

SIGN IN SHEET

RFI-HPB-2008-32	Emergency Shelter Grants (ESG)
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INSTRUCTIONS

Please complete the sign-in sheet and fax the necessary contact information to the 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-2008-32

Request for Information (RFI)
Emergency Shelter Grants (ESG)

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 (HPHA) 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 Emergency Shelter Grants (ESG) program provides homeless persons with basic shelter and essential supportive services.

II. Goals

The goals of the ESG program are to provide services that will:

1. Improve the quality of emergency shelters for the homeless,
2. Help make additional emergency shelters available,
3. Help meet the costs of operating an emergency shelter, and
4. Provide essential social services to homeless individuals.

III. Eligible activities

The HPHA is only allowing operational costs for emergency shelters as the sole eligible activity in the use of ESG funds. ESG is the only federal funding stream available to emergency shelters. Therefore, the HPHA has deemed that the modest funding level should be used solely on emergency shelter operational costs.

Pursuant to Title 42 United States Code 11371, the term operating costs means expenses incurred by the recipient operating a facility assisted under this subtitle with respect to a) the administration, maintenance, repair, and security of such housing; and b) utilities, fuels, furnishings, and equipment for such housing.

IV. Eligible participants and prioritization

Participants of the ESG Program must meet one of the following definitions:

- 1) **Unsheltered homeless**-families or persons who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including beaches, parks, automobiles, and streets.
- 2) **Sheltered homeless**-families or individuals who lack a fixed, regular, and adequate nighttime residence and have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, e.g. emergency or transitional shelter or church, or that is an institution that provides temporary residence for individuals intended to be institutionalized.
- 3) **At-risk homeless**-an individual or family that is being evicted within forty-five (45) days from private dwelling units or is being discharged within forty-five (45) days from institutions in which they have been residents for more than thirty (30) consecutive days; and (1) no subsequent residences have been identified; and (2) they lack the resources and support networks needed to obtain access to housing.

Priority shall be given to eligible homeless families and persons in the following order:

- 1) Unsheltered homeless, including those staying at homeless shelters;
- 2) At-risk homeless, including those staying at abuse shelters.

V. Eligible uses of ESG funds

- 1) Operating costs

Operating costs are those expenses incurred by a selected applicant for the administration, maintenance, repair, and security of the shelter including: payments for shelter maintenance, operations, rent, repairs, security, fuel, equipment, insurance, utilities, food, and furnishings.

Not more than ten percent (10%) of a recipient's grant amount for Operations may be used for costs of staff.

Ineligible activities include, but is not limited to the following: recruitment or on-going training of staff; depreciation; staff training, entertainment, conferences, or retreats; public relations or fund raising; bad debts or late fees; mortgage payments; or costs associated with the organization rather than the shelter including but not limited to advertisements, pamphlets, and surveys.

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. Applicants shall state the major goal(s) of the homeless facility project.

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 ESG program)
The applicant shall provide details pertaining to the admission criteria of participants in their programs.
2. **Geographic Location** (for new applicants to the ESG program)
The applicant shall provide a geographic map showing the location of the proposed facility.

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 or, 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 ESG contracts with regards to reports and timely draw down funds.	
• Excellent record	20
• No previous ESG 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	ESG Work Plan Forms
Attachment D	State Minimum Threshold Requirements

DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING AUTHORITY

RFI APPLICATION TITLE PAGE

RESPONSE TO RFI#: HPB-2008-32 RFI TITLE: EMERGENCY SHELTER GRANTS

<p>1. APPLICANT INFORMATION: LEGAL NAME: DBA: STREET ADDRESS: MAILING ADDRESS:</p>	<p>2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION: NAME _____ Title _____ Phone # _____ Fax # _____ e-mail _____</p>
<p>3. TYPE OF BUSINESS ENTITY: <input type="checkbox"/> NON PROFIT CORPORATION <input type="checkbox"/> FOR PROFIT CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP</p>	<p>4. FEDERAL TAX ID #: _____ 5. STATE TAX ID #: _____ 6. SSN (IF AN INDIVIDUAL): _____</p>
<p>7. NAME OF APPLICANT'S PROGRAM:</p>	<p>8. GEOGRAPHIC AREA(S) APPLICANT IS ABLE TO SERVE:</p>
<p>9. FUNDING REQUEST: TOTAL:</p>	<p>10. <input type="checkbox"/> Yes, I am registered with the Hawaii Compliance Express <input type="checkbox"/> No, I am not registered with the Hawaii Compliance Express and will submit the tax clearance, DCCA and DLIR certificates prior to execution of a contract.</p>
<p>TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE: _____</p> <p>AUTHORIZED SIGNATURE _____ NAME & TITLE _____ DATE SIGNED _____</p>	

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	

Authorized Signature

**Emergency Shelter Grants
Work Plan Forms**

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 for each type. Attach additional sheets as necessary.

Shelter Name: _____

Emergency

Abuse Shelter

Outreach/Prevention

TYPE OF PARTICIPANT	FY 2008 Actual	FY 2009 Proposed	FY 2010 Proposed
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			
Total			

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 emergency homeless facility, complete one Section 2: Project Plan, for each facility. Attach additional sheets as necessary.

A. **Shelter Name:** _____

B. **Objectives:**

1. Input Objectives: Number of Participants Served

Complete the following according to the key below.

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

Note:

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:

$$\begin{array}{r}
 \text{Number Unduplicated Single Persons (2)} \\
 + \quad \text{Number Unduplicated Individuals in Families (4)} \\
 = \quad \text{Total Number Unduplicated Homeless Persons (1)}
 \end{array}$$

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 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: _____

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

Note:

1. 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.
2. Count shall be unduplicated individuals [i.e. if a family of four 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 quarter and/or when the social services plan was completed.

3. Outcome Objectives (Emergency)

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

Shelter Name: _____

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

Note:

1. 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. 7/2000).
2. 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. 7/2000).

SECTION 3: FACILITIES DESCRIPTION

Complete one Section 3, Facilities Description, per homeless facility.

Shelter Name: _____

Emergency Transitional

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: _____

Note:

1. "Type of living unit" means dorm room, studio, one(1)-bedroom, two(2)-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

1. Does this facility provide at least one meal per day?
 YES NO

2. Does this facility provide cooking facilities or appliances e.g. refrigerator, stove or microwave, sink, with access to food supplies?
 YES NO

3. Does this facility have a clothing bank on-site or access to an off-site clothing bank?
 YES NO Location of clothing bank: _____
4. Does this facility have laundry facilities on-site available for the project participants' use?
 YES NO Location of laundry facility: _____
5. This facility has 24-hour 12-hour access to living units.
6. Does this facility provide on-site phone access for participants in the event of an emergency?
 YES NO Location of on-site phone: _____
7. Does this facility have a mailing address available for participants?
 YES NO
8. Does this facility have locked storage space for participants?
 YES NO Location of locked storage space: _____
9. Does this facility require health clearances, first aid, CPR and other emergency training for staff and/or volunteers?
 YES NO

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 upon award of a Contract shall contain the following clause:

- (a) “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.”

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.).