D. **Provider Compliance**. All providers shall comply with all laws governing entities doing business in the State.

1. **Tax Clearance**. Pursuant to HRS §103-53, as a prerequisite to entering into contracts of $25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.

2. **Labor Law Compliance**. Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.

3. **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

   Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently $12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

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

E. **Wages Law Compliance**. If applicable, by submitting a proposal, the Applicant certifies that the Applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.

F. **Campaign Contributions by State and County Contractors**. HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.

G. **Confidential Information**. If an Applicant believes any portion of a proposal contains information that should be withheld as confidential, the Applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

H. **Proposal Submittal.**

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

1.10 Discussions with Applicants

A. **Prior to Submittal Deadline.** Discussions may be conducted with potential Applicants to promote understanding of the purchasing agency's requirements.

B. **After Proposal Submittal Deadline.** Discussions may be conducted with Applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

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

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

1.12 Additional Materials and Documentation

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

1.13 RFP Amendments

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

1.14 Final Revised Proposals

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

1.15 Cancellation of Request for Proposal

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

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,
☐ are required
☒ are not required
to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

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

1.18 Rejection of Proposals

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

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

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

1.19 Notice of Award

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

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date unless otherwise agreed between the State and the Provider (i.e. via a Notice to Proceed). The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

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

A. A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

B. A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

C. A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

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

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

1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

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

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

2.1 Definitions

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

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

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

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

"Continuum of Care" and "CoC" are used interchangeably in this document and mean the planning bodies required by the U.S. Department of Housing and Urban Development (HUD) to carry out the responsibilities defined under 24 CFR Part 578 (Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program). A CoC is a group composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate. A CoC is responsible for coordinating funding, policies, strategies and activities toward ending homelessness in a designated geographic region, including but not limited to plans and oversight for use of HUD CoC funding.

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

"Family" means:

1. Two or more persons who live or intend to live together as a unit, one of whom is a minor, under 18 years of age, related by blood, marriage, or operation of law, including foster children and hanai children; or

2. A person who is pregnant or in the process of securing legal custody of a minor child or children.

"Homeless" means:

1. An individual or Family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or Family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or Family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

2. An individual or Family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or Family lacks the resources or support networks, e.g., Family, friends, faith-based or other social networks, needed to obtain other permanent housing;

3. Any individual or Family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a Family member, including a child, that has either taken place within the individual's or Family's primary nighttime residence or has made the individual or Family afraid to return to their primary nighttime residence; (ii)

Has no other residence; and (iii) Lacks the resources or support networks, e.g., Family, friends, and faith-based or other social networks, to obtain other permanent housing.

"Homeless Management Information System" and "HMIS" are used interchangeably in this document and mean the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

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

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

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

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

"Legal services" means services provided by a qualified legal service provider staff with attorneys who are licensed to practice law in the State of Hawaii (State) to resolve legal problems that prohibit program Participants from obtaining permanent housing or loss of permanent housing.

"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 receives 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.

"TANF eligible Family" includes single parent families with minor children that pass the federal income and asset TANF eligible test.

"Unaccompanied young adult" Is a person between the ages of 18 and 24 who is not accompanied by their parent or guardian. This includes two or more youth age 18-24 who are residing together as a Family without children.

"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.

"Young adult dependent" Is a person between the ages of 18 and 24 who is with their parent or guardian.

"Young People" means minor children, young adult dependents, and/or unaccompanied young adults (all three referred to as Young People).

2.2 Introduction

A. Overview, purpose or need

The State of Hawai'i, through the Department of Human Services (DHS), Benefit, Employment & Support Services Division (BESSD), Homeless Programs Office (HPO) is seeking proposals to provide quality, efficient and effective outreach services, which are essential services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, permanent housing, or critical services, and providing them with urgent, non-facility-based care and civil legal services designed to help homeless individuals and families access permanent housing. The State Homeless Outreach Program (Outreach Program) including civil legal services as described in Section 2.5 of this RFP is designed to assist homeless individuals and families to access housing, income, health, and social services so that they may be able to obtain and retain permanent housing. The Outreach Program will also assist and connect homeless individuals and families to services to meet their basic needs and access an array of services offered by the homeless system.

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 outreach services. 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**.

C. **Description of the service goals**

The Outreach Program and civil legal services funded under this opportunity will use a Housing First (HF) approach. The goals of the HF approach are to help homeless individuals and families access permanent housing as rapidly as possible by assisting with quickly locating and accessing housing options and connecting them to services and supports that will support housing stabilization. In HF, staff use assertive engagement strategies and assist individuals and families to develop housing plans, obtain needed documents for the housing application process, obtain income through public benefits and employment, identify and locate suitable housing options and provide support through the housing location and access processes. The Outreach Program and civil legal services as described in Section 2.5 of this RFP will also help with preparation for housing by teaching tenancy skills and how to meet lease obligations.

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

The target population of the Outreach Program are unsheltered homeless individuals and families transitioning to permanent housing.

The target population of the civil legal services are unsheltered and sheltered homeless individuals and families transitioning to permanent housing.

F. **Homeless Verification**

The Provider shall verify homelessness utilizing the following procedures:

1. The Provider shall check and confirm if the individual or Family is identified in the Homeless Management Information System (HMIS).
2. The Provider shall document in HMIS and/or describe all homeless individuals and families within the contracted geographic area.
3. The Provider shall document the location and frequency of all contacts.
4. In limited circumstances, an affidavit or self-certification by the Participant and certification by the outreach worker that based on professional judgment and to the best of his/her knowledge the circumstances being self-certified are true and accurate. Self-certification should be limited to rare and extreme cases and may not be used for more than five (5) percent of the individuals and families served by a program during an operating year.

G. **Geographic coverage of service for outreach services**

The Provider shall be responsible for providing the full range of outreach services throughout the contracted area as described in Section 2.2 of this RFP. Outreach services shall be provided to the geographic areas listed below as aligned and identified with the local CoC's Point in Time (PIT) County Regions:

Oahu Regions, total of four (4) contracts:

1. Region 1 - Downtown Honolulu: Salt Lake to Piikoi Street combined with Region 6 - Upper Windward: Kahaluu to Kahuku.

2. Region 2 - East Honolulu: Piikoi Street to Hawaii Kai, including Waikiki combined with Region 4 - Kaneohe to Waimanalo.

3. Region 3 - Ewa: Aiea to Kapolei combined with Region 5 - Wahiawa to North Shore.

4. Region 7 - Waianae Coast.

Maui Regions, total of two (2) contracts:

1. Region 1 - Central Maui combined with Region 2 - Lower Waiehu, Region 3 - Up Country, and Region 6 – Hana.

2. Region 4 – Lahaina combined with Region 5 – Kihei.

Kauai Regions, total of one (1) contract:

1. Region 1 – West combined with Region 2 - South, Region 3 - South Central, Region 4 – East, and Region 5 - North.

Hawaii Regions, total of two (2) contracts:

1. Region 1 – Kohala combined with Region 8 - Kau, Region 9 - Konawaena, and Region 10 - Kealakehe.

2. Region 2 - Honokaa combined with Region 3 – Laupahoehoe, Region 4 - Hilo, Region 5 – Waiakea, Region 6 – Keaau, and Region 7 – Pahoa.

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.

H. **Geographic coverage of service for legal services**

HPO will select one (1) provider to provide legal services to all homeless people through contracted outreach and shelter providers. The Provider shall be responsible for providing the full range of civil legal services throughout the contracted area with the goal of achieving permanent housing. Civil legal services shall be provided Statewide, including all geographic areas listed above as aligned and identified with the local CoC's PIT County Regions for outreach services leading to tenancy.

I. **Probable funding amounts and period of availability for outreach services**

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

Funding increases and decreases shall 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 HPO.

Funding for outreach services is anticipated to be $4,400,000 total for the initial term of one and a half (1.5) years, allocated as follows:

Oahu Regions, total of four (4) contracts:

1.	Region 1 combined with Region 6	$704,000
2.	Region 2 combined with Region 4	$704,000
3.	Region 3 combined with Region 5	$418,000
4.	Region 7	$374,000

Maui Regions, total of two (2) contracts:

1.	Region 1 combined with Regions 2, 3, 6	$459,800
2.	Region 4 combined with Region 5	$376,200

Kauai Regions, total of one (1) contract:

1.	Region 1 combined with Regions 2, 3, 4, 5	$176,000

Hawaii Regions, total of two (2) contracts:

1.	Region 1 combined with Regions 8, 9, 10	$510,840
2.	Region 2 combined with Regions 3, 4, 5, 6, 7	$677,160

Funding for outreach services is anticipated to be $2,200,000 total for each of the three (3) subsequent terms of one (1) year, allocated as follows:

Oahu Regions, total of four (4) contracts:

1.	Region 1 combined with Region 6	$352,000
2.	Region 2 combined with Region 4	$352,000
3.	Region 3 combined with Region 5	$209,000
4.	Region 7	$187,000

Maui Regions, total of two (2) contracts:

1.	Region 1 combined with Regions 2, 3, 6	$229,900
2.	Region 4 combined with Region 5	$188,100

Kauai Regions, total of one (1) contract:

1.	Region 1 combined with Regions 2, 3, 4, 5	$88,000

Hawaii Regions, total of two (2) contracts:

1.	Region 1 combined with Regions 8, 9, 10	$255,420
2.	Region 2 combined with Regions 3, 4, 5, 6, 7	$338,580

J. Probable funding amounts and period of availability for legal services

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

Funding 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.

Funding for legal services is anticipated to be $600,000 total for the initial term of one and a half (1.5) years, allocated as follows:

Statewide legal services, total one (1) contract:

1.	Oahu, Maui, Kauai, and Hawaii Regions	$600,000

Funding for legal services shall continue for each of the three (3) subsequent terms of one (1) year subject to the availability of funds.

2.3 Contract Monitoring and Evaluation

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

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

2.4 General Requirements

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

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

1. The Provider shall provide services in concurrence with Hawaii Revised Statute (HRS) Chapters 346; Hawaii Administrative Rules (HAR); and DHS policies and procedures.

2. The Provider shall be a profit organization incorporated under the laws of the State **or** nonprofit organization determined by the Internal Revenue Service to be exempt from federal income tax and with a governing board whose members have no material conflict of interest and serve without compensation and with bylaws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflict of interest situations;

3. The Provider shall have a minimum of one (1) year verifiable service history within the most recent three (3) years of experience with a similar project 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, February 1, 2017 through July 31, 2018.

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

Number of possible extensions: Three (3) extensions

Length of extensions: One (1) year

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

Conditions for extension, including but not limited to:
1. Ongoing need for the service as determined by the HPO.
2. Availability of funding.
3. Satisfactory performance as determined by the HPO.
4. Satisfactory compliance with the terms and conditions of the contract as determined by the HPO.
5. Must be in writing, shall allow 30 calendar days for consideration and approval by HPO, and shall be executed prior to the contract expiration date.

F. Subcontracting

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

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

2.5 Scope of Work

A. Service Activities

1. Housing First Approach

The Outreach Program including civil legal 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 individuals and 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." Provider shall consider criminal history and other factors on a case-by-case basis as necessary to ensure the safety of Participants and staff.

Offer individual and 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 Participant 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 individuals and 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. Focus on securing permanent housing for Participants who have been homeless the longest and have the most intensive service needs.

c. Providing services and supports to help Participants to understand and comply with lease obligations, reduce risks to stable tenancy, and prevent eviction.

d. Continuing to serve and re-house individuals and families 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 located in neighborhoods that are accessible to community resources and services.

b. 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.

c. 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.

d. Efforts are made to make programs look and feel similar to other types of housing in the community and to avoid distinguishing the project as a program that serves people with special needs.

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.

c. Understanding the clinical and legal limits to choice and intervening as necessary when Participants present a danger to self or others.

d. Providing meaningful opportunities for Participant input and involvement when designing programs, planning activities and determining policies.

6. **Assertive Engagement**

a. Provider shall use assertive, low-barrier, culturally competent and trauma-informed engagement strategies that focus on building a respectful, trusting relationship with Participants.

b. Provider shall document consistent attempts to locate and engage all Participants, including those who have expressed reluctance to engage.

c. Provider shall 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.

d. Provider shall provide Participants with supplies to support engagement and assist in meeting basic needs. This includes food, clothing, and personal hygiene supplies.

7. **Outreach and Engagement Services**

a. Provider shall establish a thorough process to identify patterns of unsheltered homelessness in the community and coordinate regularly with other service providers (e.g. shelters, day centers, soup kitchens, health/mental health services, legal services, immigration/youth/Family/LGBT services, etc.), community resources (e.g., law enforcement, transportation providers, schools, libraries, businesses, faith-based organizations, etc.) and homeless and formerly homeless people to identify unsheltered homeless people.

b. Provider shall use a comprehensive canvassing strategy conducted at times and in locations sufficient to identify unsheltered homeless people throughout the assigned geographic area. The strategy should be designed to engage populations that may be hard to find (e.g., youth, families, and rural populations) and to identify locations where unsheltered people are likely to be found (e.g., libraries and other locations that offer free access to restrooms and protection from the elements, transit centers, and places where people can access food and other concrete necessities). Outreach staff should spend the majority of their time doing outreach on the street and in locations where unsheltered homeless people are known or suspected to be found.

c. Provider shall use an effective system to record Participant locations, consult with community partners when there is difficulty locating a Participant, and adjust the canvassing strategy as needed.

d. The canvassing strategy should include a regular schedule establishing predictable locations where outreach workers can be found and this schedule shall be submitted to HPO.

e. Provider shall complete a Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) on each homeless individual and/or Family encountered. Provider shall enter the VI-SPDAT into HMIS and assist in maintaining a current by-name list that includes all sheltered and unsheltered homeless people.

8. **Housing-Focused Case Management**

a. For all individuals and families who have indicated willingness to participate in services, programs shall complete an initial assessment of Participant service needs within 30 days of engagement in services, update the assessment at least every month, and ensure assessments are signed by the Participant, outreach worker, and supervisor and dated. Assessments should focus on Participant strengths and barriers to housing stability.

b. For all individuals and families who have indicated willingness to participate in services, programs shall complete an initial housing plan within 30 days of engagement in services, update the plan at least every month, ensure plans are signed by the Participant, outreach worker, and supervisor and dated, and ensure that goals are person-centered, specific and measurable and that plans indicate who is responsible for indicated action steps and when those action steps will occur. Plans must outline

steps to secure permanent housing as quickly as possible and address barriers to accessing housing and achieving housing stability.

c. Provider shall assist Participants in securing emergency shelter or other safe temporary accommodations as rapidly as possible. This includes helping Participant s to connect to friends and Family with whom they might stay.

d. Each Outreach Program is required to attempt to provide case management services to all Participants at least 2 times per month (including at least one face-to-face contact).

e. Case management services shall be flexible in response to Participant needs and preferences offering a menu of meeting times, locations and services.

f. Case notes must document contact attempts, services provided, including activities aimed at assisting Participants to meet their housing plan goals, and efforts to help Participants to establish linkages to other service providers, community resources, and support from friends and Family.

g. Provider shall have policies and procedures in place that are adequate to reasonably protect the health and safety of all Participants and staff.

h. Provider shall assist Participants in securing permanent housing as rapidly as possible. This includes helping Participants to obtain identification and other necessary documents, complete housing applications, access financial assistance, identify and view apartments, and meet with landlords/property managers.

i. Provider shall prioritize housing placements for Participants who have been homeless the longest and who have the most intensive service needs.

j. Provider shall help Participants to achieve well-being and prevent and manage crises.

k. Provider shall collect, maintain, and update records of available mainstream and community resources for program Participants. This includes community resources that can reduce burdens on income

including employment opportunities, food banks, thrift stores, low-income utility programs, and others.

l. Provider shall assist Participants to increase income and assets, including:
   (1) screening and/or assisting in obtaining screening for public benefits eligibility
   (2) assisting to apply for benefits as indicated
   (3) assisting to connect to a SSI/SSDI Outreach, Access, and Recovery (SOAR) trained case manager as appropriate and available
   (4) providing and or assisting Participants to connect to services such as financial literacy, banking, budgeting, tax preparation, and credit repair
   (5) providing and or 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.

m. Provider shall have clearly defined relationships with employment and income support programs that they can connect program Participants to when appropriate.

n. Provider shall provide and/or assist Participants to connect to services to address health, mental health, addiction, and legal needs. This includes:
   (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 Participant or staff health and/or safety.
   (3) Accessing legal services, including obtaining legal documents, 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.

o. Provider shall assist Participants to use community resources (e.g., schools, libraries, houses of worship, grocery stores, parks, etc.).

p. Provider shall 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.

q. Provider shall assist Participants to connect to appropriate on-going services in advance of planned discharges. This includes, as necessary, providing a warm handoff (i.e. meeting face-to-face or remotely with the Participant and service provider) and following up to evaluate Participants' satisfaction with the assistance and make adjustments.

r. Provider shall 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 Participant, case manager, and supervisor and dated.

s. When closing a case, programs shall provide information to Participants about how they can access assistance from the program again, if needed, and what kind of follow-up assistance may be available. In instances when a Participant is at imminent risk of returning to homelessness, programs must either have the capacity to directly intervene or provide referral to another prevention resource.

t. Provider shall 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.

u. Provider shall 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 see that Participant reluctance to engage in services means they need to adjust the intervention to make it appealing to the person being served.

v. Provider serving families with minor children, young adult dependents, and/or unaccompanied young adults are required to:

(1) Provide services that focus on young people's strengths and on helping them to build:
1.1 Competence: the core academic, cognitive, social, emotional, and vocational competencies they need to succeed
1.2 Confidence: a sense of self-worth and efficacy
1.3 Connections: a sense of belonging and positive bonds with supportive peers and adults and social institutions
1.4 Character: respect for society and cultural rules and an inner moral compass
1.5 Caring: a sense of sympathy and empathy for others
1.6 Contribution: active participation and leadership in efforts to bring about change in social and civic life
(2) Engage young people in offering their expertise and perspectives in the design and implementation of services, programs, and activities available to them.
(3) Provide services that focus on families' strengths helping them to build on strategies they already know how to use, build feelings of hope, identify protective factors, decrease frustration, emphasize problem-solving, enhance caregivers' confidence, and promote responsible behavior.
(4) Include an assessment of young peoples' and caregivers' strengths and needs when completing any required assessments.
(5) Consider young peoples' and caregivers' strengths and needs when completing any required housing and discharge plans.
(6) Collect, maintain, and update records of available mainstream and community resources that include community resources for young people.
(7) Provide and/or assist Participants to connect to services to address young peoples' health, mental health, addiction, and legal needs.

(8) Provide and/or assist Participants to connect to childcare services to support employment opportunities.

(9) Help young people to identify individuals with whom they wish to maintain or establish a relationship, assess the appropriateness of such involvement and facilitate an active connection between parents, other important persons and young people when appropriate.

(10) Provide services aimed at strengthening Family communication and support and at promoting families' acceptance of their LGBTQ young people.

(11) Ensure that Participants are helped to understand their educational rights and that they are connected to services to help them succeed in school as outlined below under "Educational Responsibilities."

w. Provider serving Families with minor children, young adult dependents, and/or unaccompanied young adults (all three referred to as Young People) shall:

1. Provide services that focus on Young People's strengths and on helping them to build:
   - 9.1 Competence: the core academic, cognitive, social, emotional, and vocational competencies they need to succeed
   - 9.2 Confidence: a sense of self-worth and efficacy
   - 9.3 Connections: a sense of belonging and positive bonds with supportive peers and adults and social institutions
   - 9.4 Character: respect for society and cultural rules and an inner moral compass
   - 9.5 Caring: a sense of sympathy and empathy for others
   - 9.6 Contribution: active participation and leadership in efforts to bring about change in social and civic life

2. Engage Young People in offering their expertise and perspectives in the design and implementation of services, programs, and activities available to them.
3. Provide services that focus on Families' strengths helping them to build on strategies they already know how to use, build feelings of hope, identify protective factors, decrease frustration, emphasize problem-solving, enhance caregivers' confidence, and promote responsible behavior.

4. Include an assessment of Young Peoples' and caregivers' strengths and needs when completing any required assessments.
5. Consider Young Peoples' and caregivers' strengths and needs when completing any required housing and discharge plans.
6. Collect, maintain, and update records of available mainstream and community resources that include community resources for Young People.
7. Provide and/or assist Participants to connect to services to address Young Peoples' health, mental health, addiction, and legal needs.
8. Provide and/or assist Participants to connect to childcare services to support employment opportunities.
9. Help Young People to identify individuals with whom they wish to maintain or establish a relationship, assess the appropriateness of such involvement and facilitate an active connection between parents, other important persons and Young People when appropriate.
10. Provide services aimed at strengthening Family communication and support and at promoting Families' acceptance of their LGBTQ Young People.
11. Ensure that Participants are helped to understand their educational rights and that they are connected to services to help them succeed in school as outlined below under "Educational Responsibilities."

9. **Educational Responsibilities**

Provider shall be 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 the following but not limited to:
   (1) Ensuring that all families with children and young adults participating in any Outreach Program 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 Outreach Program 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 Outreach Program 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 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.

(4) Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.

(5) Developing relationships with colleges to access higher education services specifically for homeless young adults.

(6) Designating a staff person who is responsible for:

6.1 Helping Participants to understand their educational rights

6.2 Ensuring that children and young adults are enrolled in school & connected to services

6.3 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).

(7) Ensuring that the designated person is involved in the development of Participants' service plans where there are extensive or significant unmet educational needs.

(8) Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established

under state and federal law are adopted by the Outreach Program.

10. **Supervision**

a. Provider shall provide direct service staff with at least one hour of individual supervision bi-weekly that helps them to develop and implement low barrier, assertive engagement skills, build Participant motivation, conduct thorough assessments, establish meaningful service plans, ensure Participant and staff safety, and support self-care.

b. Provider shall have a case review process to help staff problem solve around particular case management challenges and to inform, assessments, housing plans, and discharges.

c. Provider shall maintain on-call supervisory coverage to manage critical incidents and other emergencies 24 hours per day, 7 days per week.

11. **Legal Services**

In addition, DHS seeks to enter into a contract with a qualified legal service Provider staffed with attorneys who are licensed to practice law in Hawaii. The selected agency shall provide legal services in association with the Outreach Program and the State Homeless Shelter Program (Shelter Program) through outreach, legal advocacy and education for those in civil legal need. The primary focus shall be to provide assistance to resolve legal problems that prohibit program Participants from obtaining permanent housing or will likely result in the loss of permanent housing. The activities include, but are not limited to the following:

a. Provider shall provide legal and financial assistance to obtain to the following vital documents:
   (1) Birth Certificate, Marriage Certificate, and/or Death Certificate;
   (2) Social Security Card; and
   (3) State Identification Card.

b. Provider shall provide services, which includes:
   (1) Providing legal services and guidance to obtain vital documents in order to acquire a social security card which will lead to Participants attaining a State ID card.
   (2) Identifying what is needed to obtain vital documents and identification cards.
   (3) Assisting Participants with completing applications necessary to obtain vital documents and identification cards.
   (4) Assisting Participants with filing forms with the proper government agencies.

c. Provider shall provide SOAR Case Management, which includes:
   (1) Assisting Participants in applying for Supplemental Security Income, Social Security Disability Insurance, and Disability Determination Services.
   (2) Assisting Participants in receiving documentation needed for the aforementioned applications.
   (3) Assisting Social Security Administration Representative and Disability Determination Services liaison to ensure rapid response and determination.

d. Provider shall provide Landlord/Tenant Education Classes:
   (1) Develop curriculum to help improve landlord tenant relationships including, but not limited to:
      1.1. Step-by-step explanation of the rental process;
      1.2. Landlord's expectations and perspective;
      1.3. Tenant rights and responsibilities;
      1.4. Communication skills;
      1.5. How to be a good neighbor; and
      1.6. Review of sample rental lease agreement.
   (2) Collaborate with Shelter Program Providers to provide classes.
   (3) Document and keep attendance records of Participants.
   (4) Provide documentation to Shelter Program Providers for Participant file.

12. **Grievance Procedures**

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

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

b. Upon request by the Participant, a review of the decision with the opportunity to present written or oral objections and to be represented by counsel at his or her own expense before a person other than the person who made or approved the termination or denial decision. The Participant shall have the opportunity to question witnesses and present evidence; and;

c. Prompt service of the final decision in writing to the Participant.

d. Provider's grievance procedures shall include language that if the Participant is not satisfied with the Provider's final determination, a formal review of the decision may be requested of the State. The review letter shall be mailed to:

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

e. Attach as Exhibit I: The Provider shall attach to the proposal its grievance/termination procedures that shall be provided to Participants who have services denied or terminated. DHS may require changes to Exhibit I to ensure such procedures afford these persons due process.

13. **Administrative/Management Requirements**

a. Experience

(1) 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 Outreach Program or in the program area for which the proposal is being made. Exceptions may be granted by the Director of DHS where an agency has not demonstrated the necessary experience or expertise in the program area.

(2) The Provider shall have demonstrated and documented knowledge, skills, capacity, and competence to perform the required services.

14. **Coordination of services**

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

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

Provider shall participate in their local CES, CoC, and PIT 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.

15. **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 Participant ratios.

The Provider shall assure that:

a. A system is in place to ensure compliance with:

   (1) Affirmative action standards
   (2) Equal opportunity employment standards

b. Direct service staff shall have at least one hour of individual supervision bi-weekly to help them to develop low barrier, assertive engagement skills, build Participant motivation, conduct thorough assessments, establish meaningful service plans, ensure Participant and staff safety, and support self-care.

16. **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 the 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.

17. **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:

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

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

The contracted agency shall name the State and DHS as additional insured parties and provide 30 days' notice of cancellations. It is agreed that any insurance maintained by the State 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.

18. **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".

19. **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.

20. **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.

21. **Americans with Disabilities Act**

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

22. **Emergency Disaster Preparedness Policies and Procedures**

Attach as Exhibit III: The Provider shall attach to the proposal, the Provider's emergency disaster preparedness policies and procedures and ensure that these policies and procedures are explained to all staff and Participants.

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

a. The Homeless Outreach Providers shall meet the following outcome measures:

(1) Provider is responsible for placing 30% of Participants into permanent housing and 50% into temporary housing annually.
(2) Less than 15% of Participants return to Homelessness within 1 year.
(3) At least 15% of Participants increase earned income during a one-year reporting period.
(4) At least 50% of Participants increase non-employment cash income during a one-year reporting period.
(5) At least 55% of Participants increase total income during a one-year reporting period.
(6) Maintain average monthly program enrollment that is at least 90% of the contracted commitment.

b. The legal services Provider shall meet the following outcome measures:

(1) 90% of all Participants who applied for vital documents within a one-year reporting period will obtain them.
(2) 90% of all Participants who applied for ID cards within a one-year reporting period will obtain them.
(3) 90% of all Participants who enrolled in landlord/tenant education classes will successfully complete the class.
(4) Maintain average monthly program enrollment that is at least 90% of the contracted commitment.

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

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

(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.

a. 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 from the end of each quarter, and a Final Activity Report within 45 days from the end of the contract term, or on such day designated as the due date by the HPO.

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

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

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

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

(4) The Final Financial Report (HPO Funds Only Report) shall include an approved budget, year-to-date expenditures, and variance percentages. Budget and actual costs for personnel and

administrative costs shall be broken out and listed on the Final Financial Report. Variance percentages of +/-15% shall be explained in writing. Explanation of the variance does not guarantee that the State will reimburse your agency for expenses beyond the approved budget.

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

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

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.

e. Other Information

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

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

25. **Data & Continuous Quality Improvement**

a. Provider shall collect and enter all required Participant level data using the HMIS in accordance with all data standards, policies, and procedures as determined by the Provider's CoC.

b. Provider shall comply with the following data standards as determined by HPO:

(1) Data entry completed within 72 hours of activity or service: e.g., program entry, program exit, assessment, provision of assistance, etc.
(2) Data Quality Rates for null, missing, refused, or unknown shall be less than 10% for both universal data elements and program specific data elements.

c. Provider shall track and report outcome data at least quarterly and use that data to provide continuous quality improvement efforts aimed at strengthening outcomes outlined in this RFP, such as increasing Participant income, decreasing length of Homelessness, rapidly securing permanent housing placements, and assisting Participants to stabilize in and retain housing.

d. Provider shall have and implement a comprehensive policy and procedures for reporting, resolving, and documenting and reviewing critical incidents. Provider shall make adjustments to policies, procedures, facilities, and program design as needed to improve Participant well-being and promote health and safety for Participants and staff.

e. Provider shall seek input from people with lived experience of Homelessness and, when applicable landlords, to guide program design and operations. Such input can be obtained through interviews, focus groups, surveys and/or consumer advisory boards.

f. Provider 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. Provider shall make adjustments to policies, procedures, facilities, and program design as needed to improve Participant satisfaction.

26. **Quality assurance and evaluation specifications**

Performance of all contracted agencies will be monitored on an ongoing basis by HPO 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 HPO for the purposes of monitoring.

The State, HPO, the Comptroller of the State, and any of their authorized representatives, the committees and their staffs of the State, 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.

27. **Facilities**

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

2.6 Compensation and Method of Payment

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

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

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

Performance Measures and Outcome rate where the State pays the Provider up to 30% of the contract amount when program outcomes are met. The State and the Provider agree on the number of units of service to be delivered for the stated contract amount as specified in the Providers Workplan. The Performance Measures and Outcome Form will assist Provider and the State to calculate payments.

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

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

The Provider shall budget no more than 15% of the contract total for administrative expenses. An amount equal to 5% of the 90% base cost total shall be withheld as the final payment, subject to timely submittal and approval of the Provider's final activity and financial reports.

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

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

Section 3

Proposal Application Instructions

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the Applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application shall be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *The Application may be submitted in a three ring binder.*
- *Tabbing of sections is recommended.*
- *Times New Roman or Arial font; 12-point font size, single spacing and double spacing after each paragraph, and one inch margins.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, 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, Participant /staff ratio and proposed caseload capacity appropriate for the viability of the services.

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

2. Staff Qualifications

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

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

B. **Project Organization**

1. Supervision and Training

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

2. Organization Chart

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

C. **Workplan**

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

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

3.4 Service Delivery

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

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

3.5 Financial

A. **Pricing Structure**

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

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

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

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

Indicate "N/A" if budget form is not applicable.

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

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

The Provider shall provide a clear and separate budget for the administrative costs, not to exceed 15% of the total funding amount, and justify the costs. If the Provider has a federally-approved indirect rate, the Provider shall provide the approval letter and the general categories used to determine the federal rate. The Provider must submit an administrative cost budget despite the Provider's approval for the federal rate. The Provider may use the general categories from the federal rate but the Provider's indirect costs for this contract must not exceed 15%.
The Provider shall submit the administrative costs budget using the budget forms listed above. All budget forms, instructions, and samples are located on the SPO website. See 1.2 Website Reference, Section 1 of this RFP. The administrative

costs budget, federally-approved indirect rate approval letter, and general categories used to determine the federal rate shall be attached to the Application.

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

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

B. Other Financial Related Materials

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

3.6 Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4
Proposal Evaluation

4.1 Introduction

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

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

4.2 Evaluation Process

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

The DHS reserves the right to request written clarifications or revisions during the evaluation process.

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

Evaluation Categories	**Possible Points**
Administrative Requirements	Required
Proposal Application	
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

1. Experience and Capability	20 Points
☐ 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	

program? **(5 Points)** ☐ 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? **(3 Points)** ☐ 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? **(0 Points)**	
Capacity of Applicant – Readiness to Proceed ☐ 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? **(5 Points)** ☐ 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? **(3 Points)** ☐ 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. **(0 Points)**	
Does the Applicant regularly attend CoC General Meetings? **(3 Points)**	
Does the Applicant participate, chair, and/or coordinate in CoC activities and planning processes? **(2 Points)**	
Has the Applicant ever received a monitoring finding from HPO for any Homelessness related program?	

☐ No **(5 Points)** ☐ Yes, but findings were subsequently resolved and closed. **(3 Points)** ☐ Yes **(0 Points)**	

2. Program Organization and Staffing	**15 Points**
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)**	

3. Service Delivery	**55 Points**
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? **(10 Points)**	
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? **(5 Points)**	
Does the project demonstrate prioritization of program Applicants based on vulnerability and need? **(5 Points)**	
Does the Applicant discuss in sufficient detail how the output/outcomes will be tracked and documented? **(5 Points)**	

4. Financial	**10 Points**
Does the Applicant have an adequate accounting system? **(5 Points)**	
Does the Applicant have no major findings in their most recent independent financial audit? ☐ Yes – Has no major findings **(3 Points)** ☐ No – Has major findings **(0 Points)**	
Does the Applicant have other sources of funding to support the program? ☐ Yes – Has other funding sources **(2 Points)** ☐ No – Has no other funding sources **(0 Points)**	

C. **Phase 3 - Recommendation for Award**

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

Section 5
Attachments

A. Proposal Application Identification Form (SPO-H-200)

B. Proposal Application Checklist

C. Sample Proposal Application Table of Contents

D. General Conditions

E. Work Plan

F. Performance Measures and Outcomes Form

G. Program and Fiscal Reports:
   a. Payment Request with attachments
   b. Financial Reports – Quarterly
   c. Activity Report – Quarterly
   d. 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 _____

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

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

ATTACHMENT C

Sample Proposal Application
Table of Contents

Proposal Application
Table of Contents

1.0 Program Overview 1

2.0 Experience and Capability 1
- A. Necessary Skills 2
- B. Experience 4
- C. Quality Assurance and Evaluation 5
- D. Coordination of Services 6
- E. Facilities 6

3.0 Project Organization and Staffing 7
- A. Staffing 7
  - 1. Proposed Staffing 7
  - 2. Staff Qualifications 9
- B. Project Organization 10
  - 1. Supervision and Training 10
  - 2. Organization Chart (Program & Organization-wide)
    (See Attachments for Organization Charts

4.0 Service Delivery 12

5.0 Financial 20
See Attachments for Cost Proposal

6.0 Litigation 20

7.0 Attachments
- A. Cost Proposal
  - SPO-H-205 Proposal Budget
  - SPO-H-206A Budget Justification - Personnel: Salaries & Wages
  - SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits
  - SPO-H-206C Budget Justification - Travel: Interisland
  - SPO-H-206E Budget Justification - Contractual Services – Administrative
- B. Other Financial Related Materials
  - Financial Audit for fiscal year ended June 30, 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

CONTRACT NO. _____

GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS
TABLE OF CONTENTS

Page(s)

1. Representations and Conditions Precedent 1

1.1 Contract Subject to the Availability of State and Federal Funds 1

1.1.1 State Funds 1

1.1.2 Federal Funds 1

1.2 Representations of the PROVIDER 1

1.2.1 Compliance with Laws 1

1.2.2 Licensing and Accreditation 1

1.3 Compliance with Laws 1

1.3.1 Smoking Policy 1

1.3.2 Drug Free Workplace 1

1.3.3 Persons with Disabilities 2

1.3.4 Nondiscrimination 2

1.4 Insurance Requirements 2

1.5 Notice to Clients 2

1.6 Reporting Requirements 3

1.7 Conflicts of Interest 3

2. Documents and Files 3

2.1 Confidentiality of Material 3

2.1.1 Proprietary or Confidential Information 3

2.1.2 Uniform Information Practices Act 3

2.2 Ownership Rights and Copyright 3

2.3 Records Retention 3

3. Relationship between Parties 4

3.1 Coordination of Services by the STATE 4

3.2 Subcontracts and Assignments 4

3.3 Change of Name 4

3.4 Independent Contractor Status and Responsibilities, Including Tax Responsibilities 4

3.4.1 Independent Contractor 4

3.4.2 Contracts with other individuals and entities 4
3.4.3 PROVIDER's employees and agents 5
3.4.4 PROVIDER's Responsibilites 5
3.5 Personnel Requirements 6
3.5.1 Personnel 6
3.5.2 Requirements 6
4. Modification and Termination of Contract 6
4.1 Modifications of Contract 6
4.1.1 In writing 6
4.1.2 No oral modification 6
4.1.3 Tax clearance 6
4.2 Termination in General 6
4.3 Termination for Necessity or Convenience 7
4.4 Termination by PROVIDER 7
4.5 STATE's Right of Offset 7
5. Indemnification 7
5.1 Indemnification and Defense 7
5.2 Cost of Litigation 7
6. Publicity 8
6.1 Acknowledgment of State Support 8
6.2 PROVIDER's publicity not related to contract 8
7. Miscellaneous Provisions 8
7.1 Nondiscrimination 8
7.2 Paragraph Headings 8
7.3 Antitrust Claims 8
7.4 Governing Law 8
7.5 Conflict between General Conditions and Procurement Rules 8
7.6 Entire Contract 8
7.7 Severability 9
7.8 Waiver 9

7.9 Execution in Counterparts 9
8. Confidentiality of Personal Information 9
8.1 Definitions 9
8.1.1 Personal Information 9
8.1.2 Technological Safeguards 9
8.2 Confidentiality of Material 10
8.2.1 Safeguarding of Material 10
8.2.2 Retention, Use, or Disclosure 10
8.2.3 Implementation of Technological Safeguards 10
8.2.4 Reporting of Security Breaches 10
8.2.5 Mitigation of Harmful Effect 10
8.2.6 Log of Disclosures 10
8.3 Security Awareness Training and Confidentiality Agreements 10
8.3.1 Certification of Completed Training 10
8.3.2 Certification of Confidentiality Agreements 10
8.4 Termination for Cause 11
8.5 Records Retention 11
8.5.1 Destruction of Personal Information 11
8.5.2 Maintenance of Files, Books, Records 11

GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS

1. Representations and Conditions Precedent

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.6 Reporting Requirements. The PROVIDER shall submit a Final Project Report to the STATE containing the information specified in this Contract if applicable, or otherwise satisfactory to the STATE, documenting the PROVIDER's overall efforts toward meeting the requirements of this Contract, and listing expenditures actually incurred in the performance of this Contract. The PROVIDER shall return any unexpended funds to the STATE.

1.7 Conflicts of Interest. In addition to the Certification provided in the Standards of Conduct Declaration to this Contract, the PROVIDER represents that neither the PROVIDER nor any employee or agent of the PROVIDER, presently has any interest, and promises that no such interest, direct or indirect, shall be acquired, that would or might conflict in any manner or degree with the PROVIDER's performance under this Contract.

2. Documents and Files

2.1 Confidentiality of Material.

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

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

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

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

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

3. Relationship between Parties

3.1 Coordination of Services by the STATE. The STATE shall coordinate the services to be provided by the PROVIDER in order to complete the performance required in the Contract. The PROVIDER shall maintain communications with the STATE at all stages of the PROVIDER's work, and submit to the STATE for resolution any questions which may arise as to the performance of this Contract.

3.2 Subcontracts and Assignments. The PROVIDER may assign or subcontract any of the PROVIDER's duties, obligations, or interests under this Contract, but only if (i) the PROVIDER obtains the prior written consent of the STATE and (ii) the PROVIDER's assignee or subcontractor submits to the STATE a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER's assignee or subcontractor have been paid. Additionally, no assignment by the PROVIDER of the PROVIDER's right to compensation under this Contract shall be effective unless and until the assignment is approved by the Comptroller of the State of Hawai'i, as provided in section 40-58, HRS.

3.3 Change of Name. When the PROVIDER asks to change the name in which it holds this Contract, the STATE, shall, upon receipt of a document acceptable or satisfactory to the STATE indicating such change of name such as an amendment to the PROVIDER's articles of incorporation, enter into an amendment to this Contract with the PROVIDER to effect the change of name. Such amendment to this Contract changing the PROVIDER's name shall specifically indicate that no other terms and conditions of this Contract are thereby changed, unless the change of name amendment is incorporated with a modification or amendment to the Contract under paragraph 4.1 of these General Conditions.

3.4 Independent Contractor Status and Responsibilities, Including Tax Responsibilities.

3.4.1 Independent Contractor. In the performance of services required under this Contract, the PROVIDER is an "independent contractor," with the authority and responsibility to control and direct the performance and details of the work and services required under this Contract; however, the STATE shall have a general right to inspect work in progress to determine whether, in the STATE's opinion, the services are being performed by the PROVIDER in compliance with this Contract.

3.4.2 Contracts with Other Individuals and Entities. Unless otherwise provided by special condition, the STATE shall be free to contract with other individuals and entities to provide services similar to those performed by the Provider under this Contract, and the

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

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

3.4.4 PROVIDER's Responsibilities. The PROVIDER shall be responsible for the accuracy, completeness, and adequacy of the PROVIDER's performance under this Contract.

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

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

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

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

3.5 Personnel Requirements.

3.5.1 Personnel. The PROVIDER shall secure, at the PROVIDER's own expense, all personnel required to perform this Contract, unless otherwise provided in this Contract.

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

4. Modification and Termination of Contract

4.1 Modification of Contract.

4.1.1 In Writing. Any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract permitted by this Contract shall be made by written amendment to this Contract, signed by the PROVIDER and the STATE.

4.1.2 No Oral Modification. No oral modification, alteration, amendment, change, or extension of any term, provision or condition of this Contract shall be permitted.

4.1.3 Tax Clearance. The STATE may, at its discretion, require the PROVIDER to submit to the STATE, prior to the STATE's approval of any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract, a tax clearance from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state and federal law against the PROVIDER have been paid.

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

4.3 Termination for Necessity or Convenience. If the STATE determines, in its sole discretion, that it is necessary or convenient, this Contract may be terminated in whole or in part at the option of the STATE upon ten (10) working days' written notice to the PROVIDER. If the STATE elects to terminate under this paragraph, the PROVIDER shall be entitled to reasonable payment as determined by the STATE for satisfactory services rendered under this Contract up to the time of termination. If the STATE elects to terminate under this section, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.

4.4 Termination by PROVIDER. The PROVIDER may withdraw from this Contract after obtaining the written consent of the STATE. The STATE, upon the PROVIDER's withdrawal, shall determine whether payment is due to the PROVIDER, and the amount that is due. If the STATE consents to a termination under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.

4.5 STATE's Right of Offset. The STATE may offset against any monies or other obligations that STATE owes to the PROVIDER under this Contract, any amounts owed to the State of Hawai'i by the PROVIDER under this Contract, or any other contract, or pursuant to any law or other obligation owed to the State of Hawai'i by the PROVIDER, including but not limited to the payment of any taxes or levies of any kind or nature. The STATE shall notify the PROVIDER in writing of any exercise of its right of offset and the nature and amount of such offset. For purposes of this paragraph, amounts owed to the State of Hawai'i shall not include debts or obligations which have been liquidated by contract with the PROVIDER, and that are covered by an installment payment or other settlement plan approved by the State of Hawai'i, provided, however, that the PROVIDER shall be entitled to such exclusion only to the extent that the PROVIDER is current, and in compliance with, and not delinquent on, any payments, obligations, or duties owed to the State of Hawai'i under such payment or other settlement plan.

5. Indemnification

5.1 Indemnification and Defense. The PROVIDER shall defend, indemnify, and hold harmless the State of Hawai'i, the contracting agency, and their officers, employees, and agents from and against any and all liability, loss, damage, cost, expense, including all attorneys' fees, claims, suits, and demands arising out of or in connection with the acts or omissions of the PROVIDER or the PROVIDER's employees, officers, agents, or subcontractors under this Contract. The provisions of this paragraph shall remain in full force and effect notwithstanding the expiration or early termination of this Contract.

5.2 Cost of Litigation. In case the STATE shall, without any fault on its part, be made a party to any litigation commenced by or against the PROVIDER in connection with this Contract, the PROVIDER shall pay any cost and expense incurred by or imposed on the STATE, including attorneys' fees.

6. Publicity

6.1 Acknowledgment of State Support. The PROVIDER shall, in all news releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials relating to the PROVIDER's performance under this Contract, acknowledge the support by the State of Hawai'i and the purchasing agency.

6.2 PROVIDER's Publicity Not Related to Contract. The PROVIDER shall not refer to the STATE, or any office, agency, or officer thereof, or any state employee, or to the services or goods, or both provided under this Contract, in any of the PROVIDER's publicity not related to the PROVIDER's performance under this Contract, including but not limited to commercial advertisements, recruiting materials, and solicitations for charitable donations.

7. Miscellaneous Provisions

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

7.2 Paragraph Headings. The paragraph headings appearing in this Contract have been inserted for the purpose of convenience and ready reference. They shall not be used to define, limit, or extend the scope or intent of the sections to which they pertain.

7.3 Antitrust Claims. The STATE and the PROVIDER recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the purchaser. Therefore, the PROVIDER hereby assigns to the STATE any and all claims for overcharges as to goods and materials purchased in connection with this Contract, except as to overcharges which result from violations commencing after the price is established under this Contract and which are not passed on to the STATE under an escalation clause.

7.4 Governing Law. The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, shall be governed by the laws of the State of Hawai'i. Any action at law or in equity to enforce or interpret the provisions of this Contract shall be brought in a state court of competent jurisdiction in Honolulu, Hawai'i.

7.5 Conflict between General Conditions and Procurement Rules. In the event of a conflict between the General Conditions and the Procurement Rules or a Procurement Directive, the Procurement Rules or any Procurement Directive in effect on the date this Contract became effective shall control and are hereby incorporated by reference.

7.6 Entire Contract. This Contract sets forth all of the contracts, conditions, understandings, promises, warranties, and representations between the STATE and the PROVIDER relative to this Contract. This Contract supersedes all prior agreements, conditions, understandings,

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

7.7 Severability. In the event that any provision of this Contract is declared invalid or unenforceable by a court, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this Contract.

7.8 Waiver. The failure of the STATE to insist upon the strict compliance with any term, provision, or condition of this Contract shall not constitute or be deemed to constitute a waiver or relinquishment of the STATE's right to enforce the same in accordance with this Contract. The fact that the STATE specifically refers to one provision of the Procurement Rules or one section of the Hawai'i Revised Statutes, and does not include other provisions or statutory sections in this Contract shall not constitute a waiver or relinquishment of the STATE's rights or the PROVIDER's obligations under the Procurement Rules or statutes.

7.9 Execution in Counterparts. This Contract may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one instrument.

8. Confidentiality of Personal Information

8.1 Definitions.

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

1) Social Security number;

2) Driver's license number or Hawaii identification card number; or

3) Account number, credit or debit card number, access code, or password that would permit access to an individual's financial information.

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

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

8.2 Confidentiality of Material.

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

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

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

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

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

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

8.3 Security Awareness Training and Confidentiality Agreements.

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

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

1) The personal information collected, used, or maintained by the PROVIDER will be treated as confidential;

2) Access to the personal information will be allowed only as necessary to perform the Contract; and

3) Use of the personal information will be restricted to uses consistent with the services subject to this Contract.

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

1) Provide an opportunity for the PROVIDER to cure the breach or end the violation; or

2) Immediately terminate this Contract.

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

8.5 Records Retention.

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

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

ATTACHMENT E

Work Plans

Homeless Outreach Program
Work Plan Form

Name of Provider: _____
Program Location: _____

Type of Program: State Homeless Outreach Program
Type of Service: Providing outreach services to homeless individuals and families within the contracted geographic service area.

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

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

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

Program Service Capacity	Particpt	Houshld
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		

Number of Participants Served	Proposed
i. Number of Unduplicated Adults without Children*	_
ii. Number of Unduplicated Adults in Families**	_
iii. Number of Unduplicated Families** (Only Households with Children)	_
iii. Number of Unduplicated Households with & without Children	_
iv. Total Number of Unduplicated Participants (All Adults & Children)	_

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

i. Number of new participants in outreach who have become homeless for the first time (in the past 2 years)	_
ii. Number of participants that lost permanent housing and had a prior homeless episode in the past 2 years	_
iii. Number of homeless participants*** who will have a VI-SPDAT completed	_

* Children are defined as minors under the age of eighteen (18).
** Families are households with at least one dependent under the age of eighteen (18).
*** Homeless households refers to 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 State Homeless Outreach Program.

Level of Outreach Services	Proposed
i. **Total # of households** who will be provided homeless verification documents	–
ii. **# and % of total participants** with contact encounters only **(clients which receive services but have not resulted in a deliberate assessment or beginning a case plan).** a. Number of unduplicated participants b. Number of unduplicated participants	 a.__/ __% b.__
iii. **# and % of total participants** with initial client engagement **(interactive clients engaged which resulted in a deliberate assessment or beginning a case plan).** a. Number of unduplicated participants b. Number of unduplicated households	 a.__/ __% b.__
iv. **Total # adults** who will be referred to eligible employment, public assistance income, or non-cash benefits to increase income toward housing	–
v. **Total # of participants** who will be provided money management skills (financial literacy, banking, budgeting, etc.)	–
vi. **Total # of participants** who will be assisted with accessing educational and vocational programs to promote self-sufficiency (job training, GED, higher education, literacy, etc.)	–
vii. **Total # participants** who will be assisted in accessing health, mental health, and addiction services to increase housing stability	–
viii. **Total # participants** who will be assisted in accessing legal services to increase housing stability	–
Level of **Housing-Focused Services**	
i. **Total # of participants** who will be diverted from (emergency and transitional) shelter entry and appropriately connected to homeless prevention and rapid-rehousing programs	–
ii. **Total # of participants** who will be provided with a list of appropriate, suitable permanent housing units as needed	–
iii. **Total # of participants** who will be assisted with completing and submitting permanent housing applications a. Number of unduplicated participants b. Number of unduplicated participants	 –
iv. **Total # of participants** that will be assisted with meeting landlords/property managers a. Number of unduplicated participants b. Number of unduplicated participants	 –
v. **Total # of potential housing units** that will be visited (face-to-face with participants) prior to move-in	–
vi. **Total # of participants** who will be provided tenancy skills (landlord-tenant rights & responsibilities, conflict resolution, unit inspection, requests, upkeep, etc.)	–
vii. **Total # of participants** who will receive follow up services and satisfaction evaluation after "warm hand off"	–

3. **Outcome Objectives:**

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

i. **Total # of participants** who will achieve "document ready" status for housing or homeless program placement	_
ii. **Total # of participants** who will improve self-sufficiency due to enrollment or participation in educational or vocational programs (job training, GED, higher education, literacy, etc.)	_
iii. **Total # of adults exited** who will increase income due to program services and referrals: a. who increased employment income b. who increased public assistance income (SSI, SSDI, VA, GA, TANF, SS, VA, Unemployment, etc.) c. who increased public non-cash benefits (SNAP, WIC, Child care, TANF Trans, ongoing or temporary rental assistance, etc.)	 _ _ _
iv. **Total # participants** who will increase housing stability by enrolling into health or mental health care services due to program services and referrals	_
v. **Total # participants** who will obtain medical insurance	_
vi. **Total # participants** who will increase housing stability by enrolling into addiction treatment services due to program services and referrals	_
vii. **Total # participants** who will increase housing stability by receiving legal services due to program services and referrals	_
viii. **Total # of participants** who will exit to a PH location (must be at least 30% of total participants) a. Number of households b. Number of participants	 a. N/A b. N/A
ix. **Total # of participants** who will exit to a temporary housing and some institutional locations (must be at least 50% of total participants) a. Number of households b. Number of participants	 a. N/A b. N/A
x. **Total # of participants retaining PH for more than three (3) months** after program exit due to program services and follow up a. Number of households b. Number of participants	 a. N/A b. N/A
xi. **Total # of participants retaining PH for more than six (6) months** after program exit due to program services and follow up a. Number of households b. Number of participants	 a. N/A b. N/A

i. Total number of unsheltered participants being served at time of PIT count	_
ii. Total number and % of unsheltered participants expected to be surveyed for the PIT count. (PIT Count Coverage)	_ / _%
Length of Time Services/Outcomes	**Proposed**
i. Average number of days for participants to enter the program and deliberately engage in an initial assessment and housing plan	N/A
ii. Average number of days participants are in program: from enrollment to exit	N/A
iii. Total # of participants in program who will exit to PH location and return to homelessness within 1 year	N/A

4. **Performance Measures:**

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

Performance Measure (PM) Standard	Outcome Numerator	Outcome Denominator	Actual % Achieved
i. 30% of all participants who exited will be placed into permanent housing (PH)	Total # of participants who exited program (leavers) exited to a PH location N/A	Total # of participants who exited program (leavers) N/A	% of all participants who exited during the reporting period, exited to a PH location N/A %
ii. 50% of all participants who exited will be placed into temporary and institutional locations	Total # of participants who exited program (leavers) exited to a temporary & institutional locations N/A	Total # of participants who exited program (leavers) N/A	% of all participants who exited during the reporting period, exited to a temp housing and institutional locations N/A %
iii. Less than 15% of participants who exit to PH location will return to homelessness within 1 year	Total # of participants who exited to PH location and returned to homelessness within 1 year N/A	Total # of participants who exited program to PH location in past year N/A	% of participants placed into PH who returned to homelessness within 1 year N/A %
iv. 15% of all adults exited will increase earned income during a one-year reporting period	Total # of adults exited (leavers) who increased earned income (employment) during the reporting period N/A	Total # of adults exited (leavers) during the reporting period N/A	% of adults exited (leavers) who increased earned income during the reporting period N/A %
v. 50% of all adults exited will increase non-employment cash income during a one-year reporting period	Total # of adults exited (leavers) who increased non-employment cash income during the reporting period N/A	Total # of adults exited (leavers) during the reporting period N/A	% of adults exited (leavers) who increased non-employment cash income during the reporting period N/A
vi. 55% of all adults exited will increase total income during a one-year reporting period	Total # of adults exited (leavers) who increased total income during the reporting period N/A	Total # of adults exited (leavers) during the reporting period N/A	% of adults exited (leavers) who increased total income during the reporting period N/A
viii. Maintain average monthly program enrollment that is at least 90% of the contracted commitment	Total # actually served for the reporting period N/A	Total # contracted to serve (based on program service capacity & total # of participants & households to be served) N/A	% of monthly participants and households served in comparison with the contracted # to be served N/A

Homeless Outreach - Civil Legal Services Program
Work Plan Form

Name of Provider: _____
Program Location: _____

Type of Program: State Homeless Outreach – Civil Legal Services Program
Type of Service: Providing civil legal services to homeless individuals and families statewide.

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

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

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

Program Service Capacity	Particpt	Houshld
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		

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

* Children are defined as minors under the age of eighteen (18).
** Families are households with at least one dependent under the age of eighteen (18).

Types of Participants Served	Proposed
i. Number of participants whose prior residence will be from unsheltered locations	_
ii. Number of participants whose prior residence will be from emergency shelters	_
iii. Number of participants whose prior residence will be from transitional shelters	_
iv. Number of participants whose prior residence will be from housing and are at imminent risk of becoming homeless	_
v. Number of participants whose prior residence will be other than above (e.g. hospital, prison, nursing home, substance abuse treatment, foster care, halfway house, etc.)	_
Total Number of Unduplicated Participants Served	_
i. Number of new participants who have become homeless for the first time (in the past 2 years)	_
ii. Number of homeless participants that lost permanent housing and had a prior homeless episode in the past 2 years	_

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.

Level of Legal Services	**Proposed**
i. **Total # of participants** who will be assisted with completing applications/forms necessary to obtain vital documents or identification cards: a. Birth, Marriage, and/or Death Certificate(s) b. Social Security Card c. State Identification Card	 _ _ _
ii. **Total # of participants** provided financial assistance to obtain to the following vital documents: a. Birth, Marriage, and/or Death Certificate b. Social Security Card c. State Identification Card	 _ _ _
iii. **Total # of eligible participants** who will be assisted with applying for Supplemental Security Income, Social Security Disability Insurance, and Disability Determination Services	_
iv. **Total # of eligible participants** who will be assisted with applying for SNAP, GA, TANF, WIC, etc.	_
v. **Total # of eligible participants** who will be assisted with applying for Medical Insurance	_
vi. **Total # adults** who will be referred to eligible employment, public assistance income, or non-cash benefits to increase income toward housing	
Level of **Housing-Focused Services**	**Proposed**
i. **Total #** of conflict resolution, mediation, advocacy services provided to prevent eviction	_
ii. **Total # of participants** who will be provided landlord/tenant education classes. a. Number of unduplicated participants b. Number of unduplicated households	 _
iii. **Total # of landlord/tenant education classes** held in collaboration with the State Homeless Shelter Providers	_
iv. **Total # of participants who exited program** and will be provided follow up after three (3) months a. Number of households b. Number of participants	 a. _ b. _
v. **Total # of participants who exited program** and will be provided follow up after six (6) months a. Number of households b. Number of participants	 a. _ b. _

3. **Outcome Objectives:**

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

i. **Total # of participants** who will obtain to the following vital documents and identification cards due to program services: a. Birth, Marriage, and/or Death Certificate(s) b. Social Security Card c. State Identification Card	 _ _ _

ii. **Total # of adults exited** who will increase income due to services: a. who increased employment income b. who increased public assistance income (SSI, SSDI, VA, GA, TANF, SS, VA, Unemployment, etc.) c. who increased public non-cash benefits (SNAP, WIC, Childcare TANF Trans, ongoing rental assistance, etc.)	_ _ _
iii. **Total # of eligible participants** who obtained Supplemental Security Income, Social Security Disability Insurance, or Disability Determination Services due to program services	_
iv. **Total # participants** who will obtain medical insurance	_
v. **Total #** of perm. housing evictions that will be prevented due to conflict resolution, mediation, and advocacy services provided	_
vii. **Total # participants** who enrolled and successfully completed landlord/tenant education classes a. Number of unduplicated participants b. Number of unduplicated households	_ _

Length of Time Services/Outcomes	Proposed
i. Average number of days participants are in program: from enrollment to exit	N/A
ii. Average number of days for participants to obtain vital documents from the time of application	N/A
ii. Average number of days for participants to obtain SSI, SSDI from time of initial application	N/A

4. **Performance Measures:** Review the chart of performance measures to be achieved.

Performance Measure (PM) Standard	Outcome Numerator	Outcome Denominator	Actual % Achieved
i. 90% of all participants who applied for vital documents within a one-year reporting period will obtain them	Total # of participants who obtained vital documents in the reporting period due to assistance N/A	Total # of participants assisted with completing forms to obtain vital docs during period N/A	% of all participants who applied for vital documents within the reporting period and obtained them N/A
ii. 90% of all participants who applied for ID cards within a one-year reporting period will obtain them	Total # of participants who obtained ID cards in the reporting period due to assistance N/A	Total # of participants assisted with completing forms to obtain ID cards during period N/A	% of all participants who applied for ID cards within the reporting period and obtained them N/A %
iii. 90% of all participants who enrolled in landlord/tenant education classes will successfully complete the class	Total # of all participants who enrolled in landlord/tenant classes & successfully completed the class N/A	Total # of participants who enrolled in landlord/tenant education classes during period N/A	% of all participants who enrolled in landlord/tenant classes **&** successfully completed the class N/A
iv. Maintain average monthly program enrollment that is at least 90% of the contracted commitment	Total # actually served for the reporting period N/A	Total # contracted based on program service capacity & total # to be served N/A	% actually served in comparison with the contracted # to be served N/A

ATTACHEMNT F

Performance Measures and Outcomes Form

HPO Performance Measures and Outcomes Form

Contract Number:
Vendor:
Period:
Program:
Fill In Total Contract Amount and Percent of Contract that Is Performance Based
Total Contract Amount: $0.00
Contract % of Performance: 10.00%
Performance Contract Amount: $0.00

% of Performance Witholding 0.00%
1st Qrtr PM Witholding $0.00

1ST Quarter Performance Measures Fill In Name of Performance Outcome:	Assign Weight Of Outcome	Dollar Value of Each Outcome	If Outcome Met, then 1 If Not Met, then leave blank or 0
Performance Outcome 1:	0.00% % value	Outcome 1 Amount	$0.00 FALSE
Performance Outcome 2:	0.00% % value	Outcome 2 Amount	$0.00 FALSE
Performance Outcome 3:	0.00% % value	Outcome 3 Amount	$0.00 FALSE
Performance Outcome 4:	0.00% % value	Outcome 4 Amount	$0.00 FALSE
Performance Outcome 5:	0.00% % value	Outcome 5 Amount	$0.00 FALSE
Performance Outcome 6:	0.00% % value	Outcome 6 Amount	$0.00 FALSE
Performance Outcome 7:	0.00% % value	Outcome 7 Amount	$0.00 FALSE
Performance Outcome 8:	0.00% % value	Outcome 8 Amount	$0.00 FALSE
Performance Outcome 9:	0.00% % value	Outcome 9 Amount	$0.00 FALSE
Performance Outcome 10:	0.00% % value	Outcome 10 Amount	$0.00 FALSE
Total % Must Equal 100 :	Total %	Total Perform Amount	
		Total Amount That Can Be Awarded	
		Should Equal ___% of Total Contract	

% of Performance Witholding: 0.00%
2nd Qrtr PM Witholding: $0.00

2ND Quarter Performance Measures Fill In Name of Performance Outcome:	Assign Weight Of Outcome	Dollar Value of Each Outcome	If Outcome Met, then 1 If Not Met, then leave	Actual Amou
Performance Outcome 1:	0.00% % value	Outcome 1 Amount	$0.00 FALSE	Based on Out
Performance Outcome 2:	0.00% % value	Outcome 2 Amount	$0.00 FALSE	
Performance Outcome 3:	0.00% % value	Outcome 3 Amount	$0.00 FALSE	
Performance Outcome 4:	0.00% % value	Outcome 4 Amount	$0.00 FALSE	
Performance Outcome 5:	0.00% % value	Outcome 5 Amount	$0.00 FALSE	
Performance Outcome 6:	0.00% % value	Outcome 6 Amount	$0.00 FALSE	
Performance Outcome 7:	0.00% % value	Outcome 7 Amount	$0.00 FALSE	
Performance Outcome 8:	0.00% % value	Outcome 8 Amount	$0.00 FALSE	
Performance Outcome 9:	0.00% % value	Outcome 9 Amount	$0.00 FALSE	
Performance Outcome 10:	0.00% % value	Outcome 10 Amount	$0.00 FALSE	
Total % Must Equal 100 :	Total %	Total Perform Amount		
		Total Amount That Can Be Awarded		
		Should Equal ___% of Total Contract		

% of Performance Witholding 0.00%
3rd Qrtr PM Witholding $0.00

3RD Quarter Performance Measures Fill In Name of Performance Outcome:	Assign Weight Of Outcome	Dollar Value of Each Outcome	If Outcome Met, then 1 If Not Met, then leave blank or 0	
Performance Outcome 1:	0.00% % value	Outcome 1 Amount	$0.00 FALSE	
Performance Outcome 2:	0.00% % value	Outcome 2 Amount	$0.00 FALSE	
Performance Outcome 3:	0.00% % value	Outcome 3 Amount	$0.00 FALSE	
Performance Outcome 4:	0.00% % value	Outcome 4 Amount	$0.00 FALSE	
Performance Outcome 5:	0.00% % value	Outcome 5 Amount	$0.00 FALSE	Actual Amou
Performance Outcome 6:	0.00% % value	Outcome 6 Amount	$0.00 FALSE	Based on Out
Performance Outcome 7:	0.00% % value	Outcome 7 Amount	$0.00 FALSE	
Performance Outcome 8:	0.00% % value	Outcome 8 Amount	$0.00 FALSE	
Performance Outcome 9:	0.00% % value	Outcome 9 Amount	$0.00 FALSE	
Performance Outcome 10:	0.00% % value	Outcome 10 Amount	$0.00 FALSE	
Total % Must Equal 100 :	Total %	Total Perform Amount		
		Total Amount That Can Be Awarded		
		Should Equal ___% of Total Contract		

% of Performance Witholding 0.00%
PM Witholding $0.00

4TH Quarter Performance Measures Fill In Name of Performance Outcome:	Assign Weight Of Outcome	Dollar Value of Each Outcome	If Outcome Met, then 1 If Not Met, then leave blank or 0	
Performance Outcome 1:	0.00% % value	Outcome 1 Amount	$0.00 FALSE	
Performance Outcome 2:	0.00% % value	Outcome 2 Amount	$0.00 FALSE	
Performance Outcome 3:	0.00% % value	Outcome 3 Amount	$0.00 FALSE	
Performance Outcome 4:	0.00% % value	Outcome 4 Amount	$0.00 FALSE	
Performance Outcome 5:	0.00% % value	Outcome 5 Amount	$0.00 FALSE	
Performance Outcome 6:	0.00% % value	Outcome 6 Amount	$0.00 FALSE	
Performance Outcome 7:	0.00% % value	Outcome 7 Amount	$0.00 FALSE	
Performance Outcome 8:	0.00% % value	Outcome 8 Amount	$0.00 FALSE	
Performance Outcome 9:	0.00% % value	Outcome 9 Amount	$0.00 FALSE	
Performance Outcome 10:	0.00% % value	Outcome 10 Amount	$0.00 FALSE	Actual Amou
Total % Must Equal 100 :	Total %	Total Perform Amount		Based on Out
		Total Amount That Can Be Awarded		
		Should Equal ___% of Total Contract		

% of Performance Witholding 0.00%
PM Witholding $0.00

5TH Quarter Performance Measures Fill In Name of Performance Outcome:	Assign Weight Of Outcome	Dollar Value of Each Outcome	If Outcome Met, then 1 If Not Met, then leave blank or 0
Performance Outcome 1:	0.00% % value	Outcome 1 Amount	$0.00 FALSE
Performance Outcome 2:	0.00% % value	Outcome 2 Amount	$0.00 FALSE
Performance Outcome 3:	0.00% % value	Outcome 3 Amount	$0.00 FALSE
Performance Outcome 4:	0.00% % value	Outcome 4 Amount	$0.00 FALSE
Performance Outcome 5:	0.00% % value	Outcome 5 Amount	$0.00 FALSE
Performance Outcome 6:	0.00% % value	Outcome 6 Amount	$0.00 FALSE
Performance Outcome 7:	0.00% % value	Outcome 7 Amount	$0.00 FALSE
Performance Outcome 8:	0.00% % value	Outcome 8 Amount	$0.00 FALSE
Performance Outcome 9:	0.00% % value	Outcome 9 Amount	$0.00 FALSE
Performance Outcome 10:	0.00% % value	Outcome 10 Amount	$0.00 FALSE
Total % Must Equal 100 :	Total %	Total Perform Amount	
		Total Amount That Can Be Awarded	
		Should Equal ___% of Total Contract	

% of Performance Witholding 0.00%
PM Witholding $0.00

6TH Quarter Performance Measures Fill In Name of Performance Outcome:	Assign Weight Of Outcome	Dollar Value of Each Outcome	If Outcome Met, then Actual Amou If Not Met, then leave Based on Out
Performance Outcome 1:	0.00% % value	Outcome 1 Amount	$0.00 FALSE
Performance Outcome 2:	0.00% % value	Outcome 2 Amount	$0.00 FALSE
Performance Outcome 3:	0.00% % value	Outcome 3 Amount	$0.00 FALSE
Performance Outcome 4:	0.00% % value	Outcome 4 Amount	$0.00 FALSE
Performance Outcome 5:	0.00% % value	Outcome 5 Amount	$0.00 FALSE
Performance Outcome 6:	0.00% % value	Outcome 6 Amount	$0.00 FALSE
Performance Outcome 7:	0.00% % value	Outcome 7 Amount	$0.00 FALSE
Performance Outcome 8:	0.00% % value	Outcome 8 Amount	$0.00 FALSE
Performance Outcome 9:	0.00% % value	Outcome 9 Amount	$0.00 FALSE
Performance Outcome 10:	0.00% % value	Outcome 10 Amount	$0.00 FALSE
Total % Must Equal 100 :	Total %	Total Perform Amount	
		Total Amount That Can Be Awarded	
		Should Equal ___% of Total Contract	

ATTACHMENT G

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

STATE HOMELESS OUTREACH PROGRAM

Form No. HPO O-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: STATE HOMELESS OUTREACH PROGRAM
CONTRACT NO: _____
PAYMENT REQUEST #: _____

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

Actual Income and Expenditures Report Form 2
Income and Expenditures
Enter Program Name in the 2nd Box Below

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

	Total Approved Budget (a)	Approved Reallocation (b)	Total Amended Budget (c)	Quarter Budget (d)	1st Quarter - Actual Expenditure (e)	2nd Quarter - Actual Expenditure (f)	Variance - 3mo (g)	Variance - YTD (g)	YTD - Actual Expenditure (h)
Income									
Total Income	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Expenditures									
Personnel									
<PositionTitle FTE xx%>	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Compensation (subtotal from above)	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Payroll Taxes	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Total Personnel	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Operating Costs									
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	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Transportation	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Utilities	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Total Operations	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Administrative Costs									
<PositionTitle 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	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -

Transportation	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Utilities	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Total Admin Costs	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Total Expenditures	$ -	$ -	$ -	$ -	$ -	$ -	-	-	$ -
Surplus (Deficit)	$ -	$ -	$ -	$ -	$ -	$ -			$ -

Please see reporting procedures for further explanation on filling out.
Please enter data only in yellow cells (white cells are locked).

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

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

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

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	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Transportation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Utilities	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Operations	$ -	$ -	$ -	$ -	$ -	$ -	$ -
<u>Administrative Costs</u>							
<PositionTitle 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	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Transportation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Utilities	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Admin Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Expenditures	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Surplus (Deficit)	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Please see reporting procedures for further explanation on filling out.
Please enter data in yellow cells only (white cells are locked)

Agency Name:
Program Name: Outreach
Reporting Period:
Date:
Contact:

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

Variance Explanations to be shared on Narrative Portion of this document

Program Service Capacity	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Number of Unduplicated Participants that were served on any given day										
Number of Unduplicated Households that were served on any given day										
Number of Unduplicated Participants that were served each month										
Number of Unduplicated Households that were served each month										
Number of Unduplicated Participants that were served each quarter										
Number of Unduplicated Households that were served each quarter										

Participants Served*	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Unduplicated Adults without Children**								0	N/A	0%
Unduplicated Adults in Families***								0	N/A	0%
Unduplicated Families*** (Only Households with Children)								0	N/A	0%
Unduplicated Children**	N/A	0	0	0	0	0	0	0	N/A	
Unduplicated Households with or without Children								0	N/A	0%
Total Unduplicated Participants Served								0	N/A	0%

Notes
1. * Total number of unduplicated participants served (only count new intakes for 2nd 3rd, 4th, 5th, and 6th quarters).
2. ** Children are defined as minors under the age of eighteen (18).
3. *** Families refers to an adult with one or more dependent child(ren) under the age of 18. Each family unit is counted as one unduplicated family.
Variance Explanations to be shared on Narrative Portion of this document

Input Objectives: Types of Participants Served**	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Number of Unsheltered Homeless Participants								0		N/A
Number of Participants at Emergency Shelters								0		N/A
Number of Participants at Transitional Shelters								0		N/A
Number of Participants At Imminent Risk of Becoming Homeless								0		N/A
Number of Participants whose Prior Residence is Other Than Above (e.g. hospital, prison, nursing home, substance abuse treatment, foster care, halfway house, etc.)								0		N/A
Other Participants whose Prior Residentce is Unknown/Refused/Data Not Collected								0		
Total # of Unduplicated Households Served		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		N/A
Number of new participants in outreach who have become homeless for the first time (in the past 2 years)										
Number of participants that lost permanent housing and had a prior homeless episode in the past 2 years										
Number of homeless participants**** who will have a VI-SPDAT completed										

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

Output Objectives: Level of Outreach Services	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Total # of participants who will be provided homeless verification								0	#REF!	0%
# and % of total participants with contact encounters only **(clients which receive services but have not resulted in a deliberate assessment or beginning a case plan).**										
a. Number of unduplicated participants								0		0%
b. Number of unduplicated households								0		0%
# and % of total participants with initial client engagement (interactive clients engaged which resulted in a deliberate assessment or beginning a case plan).										
a. Number of unduplicated participants								0		0%
b. Number of unduplicated households								0		0%
Total # adults who will be referred to eligible employment, public assistance income, or non-cash benefits to increase income toward housing								0		0%
Total # of participants who will be provided money management skills (financial literacy, banking, budgeting, etc.)								0		0%
Total # of participants who will be assisted with accessing educational and vocational programs to promote self-sufficiency (job training, GED, higher education, literacy, etc.)								0		0%
Total # participants who will be assisted in accessing health, mental health, and addiction services to increase housing stability								0		0%
Total # participants who will be assisted in accessing legal services to increase housing stability								0		0%

Output Objectives: Level of Housing Focused Services	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
i. Total # of participants who will be diverted from (emergency and transitional) shelter entry and appropriately connected to homeless prevention and rapid-rehousing programs								0		0
ii. Total # of participants who will be provided with a list of appropriate, suitable permanent housing units as needed								0		0
iii. Total # of participants who will be assisted with completing and submitting permanent housing applications								0		0
a. Number of participants								0		0

b. Number of households									0		0
iv. Total # of participants that will be assisted with meeting landlords/property managers									0		0
a. Number of participants									0		0
b. Number of households									0		0
v. Total # of potential housing units that will be visited (face-to-face with participants) prior to move-in									0		0
vi. Total # of participants who will be provided tenancy skills (landlord-tenant rights & responsibilities, conflict resolution, unit inspection, requests, upkeep, etc.)									0		0
vii. Total # of participants who will receive follow up services and satisfaction evaluation after "warm hand off"									0		0
Outcome Objectives	**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)**
i. **Total # of participants** who will achieve "document ready" status for housing or homeless program placement										
ii. **Total # of participants** who will improve self-sufficiency due to enrollment or participation in educational or vocational programs (job training, GED, higher education, literacy, etc.)										
iii. **Total # of adults exited** who will increase income due to program services and referrals:										
a. who increased employment income										
b. who increased public assistance income (SSI, SSDI, VA, GA, TANF, SS, VA, Unemployment, etc.										
c. who increased public non-cash benefits (SNAP, WIC, Childcare, TANF Trans, ongoing or temporary rental assistance, etc.										
Total # of participants who will increase housing stability by enrolling into health or mental health care services due to program services and referrals										
v. Total # participants who will obtain medical insurance										
vi. **Total # participants** who will increase housing stability by enrolling into addiction treatment services due to program services and referrals										
vii. **Total # participants** who will increase housing stability by receiving legal services due to program services and referrals										
viii. **Total # of participants** who will exit to a PH location (must be at least 30% of total participants)										
a. Number of households										
b. Number of participants										
ix. **Total # of participants** who will exit to a temporary housing and some institutional locations (must be at least 50% of total participants)										
a. Number of households										
b. Number of participants										
x. **Total # of participants retaining PH for more than three (3) months** after program exit due to program services and follow up										
a. Number of households										
b. Number of participants										
xi. **Total # of participants retaining PH for more than six (6) months** after program exit due to program services and follow up										
a. Number of households										
b. Number of participants										
i. Total number of unsheltered participants being served at time of PIT count										
ii. Total number and % of unsheltered participants expected to be surveyed for the PIT count. (PIT Count Coverage)										
Outcome Objectives: Length of Time for Services/Outcomes	**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)**
i. Average number of days for participants to enter the program and deliberately engage in an initial assessment and housing plan										
ii. Average number of days participants are in program: from enrollment to exit										
iii. Total # of participants in program who will exit to PH location and return to homelessness within 1 year										
Performance Measures (PM)	**Proposed (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)**
Housing PM										
30% of all participants who exited will be placed into permanent housing (PH)	**30.00%**									
50% of all participants who exited will be placed into temporary and some institutional locations during a one-year reporting period	**50.00%**									
Less than 15% of participants who exit to PH locations will return to homelessness within 1 year	**15.00%**									
Employment PM										
15% of all adults who exited will increase earned income during a one-year reporting period	**15.00%**									
50% of all adults who exited will increase non-employment cash income during a one-year reporting period	**50.00%**									
55% of all adults who exited will increase total income during a one-year reporting period	**55.00%**									
Utilization PM										
Maintain average monthly program enrollment that is at least 90% of the contracted commitment	**90.00%**									

Outreach Encounter Activity Report

Section I. Type of Outreach Participants Served
(unduplicated total should equal the total number of persons served):

New	All	Type of Participants
		Number of unsheltered homeless
		Number sheltered at emergency shelters
		Number sheltered at transitional shelters
		Number sheltered at Institutional Facilities
		Number at other facilities
		Number of at imminent risk of homelessness
		Number of participants with no prior residence
		Number of participants with unknown/refused/data not collected
0	0	**TOTAL Number of Unduplicated Persons Served**

Section 2. Number of Outreach Participants Served
(unduplicated total should equal the total number of persons served)

New	All	Number of Participants
		Number of unduplicated single persons
		Number of unduplicated individuals in families
0	0	**TOTAL Number of Unduplicated Persons Served**
		Number of unduplicated families with children
		Number of unduplicated adults

Section 3. Number of Unduplicated Adults Receiving Encounters

#	%	Encounters
		One Encounter
		2 - 5 Encounters
		6 - 10 Encounters
		11 - 25 Encounters
		26 - 50 Encounters
		51 or More Encounters
0	0	**TOTAL Duplicated Encounters**
		Average Number of Encounters per Adult
		Median Number of Encounters per Adult

Section A. Outreach Services Provided

Duplicated	Unduplicated	DIRECT Outreach Serices
		Benefits application assistance

		Budgeting assistance
		Case Management
		Client advocacy
		Crisis management services
		Employment Assistance
		Food/meal provided
		Housing placement assistance
		Hygeine supplies
		ID assistance given
		Mail pick-up service
		Primary healthcare services
		Representative payee
		Translation services
		Transportation assistance
		Other direct service assistance
0	0	**TOTAL**

Section B. Counseling Services Provided

Duplicated	Unduplicated	COUNSELING Services
		Crisis intervention counseling
		Domestic violence counseling
		Employment/vocational counseling
		Family counseling
		Health education/lifestyle
		Mental health services
		Shelter/housing counseling
		Substance use treatment - service
		Other counseling services
0	0	**TOTAL**

Section C. Health Referrals Provided

Duplicated	Unduplicated	HEALTH Referrals
		Acute/urgent care
		AMHD eligibility screening
		Crisis intervention
		Dental/Vision
		Family Planning
		HIV/Hepatitis support
		Mental health professional
		Primary health services
		Substance use treatment
		TB screening
		Other health referrals
0	0	**TOTAL**

Section D. Social Service Referrals Provided

Duplicated	Unduplicated	SOCIAL SERVICE Referrals
		Clothing referral
		Educational/Vocational training referral

		Emergency shelter referral Employment referral Food/meal referral GA/TANF benefits referral ID assistance referral Legal referral Medical benefits/insurance referral Permanent Housing referral Social security card referral Social security disability (SSDI) referral Transitional shelter referral Transportation/bus pass referral Veterans assistance referral Other social service referrals
0	0	**TOTAL**

Section E. Milestones / Outcomes Achieved

Duplicated	Unduplicated	Milestones/Outcomes Achieved
		Attended psychiatric appointment(s) Began case management services Began domestic violence services Began medications for mental illness Benefits: Obtained GA/TANF Benefits: Obtained medical insurance Benefits: Obtained SNAP/EBT (for food) Birth certificate/ID obtained Entered detox/substance abuse treatment Entered vocational training program Established SSI/SSDI Moved into emergency housing Moved into permanent housing Moved into permanent supportive housing Moved into transitional housing Obtained employment Completed VI-SPDAT Document Ready Other Milestones/Outcomes Achieved
0	0	**TOTAL**

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:

Civil Legal Service Quarterly Activity Report

Agency Name:
Program Name: Outreach - Civil Legal Services
Reporting Period:
Date:
Contact:

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

Variance Explanations to be shared on Narrative Portion of this document

Program Service Capacity	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Number of Unduplicated Participants that were served on any given day										
Number of Unduplicated Households that were served on any given day										
Number of Unduplicated Participants that were served each month										
Number of Unduplicated Households that were served each month										
Number of Unduplicated Participants that were served each quarter										
Number of Unduplicated Households that were served each quarter										

Participants Served*	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Unduplicated Adults without Children**								0	N/A	0%
Unduplicated Adults in Families***								0	N/A	0%
Unduplicated Families*** (Only Households with Children)								0	N/A	0%
Unduplicated Children**	N/A	0	0	0	0	0	0	0	N/A	
Unduplicated Households with or without Children								0	N/A	0%
Total Unduplicated Participants Served								0	N/A	0%

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

Variance Explanations to be shared on Narrative Portion of this document

Input Objectives: Types of Participants Served	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Number of Unsheltered Homeless Participants					0			0		N/A
Number of Participants at Emergency Shelters					0			0		N/A
Number of Participants at Transitional Shelters					0			0		N/A
Number of Participants At Imminent Risk of Becoming Homeless					0			0		N/A
Number of Participants whose Prior Residence is Other Than Above (e.g. hospital, prison, nursing home, substance abuse treatment, foster care, halfway house, etc.)					0			0		N/A
Other Participants whose Prior Residentce is Unknown/Refused/Data Not Collected					0			0		
Total # of Unduplicated Households Served		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		N/A
Number of new participants who have become homeless for the first time (in the past 2 years)										
Number of homeless participants that lost permanent housing and had a prior homeless episode in the past 2 years										

Output Objectives: Level of Outreach Services	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
Total # of participants who will be assisted with completing applications/forms necessary to obtain vital documents or identification cards:										
a. Birth, Marriage, and/or Death Certificate(s)								0		0%
b. Social Security Card								0		0%
c. State Identification Card								0		0%
Total # of participants provided financial assistance to obtain to the following vital document or identification cards:										
a. Birth, Marriage, and/or Death Certificate								0		0%
b. Social Security Card								0		0%
c. State Identification Card								0		0%
Total # of eligible participants who will be assisted with applying for Supplemental Security Income, Social Security Disability Insurance, and Disability Determination Services										
Total # of eligible participants who will be assisted with applying for SNAP, GA, TANF, WIC, etc.										
Total # of eligible participants who will be assisted with applying for Medical Insurance										
Total # adults who will be referred to eligible employment, public assistance income, or non-case benefits to increase income toward housing										

Output Objectives: Level of Housing Focused Services	Proposed Total (a)	1st Qtr Actual (b)	2nd Qtr Actual (c)	3rd Qtr Actual (d)	4th Qtr Actual (e)	5th Qtr Actual (f)	6th Qtr Actual (g)	YTD Actual (h)	YTD % of Total (i)	Variance % (j)
i. Total # of conflict resolution, mediation, advocacy services provided to prevent eviction								0		0
ii. Total # of participants who will be provided landlord/tenant education classes								0		0
a. Number of participants								0		0
b. Number of households								0		0
iii. Total # of landlord/tenant education classes held in collaboration with the State Homeless Shelter Providers								0		0
Total # of participants who exited program and will be provided follow up after three (3) months										
a. Number of participants								0		0
b. Number of households								0		0

Total # of participants who exited program and will be provided follow up after six (6) months											
a. Number of participants									0		0
b. Number of households									0		0
Outcome Objectives	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)	
i. Total # of participants who will obtain to the following vital documents and identification cards due to program services:											
a. Birth, Marriage, and/or Death Certificate(s)								0	0%		
b. Social Security Card								0	0%		
c. State Identification Card								0	0%		
ii. Total # of adults exited who will increase income due to program services and referrals:											
a. who increased employment income											
b. who increased public assistance income (SSI, SSDI, VA, GA, TANF, SS, VA, Unemployment, etc.											
c. who increased public non-cash benefits (SNAP, WIC, Childcare TANF Trans, ongoing rental assistance, etc.)											
Total # of eligible participants who obtained Supplemental Security Income, Social Security Disability Insurance, or Disability Determination Services due to program services											
iv. Total # participants who will obtain medical insurance											
v. Total # of perm. housing evictions that will be prevented due to conflict resolution, mediation, and advocacy services provided											
vi. Total # participants who enrolled and successfully completed landlord/tenant education classes											
a. Number of participants								0		0	
b. Number of households								0		0	
Outcome Objectives: Length of Time for Services/Outcomes	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)	
i. Average number of days participants are in program: from enrollment to exit											
ii. Average number of days for participants to obtain vital documents from the time of application											
ii. Average number of days for participants to obtain SSI, SSDI from time of initial application											
Performance Measures (PM)	Proposed (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)	
Legal PM											
90% of all participants who applied for vital documents within a one-year reporting period will obtain them	90.00%										
90% of all participants who applied for ID cards within a one-year reporting period will obtain them	90.00%										
90% of all participants who enrolled in landlord/tenant education classes will successfully complete the class	90.00%										
Service Utilization PM											
Maintain average monthly program enrollment that is at least 90% of the contracted commitment	90.00%										

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 **Period Covered:** _____

LEP Services by Language **Department:** _____ **DIV/BR/SEC/UNIT:** _____

Contact Person: _____ **Email:** _____ **Phone:** _____

1	2	3						4		5					6
		Oral Language Service Utilized (#)						**Translated Documents (#)**		**Translator Used (#)**					
Language	**# of Oral Language Encounters**	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)*	**Totals** (Columns 2 & 4)
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
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Specify Type of Other Language on a Separate Sheet*

Expenditures:

Interpretation Total _____ **Translation Total** _____ **Interpretation & Translation Total** $0.00