

SIGN IN SHEET

RFI-HPB-2008-31	Housing Opportunities for Persons with AIDS (HOPWA)
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INSTRUCTIONS

Please complete the sign-in sheet and fax the necessary contact information to the Hawaii Public Housing Authority (HPHA), Homeless Programs Branch at (808) 832-5932.

Read this packet carefully. If you have any questions, please call the RFI Coordinator.

RFI Coordinator	Judy Ishida, Homeless Program Specialist Phone: (808) 832-5930
RFI Deadline:	January 23, 2009 4:30 p.m.
Mailing/delivery Address	Central Files, Building D 1002 North School Street Honolulu, Hawaii 96817
Date: _____	
Company Name:	_____
Address:	_____ _____
Phone No.	_____ Cell No. _____
Fax No.	_____
Email Address:	_____
Contact Person:	_____

Signature of Person

Each interested provider must complete the sign-in sheet and provide the necessary contact information to the listed RFI Coordinator at HPHA. Registration is essential to receive any addendums or other information for this solicitation. The HPHA shall not be responsible for any missing addenda, clarifications, attachments or other information regarding this solicitation if an offer is submitted from an incomplete solicitation document.

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Hawaii Public Housing Authority
State of Hawaii

RFI-HPB-2008-31

Request for Information (RFI)
Housing Opportunities for Persons with AIDS (HOPWA)

NOTE: Each interested provider must complete the sign-in sheet and provide the necessary contact information to the listed RFI Coordinator at HPHA. Registration is essential to receive any addenda or other information for this solicitation. The HPHA shall not be responsible for any missing addenda, clarifications, attachments or other information regarding this solicitation if an offer is submitted from an incomplete solicitation document.

Issued December 29, 2008



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Section 1-Administrative Overview

I. Application mail-in and delivery information

All mail-ins shall be postmarked by the United States Postal Services (USPS) or hand-delivered to the Hawaii Public Housing Authority (HPHA) no later than January 23, 2009.

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 4:30 P.M., **Hawaii Standard Time (HST), January 23, 2009**. 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., January 23, 2009

Hawaii Public Housing Authority
Central Files, Building D
1002 North School Street
Honolulu, Hawaii 96817

II. RFI Coordinator

The RFI coordinator is responsible for overseeing the contract(s) resulting from this RFI, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The RFI Coordinator is:

Ms. Judy Ishida, Homeless Program Specialist
Phone: (808) 832-5930
Fax: (808) 832-5932

III. RFI Organization

This RFI is organized into five sections:

Section 1, Administrative Overview

Section 2, Administrative Requirements--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Application Instructions--Describes the required format and content for the application.

Section 4, Evaluation Criteria--Describes how applications will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

Section 2 - Administrative Requirements

I. Background

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 Hawaii Public Housing Authority's role in the process for developing the Continuum of Care systems in each county are 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.

As part of the State's Continuum of Care system for homeless individuals and families, the Housing Opportunities for Persons with AIDS program funds will be used to address the housing needs of homeless with HIV/AIDS and other related diseases.

State Priorities

The general statewide priorities for assisting persons with HIV/AIDS and their families are as follows:

1. Assist persons with HIV/AIDS to obtain and retain permanent housing;
2. Increase assisted living or supported housing opportunities for persons with HIV/AIDS and their families;
3. Maintain and enhance current transitional and emergency housing opportunities for persons with HIV/AIDS and their families; and
4. Increase the availability of long-term care, skilled nursing facilities and hospice.

II. Goals

The HOPWA Program is designed to provide resources for long-term comprehensive strategies to meet the housing needs of persons with acquired immune deficiency syndrome (AIDS) or related diseases and their families. The goal of the HOPWA Program is to assist and enable persons with AIDS or other related disease to obtain and

retain permanent or supportive housing and to live as independently as possible by making resources available to:

- 1) Stabilize their housing situations through rental/mortgage assistance, home operating cost assistance;
- 2) Address the obstacles that prevent persons with AIDS from obtaining and retaining housing through supportive services and housing information services; and
- 3) Provide assistance with access to health-care and counseling

III. Eligible activities

The eligible activities are tenant based rental assistance, supportive services, short-term rental assistance, administrative cost and permanent housing placement for the use of HOPWA funds.

IV. Eligible participants and prioritization

Participants of the HOPWA Program, who are eligible for all program activities, shall be limited to those who fulfill all of the following:

- 1) Persons with HIV/AIDS or related diseases and their families;
- 2) Persons who have low-income pursuant to federal guidelines; and
- 3) Persons who are homeless pursuant to federal guidelines

Persons with AIDS or a related disease regardless of income are eligible to receive housing information services including, but not limited to:

- 1) Counseling, fair housing counseling and housing
- 2) Referral services to assist in locating, acquiring, financing and maintaining housing.

Project sponsors are required to obtain and maintain documentation of participant eligibility as detailed in the agreement.

V. Eligible uses of HOPWA funds

Subject to applicable requirements described in Title 24 Code of Federal Regulations (CFR) Part 574.310 thru Title 24 CFR Part 574.340, HOPWA funds may be used to assist all forms of housing designed to prevent homelessness including emergency housing, shared housing arrangements, apartments, single room occupancy dwellings, and community residences. The HOPWA funding available through this RFI process is for rental assistance and appropriate supportive services that may be provided as any part of HOPWA assisted housing. HOPWA funds may also be used to provide services independently of any housing activity or used in conjunction with other shelter services.

1. 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).

Eligible personnel costs include but are not limited to:

- a. Salaries and wages for operations and social services personnel (e.g., project director who directly oversees project, case managers, intake workers, clerical directly involved in rental assistance services);
 1. Ineligible: Bonuses, severance pay
- b. Payroll taxes for operations and social services personnel; and
- c. Fringe benefits for operations and social services personnel;
 1. Ineligible: Sick or vacation leave accumulated prior to the contract period, dues to professional organizations for individuals, and any costs considered to be perquisites.

2. Client costs

Client costs are costs directly benefiting a participant, through a subsidy or purchase of supplies, which the participant receives directly.

Eligible client costs include but are not limited to:

- a. Rental assistance (subsidy for rent to prevent homelessness); and
- b. Non-rental assistance (one-time grants for short-term rent, mortgage).
 1. Ineligible: Medical payments or health services for any item or services to the extent that payment has been made, or can be reasonably be expected to be made under any State compensation program, insurance policy, or any health benefits program. **Health care costs, including costs of therapies, services, and pharmaceuticals, may only be made, if approved and documented on an individual basis.**

3. Administrative costs

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

Up to seven (7) percent 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. Supportive Services

The range of services that are eligible under the HOPWA program is broad, including the following types of supportive service activities: Health, mental health, assessment, permanent housing placement, drug and alcohol abuse

treatment and counseling, adult day care and personal assistance, nutritional services, child care, case management, advocacy, coordination of benefits, education, employment assistance and training, legal services, life skills management, outreach, transportation and other activities for supportive housing services (with prior HUD approval).

Section 3 – Application Instructions

Organizations shall respond by addressing each of the topic headings listed below and provide the requested information as specified. Applications shall be typewritten or mechanically printed, double-spaced and pages numbered on 8-1/2” x 11” paper. The applications shall be stapled or bound in some fashion with one (1) original and three (3) copies submitted for review.

I. Instructions

- A. This Information Application Form is to be used in conjunction with the Request-For-Information.
 - 1. Complete one RFI Application Title Page. Submit one (1) original plus three (3) copies. See Attachment A.
 - 2. Your agency’s application shall:
 - a. Be assembled in the order shown in the Table of Contents with the RFI Application Title Page as cover sheet for the entire application form;
 - b. Be bound (stapled, prong paper fastener, etc.);
 - c. Be labeled and tabbed at each section and exhibit;
 - d. Number each page sequentially with the appropriate page number of each section and exhibit entered on the Table of Contents; and
 - e. Include any exhibits at the end of the application.
 - 3. **Do not** submit information that has not been specifically requested, as the rating panel will not refer to such documents in their review.
- B. Information provided in this document may be incorporated into the applicant’s contract if funds are awarded.

II. Instructions for RFI Application Title Page

- A. Complete the application title page using the instructions below.
 - 1. **APPLICANT INFORMATION**
Legal Name: Enter the legal name of the organization. The legal name is the one that is registered with Department of Commerce and Consumer Affairs. DBA: Enter any name that the organization may be doing business as. Street Address: Enter street address. Mailing Address: Enter the mailing address of the organization.
 - 2. **CONTACT PERSON:** Complete the requested information.
 - 3. **TYPE OF BUSINESS ENTITY:** Place a check next to the appropriate line.
 - 4. **FEDERAL TAX ID #.**

5. STATE TAX ID #.
6. SOCIAL SECURITY NUMBER (if an individual).
7. NAME OF APPLICANTS PROGRAM: Enter the name of the applicant's program.
8. GEOGRAPHIC AREA TO BE SERVED: Identify the area(s) to be targeted for program services.
9. FUNDING REQUESTED: Provide the total amount of requested funds for the 12-month period.
10. HAWAII COMPLIANCE EXPRESS: Check the appropriate box.
11. AUTHORIZED SIGNATURE: The authorized representative must sign here.
Type name and title of Authorized Representative: Enter the name and title of the applicant's authorized representative who signs this application.
Date Signed: Enter the date the application was signed.

III. Application Content

Provide the information requested below. Please tab Sections A, B, C, D, E, F, and G.

A. Program Overview

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

B. Experience and Capability

1. Necessary Skills

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

2. Experience

The applicant shall provide a listing of verifiable experience with programs or contracts that are pertinent to the proposed services. The State reserves the right to contact references to verify experience.

3. Quality Assurance and Evaluation

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

4. Coordination of Service

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. Identify any plans to expand network. Identify any coordinating councils, networks, or other organizational structures and planning sessions or meeting your agency has participated in as part of the community-based process of building a continuum of care system.

5. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. Describe how the facilities meet American with Disabilities Act requirements, and special equipment that may be required for the services.

C. Project Organization and Staffing

1. Staffing

a) Proposed Staffing

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

b) Staff Qualifications

The applicant shall provide the minimum qualifications, including experience, for staff assigned to the program.

2. Project Organization

a) Supervision and Training

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

b) 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 application.

D. Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities including work plan forms as Attachment C of application packet.

E. Financial

The applicant shall complete the following budget form(s), which are available on the State Procurement Office website <http://hawaii.gov/spo>.

- SPO-H-205 Budget
- SPO-H-206H Budget Justification-Program Activities
- SPO-H-206A Budget Justification-Personnel –salaries & wages
- SPO-H-206B Budget Justification-Personnel: Payroll taxes, assessments, and fringe benefits

In order to determine the adequacy of the Applicant’s accounting system as described under the administrative rules, the latest single audit of financial audit shall be submitted.

F. Project Leveraging

1. 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.
2. Describe any plans for future efforts to obtain additional resources to be used in the proposed project.

G. Other

1. **Admission Criteria** (for new applicants to the HOPWA program)
The applicant shall provide details pertaining to the admission criteria of participants in their programs.
2. **Geographic Location** (for new applicants to the HOPWA program)
The applicant shall provide a geographic map showing the location of the proposed facility.
3. **Leveraging HUD Requirements**
The applicant shall use the Fair Market Rent at the time of application. HUD will then apply the FMR in place at the time of award.

Section 4: Evaluation Criteria

An evaluation committee consisting of members from the Continuums of Care (CoC) and the Homeless Programs Branch shall review and evaluate the applications. 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.

EVALUATION CRITERIA

The HPHA will score potential sub-grantees as follows:

Criteria	Points
1. Applicant's active participation in the County's CoC	
• Very Active (high attendance and subcommittee member)	30
• Very Active (high attendance only)	15
• Medium Active (50% to 70% attendance)	8
• Occasional Member (10% to 45% attendance)	4
• Other	0
2. Funds requested compared to services and number of participants exiting into permanent or transitional housing. (Use work plan and budget forms)	
• Applicant's proposed services per funds requested helps meet the long term goal of permanent housing	20
• Applicant's proposed services provide more support services and less permanent housing	10
• Applicant's proposed services per funds requested provide little or no services to meet homeless long term goals	5
• Applicant's proposed services per funds requested does not meet the long term goals of homeless individuals	0
3. Area/population to be served	
• High need area and high need population	20
• High need area only	10
• High need population only	10
• Neither high need area nor high need population	0
4. Previous Performance under HOPWA contracts with regards to reports and timely draw down funds.	
• Excellent record	20
• No previous HOPWA experience	10
• Poor performance and untimely draw down of funds	0
5. Quality assurance and evaluation plans	
• Applicant's quality assurance and evaluation plans ensure outcomes oriented service delivery.	10
• Applicant's quality assurance and evaluation plans provide minimal oversight into quality service delivery.	4
• Applicant has no quality assurance and evaluation plans.	0

Section 5: Attachments

This section includes the following attachments:

<u>Attachment</u>	<u>Description</u>
Attachment A	RFI Application Title Page
Attachment B	Application Checklist
Attachment C	HOPWA Work Plan Forms
Attachment D	State Minimum Threshold Requirements

Application Checklist

Applicant: _____

This checklist must be signed, dated and returned to the local drop-off designated site as part of the application. SPO-H forms are on the SPO website <http://hawaii.gov/spo>

Item	Format	Required by Agency	Completed by Applicant
General:			
RFI Application Title Page	Attachment A	X	
Application Checklist	Attachment B	X	
SPO-H-205 Budget Form	SPO Website *	X	
SPO-H-206H Justification-Program Activities	SPO Website *	X	
SPO-H-206A Justification-Personnel-salaries & wages	SPO Website *	X	
SPO-H-206B Justification-Personnel: Payroll taxes, assessments, and fringe	SPO Website *	X	
Program Specific Requirements:			
Work Plan Forms	Attachment C	X	
State Minimum Threshold Requirements	Attachment D	X	
Admission Policies	Section 1	If new agency	
Geographic Map	Section 1	If new agency	
Leveraging HUD Requirements Fair Market Rent Updates	Section 1	X	

Authorized Signature

**Housing Opportunities for Persons with AIDS
Work Plan Forms**

Summary of Participants Assisted

Please provide the best estimate for the proposed number of persons to be served by category. Project sponsors will be required to provide program activity reports on the number of persons assisted under each proposed category.

1. Project- or Tenant-based Rental Assistance

Enter the estimated number of persons who will be provided with rental assistance during the program year. This number may include persons who also receive supportive services under the HOPWA Program.

OUTCOME OBJECTIVE	FY 2008 Actual	FY 2009 Projected	FY 2010 Projected
a. Estimated number of individuals or single persons with HIV/AIDS projected to receive rental assistance			
b. Estimated number of persons in families with HIV/AIDS projected to receive rental assistance			

2. Housing Information Services

Enter the estimated number of households who will be provided short term rent, mortgage and utilities assistance funded by HOPWA, paid on the participant's behalf as an intervention to help a household maintain their current housing to prevent homelessness.

OUTCOME OBJECTIVE	FY 2008 Actual	FY 2009 Projected	FY 2010 Projected
Estimated number of households who will receive short term housing assistance.			

3. Permanent Housing Placement

Enter the estimated number of households who will be provided with permanent housing placement services, which may be used to help eligible persons establish a new residence where ongoing occupancy is expected to continue.

OUTCOME OBJECTIVE	FY 2008 Actual	FY 2009 Projected	FY 2010 Projected
Estimated number of households who will receive permanent housing placement services.			

4. Supportive Services Only

Enter the estimated number of persons who will be provided with supportive services during the program year.

OUTCOME OBJECTIVE Supportive Services Only	FY 2008 Actual	FY 2009 Projected	FY 2010 Projected
a. Number of persons (adults and children) with HIV/AIDS			
b. Number of other persons in family units who do not have HIV/AIDS			
c. Total number of persons who received supportive services (a. plus b.)			

5. Supportive Services with Housing Assistance

Enter the estimated number of persons who will be provided with supportive services and HOPWA housing assistance during the program year.

OUTCOME OBJECTIVE Supportive Services with Housing Assistance	FY 2008 Actual	FY 2009 Projected	FY 2010 Projected
a. Number of persons (adults and children) with HIV/AIDS			
b. Number of other persons in family units who do not have HIV/AIDS			
c. Total number of persons who received supportive services (a. plus b.)			

Terms

Operating Year. The information contained in this Work Plan should reflect the applicant's operating year July 1, 2009 to June 30, 2010.

Definitions

Adjustment for Duplication: Enables the calculation of an unduplicated output totals by accounting for the total number of households or units that received more than one type of assistance in a given service category.

Beneficiary: Any individual who received HOPWA housing assistance during the operating year and includes all members of the household receiving assistance.

HOPWA Eligible Person: A low-income person with HIV/AIDS who qualifies the household for HOPWA assistance. This person may be considered "Head of Household." When the Work Plan asks for information on eligible individuals, report on this person only. Where there is more than one person with HIV/AIDS in the household, the additional PWA(s), would be considered a beneficiary(s).

Chronically Homeless Person: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

Disabling Condition: A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition.

Household: A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. Caregivers and non-beneficiaries who resided in the shared unit are not reported on in the APR. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability.

STATE MINIMUM THRESHOLD REQUIREMENT

_____ YES, I can meet all State minimum threshold requirements listed below
_____ NO, I can not meet all State minimum threshold requirements listed below

Name (Please type or print) Phone

Signature of Authorized Official Date

Agencies recommended for funding will be required to meet all of the State’s contracting requirements, which include:

- 1) Tax Clearance – A certified copy of a current valid tax clearance certificate (within six months) issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required upon notice of award at the discretion of the purchasing agency.
- 2) Certificate of Vendor Compliance –A certificate of vendor compliance presents the compliance status of the vendor identified with respect to the Hawaii Department of Taxation, Internal Revenue Service, Hawaii Department of Commerce & Consumer Affairs, and Hawaii Department of Labor & Industrial Relations.

However, instead of separately applying for these (paper) certificates at the various state/federal agencies, the HPHA recommends that interested bidders. use the Hawaii Compliance Express (HCE), which allows business to register online through a simple wizard interface at:
<http://vendors.ehawaii.gov/hce/splash/welcome.html>

The HCE provides the applicant with a “Certificate of Vendor Compliance” with current compliance status as of the issuance date, accepted for both contracting purposes and final payment. Interested bidders that elect to use the new HCE services will be required to pay any annual fee of \$12.00 to the Hawaii Information Consortium, LLC (HIC).

- 3) The policies of insurance maintained shall provide the following minimum insurance coverage.

<u>Coverage</u>	<u>Limit</u>
Commercial General Liability (occurrence form)	<u>\$2,000,000.00</u> combined single limit per occurrence for bodily injury and property damage.
Automobile Insurance covering all owned, non-owned and hired automobiles.	Bodily injury liability limits of <u>\$1,000,000.00</u> each person and <u>\$1,000,000.00</u> per accident and property damage liability limits of <u>\$1,000,000.00</u> per accident OR Combined single limit of <u>\$2,000,000.00</u> .
Workers Compensation as required by laws of the State of Hawaii.	Insurance to include Employer’s Liability. Both such coverages shall apply to all employees of the Contractor and (in case any sub-contractor fails to provide adequate similar protection for all his employees) to all employees of sub-contractors.

A certificate of insurance evidencing such insurance is required prior to commencement of services. The insurance policy required by this Contract shall contain the following clauses:

- (a) “This insurance shall not be canceled, limited in scope of coverage or non-renewed until after 30 days written notice has been given to the State of Hawaii, Hawaii Public Housing Authority (HPHA), Property Management and Maintenance Services Branch, 1002 N. School Street, Honolulu, Hawaii 96817.”
- (b) “The State of Hawaii, the HPHA, its elected and appointed officials, officers, and employees are added as additional insured with respect to operations performed for the State of Hawaii and HPHA.”
- (c) “It is agreed that any insurance maintained by the State of Hawaii shall apply in excess of, and not contribute with, insurance provided by this policy.”

The minimum insurance required shall be in full compliance with the Hawaii Insurance Code throughout the entire term of the Contract, including all Supplemental Contracts.

- 4) Corporate Resolution –A legal document authorizing one or more individual to act on behalf of the corporation (sign contracts, proposals, payment requests, etc.).