

State of Hawaii  
Department of Human Services  
Hawaii Public Housing Authority  
Homeless Programs Branch

## **Request for Proposals**

**RFP-HPB-2006-16**

**State Homeless Shelter Stipend Program  
State Homeless Outreach Program  
State Homeless Emergency Loans and  
Grants Program**

October 20, 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 20, 2006

**REQUEST FOR PROPOSALS**

**STATE HOMELESS SHELTER STIPEND PROGRAM  
STATE HOMELESS OUTREACH PROGRAM  
STATE HOMELESS EMERGENCY LOANS AND GRANTS PROGRAM  
RFP-HPB-2006-16**

The Hawaii Public Housing Authority is requesting proposals from qualified applicants to provide shelter and services to homeless individuals and families (statewide). Services may include, but are not limited to shelter, assessment, case management, monitoring and follow-up services. This Request for Proposal (RFP) is valid for four (4) years. The contract terms will be annual with the first year commencing from August 1, 2007 through July 31, 2008, August 1, 2008 through July 31, 2009 (2<sup>nd</sup> Year), August 1, 2009 through July 31, 2010 (3<sup>rd</sup> Year), and August 1, 2010 through July 31, 2011 (4<sup>th</sup> Year). Multiple contracts may be awarded under this RFP, with the issuance of not more than four (4) Supplemental Agreements.

Proposals shall be mailed, postmarked by the United States Postal Service on or before December 22, 2006, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on December 22, 2006, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Homeless Programs Branch will conduct an orientation on November 1, 2006, from 10:00 a.m. to 12:00 noon HST, at 1002 N. School Street, Building L, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on November 13, 2006. All written questions will receive a written response from the State on or about November 20, 2006.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Sandra J. Miyoshi, Homeless Programs Administrator, telephone: 808-832-5930, fax: 808-832-5932, e-mail: [sandra.miyoshi@hcdch.hawaii.gov](mailto:sandra.miyoshi@hcdch.hawaii.gov).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: Original + 3 Copies**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **December 22, 2006** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

### All Mail-ins

Department of Human Services  
Hawaii Public Housing Authority  
Homeless Programs Branch, Bldg. H  
1002 N. School Street  
Honolulu, Hawaii 96817

### HPB RFP COORDINATOR

Sandra J. Miyoshi  
For further info. or inquiries

Phone: 808-832-5930  
Fax: 808-832-5932

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), December 22, 2006.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., December 22, 2006.

### Drop-off Sites

#### **Oahu:**

Hawaii Public Housing Authority  
Homeless Programs Branch  
1002 N. School Street, Bldg. H  
Honolulu, Hawaii 96817

#### **Maui:**

N/A

#### **East Hawaii:**

N/A

#### **Kauai:**

N/A

#### **West Hawaii:**

N/A

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

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

### I. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

Activity	Scheduled Date
Public notice announcing RFP	<u>10-20-06</u>
Distribution of RFP	<u>10-20-06</u>
RFP orientation session	<u>11-01-06</u>
Closing date for submission of written questions for written responses	<u>11-13-06</u>
State purchasing agency's response to applicants' written questions	<u>11-20-06</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>                    </u>
Proposal submittal deadline	<u>12-22-06</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>                    </u>
Final revised proposals (optional)	<u>                    </u>
Proposal evaluation period	<u>12/26-1/31/07</u>
Provider selection	<u>05-15-07</u>
Notice of statement of findings and decision	<u>06-15-07</u>
Contract start date	<u>08-01-07</u>

## II. Website Reference

The State Procurement Office (SPO) website is [www.spo.hawaii.gov](http://www.spo.hawaii.gov)

	For	Click
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “RFPs”
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

### Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at [www.hawaii.gov](http://www.hawaii.gov))

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	<a href="http://www.hawaii.gov/tax/">http://www.hawaii.gov/tax/</a> click “Forms”
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	<a href="http://www.capitol.hawaii.gov/">http://www.capitol.hawaii.gov/</a> click “Bill Status and Documents” and “Browse the HRS Sections.”
10	Department of Commerce and Consumer Affairs, Business Registration	<a href="http://www.hawaii.gov/dcca">http://www.hawaii.gov/dcca</a> click “Business Registration”
11	Campaign Spending Commission	<a href="http://www.hawaii.gov/campaign">http://www.hawaii.gov/campaign</a>

## III. Authority

This RFP is issued under the provisions of Chapter 103F of the Hawaii Revised Statutes (HRS), and the Authority’s administrative rules (HAR). 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.

## IV. 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 applicant 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.

## V. 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:

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**Hawaii Public Housing Authority (HPHA)  
Homeless Programs Branch (HPB)  
1002 N. School Street, Building H  
Honolulu, Hawaii 96817**

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Phone (808) 832-5930 Fax: (808) 832-5932

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## VI. Orientation

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

**Date:** November 1, 2006 **Time:** 10:00 a.m. to 12:00 noon  
**Location:** 1002 N. School Street, Bldg. L, Honolulu, Hawaii 96817

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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 next paragraph (VII. Submission of Questions).

## VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** November 13, 2006 **Time:** 4:30 p.m. HST

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

**Date:** November 20, 2006

## VIII. Submission of Proposals

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP. Refer to the Proposal Application Checklist for the location of program specific forms.)

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled 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 SPO-H-200A)** - Applicant shall submit comprehensive narratives that address all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget. (Refer to Section 3 of this RFP.)
- 5. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and Section 5, Attachment A, the Proposal Application Checklist to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. (See Section 1, paragraph II, Website Reference.)

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Wages and Labor Law Compliance** - Before a Provider enters into a service contract in excess of \$25,000, the Provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS, may be obtained from the Hawaii State Legislature website. (See Section 1, paragraph II, Website Reference.)
- E. Compliance with all Applicable State Business and Employment Laws.** All Providers shall comply with all laws governing entities doing business in the State. 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. (See Section 1, paragraph II, Website Reference.)
- F. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203, Session Laws of Hawaii 2005 (SLH), FAQs is available at the Campaign Spending

Commission webpage. (See Section 1, paragraph II, Website Reference.)

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

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

- H. Proposal Submittal** – All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

**Faxed proposals and/or submission of proposals on diskette/CD or transmission by e-mail, website or other electronic means are not permitted and shall be rejected.**

## **IX. 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 section 3-143-403, HAR.

## **X. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency 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.

## **XI. Additional Materials and Documentation**

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

## **XII. RFP Amendments**

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

## **XIII. 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 best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **XIV. Cancellation of Request for Proposal**

The request for proposal 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 interests of the State.

## **XV. Costs for Proposal Preparation**

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

## **XVI. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, 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 Sections 3-142-202 and 3-142-203, HAR, and Chapter 103F, HRS.

## **XVII. 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: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

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

## **XVIII. Notice of Award**

A statement of findings and decision shall be provided to all applicants, 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 awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XIX. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See Section 1, paragraph II, Website Reference.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F, HRS;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F, HRS; and
- (3) 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 (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Patti Y. Miyamoto	Name: Barbara Arashiro
Title: Interim Executive Director	Title: Acting Procurement Officer
Mailing Address: 1002 N. School Street Honolulu, Hawaii 96817	Mailing Address: 1002 N. School Street Honolulu, Hawaii 96817
Business Address: same as above	Business Address: same as above

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

**XXI. Monitoring and Evaluation**

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

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

**XXII. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See Section 1, paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

**XXIII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (See Section 1, paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

# **Section 2**

## **Service Specifications**

## **Section 2**

# **Service Specifications**

### **I. Introduction**

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

The statutory authority for Stipend, Outreach, and Grant programs is Act 196, SLH 2005 and Act 180, SLH 2006.

In 2006, the Legislature established the Hawaii Public Housing Authority (hereinafter "HPHA") effective July 1, 2006, through Act 196, SLH 2005 and Act 180, SLH 2006. The HPHA consolidates all state housing functions that were under the former Housing and Community Development Corporation of Hawaii (HCDCH) and is placed within the Department of Human Services for administrative purposes. The new corporation is a public body and a body corporate and politic.

Since 1992 the Homeless Assistance Act (formally 201G-455 HRS, now Act 196, SLH 2005 and Act 180, SLH 2006) has served as the statutory authority for the State Homeless Programs which have been a major source of assistance to homeless across the State. The purposes of the Act were to provide a timely and appropriate response to homelessness; to respond to the growing number of homeless families and individuals who are unable to find affordable units to rent; and, to establish and manage the services and benefits that may be provided for the homeless through homeless facilities. To that end, the State Homeless Outreach Program, the State Homeless Shelter Stipend Program, and the State Homeless Emergency Loans and Grants Program were created.

This Request-For-Proposal (RFP) covers all of the three (3) above-mentioned programs.

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

On July 6, 2006, a meeting was held at 1002 N. School Street, Building L, to discuss shelter and services for the homeless. During the meeting, HPHA informed the Provider agencies that the RFP for the Stipend, Outreach, and Grant programs will be posted on the SPO website. The HPHA continued to accept additional information regarding comments/suggestions to the RFP through July 27, 2006.

A Request for Information (RFI) was sent on July 14, 2006, via facsimile, to current Provider agencies, requesting written ideas and suggestions to improve

the previous RFP and/or the above-mentioned programs. Numerous attempts were made to post the RFI on the website, and the RFI was finally posted on July 16, 2006.

The referenced planning documents may be obtained from the HPHA, which will be sent, either via mail or facsimile. Proposals, amendments, and planning documents will not be sent to the Providers electronically.

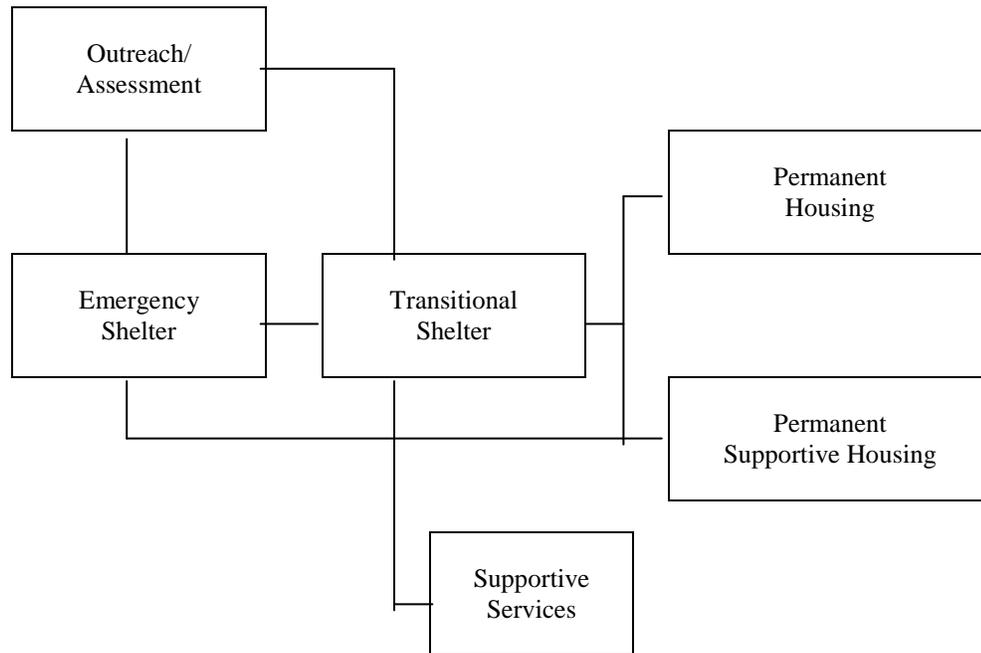
**C. Description of the goals of the service**

The Continuum of Care

The overall goal of the State Homeless Programs is to help Hawaii's homeless persons increase their stability in the health, housing and social areas so that they may be able to obtain and retain permanent housing and maintain economic independence and self-sufficiency for the long-term. Programs designed to assist homeless persons are more effective and efficient when carried out through carefully planned and systematic approaches, otherwise known as Continuum of Care Systems.

The concept of a Continuum of Care was conceived by the U.S. Department of Housing and Urban Development (hereinafter "HUD") in 1994 and implemented to shape a comprehensive and coordinated housing and service delivery system. The fundamental components of a Continuum of Care system are:

- Outreach and assessment to identify an individual's needs and make connections to shelter and services;
- Immediate emergency shelter and safe, decent alternatives to the streets;
- Transitional housing with appropriate supportive services to help people progress towards self-sufficiency. Such services include case management, job training and placement, substance abuse treatment, short-term mental health services, and independent living skills training; and
- Permanent housing or permanent supportive housing arrangements.



Since homeless persons and their individual needs exist along a continuum, the goals for a specific program may vary along this continuum based on the particular needs, situations, and abilities of the individuals participating in the program or project. However, the ultimate goal of permanent housing and economic independence should be held as the ideal.

The State's goal is to create a coordinated network of Providers and jurisdictions working collaboratively to address the needs of the homeless by identifying and eliminating the gaps in the homeless Continuum of Care system. The HPHA's role in the process for developing the Continuum of Care systems in each county is as follows:

1. To facilitate and support the development and expansion of a locally developed Continuum of Care system in each of the counties;
2. To work with federal, state, and local government agencies to coordinate efforts and resources to effectively provide for homeless families and individuals;
3. To ensure that the needs of all homeless sub-populations are addressed and included in the locally developed Continuum of Care systems;
4. To support agencies in the provision of services which promote the homeless Continuum of Care systems;
5. To continue to promote and encourage public awareness and understanding of the causes and problems associated with homelessness and to stimulate the participation in efforts to address homelessness throughout the state; and

6. To develop an effective mechanism for leveraging resources in the development and submission of grant applications for federal funds.

The HPHA facilitates the State Stipend, Outreach and Grant Programs by contracting with private Provider agencies statewide. The goal is to provide effective services for the homeless in the three (3) program areas in all geographic areas of the State relative to service needs.

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

To be eligible for any of the State Homeless Programs, a participant must be one of the following:

1. Unsheltered homeless; or
2. Sheltered homeless; or
3. At-risk homeless.

The applicant should review the specific program information regarding prioritization of the above homeless categories for each program in Section 2, Item III of this RFP.

The applicant will be required to obtain and maintain adequate documentation of homeless eligibility as required in Section 2, Item III of this RFP.

For scattered site projects, current occupants of a site acquired during the contract term are **not** eligible participants for the Stipend Program.

**E. Geographic coverage of service**

The services should cover various jurisdictions throughout the State such that the combination of all contracted agencies will together provide a network of services across all four (4) counties.

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

The state general fund appropriation has been approximately \$6.5 million annually (statewide) for four (4) years. However, this RFP has been timed to evaluate funding requirements of homeless service Providers who seek to contribute to the Continuum of Care network statewide. The funding requirement will be submitted for consideration in the Governor's proposed budget to the State Legislature. The contract periods will be annually, from August 1, 2007 to July 31, 2008 (Year 1), August 1, 2008 to July 31, 2009 (Year 2), August 1, 2009 to July 31, 2010 (Year 3), and August 1, 2010 to July 31, 2011 (Year 4).

HPHA may or may not negotiate directly with a single applicant, if additional funds become available. The negotiation will be based on past performance,

as it relates to contract compliance and attainment of outcome objectives, such as clients transitioning to permanent housing, clients attaining increased monthly income, etc. Additionally, negotiation will also be based on increased demand for and utilization of services to the homeless and/or increased capacity to meet the demand (e.g. additional shelter units added to the applicant's current inventory).

## II. General Requirements

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

To be determined eligible by the State, pursuant to Act 196, SLH 2005 and Act 180, SLH 2006, Provider agencies must:

1. 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;
2. Have at least one (1) year's experience with the project or in the program area for which the proposal is being made. Exceptions may be granted by the Executive Director of the HPHA where an agency has otherwise demonstrated the necessary experience or expertise in the program area;
3. Have addressed any instances of non-compliance found in past audit and monitoring reports conducted for the State Homeless Programs to the satisfaction of the HPHA;
4. Have no outstanding balances owing to the HPHA. Exceptions may be granted by the Executive Director of the HPHA for debts recently acquired and for debts which have a repayment plan approved by the Executive Director of the HPHA;
5. Be in good standing with the Department of Commerce and Consumer Affairs, the State Department of Taxation, and Internal Revenue Service; and
6. 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.

The applicant 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), which can be found in the Purchase of Service (POS) Manual.

**B. Secondary purchaser participation**  
(Refer to Section 3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

After-the-fact awards may be made during the term of the RFP. The criteria may include, but is not limited to geographic coverage, target population, needed services, and economic hardship.

Planned secondary purchases

None.

**C. Multiple or alternate proposals**  
(Refer to Section 3-143-605, HAR)

Allowed  Unallowed

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

Single  Multiple  Single & Multiple

Criteria for multiple awards:

Multiple awards may be made during the term of the RFP. The criteria may include, but is not limited to geographic coverage, target population, services, and economic hardship.

**E. Single or multi-term contracts to be awarded**  
(Refer to Section 3-149-302, HAR)

Single term ( $\leq 2$  yrs)  Multi-term ( $> 2$  yrs.)

Contract terms:

**Year 1**

Initial Term of Contract:	12 months August 1, 2007 – July 31, 2008
Length of Each Extension:	Up to 12 months (may be less than 12 months, when it is in the best interests of the State)
Number of Possible Extensions:	Two (2)
Maximum Length of Contract:	24 months

**Year 2**

Initial Term of Contract: 12 months  
August 1, 2008 – July 31, 2009

Length of Each Extension: Up to 12 months (may be less than  
12 months, when it is in the best  
interests of the State)

Number of Possible Extensions: Two (2)

Maximum Length of Contract: 24 months

**Year 3**

Initial Term of Contract: 12 months  
August 1, 2009 – July 31, 2010

Length of Each Extension: Up to 12 months (may be less than  
12 months, when it is in the best  
interests of the State)

Number of Possible Extensions: Two (2)

Maximum Length of Contract: 24 months

**Year 4**

Initial Term of Contract: 12 months  
August 1, 2010 – July 31, 2011

Length of Each Extension: Up to 12 months (may be less than  
12 months, when it is in the best  
interests of the State)

Number of Possible Extensions: Two (2)

Maximum Length of Contract: 24 months

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

Conditions for Extension(s): Must be in writing and must be executed prior to expiration of the contract. Criteria may include, but not limited to an increase or decrease in the contract award, a change in Provider's facilities description, a Provider's name change and/or to extend the time of performance for a specific reason.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful Provider or Providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact: Sandra J. Miyoshi  
Homeless Programs Branch Administrator  
Homeless Programs Branch  
1002 N. School Street, Building H  
Honolulu, Hawaii 96817  
Phone: (808) 832-5930 Facsimile: (808) 832-5932

### III. Scope of Work – Stipend Program

The scope of work encompasses the following tasks and responsibilities:

#### A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

##### 1. Required Scope of Services

At a minimum, the following services shall be provided:

- a. **Adequate meals:** at least one (1) meal per day and/or cooking facilities or appliances (refrigerator, stove or microwave, sink) with access to food supplies.
- b. **Adequate clothing,** or access to a clothing bank.
- c. **Adequate shelter:**
  - i) For emergency shelters, not less than 12-hour daily access to a secured, enclosed building, cot or bed, mailing address and locked storage space for participants' use.
  - ii) For transitional shelters, 24-hour access to a secured, enclosed building, bed, mailing address and locked storage space for participants' use.
  - iii) For scattered site projects, living units within adequate housing quality standards established and enforced by documented inspections and compliance with all state and local zoning, building and housing codes. Additionally, agencies shall obtain and maintain a copy of a valid lease or rental agreement for each unit.
- d. **Adequate sanitation needs:** Access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy and are adequate for personal cleanliness and the disposal of human waste. Specifically:
  - i) For emergency shelters, reasonable access to toilets, showers and basins.
  - ii) For transitional shelters, shower or tub, sink and toilet for each living unit (exception: for single-room occupancy facilities, common bathroom facilities are acceptable).
- e. **Adequate security,** to ensure the health and safety of residents.
- f. **Adequate case management:**  
Intake - obtaining information regarding participant's (and participant's family members' where applicable) name, age, sex, social security number, ethnicity, marital status, dependent children, employment status, income and financial status, citizenship or alien status, education level, health and medical history, homeless status, cause of homelessness, family network system, previous social services received and veteran status, including signing a waiver for release of information.

- i) For emergency shelters, efforts shall be made to complete intakes on as many participants as feasible, given resource limitations.
- ii) For transitional shelters, intakes shall be provided for all participants.

Assessment - identifying the needs and barriers to attaining and retaining permanent housing through self-sufficiency.

- i) For emergency shelters, efforts shall be made to complete assessments on as many participants as feasible, given resource limitations.
- ii) For transitional shelters, assessments shall be provided for all participants.

Development and implementation of social services plan - identifying the needs and barriers to obtaining and retaining permanent housing, defining the goals, strategies and timeline in a plan to address those needs and barriers through counseling, education, referrals or advocacy, and incorporating this plan into a social services agreement with the participant.

- i) For emergency shelters, efforts shall be made to complete social service plans with as many participants as feasible, given resource limitations.
- ii) For transitional shelters, social services plans shall be developed within two weeks of entry and at least two (2) contacts per month for counseling in the implementation of the social service plans shall be provided, or reasons for not meeting this requirement in a timely fashion should be documented.

Monitoring and follow-up - wherever feasible, the progress of participants should be documented as well as ongoing enforcement of house policies.

- i) For emergency shelters, efforts shall be made to track the progress of as many participants as feasible, given resource limitations.
- ii) For transitional shelters, quarterly updates of participant's social service plan and ongoing enforcement of house policies shall be provided.

- g. Adequate Child Care:** Transitional shelters must explore childcare options to increase participant job opportunities. Childcare options must be made available to participants to allow the pursuit of education, job training, and employment opportunities.

## 2. Special Requirements of Stipend Program Agencies

- a.** All participants must have intakes inputted into the State Homeless Programs Homeless Management Information System (HMIS). For participants who refuse to complete the waiver of release of

information form, information should be entered under a masked code.

- b. Agencies are required to keep on file documentation of eligibility verification for each participant and accurate records of participants served:
  - a. For unsheltered homeless, verification from another Provider agency, an outreach worker, Department of Human Services (DHS) case worker, church, or other appropriate source.\*
  - b. For sheltered homeless, verification from the shelter staff at which the participant is residing or other appropriate source.\*
  - c. For at-risk homeless, lease agreement for living unit from which shelter applicant is being evicted, and eviction notice signed by landlord or other appropriate documentation.\*

\*"Appropriate" shall be determined by the HPHA.

- c. **Program fees** collected by contractors shall be in accordance with Section 17-2026, HAR, which states that program fees shall not exceed the current maximum stipend limits. Program fees shall include the cost of utilities (gas, water and electricity).
- d. **For scattered site projects**, adequate housing quality standards shall be established in writing, documented inspections of each site shall be performed and all State and local zoning, housing and building codes shall be complied with.
- e. **All homeless facilities** are required to have written house rules that are made available to participants upon entry.

### 3. **Qualified Staffing Requirements**

Facility management staff must demonstrate experience in handling the day to day operations of housing facility or equivalent skills which ensure the success of management activities.

Case managers must have some experience in client assessment, demonstrate motivational skills and have the ability to direct clients to appropriate resources. The case manager must also be able to keep accurate case notes documenting client encounters and results of client contact meetings.

## B. **Management Requirements (Minimum and/or mandatory requirements)**

### 1. **Personnel**

The Provider shall provide adequate staffing and provide property management on a day to day basis, maintenance of facility, and case management to meet the requirements of the program. The Provider shall

provide emergency housing and/or transitional housing, and security to provide a safe environment for all tenants.

**2. Administrative**

**a. Independent Contractor**

The Provider shall be an independent contractor with the HPHA and be responsible to control and direct the performance and details of the work and services required. The Provider shall be responsible for securing all employee-related insurance coverage and paying all applicable taxes and fees.

**b. Insurance and Indemnity Requirements**

The Provider shall indemnify the State of Hawaii and the HPHA and shall obtain the following insurance:

Comprehensive Liability	\$2,000,000.00
Automobile Liability	
- Bodily Injury	\$1,000,000.00
- Property Damage	\$1,000,000.00

The Provider shall name the State of Hawaii and the HPHA as additional insured parties.

**c. Federal and State Tax Clearance**

The Provider shall provide a tax clearance certificate issued within the past six (6) months from the federal and state tax offices, prior to entering into a contract with the HPHA. Additional tax clearance certificates are required to amend and/or close a contract.

**d. Subcontracting**

The Provider shall not assign or subcontract any of the Provider's duties, obligations, or interests without the prior written consent of the HPHA. 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.

**e. Geographic Location**

Describe the geographic location (Tax Map Key and street address) of each homeless facility location for which funds are being requested. For Scattered Site applicants, provide the neighborhoods in which sites are located and how many are in each. Attach as Exhibit I: Map to show geographic location(s) of shelter/facility.

**f. At-Risk Homeless Verification**

For Providers who are serving at-risk homeless in any program, describe how it will be determined that such persons do not have any other subsequent alternatives for residence and the resources and support network needed to obtain housing. Attach as Exhibit II: The Provider shall attach to the proposal, the Provider's procedures on the verification of homeless status.

**g. Grievance Procedures**

The Provider shall establish a formal and documented process that provides to the individuals served or seeking services due process of law, including:

- i) Written notification to the applicant or participant 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 applicant or participant to have a review of the decision, instructions on how the applicant or participant is to evoke this review, the right of the applicant or participant to review the records and the right to counsel at this review;
- ii) Upon request by the applicant or participant, evoke a review of the decision in which the applicant or participant is given the opportunity to present written or oral objections, be represented by counsel if the applicant or participant so desires, before a person other than the person (or a subordinate of that person) who made or approved the termination or denial decision and question witnesses and present evidence; and
- iii) Prompt service of the final decision in writing to the applicant or participant.
- iv) Attach as Exhibit III: The Provider shall attach to the proposal, the Provider's grievance/termination procedures that are provided to participants who have services denied or terminated and procedures that are used by staff when handling grievances. Note: The HPHA may require changes to ensure such procedures afford these persons due process.

**h. Compliance with Laws and HPHA Rules**

The Provider 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 the HPHA for the effective administration of a program.

- i. Confidentiality**  
Attach as Exhibit IV: The Provider shall attach to the proposal, the Provider's policies and procedures that are used by agency staff regarding the handling of participant files and other confidential information.
  - j. Americans with Disabilities Act**  
The Provider shall describe the Provider's efforts to ensure that homeless persons with disabilities are provided with reasonable access to services.
  - k. Emergency Policies and Procedures**  
Attach as Exhibit V: The Provider shall attach to the proposal, the Provider's emergency policies and procedures and ensure that these policies and procedures are explained to staff and participants.
  - l. Smoking**  
Attach as Exhibit VI: The Provider shall attach to the proposal, the Provider's smoking policy and procedures.
  - m. Admission Criteria**  
Attach as Exhibit VII: The Provider shall attach to the proposal, the Provider's written admission criteria.
  - n. House Rules**  
Attach as Exhibit VIII: The Provider shall attach to the proposal, the Provider's house rules and policies on conduct for participants and their guests.
  - o. CPR and First Aid Certifications**  
The Provider shall ensure that the Provider have on-site staff that is certified to perform CPR and first aid.
- 3. Quality assurance and evaluation specifications**  
Performance of all contracted agencies will be monitored on an ongoing basis by the HPHA 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. The Provider shall agree to make their participant files available to the HPHA for the purposes of monitoring.

The State, the HPHA, the Comptroller of the State of Hawaii, and any of their authorized representatives, the committees and their staffs of the

Legislature of the State of Hawaii, and the Legislative Auditor shall have the right of access to any book, document, paper, file, or other record of the contractor (and any of its subcontractors) that is related to the performance of services in order to conduct an audit or other examination or to make excerpts and transcripts for the purposes of monitoring and evaluating the Provider's performance of services and the Provider'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 three (3) years, except if any litigation, investigation, audit or other action is underway.

**a. Purpose and Program Goals**

The purpose of the Stipend Program is to assist Provider agencies in paying for their costs involved in providing shelter and services to eligible homeless. The program is authorized by Act 196, SLH 2005 and Act 180, SLH 2006.

The goal of the Stipend Program is to assist and enable homeless people to obtain and retain permanent housing and to live as independently as possible by:

- i) Stabilizing homeless persons by providing a safe, decent and sanitary temporary shelter and by meeting other basic survival needs;
- ii) Addressing the obstacles which prevent homeless persons from obtaining and retaining permanent housing through a coordinated effort of health, housing, financial and social services; and
- iii) Transitioning homeless persons to permanent housing and ensuring this transition is for the long-term.

**b. Eligible Participants and Prioritization**

For the Stipend Program, priority shall be given to eligible homeless families and persons in the following order:

- i) Unsheltered homeless including those staying at emergency shelters; and
- ii) At-risk homeless.

Final decisions for funding shall not be based solely on the above prioritization. All county areas in which homeless people congregate will be addressed, as is practicable. Furthermore, selected Providers shall be responsible for ensuring that homeless applicants are accepted into the homeless facility according to the above prioritization.

**c. Eligible Projects**

Subject to the requirements and standards set forth for each of the shelter project types, there are two (2) types of shelter projects which are eligible to receive Stipend Program funds as follows:

- i) Emergency shelters; and
- ii) Transitional shelters, including Scattered Site projects.

**d. Eligible Activities**

Stipend funding may be used for the following costs:

i) Personnel Costs

Personnel Costs are costs incurred for operations and social services personnel in the provision of contracted services and include salaries and wages, payroll taxes and fringe benefits. Personnel Costs are limited to persons who will directly participate in the delivery of contracted services to participants. Personnel Costs do **not** include administrative payroll costs. (Refer to Administrative Costs below.)

Providers shall be required to maintain a formal effort reporting system that would substantiate salaries and wages being allocated. The effort reporting system should produce an equitable distribution of charges for an employee's activities.

In addition, the following are ineligible Personnel Costs:

- Sick or vacation leave accumulated prior to the contract period, dues to professional organizations for individuals, and any costs considered to be perquisites.

ii) Operating Costs

Operating Costs are non-personnel costs directly related to the operation and maintenance of a homeless facility and the provision of contracted services.

Operating Costs must be directly attributable and accountable to the specific homeless facility being funded and must be incurred in the course of program-related business in order to be considered eligible. Any Operating Costs determined by the HPHA to be excessive or unreasonable in comparison to like costs shall be ineligible.

In addition, the following are ineligible Operating Costs:

- Substantial renovations or rehabilitation without prior written consent by the Executive Director of the HPHA.
- Postage charges for newsletters, fundraising activities, or other mailings not required by the program.

- Printing charges for newsletters, fundraising activities, or other reports not required by the program.
- Life insurance, director's liability insurance.
- First class travel, purchase of tickets or coupons to be used after the contract period, out-of-state travel without prior approval.
- Mileage charges of employees for going to and from work or for personal use or non-contract related mileage.
- Monthly parking fees for employees.
- Training for administrative personnel or training for an employee to acquire basic skills which should have been brought to the job or to qualify for duties other than the position held.

Equipment, furnishings and out-of-state travel must be **pre-approved** by the HPHA.

iii) Client Costs

Client Costs are costs directly benefiting a participant, through a subsidy or purchase of supplies, which the participant receives directly. Client Costs must be used for participants at the homeless facility being funded to be eligible.

Eligible Client Costs include but are not limited to:

- Food provisions
- Non-food supplies (educational supplies, program supplies)
- Transportation (bus fare, taxi fare)  
Ineligible: Airfare for any purpose
- Financial assistance (direct grant, client savings program, payment of tuition, client stipend)  
Ineligible: Assistance with program fees or rent charged by the homeless facility at which the participant resides.
- Moving expenses
- Rental subsidy (only when used in the scattered site program)

iv) Administrative Costs

Administrative Costs are costs for general management, oversight, coordination, evaluation and reporting on contracted services.

Up to fifteen percent (15%) of the total approved project budget may be used to pay for Administrative Costs. A line item budget justifying administrative costs must be provided. Costs directly charged to the program may not be used to justify administrative costs.

v) Budgets

Contracted agencies will be expected to expend contract allotments and fees collected from clients according to HPHA approved budgets, which become part of the Provider's contract with HPHA. Only HPHA approved budget amendments will be deemed to be incorporated into the Provider's contract with HPHA.

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

The Provider shall demonstrate the ability to provide outcomes objectives, such as have participants complete a social services plan; enroll participants in training or education programs, substance abuse treatment programs, and/or community activities; demonstrate how the participant will retain employment for at least three (3) months; and explain participant's efforts to transition participants to permanent housing and retain permanent housing for at least six (6) months after exiting your program.

**5. Experience**

The Provider must have at least one year's experience with the project or in the program area for which the proposal is being made. Exceptions may be granted by the Executive Director of the HPHA where an agency has otherwise demonstrated the necessary experience or expertise in the program area.

**6. Coordination of services**

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

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

The Provider shall submit quarterly activity and financial reports no later than forty-five (45) days after the end of each quarter of the contract period or as otherwise instructed by the HPHA. These quarterly reports shall summarize program and financial activities, including but not limited to, numbers served, levels of services performed, outcome objectives achieved, demographic data, problems

and recommendations, and income and expenditures to date, as reflected in the Provider's approved budget.

Providers shall submit a final report no later than sixty (60) days after the end of the State fiscal year(s) or a sooner termination date or as otherwise instructed by the HPHA. The final reports shall document the Provider's overall efforts toward meeting contract requirements, list expenditures actually incurred and contain explanations of variances in said budget.

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

Providers shall submit all required reports in a timely manner and in the appropriate forms as prescribed by the HPHA.

## **8. Pricing structure or pricing methodology to be used**

### **a. Stipend Rate Determination**

The stipend limits are based on the size of the units, not on the numbers served. The "approximate number of participants" is a guideline.

Based on the requests submitted, the availability of funds, the degree of need, the level of services being provided or the cost and efficiency of operation of the shelter, the HPHA may prioritize eligible projects and eligible activities and rank the proposals accordingly and then determine the amount of any stipend to be awarded to each project in conjunction with the selection process described earlier.

Shelter stipend limits shall be calculated on the following cost basis:

#### Transitional Shelters

<u>Unit Size</u>	<u>Approx. No. of Participants</u>	<u>Stipend Limit</u>
Studio (room with no bedrooms)	1-4	\$500
One-bedroom	1-4	\$600
Two-bedroom	3-6	\$700
Three-bedroom	6-9	\$800
Four-bedroom	8+	\$900

Emergency Shelters

Per person, per night rate limit: \$13.00

Fiscal Year 2008 Stipend Range

Studio	\$65 to \$500
One-bedroom	\$130 to \$600
Two-bedroom	\$500 to \$700
Three-bedroom	\$600 to \$800
Four-bedroom	\$700 to \$900

**b. Selected applicants** will be required to enter into a formal, written contract with the HPHA in accordance with the laws, rules and regulations of the State of Hawaii. Providers should review the requirements contained in this RFP as Providers will be held to fulfilling all such requirements if awarded a contract. Providers should also review the General Conditions attached to this Request-for-Proposal as these conditions become part of any contract with the HPHA. Please note that the content of successful proposals shall be incorporated into the contract, subject to revisions requested by the HPHA.

**c. Time Period**

The RFP shall be valid for four (4) years, from August 1, 2007 through July 31, 2011. The contract periods shall be for four (4) years, with annual contracts, from August 1, 2007 to July 31, 2008 (Year 1), August 1, 2008 to July 31, 2009 (Year 2), August 1, 2009 to July 31, 2010 (Year 3), and August 1, 2010 to July 31, 2011 (Year 4).

**9. Units of service and unit rate**

This is described in item 8 above.

**10. Method of compensation and payment**

Payments for the various programs shall be made in quarterly disbursements, in advance, pursuant to specific written instructions from the HPHA regarding payment request requirements and subject to the availability of funds and allotment by the Director of Finance. Stipend Program payments shall be made according to the stipend rates awarded the Provider in quarterly increments, subject to a five percent (5%) withholding requirement, which is released upon successful completion of a contract. However, Providers may be subject to month-to-month payments, if HPHA deems that they are not in compliance with all contract requirements.

If a reported expenditure is determined by the HPHA to be inappropriate, unallowable, or not made in accordance with the approved budget, the HPHA may require that an equivalent amount of monies be refunded by the Provider to the HPHA. An amount equal to five percent (5%) of the total contract amount shall be withheld as final payment subject to satisfactory submittal of all reports and a valid tax clearance.

Upon the termination date of the Provider's agreement for whatever reason, any and all unexpended funds advanced by the HPHA shall be remitted to the HPHA within 45 days. Funds shall be considered expended if the contractor has written verification that an expense was accrued during the time of performance (not to exceed the termination date of the agreement) and if made in accordance with the approved budget.

### **C. Facilities**

The Provider shall provide proof of ownership or management control of each shelter facility (lease or management contract). For scattered site applicants, provide a list of current scattered site units and submit individual site leases or deeds of ownership.

### **D. Shelter Management**

The Provider may propose to provide homeless services for the following state owned homeless shelters. In addition to a proposal to provide services at the following sites, the Provider must also manage the subject property by complying with Attachment E, Shelter Management Requirements, which is attached at the end of the RFP. The state owned homeless shelter facilities are as follows:

1. Kulaokahua  
1311 Ward Avenue  
Honolulu, Hawaii 96814
2. Nakolea  
1020 Isenberg Street  
Honolulu, Hawaii 96826

3. Onemalu  
Belleau Woods, Building 48  
Kalaelo, Hawaii 96707
4. Weinberg Village Waimanalo  
41-490 Saddle City Road  
Waimanalo, Hawaii 96795

## IV. Scope of Work – Outreach Program

The scope of work encompasses the following tasks and responsibilities:

### A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

#### Required Scope of Services

At a minimum, the following services shall be provided:

1. **Provision of emergency supplies**, such as food, clothing, hygiene or basic shelter supplies where appropriate;
2. **Provision of basic medical attention and referral**, where necessary;
3. **Intake**, including obtaining information regarding the participant's name, age, sex, social security number, ethnicity, marital status, dependent children, employment status, income and income sources, citizenship or alien status, homeless/housing status, education level, and medical history, which must be entered into the State Homeless Management Information System (HMIS) within 30 days of initial service;
4. **Assessment**, including identifying the needs and barriers to attaining an improved living condition;
5. **Counseling and referral**, including assisting participants in addressing identified needs and barriers, and facilitating referrals to local, state and federal programs and private sector agencies for further services, such as emergency or transitional shelter, employment training, mental health services or educational training; and
6. **Monitoring and follow-up**, where feasible, including tracking the progress of participants and entering such contacts in the HMIS, within 30 days of said contact.

### B. Management Requirements (Minimum and/or mandatory requirements)

1. **Personnel** - The Provider shall provide adequate staffing and case management to meet the requirements of the program. The Provider shall make available intake and referral services and other needed services to the unsheltered homeless who might not otherwise receive assistance.
2. **Administrative**
  - a. **Independent Contractor**  
The Provider shall be an independent contractor with the HPHA and be responsible to control and direct the performance and

details of the work and services required. The Provider shall be responsible for securing all employee-related insurance coverage and paying all applicable taxes and fees.

b. **Insurance and Indemnity Requirements**

The Provider shall indemnify the State of Hawaii and the HPHA and shall obtain the following insurance:

Comprehensive Liability	\$2,000,000.00
Automobile Liability	
- Bodily Injury	\$1,000,000.00
- Property Damage	\$1,000,000.00

The Provider shall name the State of Hawaii and the HPHA as additional insured parties.

c. **Federal and State Tax Clearance**

The Provider shall provide a tax clearance certificate issued within the past six (6) months from the Federal and State Tax Offices, prior to entering into a contract with the HPHA.

d. **Subcontracting**

The Provider shall not assign or subcontract any of the Provider's duties, obligations, or interests without the prior written consent of the HPHA. 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.

e. **Geographic Location**

Describe the geographic location (Tax Map Key and street address) of each homeless facility location for which funds are being requested. For Scattered Site applicants, provide the neighborhoods in which sites are located and how many are in each. Attach as Exhibit I: Map to show geographic location(s) of shelter/facility.

f. **At-Risk Homeless Verification**

For Providers who are serving at-risk homeless in any program, describe how it will be determined that such persons do not have any other subsequent alternatives for residence and the resources and support network needed to obtain housing. Attach as Exhibit II: The Provider shall attach to the proposal, the Provider's procedures on the verification of homeless status.

g. **Grievance Procedures**

The Provider shall provide a formal and documented process that provides to the individuals served or seeking services, due process of law, including:

- i) Written notification to the applicant or participant 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 applicant or participant to have a review of the decision, instructions on how the applicant or participant is to evoke this review, the right of the applicant or participant to review the records, and the right to counsel at this review;
- ii) Upon request by the applicant or participant, a review of the decision in which the applicant or participant is given the opportunity to present written or oral objections, be represented by counsel, if the applicant or participant so desires, before a person other than the person (or a subordinate of that person) who made or approved the termination or denial decision, and to question witnesses and present evidence; and
- iii) Prompt service of the final decision in writing to the applicant or participant.
- iv) Attach as Exhibit III: The Provider shall attach to the proposal, the Provider's grievance/termination procedures that are provided to participants who have services denied or terminated and procedures that are used by staff when handling grievances. Note: The HPHA may require changes to ensure procedures afford participants due process.

h. **Compliance with Laws and HPHA Rules**

The Provider 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 the HPHA for the effective administration of a program.

i. **Confidentiality**

Attach as Exhibit IV: The Provider shall attach to the proposal, the Provider's policies and procedures that are used by agency staff regarding the handling of participant files and other confidential information.

- j. **Americans with Disabilities Act**  
Describe your agency's efforts to ensure that homeless persons with disabilities are provided with reasonable access to services.
- k. **Emergency Policies and Procedures**  
Attach as Exhibit V: The Provider shall attach to the proposal, the Provider's emergency policies and procedures and ensure that these policies and procedures are explained to staff and participants.

### 3. **Quality assurance and evaluation specifications**

Performance of all contracted agencies will be monitored on an ongoing basis by the HPHA 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. The Provider shall agree to make their participant files available to the HPHA for the purposes of monitoring.

The State, the HPHA, the Comptroller of the State of Hawaii, and any of their authorized representatives, the committees and their staffs of the Legislature of the State of Hawaii, and the Legislative Auditor shall have the right of access to any book, document, paper, file, or other record of the Provider (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 Provider's performance of services and the Provider'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 three (3) years, except if any litigation, investigation, audit or other action is underway.

- a. **Purpose and Program Goals**  
The goal of the Outreach Program is to assist unsheltered homeless persons toward a healthier, more stable living condition with the ultimate goal of permanent housing and self-sufficiency by:
- Addressing their basic survival needs, i.e. food, shelter (as best as possible), medical attention, etc.;
  - Encouraging and forming open relationships and trust with participants;

- Helping to identify participants' causes of homelessness and barriers to achieving a more stable living condition;
- Helping participants to implement solutions to address these barriers and initiating the transition to permanent housing and self-sufficiency by linking homeless persons with community resources; and
- Providing services on-site where the homeless congregate (i.e. mobile services).

The proposal must describe how project will be evaluated to measure whether goals and objectives are being achieved, and how staff will ensure the quality of services provided. Include any sample forms as applicable.

**b. Eligible Participants and Prioritization**

For the Outreach Program, priority shall be given to eligible homeless families and persons in the following order:

- i) Unsheltered homeless, including those staying at emergency shelters;
- ii) Sheltered homeless; and
- iii) At-risk homeless.

Final decisions for funding shall not be based solely on the above prioritization. All county areas in which homeless people congregate will be addressed, as is practicable.

**c. Eligible Uses of Assistance**

Outreach funding may be used for the following costs:

- ii) Personnel Costs  
Personnel Costs are costs incurred for operations and social services personnel in the provision of contracted services and include salaries and wages, payroll taxes and fringe benefits. Personnel Costs are limited to persons who will directly participate in the delivery of contracted services to participants. Personnel Costs do **not** include administrative payroll costs. (Refer to Administrative Costs below.)

Providers shall be required to maintain a formal effort reporting system that would substantiate salaries and wages being allocated. The effort reporting system should produce an equitable distribution of charges for an employee's activities.

In addition, the following are ineligible Personnel Costs:

- Sick or vacation leave accumulated prior to the contract period, dues to professional organizations for individuals, and any costs considered to be perquisites.

ii) Operating Costs

Operating Costs are costs directly related to the operation of the outreach project and the provision of contracted direct services.

- iii) Operating Costs must be directly attributable and accountable to the specific homeless facility being funded and must be incurred in the course of program-related business in order to be considered eligible. Any Operating Costs determined by the HPHA to be excessive or unreasonable in comparison to like costs shall be ineligible.

In the case where an outreach project office is shared among programs, the Provider shall be responsible for showing how shared costs were fairly allocated among the programs and provide documentation for such allocation.

In addition, the following are ineligible Operating Costs:

- Substantial renovations or rehabilitation without prior written consent by the Executive Director of the HPHA.
- Postage charges for newsletters, fundraising activities, or other mailings not required by the program.
- Printing charges for newsletters, fundraising activities, or other reports not required by the program.
- Life insurance, director's liability insurance.
- First class travel, purchase of tickets or coupons to be used after the contract period, out-of-state travel without prior approval.
- Mileage charges of employees for going to and from work or for personal use or non-contract related mileage.
- Monthly parking fees for employees.
- Training for administrative personnel, training courses taken by an employee to acquire basic skills which should have been brought to the job, or to qualify for duties other than the position held

Equipment, furnishings and out-of-state travel must be **pre-approved** by the HPHA.

- iii) Client Costs  
Client Costs are costs directly benefiting a participant, through a subsidy or purchase of supplies, which the participant receives directly. Client Costs must be used for participants at the homeless facility being funded to be eligible.
- iv) Eligible Client Costs include but are not limited to
  - 1) Food provisions
  - 2) Non-food supplies (educational supplies, program supplies)
  - 3) Transportation (bus fare, taxi fare)

**Ineligible: Airfare for any purpose**

- v) Administrative Costs  
Administrative Costs are costs for general management, oversight, coordination, evaluation and reporting on contracted services.

Up to fifteen percent (15%) of the total approved project budget may be used to pay for Administrative Costs.

Upon review of the submitted proposals, the HPHA may amend or negotiate projected budgets with applicants. Furthermore, the HPHA reserves the right to prioritize and limit any of the eligible costs identified above in order to maximize the limited amount of Outreach Program funding.

- 4. **Output and performance/outcome measurements**  
*Refer to Section 3, Purchase of Services (POS) Proposal Application - Service Delivery*

- 5. **Experience**

The Provider must have at least one (1) year's experience with the project or in the program area for which the proposal is being made. Exceptions may be granted by the Executive Director of the HPHA where an agency has otherwise demonstrated the necessary experience or expertise in the program area.

- 6. **Coordination of Services**

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

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

Providers shall submit quarterly activity and financial reports no later than forty-five (45) days after the end of each quarter of the contract period or as otherwise instructed by the HPHA. These quarterly reports shall summarize program and financial activities, including but not limited to, numbers served, levels of services performed, outcome objectives achieved, demographic data, problems and recommendations to remedy, income and expenditures to date, their relationship to the contractor's approved budget and explanations of variances in said budget.

Providers shall submit a final report no later than sixty (60) days at the end of the contract period or a sooner termination date or as otherwise instructed by the HPHA, documenting the Provider's overall efforts toward meeting contract requirements and listing expenditures actually incurred.

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

Providers shall submit all required reports in a timely manner and in the appropriate forms as prescribed by the HPHA.

**8. Pricing or pricing methodology to be used**

Selected applicants will be required to enter into a formal, written contract with the HPHA in accordance with the laws, rules and regulations of the State of Hawaii. Applicants should review the requirements contained in this RFP as applicants will be held to fulfilling all such requirements if awarded a contract. Applicants should also review the General Conditions attached to this Request-for-Proposal as these conditions become part of any contract with the HPHA. Please note that the content of successful proposals shall be incorporated into the contract, subject to revisions requested by the HPHA.

## V. Scope of Work – Grant Program

The scope of work encompasses the following tasks and responsibilities:

### A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

#### 1. Required Scope of Services

At a minimum, the following services shall be provided:

- a. **Intake and application processing**, including ensuring completion of intake/application which shall, at a minimum, include participant's and spouse/partner's name, age or date of birth, gender, social security number, ethnicity, marital status, dependent children, employment status, income and income sources, homeless status, education level, waiver of release of information and other pertinent information used to determine eligibility and assess the needs of a participant.
- b. **Verification**, including verifying eligibility of participant and of grant use and maintaining documentation of such verification. Verification documentation of participant eligibility shall at a minimum include:
  - i. For unsheltered homeless, verification of unsheltered status from another Provider agency, an outreach worker, DHS case worker, church or other appropriate source. \*
  - ii. For sheltered homeless, verification from the shelter staff at which the participant is residing or other appropriate source. \*
  - iii. For at-risk homeless, lease agreement for living unit from which grant applicant is being evicted, eviction notice signed by the landlord or other appropriate documentation.\*

\* "Appropriate" shall be determined by HPHA.

Verification documentation of grant use shall at a minimum include:

- i. Financial analysis which shows that the participant will be capable of making future payments.
- ii. Documentation which shows that the participant is a primary resident of the unit for which rent, deposit or utilities are being paid (i.e. signed lease agreement)
- iii. Documentation which shows vendor is legitimate entity (for rent or deposit grants, verification of landlord's General Excise Tax license number or

Federal ID number, verification of unit's tax map key and other appropriate documentation).

The HPHA may require additional verification documentation requirements to the above in order to ensure accountability of Grant Program Funds.

- c. **Assessment**, including identifying participant's level of need, evaluating all other possible resources to fulfill participant's need, amount of grant (if any), the causes of the emergency situation (including assessing the participant's financial situation) and activities or referrals for participant to pursue to prevent recurrence of emergency situation;
- d. **Fiscal services**, including issuing and disbursing checks to vendors for eligible participants in a timely manner, reporting all program assistance to the HPHA and maintaining accurate financial records and fiscal control over funds.
- e. **Follow-up**, including providing follow-up services and referrals to participants receiving grants within six (6) months to ensure that a participant does not become homeless.
- f. **Types of Applicants**

For this contract period, applicants may apply under either of the two following categories:

i. Centralized Grant Disbursing Agency

*A centralized grant-disbursing agency is one which serves an entire county or other major geographical area. This agency will coordinate its grant disbursing services with other Provider agencies who have homeless clients so that the required services are shared.*

For applicants applying under this category, project plans may propose a division of the required scope of services between the applicant and Provider agencies serving the target population. All services must be addressed.

**Example:**

For unsheltered and sheltered homeless persons, the centralized grant-disbursing agency will:

- Receive applicants from Provider agencies and ensure completeness;
- Check verification documentation (double check);
- Make eligibility determination;
- Issue and disburse check and maintain all fiscal records; and
- Conduct quarterly training sessions and provide technical assistance to Provider agencies as needed;
- Provide follow-up services and referrals to participants receiving grants within six (6) months to ensure that participant does not become homeless.

The Provider agencies will:

- Assist clients in completing application form and obtaining all required verification;
- Work with clients in assessing situation (identifying other alternatives, causes of emergency situation, activities to pursue to prevent recurrence, etc.) in the course of case management;
- Submit application and verification to the centralized grant-disbursing agency;
- Work with centralized grant-disbursing agency in ensuring completion of application process.
- Follow-up with participants four to six months (4 to 6 months) later to assess housing stability, whenever possible.

For at-risk homeless persons not currently being served by a Provider agency, the centralized grant-disbursing agency will provide all services and receive at-risk homeless persons at agency's office.

**ii. Individual Grant Disbursing Agency**

A smaller target population or geographic area (when compared to a centralized grant disbursing agency) and provides all required services. (Note: agency is required by the Grant Program to accept outside clients).

For each county of major geographic area, a centralized grant disbursing agency will be considered first for awards. As such, if there are no applicants under this category or if no centralized grant disbursing agency receives a reasonable score, then the HPHA will award funds to individual grant disbursing agencies in the counties for which this condition exists.

**B. Management Requirements (Minimum and/or mandatory requirements)**

**1. Personnel**

The Provider shall provide adequate staffing and case management to meet the requirements of the program.

**2. Administrative**

**a. Independent Contractor**

The Provider shall be an independent contractor with the HPHA and be responsible to control and direct the performance and details of the work and services required. The Provider shall be

responsible for securing all employee-related insurance coverage and paying all applicable taxes and fees.

**b. Insurance and Indemnity Requirements**

The Provider shall indemnify the State of Hawaii and the HPHA and shall obtain the following insurance:

Comprehensive Liability	\$2,000,000.00
Automobile Liability	
- Bodily Injury	\$1,000,000.00
- Property Damage	\$1,000,000.00

The Provider shall name the State of Hawaii and the HPHA as additional insured parties.

**c. Federal and State Tax Clearance**

The Provider shall provide a tax clearance certificate issued within the past six (6) months from the federal and state tax offices, prior to entering into a contract with the HPHA.

**d. Subcontracting**

The Provider shall not assign or subcontract any of the Provider's duties, obligations, or interests without the prior written consent of the HPHA. 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.

**e. Geographic Location**

Describe the geographic location (Tax Map Key and street address) of each homeless facility location for which funds are being requested. For Scattered Site applicants, provide the neighborhoods in which sites are located and how many are in each. Attach as Exhibit I: Map to show geographic location(s) of shelter/facility.

**f. At-Risk Homeless Verification**

For Providers who are serving at-risk homeless in any program, describe how it will be determined that such persons do not have any other subsequent alternatives for residence and the resources and support network needed to obtain housing. Attach as Exhibit II: The Provider shall attach to the proposal, the Provider's procedures on the verification of homeless status.

**g. Grievance Procedures**

The Provider shall provide a formal and documented process that provides to the individuals served or seeking services due process of law, including:

- i) Written notification to the applicant or participant 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 applicant or participant to have a review of the decision, instructions on how the applicant or participant is to evoke this review, the right of the applicant or participant to review the records and the right to counsel at this review;
  - ii) Upon request by the applicant or participant, a review of the decision in which the applicant or participant is given the opportunity to present written or oral objections, be represented by counsel if the applicant or participant so desires, before a person other than the person (or a subordinate of that person) who made or approved the termination or denial decision and to question witnesses and present evidence; and
  - iii) Prompt service of the final decision in writing to the applicant or participant.
  - iv) Attach as Exhibit III: The Provider shall attach to the proposal, the Provider's grievance/termination procedures that are provided to participants who have services denied or terminated and procedures that are used by staff when handling grievances. Note: The HPHA may require changes to ensure procedures afford participants due process.
- h. **Compliance with Laws and HPHA Rules**  
The Provider 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 the HPHA for the effective administration of a program.
- i. **Confidentiality**  
Attach as Exhibit IV: The Provider shall attach to the proposal, the Provider's policies and procedures that are used by agency staff regarding the handling of participant files and other confidential information.
- j. **Americans with Disabilities Act**  
The Provider shall describe the Provider's efforts to ensure that homeless persons with disabilities are provided with reasonable access to services.

k. **Emergency Policies and Procedures**

Attach as Exhibit V: The Provider shall attach to the proposal, the Provider's emergency policies and procedures and ensure that these policies and procedures are explained to staff and participants.

3. **Quality assurance and evaluation specifications**

Performance of all contracted agencies will be monitored on an ongoing basis by the HPHA 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. The Provider shall agree to make their participant file available to the HPHA for the purposes of monitoring.

The State, the HPHA, the Comptroller of the State of Hawaii, and any of their authorized representatives, the committees and their staffs of the Legislature of the State of Hawaii, and the Legislative Auditor shall have the right of access to any book, document, paper, file, or other record of the Provider (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 Provider's performance of services and the Provider'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 three (3) years, except if any litigation, investigation, audit or other action is underway.

a. **Purpose and Program Goals**

The goal of the State Homeless Emergency Loans and Grants Program is to make available to eligible homeless families and persons program assistance to prevent, avoid, or remedy homelessness and its associated damages by:

- i) Preventing at-risk homeless persons from becoming homeless;
- ii) Providing homeless persons with one-time assistance every six months with housing, food, medical and other types of expenses arising from emergency needs; and
- iii) Addressing the long-term stability of the participant.

b. **Eligible Uses of Grant Program Assistance (Costs)**

Program assistance funds may be used to help eligible homeless families or persons with one or more of the following costs:

- ii) Shelter/housing, including rental deposit and rent utility costs, including utility deposit, and transient shelter needs such as blankets. Shelter/housing costs serve to avert imminent eviction; to shelter participants in temporary housing at short-term facilities; or to alleviate the emergency shelter needs of the unsheltered.
- iii) Food, including food preparation equipment or supplies or eating utensils and supplies, including transient shelter needs such as portable stoves and fuel. Food costs also include needed special diet supplements and food on an emergency basis while working with the family to find more long-term solutions.
- iv) Medical care or medicine, including emergency medical related expenses or purchase of supplies for special medical needs.
- v) Transportation and job-hunting expenses or expenses involved with getting qualification documentation for public assistance programs. Transportation costs may include bus passes in emergency situations.
- vi) Child and dependent care costs.
- vii) Other emergency needs.

Grant Program funds may also be used for administrative costs. Up to fifteen percent (15%) of the total new grants awarded in fiscal year 2008 is allowable. This does not allow for administrative fees to be paid for security deposit grants that were issued in a previous fiscal year and reissued in the current fiscal year. The allowance is part of the Provider's total award and not in addition to the award. Providers may elect to spend anywhere up to fifteen percent (15%) for administrative costs. Any administrative costs not used for administrative purposes must be expended for additional participant grants.

c. **Ineligible Uses of Grant Program Assistance**

Providers receiving funds must comply with the attached applicable Cost Principles on Purchase of Health and Human Services, Chapter 103F, HRS.

Purposes for which funds cannot be used, include but are not limited to:

- i) Any grant for which other resources of the participant exists;
- ii) Deposit, rent or utilities where the participant is not the primary resident of the home for which the deposit, rent or

utilities are being paid or where the landlord is a relative of the participant;

- iii) More than one-time payments for deposit or rent or mortgage;
- iv) Payments made in excess of the maximum limits set by rule for participants (refer to limits below);
- v) Payments made for car purchases, loans or major repairs where there is public transportation available (grants for car purchases where no public transportation is available must be approved by the Executive Director of the HPHA);
- vi) Mortgage payments that have not been pre-approved by the Executive Director of the HPHA;
- vii) Airline tickets for relocation or entertainment purposes;
- viii) Medical care or medicare which should be covered by insurance or other health care plan; and
- ix) Tax payments, pet deposits, education grants, entertainment costs, funeral costs, television cable bills.

d. **Limits on Grant Program Assistance**

Program assistance shall not exceed;

- i) Up to \$1,368 in grants and \$1,368 in loans for an eligible homeless or at-risk homeless person once every six (6) months per fiscal year;
- ii) Up to \$1,866 in grants and \$1,866 in loans for eligible homeless family of two members once every six (6) months per fiscal year; and
- iii) Up to \$3,110 in grants and \$3,110 in loans for eligible homeless family of three (3) or more persons once every six (6) months per fiscal year.
- iv) Administrative Costs  
Administrative Costs are costs for general management, oversight, coordination, evaluation and reporting on contracted services.

Up to fifteen percent (15%) of the total approved project budget may be used to pay for Administrative Costs. A line item budget justifying administrative costs must be provided. Costs directly charged to the program may not be used to justify administrative costs.

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

*Refer to Section 3, Purchase of Services (POS) Proposal Application - Service Delivery*

5. **Experience**

The Provider must have at least one year's experience with the project or in the program area for which the proposal is being made. Exceptions may be granted by the Executive Director of the HPHA where an agency has otherwise demonstrated the necessary experience or expertise in the program area.

6. **Coordination of Services**

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

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

Providers shall submit quarterly activity and financial reports no later than forty-five (45) days after the end of each quarter of the State fiscal year(s) or as otherwise instructed by the HPHA. These quarterly reports shall summarize program and financial activities, including but not limited to, numbers served, levels of services performed, outcome objectives achieved, demographic data, problems and recommendations to remedy, income and expenditures to date, the latter relationship to the contractor's approved budget and explanations of variances in said budget.

Providers shall submit a final report no later than sixty (60) days at the end of the State fiscal year(s) or a sooner termination date or as otherwise instructed by the HPHA, documenting the Provider's overall efforts toward meeting contract requirements and listing expenditures actually incurred.

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

Providers shall submit all required reports in a timely manner and in the appropriate forms as prescribed by the HPHA.

8. **Pricing or pricing methodology to be used**

Selected applicants will be required to enter into a formal, written contract with the HPHA in accordance with the laws, rules and regulations of the State of Hawaii. Applicants should review the requirements contained in this RFP as applicants will be held to fulfilling all such requirements if awarded a contract. Applicants should also review the General Conditions attached to this Request-for-Proposal as these conditions become part of any contract with the HPHA. Please note that the content of successful proposals shall be incorporated into the contract, subject to revisions requested by the HPHA.

## a) Time Period

The RFP shall be valid for four (4) years, from August 1, 2007 through July 31, 2011. The contract periods shall be for four (4) years, with annual contracts, from August 1, 2007 to July 31, 2008 (Year 1), August 1, 2008 to July 31, 2009 (Year 2), August 1, 2009 to July 31, 2010 (Year 3), and August 1, 2010 to July 31, 2011 (Year 4).

## b) Scope of Services

The Provider shall perform all services defined in this RFP and the Provider's proposal application form.

## c) Payment

Payments for the various programs shall be made in quarterly disbursements in advance pursuant to specific written instructions from the HPHA regarding payment request requirements and subject to the availability of funds and allotment by the Director of Finance.

If a reported expenditure is determined by the HPHA to be inappropriate, unallowable, or not made in accordance with the approved budget, the HPHA may require that an equivalent amount of monies be refunded by the Provider to the HPHA. An amount equal to five percent (5%) of the total Provider amount shall be withheld as final payment subject to satisfactory submittal of all reports and a valid tax clearance.

Upon the termination date of the Provider's agreement for whatever reason, any and all unexpended funds advanced by the HPHA shall be remitted to the HPHA within 45 days. Funds shall be considered expended if the Provider has written verification that an expense was accrued during the time of performance, not to exceed the termination date of the date of the Agreement and if made in accordance with the approved budget.

## d) Qualified Staffing Requirements

Case managers must have some experience in client assessment, demonstrate motivational skills and the ability to direct clients to appropriate resources. The case manager must also be able to keep accurate case notes documenting client encounters and results of client contact meetings.

## **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 should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5, Attachment B.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B.*
- *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 (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, 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 comprises the following sections:

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

#### **I. Program Overview**

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

#### **II. 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 applicant shall provide a description of projects/contracts pertinent to the proposed services. The application shall include points of contact, addresses, e-mail, phone and facsimile numbers. The State reserves the right to contact references to verify experience.

**c. Quality Assurance and Evaluation**

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

**d. Coordination of Services**

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

**e. Facilities**

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

### **III. Project Organization and Staffing**

**a. Staffing**

**i. Proposed Staffing**

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

**ii. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience, resumes, position descriptions) for staff assigned to the program.

**b. Project Organization**

**i. Supervision and Training**

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

**ii. Organization Chart**

The applicant 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.

**IV. Service Delivery**

The applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements. Demonstrate applicant’s outcome/performance measures, as well as the approximate numbers and types of participants to be served and the types of services to be provided. Included at the end of the RFP is a set of work plan forms, which details all service activities and tasks to be completed.

**V. Financial**

**A. Pricing Structure**

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

All budget forms, instructions and samples are located on the SPO website (see Section 1, paragraph II Websites referred to in this RFP). The following budget form(s) shall be submitted with the Proposal Application:

1. Form SPO-H-205, Budget;
2. Form SPO-H-205A, Special Instructions
3. Form SPO-H-205B, Organization-Wide Budget by Programs;
4. Form SPO-H-206A, Budget Justification – Personnel Salaries and Wages;
5. Form SPO-H-206B, Budget Justification – Personnel Payroll Taxes, Assessments, and Fringe Benefits;
6. Form SPO-H-206C, Budget Justification – Travel Inter-Island;
7. Form SPO-H-206D, Budget Justification – Travel Out of State;
8. Form SPO-H-206E, Budget Justification – Contractual Services - Administrative;
9. Form SPO-H-206F, Budget Justification – Contractual Services Subcontracts;
10. Form SPO-H-206G, Budget Justification – Depreciation;
11. Form SPO-H-206H, Budget Justification – Program Activities;
12. Form SPO-H-206I, Budget Justification – Equipment Purchases;

13. Form SPO-H-206J, Budget Justification – Motor Vehicle.

**B. Other Financial Related Materials**

**1. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the applicant's most recent independent audit report is requested as part of the application. The audit report shall consist of audited financial statements for the last two (2) years.

**VI. Other**

**A. Litigation**

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

# **Section 4**

## **Proposal Evaluation**

# Section 4 Proposal Evaluation

**I. 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.

**II. 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 evaluation will be conducted in three phases as follows:

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

**Evaluation Categories and Thresholds**

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
 <i>Proposal Application</i>	
Program Overview	5 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	40 points
Financial	20 Points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

**III. Evaluation Criteria**

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

1. Administrative Requirements

The application must contain the following certifications:

- A Certificate of Good Standing
- Valid Certificate of Liability Insurance
- Valid Certificate of Automobile Insurance (if applicable)
- CPR Certifications

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

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

**Program Overview:** Five (5) points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

**1. Experience and Capability (20 Points)**

The State will evaluate the applicant’s experience and capability relevant to the proposal contract, which shall include:

**A. Necessary Skills**

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. \_\_\_\_\_
- Responsiveness to past agency audits and corrective action requests. \_\_\_\_\_

- B. Experience** \_\_\_\_\_
  - One (1) year or more experience with the project \_\_\_\_\_
- C. Quality Assurance and Evaluation** \_\_\_\_\_
  - Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. \_\_\_\_\_
- D. Coordination of Services** \_\_\_\_\_
  - Demonstrated capability to coordinate services with other agencies and resources in the community. \_\_\_\_\_
- E. Facilities** \_\_\_\_\_
  - Adequacy of facilities relative to the proposed services. \_\_\_\_\_

**2. Project Organization and Staffing (15 Points)**

The State will evaluate the applicant’s overall staffing approach to the service that shall include:

- A. Staffing** \_\_\_\_\_
  - Proposed Staffing: The proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. \_\_\_\_\_
  - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. \_\_\_\_\_
- B. Project Organization** \_\_\_\_\_
  - Supervision and Training: Demonstrates ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. \_\_\_\_\_
  - Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. \_\_\_\_\_

**3. Service Delivery (40 Points)**

- Numbers of participants served \_\_\_\_\_
- Type of participants served \_\_\_\_\_
- Services provided \_\_\_\_\_
- Outcome objectives achieved \_\_\_\_\_

**4. Financial (20 Points)**

- Adequacy of accounting system. \_\_\_\_\_

**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 Checklist
- B. Sample Table of Contents
- C. Workplan Forms
- D. Budget Forms
- E. Shelter Management Requirements

## Proposal Application Checklist

Applicant: \_\_\_\_\_

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

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			<b>X</b>	
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP	SPO Website* Special Instructions are in Section 5	<b>X</b>	
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*	<b>X</b>	
<b>Certifications:</b>				
None				
<b>Program Specific Requirements:</b>				
Geographic Location	Section 2, RFP	N/A	<b>X</b>	
At-Risk Verification	Section 2, RFP	N/A	<b>X</b>	
Grievance Procedures	Section 2, RFP	N/A	<b>X</b>	
Confidentiality Policies and Procedures	Section 2, RFP	N/A	<b>X</b>	
Emergency Policies and Procedures	Section 2, RFP	N/A	<b>X</b>	
Admission Criteria	Section 2, RFP	N/A	<b>X</b>	
House Rules	Section 2, RFP	N/A	<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Proposal Application Table of Contents

<b>I.</b>	<b>Program Overview .....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
	<b>A.</b> Necessary Skills .....	<b>2</b>
	<b>B.</b> Experience.....	<b>4</b>
	<b>C.</b> Quality Assurance and Evaluation.....	<b>5</b>
	<b>D.</b> Coordination of Services.....	<b>6</b>
	<b>E.</b> Facilities .....	<b>6</b>
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
	<b>A.</b> Staffing.....	<b>7</b>
	1. Proposed Staffing.....	<b>7</b>
	2. Staff Qualifications .....	<b>9</b>
	<b>B.</b> Project Organization .....	<b>10</b>
	1. Supervision and Training.....	<b>10</b>
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery .....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
	<b>A.</b> 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>B.</b> Other Financial Related Materials	
	Independent Financial Audit Report	
	<b>C.</b> Organization Chart	
	Program	
	Organization-wide	
	<b>D.</b> Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	<b>E.</b> Program Specific Requirements	

# **State Homeless Shelter Stipend Program**

**Workplan Forms and  
Instructions for  
Fiscal Years 2008 - 2011**

**October 20, 2006**

**SECTION 1: TYPE OF PARTICIPANT**

**Type of Homeless:**

Complete the chart below by projecting the number of each type of participant to be served at each homeless facility. If the homeless facility serves as both emergency and transitional shelters, complete one (1) for each type. Attach additional sheets as necessary.

**Shelter Name:** \_\_\_\_\_

Emergency  Transitional

<b>TYPE OF PARTICIPANT</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Proposed</b>	<b>FY 2009 Proposed</b>	<b>FY 2010 Proposed</b>	<b>FY 2011 Proposed</b>
Unsheltered homeless					
Sheltered (from emergency shelters)					
Sheltered (from transitional shelters)					
Sheltered (Other: drug treatment, mental hospital, YWCA, YMCA, cheap hotel, medical hospital)					
At-risk homeless					
<b>Total Types of Participants</b>					

**SECTION 2: PROJECT PLAN** (Emergency Shelters)

This section describes the applicant's proposed project plan, including goals, objectives, services, staffing, resources and evaluation methods. When applying for more than one (1) emergency homeless facility, complete one (1) Section 2. Project Plan, for each facility. Attach additional sheets as necessary.

A. **Shelter Name:** \_\_\_\_\_

B. **Goals:** State the major goal(s) of the homeless facility project.

C. **Objectives:**

1. Input Objectives: Number of Participants Served  
Complete the following according to the key below.

Table 2C.1

<b>NUMBER OF PARTICIPANTS SERVED</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Proposed</b>	<b>FY 2009 Proposed</b>	<b>FY 2010 Proposed</b>	<b>FY 2011 Proposed</b>
(1) Number <b>Unduplicated</b> Single Persons					
(2) Number <b>Unduplicated</b> Families with Children					
(3) Number <b>Unduplicated</b> Individuals in Families					
<b>(4) Total Number Unduplicated Homeless Persons</b>					

Notes:

1. "Total Number Unduplicated Homeless Persons" means all unduplicated persons served or to be served by the homeless facility for the defined time period. This number should equal the number of single persons plus the number of individuals in families:  

$$\begin{array}{r} \text{Number Unduplicated Single Persons (1)} \\ + \text{Number Unduplicated Individuals in Families (3)} \\ = \text{Total Number Unduplicated Homeless Persons (4)} \end{array}$$
2. "Number Unduplicated Single Persons" means the number of unduplicated persons whose household make-up does not consist of children for the defined time period. Couples would be included here as two (2) single persons. A pregnant woman entering the shelter alone shall be counted as one (1) person.
3. "Number Unduplicated Families with Children" means the number of unduplicated households consisting of at least one (1) dependent child under the age of 19.
4. "Number Unduplicated Individuals in Families" means the number of unduplicated persons (adult or child) who belong to a family. A family with a mother, father and four (4) children would be counted as six (6).

2. Input Objectives: Levels of Services Provided (Emergency)  
Complete the following chart by specifying the levels of services.

**Shelter Name:** \_\_\_\_\_

Table 2C.2

<b>Emergency Shelters SERVICE:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Proposed</b>	<b>FY 2009 Proposed</b>	<b>FY 2010 Proposed</b>	<b>FY 2011 Proposed</b>
1. Number of intake/ assessments ( <b>unduplicated</b> /entry only)					
2. Number of participants covered by a case plan ( <b>unduplicated</b> /entry only)					
3. Number of counseling contacts ( <b>duplicated</b> )					
4. Number of referrals to outside agencies ( <b>duplicated</b> )					
5. Number of meals served ( <b>duplicated</b> )					
6. Number of participants provided mail services ( <b>unduplicated</b> )					
7. Number of participants provided laundry services ( <b>duplicated</b> )					
8. Number of participants provided storage space ( <b>unduplicated</b> )					
9. Number of participants provided non-food emergency supplies ( <b>duplicated</b> )					
10. Other:					
11. Other:					

Notes:

- Count shall be unduplicated individuals (i.e. a family has three (3) individuals (two (2) adults and one (1) child), count as three (3)). A pregnant woman entering the shelter alone shall be counted as one (1) individual. Number of intakes should reflect the number of participants served.
- Count shall be individuals (i.e. if a family of four (4) has one social development agreement, count as four (4)). Number of case plans may differ from the number of participants served, depending on when a participant entered during the period and/or when the social services plan was completed (developed).

3. Outcome Objectives (Emergency)

Complete the following chart by specifying the levels of outcome objectives that were and will be achieved.

**Shelter Name:** \_\_\_\_\_

Table 2C.3

<b>Emergency Shelters OUTCOME:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Proposed</b>	<b>FY 2009 Proposed</b>	<b>FY 2010 Proposed</b>	<b>FY 2011 Proposed</b>
1. Number of <b>unduplicated</b> participants exited to permanent housing.					
2. Number of <b>unduplicated</b> participants exited to transitional shelter or other transitional programs.					
3. Number of <b>unduplicated</b> participants enrolled in training or education program (e.g. GED, job training, etc.)					
4. Number of <b>unduplicated</b> participants obtained employment.					
5. Number of <b>unduplicated</b> adults in need of substance abuse treatment enrolled in a phase of such program.					
6. Number of <b>unduplicated</b> participants in need of mental health services accessing such services.					

Notes:

- Count shall be taken from Item No. 1 (own permanent housing) or Item No. 2 (family/friend's permanent housing) of Section W., EXIT: Destination of the Exit Form HPS S-09 (Rev. 5/2003).
- Count shall be taken from Item No. 3 (transitional shelter), Item No. 5 (drug treatment program), or Item No. 7 (hospice/care home) of Section W., EXIT: Destination of the Exit Form HPS S-09 (Rev. 6/2003).

**SECTION 2: PROJECT PLAN** (Transitional Shelters)

This section describes the applicant's proposed project plan, including goals, objectives, services, staffing, resources and evaluation methods. When applying for more than one (1) transitional homeless facility, complete one (1) Section 2. Project Plan, for each facility. For Scattered Site applicants, summarize information for all sites onto one (1) Section 2. Attach additional sheets as necessary.

A. **Shelter Name:** \_\_\_\_\_

B. **Goals:** State the major goal(s) of the homeless facility project.

C. **Objectives:**

1. Input Objectives: Number of Participants Served

Complete the following according to the key below.

Table 2C.1

<b>NUMBER OF PARTICIPANTS SERVED</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Proposed</b>	<b>FY 2009 Proposed</b>	<b>FY 2010 Proposed</b>	<b>FY 2011 Proposed</b>
(1) Number <b>Unduplicated</b> Single Persons					
(2) Number <b>Unduplicated</b> Families with Children					
(3) Number <b>Unduplicated</b> Individuals in Families					
<b>(4) Total Number Unduplicated Homeless Persons</b>					

Notes:

1. "Total Number Unduplicated Homeless Persons" means all unduplicated persons served or to be served by the homeless facility for the defined time period. This number should equal the number of single persons plus the number of individuals in families:

$$\begin{array}{r}
 \text{Number Unduplicated Single Persons (1)} \\
 + \text{ Number Unduplicated Individuals in Families (3)} \\
 = \text{Total Number Unduplicated Homeless Persons (4)}
 \end{array}$$

2. "Number Unduplicated Single Persons" means the number of unduplicated persons whose household make-up does not consist of children for the defined time period. Couples would be included here as two (2) single persons. A pregnant woman entering the shelter alone shall be counted as one (1) person.

3. "Number Unduplicated Families with Children" means the number of unduplicated households consisting of at least one (1) dependent child under the age of 19.

4. "Number Unduplicated Individuals in Families" means the number of unduplicated persons (adult or child) who belong to a family. A family with a mother, father and four (4) children would be counted as six (6).

2. Input Objectives: Levels of Services Provided (Transitional)  
Complete the following chart by specifying the levels of services.

**Shelter Name:** \_\_\_\_\_

Table 2C.2

<b>Transitional Shelters SERVICE:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Proposed</b>	<b>FY 2009 Proposed</b>	<b>FY 2010 Proposed</b>	<b>FY 2011 Proposed</b>
1. Number of intake/assessments ( <b>unduplicated</b> /entry only)					
2. Number of participants covered by a case plan ( <b>unduplicated</b> /entry only)					
3. Number of counseling contacts ( <b>duplicated</b> )					
4. Number of referrals to outside agencies ( <b>duplicated</b> )					
5. On-site programs:					
a. Number of life skills classes		a.	a.	a.	a.
b. Number of educational classes		b.	b.	b.	b.
c. Number of health-related classes		c.	c.	c.	c.
d. Number of family-related classes		d.	d.	d.	d.
e. Number of support group classes		e.	e.	e.	e.
f. Number of community classes		f.	f.	f.	f.
g. Number of other classes		g.	g.	g.	g.

6.	Number of meals/food supplies provided ( <b>duplicated</b> )					
7.	Other:					
8.	Other:					
9.	Other:					

Notes:

1. Count shall be unduplicated individuals (i.e. if a family has three (3) individuals (two (2) adults and one (1) child), count as three (3). A pregnant woman entering the shelter alone shall be counted as one (1)). Number of intakes should reflect the number of participants served.
2. Count shall be individuals (i.e. if a family of four (4) has one social development agreement, count as four (4)). Number of case plans may differ from the number of participants served, depending on when the participant entered during the period and when the social services plan was completed (developed).
5. On-site programs (these refer to organized classes intended for groups of people. They are **not** one-on-one counseling contacts, which are accounted for in Table 2C.2, Section 3 above):
  - a. Life skills classes (e.g. budgeting, financial, employment, job skills, job training, independent living skills, A Commitment To Services (A.C.T.S.) classes, etc.)
  - b. Educational classes (e.g. GED, literacy, tutoring, computer, etc.)
  - c. Health-related classes (e.g. nutrition, medical, gerontology, therapeutic massage, aerobics)
  - d. Family-related classes (e.g. parenting, Mother's Support Groups, Kid's Opportunity, Keiki Play Morning, respite babysitting, etc.)
  - e. Support group-type classes (e.g. AA meetings, Stress Busters, anger management, specialized support groups, emotional fitness, Adult Child of Alcoholics (ACA) program, etc.)
  - f. Community-related classes (e.g. community development, Tenant Social Interaction program, tenant association or forum, etc.)
  - g. Other classes (classes which do not fit into the other classifications).
- 7-9. No. of other services provided (names must be identical to those proposed in proposal application. e.g. participants provided transportation, participants provided advocacy, etc.)

3. Outcome Objectives (Transitional)

Complete the following chart by specifying the levels of outcome objectives that were and will be achieved.

**Shelter Name:** \_\_\_\_\_

Table 2C.3

<b>Transitional Shelters OUTCOME:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Proposed</b>	<b>FY 2009 Proposed</b>	<b>FY 2010 Proposed</b>	<b>FY 2011 Proposed</b>
1. Number of <b>unduplicated</b> participants who have completed initial social services plans.					
2. Number of <b>unduplicated</b> participants completed training or education program (e.g. GED, job training, etc.)					
3. Number of <b>unduplicated</b> adults completed a phase of a substance abuse treatment program.					
4. Number of <b>unduplicated</b> participants participated in community activities (e.g. resident association, security watch, etc.)					
5. Number of <b>unduplicated</b> participants who retained employment for at least three months.					
6. Number of <b>unduplicated</b> participants transitioned off welfare.					
7. Number of <b>unduplicated</b> participants transitioned to permanent housing.					
8. Number of <b>unduplicated</b> participants retaining permanent housing for at least six months after exiting program.					

Notes:

1. Count shall be unduplicated individuals (i.e. if a family of four (4) has one (1) social development agreement, count as four (4)). Number of participants who have completed the first social services plan and is ready to move on to new goals or a new plan.
2. Count shall be duplicated (i.e. if a participant completes two programs, count as two (2)).
3. Count shall be unduplicated adults (i.e. if a participant completes three (3) phases of a substance abuse treatment program, count as one (1)).
4. Count shall be unduplicated (i.e. participant participates in two (2) community activities, count as one (1)).
5. Count shall be unduplicated (i.e. if participant obtained employment and retained for three (3) months in the first quarter, then continued their employment for an additional three (3) months in the second quarter, count as one (1)).
6. Count shall be unduplicated individuals (i.e. if a family of six (6) transitioned off welfare, count as six (6)). Welfare is considered cash benefits only, not food stamps.
7. Count shall be unduplicated individuals (i.e. if a family of three (3) transitioned to permanent housing, count as three (3)).
8. Count shall be unduplicated (i.e. if a family of three (3) retained permanent housing for at least six (6) months in the first quarter, then retained their housing for an additional six (6) months in the third quarter, count as three (3) in the first quarter only)).

**SECTION 3: FACILITIES DESCRIPTION**

Complete one Section 3, Facilities Description, per homeless facility. For Scattered Site applicants, summarize information on all sites into one Section 3.

Attach as Exhibit IX: Proof of ownership or management control of each facility (lease or management contract). For Scattered Site applicants, provide a list of current scattered site units. Submit individual site leases.

**Shelter Name:** \_\_\_\_\_

- Emergency       Transitional       Scattered Site

**A. Living Units:**

Complete the following table.

(1) Type of living unit	(2) Size of living unit (square feet)	(3) # of units available	(4) Range of persons	(5) Program Fee charged for unit
Sample: One-bedroom	500 sq. ft.	20	2 - 4	\$300

**Total Number of Living Units:** \_\_\_\_\_

Notes:

1. "Type of living unit" means dorm room, studio, one-bedroom, two-bedroom, common sleeping room, etc.
2. Self-explanatory.
3. "Number of units available" means the number of living units, which are being applied for under the Stipend Program.
4. "Range of persons" means the number of individuals who can reside in each living unit type/size.
5. Self-explanatory. If program fee changed is by formula (based on income, for example), then indicate formula, any minimum or maximum fees charged, and any income limits enforced.

**B. Minimum Services:**

Complete the following for each homeless facility.

**Shelter Name:** \_\_\_\_\_

Emergency       Transitional       Scattered Site

1. Does this facility meet or exceed the minimum level of adequate meals or cooking facilities required in Section 2. Part III.A.1. of the RFP?  
 YES       NO
2. Does this facility have a clothing bank on-site or access to an off-site clothing bank?  
 YES       NO      Location of clothing bank: \_\_\_\_\_
3. Does this facility have laundry facilities on-site available for the project participants' use?  
 YES       NO      Location of laundry facility: \_\_\_\_\_
4. This facility has  24-hour  12-hour access to living units.
5. Does this facility provide on-site phone access for participants in the event of an emergency?  
 YES       NO      Location of on-site phone: \_\_\_\_\_
6. Does this facility have a mailing address available for participants?  
 YES       NO
7. Does this facility have locked storage space for participants?  
 YES       NO      Location of locked storage space: \_\_\_\_\_
8. Does this facility meet or exceed the minimum level of sanitation needs required in Section 2. Part III.A.1. of the RFP?  
 YES       NO
9. Does this facility require health clearances, first aid, CPR and other emergency training for staff and/or volunteers?  
 YES       NO

Attach as Exhibit X:      Emergency procedures in the cases of: 1) fire, 2) violence and fighting, and 3) medical emergencies. Include details of how participants are informed of such procedures and how often fire drills are conducted.

**C. Plans to Upgrade:**

Describe any plans to upgrade facilities, equipment, or health and safety precautions at the homeless facility.

**D. Inspection and Housing Quality Standards (for Scattered Site agencies only):**

If you have existing sites, do all of them meet or exceed applicable building, housing and zoning codes, including occupancy standards?

YES       NO

Attach as Exhibit XI: Policies and procedures on housing quality standards and inspection. Include a copy of any forms used to document housing inspections. (Note: The HPHA may require that these be amended.)

Except for such variation as are proposed by the applicant and approved by HPHA, housing must meet the following requirements:

1. Structure and materials. The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from the elements.
2. Access. The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
3. Space and security. Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.
4. Interior Air Quality. Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
5. Water supply. The water supply must be free from contamination.
6. Sanitary facilities. Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
7. Thermal environment. The housing must have adequate heating and/or cooling facilities in proper operating condition.
8. Illumination and electricity. The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
9. Food preparation and refuse disposal. All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
10. Sanitary condition. The housing and any equipment must be maintained in sanitary condition.
11. Fire safety. (1) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If hearing-impaired persons occupy the unit, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.

(2) The public areas of all housing must be equipped with a sufficient number, but not less than one (1) for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

**E. Project Leveraging:**

Describe how leveraged resources will be used in the proposed project and attempts by your agency to secure additional/supplemental resources during the past fiscal year. Describe any plans for future efforts to obtain additional resources to be used in the proposed project.

## **SECTION 1: TARGETING**

This section describes the geographic locations in which services will be provided and the type(s) and special needs of the homeless population to be served by the proposed outreach project.

**A. Geographic Location**

Describe the geographical location(s) to be covered by the proposed outreach project.

Attach as Exhibit I: Map to show geographic location(s) of services.

**B. Targeted Population(s)**

Describe the targeted population, e.g. homeless families with children, working singles, persons with HIV/AIDS, elderly, substance abusers, spouse abuse victims with children, runaway youth, etc. Include a discussion of how each targeted subpopulation is reached or will be reached.

**C. Other Eligibility Requirements**

Describe any eligibility requirements, other than those imposed by the Outreach Program, or any restrictions to services imposed by the proposed outreach project.

**D. At-Risk Homeless Verification**

For applicants who are serving at-risk homeless persons, describe how it will be determined that such persons do not have any other subsequent alternatives for residence and the resources and support network needed to obtain housing.

Attach as Exhibit II: Copy of agency procedures on verification of homeless status.

Applicants may be required to reduce the percentage of at-risk homeless served as requested by the HPHA to ensure service of unsheltered homeless.

**E. Type of Homeless**

Complete the chart below by projecting the amount of each type of participant to be served by the proposed outreach project.

TYPE OF PARTICIPANT	FY 2006 Actual	FY 2008 Projected	FY 2009 Projected	FY 2010 Projected	FY 2011 Projected
Unsheltered homeless					
Sheltered (at emergency shelters)					
Sheltered (at transitional shelters)					
Sheltered (other facilities)					
At-risk homeless					
Total					

**SECTION 2: DESCRIPTION OF NEED**

This section provides a description of the needs being addressed by the proposed outreach project. This section is not to exceed four (4) typed pages.

The HPHA recognizes that for a homeless continuum of care strategy to be effective, it must be associated with a community's overall development plan and consist of a coordinated, community-based process of identifying needs and building a system to address those needs. While not all homeless people will need to have access to all components of the continuum of care system, planning for each component in the community is vital.

- A. Describe the overall need for the proposed outreach project. Include information on the projected number of homeless persons that require outreach services.
- B. Describe the specific characteristics and needs of the target population(s) identified in the preceding section which are being addressed by the proposed outreach project. Include information on the types of services that the homeless require and may not be receiving and the reasons why.

C. Continuum of Care: Gap Analysis. Identify the estimated need of homeless in your geographical area of services.

- Supportive Services Slots. Complete the chart below by identifying the estimated need for supportive services slots, enter the number of slots that the community would need to provide supportive services, at one point in time, to all homeless individuals and families with children. You may double count since homeless persons may need multiple services. You may revise the chart to show additional supportive services to reflect the needs in your community.

**Continuum of Care: Gaps Analysis**

Complete the following table using the instructions provided above.

Table 2.C

Single Individuals					
		Estimated Need			
		2008	2009	2010	2011
<b>Estimated Supportive Services Slots</b>	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other:				
	Other:				

Persons in Families with Children					
		Estimated Need			
		2008	2009	2010	2011
<b>Estimated Supportive Services Slots</b>	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other:				
	Other:				

**SECTION 3: PROJECT PLAN**

This section describes the applicant's proposed project plan, including goals, objectives, services, staffing, resources and evaluation methods.

A. **Goals.** State the major goal(s) of the project.

B. **Objectives**

1. Input Objectives: Number of Participants to be Served  
 Complete the following according to the key below.

Table 3.B.1

<b>OUTREACH PARTICIPANT:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Projected</b>	<b>FY 2009 Projected</b>	<b>FY 2010 Projected</b>	<b>FY 2011 Projected</b>
<b>a. Total Number Unduplicated Homeless Persons</b>					
b. Number Unduplicated Single Persons					
c. Number Unduplicated Families with Children					
d. Number Unduplicated Individuals in Families					
e. Total Encounters (duplicated)					

Key:

- a. "Total Number Unduplicated Homeless Persons" means all unduplicated persons served or to be served by the proposed project. This number should equal the number of single persons plus the number of individuals in families, i.e.:
  - b. Number Unduplicated Single Persons
  - d. Number Unduplicated Individuals in Families
  - = a. **Total Number Unduplicated Homeless Persons**
- b. "Number Unduplicated Single Persons" means the number of unduplicated persons whose household make-up does not consist of children. Couples would be included here as two single persons.
- c. "Number Unduplicated Families with Children" means the number of households consisting of at least one dependent child under the age of 19.
- d. "Number Unduplicated Individuals in Families" means the number of unduplicated persons (adult or minor child) who belong to a family (a unit with at least one dependent child under the age of 19). A family with a mother, father and four children would be counted as six persons.
- e. "Total Encounters" means the total number of times the outreach project makes contact with homeless persons or households. If an outreach project makes contact with two homeless persons three times each, the total number of encounters is six.

2. Input Objectives: Levels of Services Provided  
 Complete the following chart by defining the services to be performed and the level of such services that have been and will be provided. At a minimum, intake, assessment, counseling and referral, and follow-up services should be included.

Table 3.B.2

<b>OUTREACH SERVICE: SERVICE:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Projected</b>	<b>FY 2009 Projected</b>	<b>FY 2010 Projected</b>	<b>FY 2011 Projected</b>
a. Number of new participant intake/assessments					
b. Number of participants provided case management (unduplicated)					
c. Number of participants referred and followed-up with (non-medical)					
d. Number of participants provided medical care or referred for health care services					
e. Number of participants provided food					
f. Number of participants provided supplies (clothing, blankets, hygiene kits, tents, tarps, etc.)					
g. Number of family counseling encounters					
h. Number of lifestyle counseling encounters					
i. Other:					
j. Other:					

Key:

- a. Number of initial intakes (i.e. new participants) only; does **not** include continuing participants who receive an updated intake.
- b. Number of unduplicated participants receiving case management.
- c. Number of non-medical referrals (duplicated), which includes employment, employment training, child & family assistance, food referrals, clothing, housing - transitional, temporary shelter (emergency), social security, veteran assistance, welfare, legal, education, bilingual access line and others.
- d. Number of medical services or referrals (duplicated) which includes all nurse and physical encounters and all medical referrals (i.e. doctor, nurse, public health nurse, other medical, mental health, CRSP, STD/AIDS, substance abuse, dental, vision and family planning).
- e. Number of participants provided food supplies (unduplicated); does **not** include food referrals (these are counted in non-medical referrals and follow up).
- f. Number of participants provided non-food supplies (duplicated) which includes tents, tarps, stoves, solar showers, clothes, etc.; does **not** include food.
- g. Number of family counseling encounters which includes counseling regarding parenting, children, domestic violence and similar issues.
- h. Number of lifestyle counseling encounters which includes counseling regarding hygiene, substance abuse, budgeting, etc.

3. **Outcome Objectives**  
 Complete the following table. For agencies already receiving Outreach Program funds, use the outcome objectives from your agency's fiscal year 2002 application. For new applicants, describe specific, measurable and client-focused objectives for each of the goals identified in Section 3.A. of this RFP Workplan form.

Table 3.B.3

<b>OUTCOME OBJECTIVE:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Projected</b>	<b>FY 2009 Projected</b>	<b>FY 2010 Projected</b>	<b>FY 2011 Projected</b>
a. Number of participants who transitioned to emergency or transitional housing.					
b. Number of participants who transitioned to permanent housing.					
c.					
d.					
e.					
f.					

- C. **Scope of Services**  
 Describe in detail how the required scope of services (as defined in Section 2. Part III. A.1. of the RFP) are to be performed. Please be sure to include a discussion of the following:

1. Days and hours services are to be provided.
2. How homeless persons receive or access assistance services under the Outreach Program; and
3. How your program facilitates the movement of homeless persons from one component of the system to another.

- D. **Staffing**  
 Identify specific caseload standards or staffing ratios, i.e. number of direct staff to participants. Describe supervisory control and procedures for staff evaluations. Include plans for training and education of staff and/or utilization of volunteers.

- E. **Resources and Coordination of Resources**  
 Describe existing network of service resources and any interagency linkages, which may enhance service delivery. Identify any plans to expand network. Identify any coordinating councils, networks, or other organizational structures and planning sessions or meetings your agency has participated in as part of the community-based process of building a continuum of care system.

**F. Evaluation Plan**

Describe how project will be evaluated to measure whether goals and objectives are being achieved, and how staff will ensure the quality of services provided. Include any sample forms as applicable.

**G. Grievance Procedures**

Attach as Exhibit III: Participant grievance procedures that are provided to participants and procedures that are used by agency staff when handling grievances. Note: The HPHA may require changes to ensure procedures afford participants due process.

**H. Confidentiality**

Attach as Exhibit IV: Policies and procedures that are used by agency staff regarding the handling of participant files and other confidential information.

**I. Americans with Disabilities Act**

Describe your agency's efforts to ensure that homeless persons with disabilities are provided with reasonable access to services.

**SECTION 4: EQUIPMENT DESCRIPTION**

This section describes the equipment to be used in providing the required Outreach services.

**A. Equipment to be Used**

Mark the following equipment to be used in providing the services required in Part 2.B. of the Workplan form.

<u>Will be using</u>	<u>Already purchased</u>	
_____	_____	Automobile (make/model/year: _____ _____ _____)
_____	_____	Cellular Phone
_____	_____	Pager
_____	_____	Medical equipment (specify _____ _____)
_____	_____	Other (specify _____)
_____	_____	Other (specify _____)

**B. Plans to Upgrade Equipment**

Describe any plans to upgrade this equipment during the contract period, indicating source of funds for such upgrades.

## **SECTION 1: TARGETING**

This section describes the geographic locations in which services will be provided and the target population(s) to be served by the proposed grant project. (No more than three (3) pages)

**A. Geographic Location**

Describe geographic locations to be covered by the proposed grant project. Indicate the specific geographic locations of offices where grant applicants will be assisted.

Attach as Exhibit I: Map to show geographic locations of services.

**B. Targeted Population(s)**

Describe your agency's current client base for all of your agency's programs (do **not** limit to grant programs or homeless programs).

Describe the targeted population for the proposed grant project and whether this population differs from your agency's current client base.

**C. Outreach Efforts**

Describe outreach and other recruitment efforts to solicit grant applications from eligible homeless persons. Describe how homeless persons will receive or access services under the grant program.

**D. Other Eligibility Requirements**

Describe any eligibility requirements, other than those imposed by the Grant Program (e.g. income requirements, special needs determination, etc.)

**E. At-Risk Homeless Verification**

For applicants who are serving at-risk homeless persons, describe how it will be determined that such persons do not have any other subsequent alternatives for residence and the resources and support network needed to obtain housing.

Attach as Exhibit II: Copy of agency procedures used to verify at-risk homeless status.

**F. Type of Homeless**

Complete the chart below by inserting the amount/number of each type of participant served by the proposed grant project.

<b>TYPE OF PARTICIPANT</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Projected</b>	<b>FY 2009 Projected</b>	<b>FY 2010 Projected</b>	<b>FY 2011 Projected</b>
Unsheltered homeless					
Sheltered (at emergency shelters)					
Sheltered (at transitional shelters)					
At-risk homeless					
Total					

**SECTION 2: DESCRIPTION OF NEED**

This section provides a description of the needs being addressed by the proposed grant project. This section is not to exceed two (2) typed pages.

- A. Describe the overall need for the proposed grant project.
- B. Describe the specific characteristics and needs of the target population(s) identified in the preceding section that are being addressed by the proposed grant project.

**SECTION 3: PROJECT PLAN**

This section describes the applicant's proposed project plan, including goals, objectives, services, staffing, resources and evaluation methods.

A. **Goals.** State the major goal(s) of the project.

B. **Objectives**

1. Input Objectives: Number of Participants to be Served  
Complete the following according to the key below.

Table 4.B.1

<b>GRANT PARTICIPANT:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Projected</b>	<b>FY 2009 Projected</b>	<b>FY 2010 Projected</b>	<b>FY 2011 Proposed</b>
<b>a. Total Number Unduplicated Homeless Persons</b>					
b. Number Unduplicated Single Persons					
c. Number Unduplicated Families with Children					
d. Number Unduplicated Individuals in Families					

Key:

- a. "Total Number Unduplicated Homeless Persons" means all unduplicated persons served or to be served by the proposed project. This number should equal the number of single persons plus the number of individuals in families, i.e.:
- b. Number Unduplicated Single Persons  
d. Number Unduplicated Individuals in Families  
= a. **Total Number Unduplicated Homeless Persons**
- b. "Number Unduplicated Single Persons" means the number of unduplicated persons whose household make-up does not consist of children. Couples would be included here as two (2) single persons.
- c. "Number Unduplicated Families with Children" means the number of households consisting of at least one (1) dependent child under the age of 19.
- d. "Number Unduplicated Individuals in Families" means the number of unduplicated persons (adult or minor child) who belong to a family (a unit with at least one (1) dependent child under the age of 19). A family with a mother, father and four (4) children would be counted as six (6) persons.

2. Outcome Objectives

Complete the following chart by specifying the levels of outcome objectives that were and will be achieved.

Table 4.B.2

<b>OUTCOME OBJECTIVE:</b>	<b>FY 2006 Actual</b>	<b>FY 2008 Projected</b>	<b>FY 2009 Projected</b>	<b>FY 2010 Projected</b>	<b>FY 2011 Projected</b>
a. At-risk homeless who received assistance and retained permanent housing for at least six (6) months without additional assistance. (1) Number of families (2) Number of single persons					
b. Homeless who received assistance and obtained permanent housing and retained for a minimum of six (6) months. (1) Number of families (2) Number of single persons					
c. Homeless persons who received case management assistance or referrals (1) Number of families (2) Number of single persons					
d. Homeless persons who participated in and completed programs that promote self-sufficiency (e.g. job training, GED, etc.)					
d. Other:					

Key:

- (1) "Number of families" means all unduplicated families that met or are projected to meet the outcome objective specified in the defined time period (fiscal year).
- (2) "Number of single persons" means the number of unduplicated persons whose household make-up does not consist of children and who met or are projected to meet the outcome objective for the defined time period (fiscal year). Couples would be included and counted as two (2) single persons.
- (3) "Number of individuals" means the number of people, regardless of family composition, that met or are projected to meet the outcome objective specified in the defined time period (fiscal year).

- C. **Scope of Services**  
Describe in detail how the required scope of services (as defined in Section 2. Part III. A.1. of the RFP) are to be performed. Include the days and hours that services will be provided.
- D. **Staffing**  
Identify staffing pattern and ratios. Describe supervisory control and procedures for staff evaluations. Include plans for training and education of staff and/or utilization of volunteers.
- E. **Resources and Coordination of Resources**  
Describe existing network of service resources and other programs of the applicant that will be used to enhance the effectiveness of grant assistance. Identify any plans to expand network and/or programs. Identify any coordinating councils, networks, or other organizational structures and planning sessions or meetings your agency has participated in as part of the community-based process of building a continuum of care system.
- F. **Evaluation Plan**  
Describe how the program will be evaluated to measure whether goals and objectives are being achieved.
- G. **Grievance Procedures**  
Attach as Exhibit III: Grievance procedures for persons who have their grant request denied and procedures that are used by agency staff when handling grievances. Note: The HPHA may require changes to ensure procedures afford these persons due process.
- H. **Check Turnaround**  
Indicate the number of working days or hours your agency normally requires to generate a check once approval has been made.
- I. **Confidentiality**  
Attach as Exhibit IV: Policies and procedures that are used by agency staff regarding the handling of participant files and other confidential information.
- J. **Americans With Disability Act**  
Describe your agency's efforts to ensure that homeless persons with disabilities are provided with reasonable access to services.

**SECTION 4: BUDGET**

In this section please provide information regarding the use of grant funds.

Attach as Exhibit V: Audited financial statements for last two (2) years. ***Attach any independent financial audit reports not previously submitted to the HPHA.***

**A. Budget**

1) Number of Grants to be Made

Complete the following chart by identifying the number of each type of grant that has been and will be made with Grant Program funds.

Table 4.A.1.

TYPE OF GRANT	FY 2006 Actual	FY 2008 Projected	FY 2009 Projected	FY 2010 Projected	FY 2011 Projected
a. Shelter/housing					
b. Food					
c. Medical care; medication					
d. Transportation					
e. Child care					
f. Other					
TOTALS					

2) Amounts of Grants to be Made

Complete the following chart by identifying the dollar amount of each type of grant that has been and will be made with Grant Program funds.

Table 4.A.2.

TYPE OF GRANT	FY 2006 Actual	FY 2008 Projected	FY 2009 Projected	FY 2010 Projected	FY 2011 Projected
a. Shelter/housing	\$	\$	\$	\$	\$
b. Food	\$	\$	\$	\$	\$
c. Medical care; medication	\$	\$	\$	\$	\$
d. Transportation	\$	\$	\$	\$	\$
e. Child care	\$	\$	\$	\$	\$
f. Other	\$	\$	\$	\$	\$
g. Administration (up to 15%)	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$

**B. Other Grant Funds**

Insert the dollar amount of grant funds received or projected to be received for each grant program. Applicants must indicate **all** grant funds received or projected to be received by your agency. Indicate funds that are projected with an asterisk "\*".

Table 4.B.

PROGRAM:	FY 2006 Actual	FY 2008 Projected	FY 2009 Projected	FY 2010 Projected	FY 2011 Projected
1. State Homeless Grant Program	\$	\$	\$	\$	\$
2. Federal FEMA Program	\$	\$	\$	\$	\$
3. Other:	\$	\$	\$	\$	\$
4. Other:	\$	\$	\$	\$	\$
5. Other:	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$

Note: Grant funds not expended in fiscal year 2007, will not be carried over to fiscal year 2008. Any grant funds which are not expended on a timely basis are subject to reprogramming by the HPHA.

# **Attachment D**

## **Budget Forms**

**(Retrieve budget forms from SPO website, see instructions on RFP, page 1-2.)**

**October 20, 2006**

**ATTACHMENT E**

Hawaii Public Housing Authority

Shelter Management Requirements

ARTICLE I

DEMISE

Section 1 Premises.

"Nakolea" at 1020 Isenberg Street, Honolulu, Oahu, Hawaii 96826 TMK: (1) 2-8-004:007

"Kulaokahua" at 1311 Ward Avenue, Honolulu, Oahu, Hawaii 96826 TMK: (1) 2-4-014:026(1)

"Weinberg Village Waimanalo" at 41-490 Saddle City Road, Waimanalo, Oahu, Hawaii 96795 TMK: (1) 4-1-013:023

"Onemalu" at Bldg. #48 Belleauwoods, Kalaeloa, Oahu, Hawaii 96707 no TMK

ARTICLE II

CHARGES

Section 2 Utility Services. During the term of the Contract, the Provider shall timely pay all utilities charges, duties and rates of every description, including but not limited to electric, water, sewer, gas, and refuse collection charges that may be levied upon the Premises, regardless of whether such are assessed to or payable by the Hawaii Public Housing Authority (HPHA) or the Provider.

ARTICLE III

USE

Section 3.1 Use of Premises. The Provider shall use the Premises for the operation of transitional living units for homeless, low-income, and employed individuals, as defined in Act 196, Session Laws of Hawaii 2005 and Act 180, Session

Laws of Hawaii 2006, Hawaii Revised Statutes, and Chapter 188, Hawaii Administrative Rules, and for those who are not receiving U.S. Department of Housing and Urban Development ("HUD"), Section 8 housing assistance.

Section 3.2 Compliance with Laws. The Provider shall comply with all the requirements of federal, state and municipal authorities and observe all federal and state laws, ordinances, rules, and regulations pertaining to the Premises.

Section 3.3 Wasteful, Unlawful, Improper or Offensive Use of Premises. The Provider shall not commit, suffer or permit any waste, nuisance, or stripping of the Premises, or improper or offensive use of the Premises. The Provider shall not cut down, remove or destroy any trees now growing on the Premises without the prior written consent of the HPHA.

Section 3.4 Hazardous Waste. The Provider shall keep and maintain the Premises, including without limitation, the groundwater on or under the land, in compliance with any and all federal, state or local laws, ordinances, rules or regulations relating to environmental conditions, industrial hygiene or hazardous materials. Such laws include without limitation the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended; 42 U.S.C. § 9601, et seq.; the Hazardous Materials Transportation Act, 49 U.S.C. § 6901 et seq.; the Clean Water Act, 33 U.S.C. §1251, et seq.; the Clean Air Act, 42 U.S.C. § 7401, et seq.; the Toxic Substances Control Act, 15 U.S.C. §§2601 through 2629; the Safe Drinking Water Act, 42 U.S.C. §§300F through 300j; and any state and local laws, ordinances and rules adopted pursuant to these federal laws and regulations.

The Provider shall not use, generate, manufacture, treat, handle, refine, produce, process, store, discharge, release, dispose of or allow to exist on, under or about the Premises any flammable explosives, radioactive materials, asbestos, organic

compounds known as polychlorinated biphenyls, chemicals known to cause cancer or reproductive toxicity, pollutants, contaminants, hazardous wastes, toxic substances or related materials, including without limitation, any substances defined as or included in the definition of "hazardous substances," "hazardous wastes," "hazardous materials," or "toxic substances" under the hazardous materials laws, ordinances, rules, or regulations. Furthermore, the Provider shall not allow to exist on, under or about the Premises any underground storage tanks or underground deposits.

The Provider shall immediately advise the HPHA in writing of (i) any and all enforcement, clean up, removal, mitigation, remediation or other governmental or regulatory actions instituted, contemplated or threatened pursuant to any hazardous materials laws, ordinances, rules, or regulations, that affect the Premises; (ii) all hazardous materials claims made or threatened by any third party against the Provider or the Premises relating to damage, contribution, cost recovery, compensation, loss or injury relating to and resulting from any hazardous materials; and (iii) the Provider's discovery of any occurrence or condition on the Premises, which could subject the Provider and the HPHA or the Premises to any restrictions on ownership, occupancy, transferability or use of the Premises under any hazardous materials laws, ordinances, rules, or regulations.

The HPHA shall have the right to join in and to participate in any settlements, remedial actions, legal proceedings or actions initiated in connection with any hazardous materials claims. In this event, the Provider shall pay all costs and attorneys' fees incurred by the HPHA. The Provider shall be solely responsible for and shall defend, indemnify and hold harmless the State of Hawaii, the HPHA and its employees, agents, successors and assigns from and against any loss, damage, cost, expense or liability directly or indirectly arising out of or attributable to the use,

generation, manufacture, treatment, handling, refining, production, processing, storage, subcontract, threatened subcontract, discharge, disposal, or presence of hazardous materials on, under or about the Premises including without limitation: (i) the costs of any required or necessary repair, cleanup or detoxification of the Premises, and the preparation and implementation of any closure, remedial or other required plans; and (ii) all fees, costs and expenses incurred by the HPHA.

The HPHA shall have the right to require that the Provider obtain a Phase I Environmental Survey of the Premises, conducted and completed by a competent and experienced environmental engineer or engineering firm. The Provider shall obtain and shall pay for such survey and provide a copy to the HPHA.

Section 3.5 Assignment. The Provider shall not transfer or assign the Contract or any interest or portion of the Contract, except as provided for in Section 3.11.

Section 3.6 Sanitation. The Provider shall keep the demised premises and improvements in a clean, sanitary and orderly condition.

Section 3.7 Improvements. The Provider shall not at any time during the term construct, place, maintain and install on the Premises any building, structure or improvement of any kind and description whatsoever except with the prior written approval of the HPHA and upon such conditions as the HPHA may impose. At the discretion of the HPHA, the HPHA may elect to keep and own the improvements or may elect to require the Provider to remove any improvement constructed and set in place by the Provider.

Section 3.8 Mortgage. The Provider shall not mortgage, hypothecate or pledge the Premises or this Contract without the prior written consent of the HPHA.

Section 3.9 Right to Enter. The HPHA and its agents or representatives shall have the right to enter the Premises for the purpose of performing any public or official duties upon reasonable notice; provided, however, in the exercise of such rights, the HPHA, shall not interfere unreasonably with the Provider or the Provider's use and enjoyment of the Premises.

Section 3.10 Pet restriction. No pets shall be permitted on the Premises.

Section 3.11 Subcontract.

a. The Provider shall not subcontract the Premises or any portion of the Premises without prior written consent of the HPHA. The consent to subcontract shall not be construed as a waiver of any of the terms, covenants, and conditions of the Contract by HPHA. Prior to the HPHA granting the Provider a consent to subcontract, the Provider shall deliver to the HPHA, an agreement executed and acknowledged by the subcontractor. Under the terms of the subcontract, the subcontractor shall assume the obligations and liabilities of the Contract and agree to be personally bound by the covenants and conditions contained in the Contract;

b. The Provider shall remain primarily liable for the obligations and duties of the Contract. Subcontracting the Premises shall not relieve the Provider from any of its obligations under the Contract;

c. The Provider shall be liable for all expenses, costs, and fees, including attorney fees, that may be incurred in removing a Subcontractor from the Premises and in restoring the Premises to its original condition.

## ARTICLE IV

### MAINTENANCE AND REPAIRS

Section 4.1 Repairs to Improvements. During the term of the Contract, the Provider shall, at its own expense, keep, repair and maintain all buildings and improvements, now existing or constructed or installed on the Premises in good order, condition, and repair. The Provider shall pay for any repair or renovation to the building and other improvements on the Premises, including, but not limited to, the roof, plumbing, electric wiring, sewer and drain facilities, however, if the repair or renovation exceeds \$12,000.00, the HPHA shall pay the costs in excess of \$12,000.00 but only if prior written consent from HPHA has been obtained to proceed with the repairs or renovation. The Provider shall complete all repairs as may be required by the HPHA within ninety (90) days after receiving a written notice from the HPHA that such repairs are to be performed.

Section 4.2 Inspection of Premises. Upon notice of not less than forty-eight (48) hours, except in cases of emergency, the Provider shall permit the HPHA and its agents, at all reasonable times to enter the Premises and to inspect and examine the condition of the Premises.

Section 4.3 Liens. The Provider will not commit any act or neglect whereby the Premises or any improvement constructed by the Provider will become subject to any attachment, lien, charge or encumbrance whatsoever. The Provider shall defend indemnify and hold harmless the State of Hawaii and the HPHA from and against any such attachment, lien, charge, encumbrance and pay for all resulting expenses.

Section 4.4 Fire or Other Casualty. In the event the Premises shall be damaged or destroyed by fire or other casualty, the HPHA may either terminate the Contract or elect to repair or restore the Premises. If the HPHA elects to terminate the

Contract, all further obligations of either party shall cease, effective as of the mutually agreed upon date. The Provider shall surrender the Premises to the HPHA. If the HPHA elects to repair or restore the Premises, the terms and conditions of this Contract shall be in full force.

## ARTICLE V

### LIABILITY

Section 5.1 Liability Insurance. The Provider shall procure and maintain at its own cost and expense during the entire term of the Contract, a policy or policies of general comprehensive liability insurance in an amount of at least \$2,000,000.00, insuring the State of Hawaii, the HPHA, and its directors, officers, employees, and agents from and against all claims for damages, personal injury and/or death, and in an amount of at least \$100,000.00 for property damage. The policy or policies shall cover the entire Premises, including all buildings, improvements and grounds and all roadways or sidewalks on or adjacent to the Premises. The State of Hawaii and the HPHA shall be named as additional insured. The Provider shall furnish the HPHA with a certificate showing the policy to be in force during the entire term of the Contract. The certificate shall contain a requirement that the insurer shall notify the HPHA of any changes or cancellation of policy at least thirty (30) days prior to any amendment or cancellation. The Provider agrees to deposit a certificate of insurance with the HPHA, on or before the effective date of this Contract. The Provider shall deposit other certificates of insurance as necessary to satisfy the HPHA that the Provider is in compliance with insurance provisions of this Contract.

Section 5.2 Fidelity Bond. The Provider shall at its cost, obtain and maintain fidelity bond coverage in the amount of \$15,000.00 for its officers, agents, or employees handling client cases and/or property, to protect the HPHA against

misapplication of funds. Copies of written proof of bonding shall be forwarded to the HPHA within 30 days from the award of contract.

Section 5.3 Indemnity. The Provider shall indemnify, defend and hold harmless the State of Hawaii and the HPHA from and against any claim or demand for loss, liability or damage, including claims for property damage, personal injury or death, arising out of or in connection with the Premises or occasioned by an act of nuisance made or suffered on the Premises, or by any fire thereon, or growing out of or caused by any failure on the part of the Provider to maintain the Premises in a safe condition, or by act or omission of the Provider, from and against all actions, suits, damages and claims by whomsoever brought or made by reason of the Provider's action, non-observance or non-performance of any of the terms, covenants and conditions of the Contract or the rules, regulations, ordinances and laws of the federal, state, and county governments.

Section 5.4 Costs of Litigation. In case the HPHA is made a party of any litigation in connection with the Contract, the Provider shall pay all costs and expenses incurred by or imposed on the HPHA. Furthermore, the Provider shall pay all expenses, costs, and fees which may be incurred by or paid by the HPHA in enforcing the terms, covenants and conditions of the Contract, including, but not limited to, recovering possession of the Premises and collecting delinquent rents and other charges.

## ARTICLE VI

### CONDEMNATION

Section 6.1 Condemnation. If any portion of the Premises should be condemned for public purposes, the HPHA shall reduce the rent required in a manner that appropriately reflects the portion of the Premises condemned. The Provider shall

not by reason of the condemnation be entitled to any claim against or indemnity from the HPHA. All compensation payable to or to be paid for on account of the condemnation shall be payable solely to the HPHA. If the portion condemned renders the remainder of the Premises unsuitable for its intended use or uses, the Provider shall have the option to surrender the Contract and be discharged and relieved from any further liability on a date that is agreed to by both the HPHA and the Provider. If required by the HPHA, the Provider shall remove the permanent improvements including permanent improvements, constructed, erected and placed by the Provider within a period determined by the HPHA. If the Provider fails to remove the improvements, including permanent improvements, the terms and conditions of this Contract agreement shall be in full force.

Section 6.2 Partial Taking. In case only part of the Premises shall be taken or condemned, either party shall have the right to terminate the Contract. If required by the HPHA, the Provider shall remove the permanent improvements including permanent improvements, constructed, erected and placed by the Provider within a period determined by the HPHA. If the Provider fails to remove the improvements, including permanent improvements, the terms and conditions of this Contract agreement shall be in full force.

## ARTICLE VII

### GENERAL COVENANTS

Section 7.1 Covenant Against Discrimination. The use and enjoyment of the Premises shall not discriminate against anyone based upon race, creed, sex, color, national origin or a physical handicap.

Section 7.2 The HPHA's Lien. The HPHA shall have a lien on all buildings and improvements placed on the Premises by the Provider. The lien is for all costs,

attorney's fees, rent reserved, taxes and assessments paid by the HPHA on behalf of the Provider and the payment of money owed by the Provider. Such lien shall continue until the amounts due are paid in full.

Section 7.3 Extension of Time. Notwithstanding any provision to the contrary, the HPHA may allow additional time to the Provider beyond the time provided in this Contract in which to comply, observe and perform any of the terms, conditions and covenants of the Contract.

Section 7.4 Surrender. The Provider shall at the end of the term or at the sooner termination of the Contract, peaceably deliver unto the HPHA, possession of the Premises, together with all improvements and structures existing or constructed on the Premises. Upon expiration or termination of the Contract, the HPHA reserves the option to: (1) retain the structures and other improvements on the Premises, or (2) require the Provider at the Provider's sole expense to remove from the Premises any structures and other improvements constructed by the Provider. The Provider shall restore the Premises to a condition satisfactory to the HPHA within ninety (90) days after the expiration or termination of the Contract.

Upon expiration or termination of the Contract, if the Provider fails to remove any and all personal property, equipment, and/or vehicles from the Premises, the HPHA further reserves the option to: (1) remove any and all such personal property, equipment and/or vehicles from the Premises and place the property in storage at the cost and expense of the Provider, or (2) consider all such personal property, equipment and/or vehicles as "abandoned" and remove and dispose of the personal property, equipment and/or vehicles at the Provider's sole cost and expense. The Provider agrees to pay all costs and expenses for the storage, removal or disposal of its personal property, equipment and/or vehicles.

It is also understood and agreed that at the expiration or termination of the Contract, the Provider shall deliver the Premises to the HPHA. The Provider shall be solely responsible for all costs associated with vacating the Premises including, but not limited to, attorneys' fees and court costs.

Section 7.5 Clearance. The Provider shall be solely responsible for obtaining all necessary federal, state and county clearances required to use the Premises as permitted in the Contract.

Section 7.6 Amendments, Modifications, and Addenda. All amendments, modifications, and addenda to the Contract shall be in writing and agreed to and signed by both the HPHA and the Provider.

Section 7.7 Waiver, Modification, Reimposition of Bond Provision. Subject to the substantial compliance by the Provider of the terms, covenants and conditions of the Contract, the HPHA may waive or suspend the performance bond and/or improvement bond requirements. The HPHA reserves the right to reactivate or to reimpose the bond requirement at any time during the term of the Contract.

Section 7.8 Inspection by Prospective Bidders. The HPHA shall have the right to authorize prospective bidders and any person or persons to enter upon and to inspect the Premises at all reasonable times. Such inspection will be for purpose of informing and apprising prospective bidders or other persons about the condition of the land in connection with any proposed transfer of assets. Any entry and inspection shall be conducted subject to reasonable notice of not less than forty-eight (48) hours and shall be made in the company of the Provider or its designated agents, if the Provider so requires.

Section 7.9 Time is of the Essence. Time is of the essence in all provisions of the Contract.

## ARTICLE VIII

### SPECIAL PROVISIONS

Section 8.1 "Where Is – As Is" Condition. The HPHA makes no representation and does not warrant that the Premises are suitable for the purpose intended. The Provider shall make all investigations and studies of the Premises to determine that the Premises are suitable for the purposes intended. The Provider shall accept the Premises in a "Where Is – As Is" condition.

Section 8.2 Rent Assistance Payment Program. The Provider may receive monies from the Rent Assistance Payment (RAP) program for the purpose of subsidizing eligible tenants' program fees or rent. The RAP program is funded through the HPHA. The Provider must comply with all terms of the RAP Contract and any other provisions set forth by the HPHA as it relates to the RAP program.