JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

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STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

IN REPLY PLEASE REFER TO:

25:CPO/304

November 12, 2025

TO: Interested Parties

FROM: Rick T. Sogawa
Procurement Officer

SUBJECT: Addendum No. 1 to Request for Proposals No. PEO-29-2025
Management Consultation Services

This Addendum No. 1 is to amend the RFP as follows:

1. Article IV. Procurement Timeline on page 3 of the RFP is hereby amended to read as follows:

"IV. Procurement Timeline

Activity	Scheduled Dates
Public notice announcing RFP	Oct. 30, 2025
Distribution of proposal specs/proposal form	Oct. 30, 2025
Pre-Proposal Video Conference	Nov. 5, 2025
Deadline to submit written inquires	Nov. 6, 2025
State response to written inquires	~~Nov. 12, 2025~~ **Nov. 21, 2025**
Proposal Submittal Deadlines	~~Nov. 21, 2025 4:00 p.m. HST~~ **Dec. 5, 2025, 4:00 p.m. HST**
Proposal Evaluation	Nov. 2025
Notice of Award	Dec. 2025
Contract Execution	Dec. 2025
Start of Services	~~Dec. 15, 2025~~ **Dec. 22, 2025** or upon issuance of a Notice to Proceed

The HPHA reserves the right to amend or revise the procurement timeline without prior written notice when it is in the best interests of the State."

2. Subparagraph 4.a. under A. Management Requirements on page 22 of the RFP is hereby amended to read as follows:

   "a. Provide consultation services to ~~develop~~ **review** the scope requirement for the upgrade or replacement of the current public housing management software; and"

3. The first paragraph under 3. Administrative Policies on page 24 of the RFP is hereby amended to read as follows:

   "At a minimum, the Successful Offeror shall maintain its own written policies that address the following:

   a. Drug Free Workplace Policy;
   b. Sexual Harassment Awareness in the Workplace Policy;
   c. Non-Violence in the Workplace Policy;
   d. Standards of Conduct;
   e. Conflict of Interest
   f. Fair Housing; and
   g. Americans with Disabilities Act."

4. Paragraph 4. Payment on pages 24, 25 and 26 of the RFP is hereby amended to read as follows:

   "4. Payment

   The HPHA shall compensate the Successful Offeror in accordance with the accepted proposal **for personnel costs and applicable travel reimbursements**. Personnel costs for services rendered shall be **compensated** at the accepted hourly rates. The hourly rates shall be the all-inclusive cost to HPHA, including all applicable taxes, for satisfactory delivery of the services as specified in the Contract.

   The HPHA agrees to ~~pay~~ **reimburse the Successful Offer** reasonable **travel** expenses incurred ~~by the CONTRACTOR~~ to fulfill its obligations to the HPHA~~., including travel expenses, without limitation,~~ **Reimbursable travel expenses may include** lodging, meals, airfare, ground transportation, mileage, and airport parking. The ~~CONTRACTOR~~ **Successful Offeror** shall obtain prior written approval from the HPHA for travel. Travel related expenses shall be reimbursed at the following rates:

   a. Airfare (Coach Class) – Actual price of airfare;

b. Lodging – Not to exceed $220 per day;

c. Meals – Not to exceed $91 per person per day; and

d. Ground Transportation (compact or sedan size rental car and/or actual cost of taxi/ride share fare) – Not to exceed $65 per day.

Reimbursement shall be based on actual costs incurred and is limited to the specified rates above. The ~~CONTRACTOR~~ **Successful Offeror** shall be responsible for costs exceeding the allowable reimbursable rates should the actual cost exceed the rates listed above. The ~~CONTRACTOR~~ **Successful Offeror** shall obtain prior written approval from the HPHA for reimbursable travel costs higher than the rates listed above. ~~Reimbursable expenditures shall be paid through other means such as State purchase order or pCard~~.

Compensation shall be in accordance with and subject to the following:

a. Pursuant to section 103-10, HRS, the HPHA shall have 30 calendar days after receipt of a proper invoice and satisfactory delivery of goods or performance of the services to make payment. Upon receipt of the invoice, the HPHA shall date stamp the invoice, and use this receipt date to calculate that 30-day payment period. For the purposes of this paragraph, the Contractor's invoice date shall not be considered.

   For this reason, the HPHA will reject any proposals submitted with a condition requiring payment within a shorter period. Further, the HPHA will reject any offers submitted with a condition requiring interest payments greater than that allowed by section 103-10, HRS, as amended.

b. The Successful Offeror shall submit an original itemized invoice for services rendered **and travel reimbursement claims with supporting receipts or payment confirmation** on a monthly basis to:

   Hawaii Public Housing Authority
   Planning and Evaluation Office
   1002 North School Street
   P.O. Box 17907
   Honolulu, HI 96817

c. Invoice for the month of June shall be submitted to the HPHA by the 20th of June for work performed for the period from June 1st to June 15th for payment processing to comply with the HPHA's fiscal year-end close out processes. For work performed for the period from June 16th to June 30th, the invoice shall be submitted to the HPHA not later than July 15th for payment processing.

d. All invoices shall reference the Contract number assigned to this Contract. Payment shall be made in accordance with section 103-10, HRS, upon certification by the Contract Administrator or his/her designee that the Successful Offeror has satisfactorily provided the goods/services specified.

e. Payment shall be made on the basis of actual units of services rendered and expenditures incurred by the Successful Offeror.

f. ~~Separate invoices shall be submitted for personnel time and reimbursement claims.~~ The Successful Offeror shall submit monthly itemized invoices for payment detailing the dates and units of services, type(s) of personnel, and related subject matter. Invoices ~~for reimbursable expenditures~~ **with reimbursement claims** shall also include applicable receipts.

g. Charges for reimbursable expenditures as approved by the HPHA shall be submitted on a separate invoice along with receipts ~~and will be paid through a State purchase order or pCard~~.

h. For final payment, the Successful Offeror must submit a valid tax clearance certificate. An original tax clearance certificate shall be dated not over two (2) months old from the last approval date with an original green certified copy stamp. A valid HCE Certificate of Vendor Compliance in lieu of the tax clearance certificate is acceptable."

5. Subparagraph 1 under section G. Financial on page 31 of the RFP is hereby amended to read as follows:

"1. Price Proposal

The Contract price structure reflects a not to exceed purchase arrangement in which the HPHA pays the Successful Offeror for hours of services rendered, up to a stated maximum obligation~~.~~ **and reimbursement of travel expenses incurred by the Successful Offer in fulfilling its obligations to the HPHA.**

The price proposal shall consist of all-inclusive hourly rates for personnel appropriate to perform the services specified and a percentage allocation of time for each type of personnel based on the Offeror's proposed estimated hours allocated for the Initial 12-Month Period, Option Years 1, 2, 3 and 4. **Offerors shall also propose a travel budget, as applicable, for each of the contract term related to the propose services in this RFP.**

See Attachment 16.

6. Attachment 16 – Price Proposal Format is hereby deleted in its entirety and replaced with the attached Attachment 16a – **Sample** Price Proposal Format (Rev. 11/10/2025).

7. The third paragraph under V. Method of Award on page 36 of the RFP is hereby amended to read as follows:

   "A Notice of Award will be issued to ~~Offerors with proposal score(s) determined acceptable by the Evaluation Committee~~ **the highest ranked Offeror whose proposal is determined most advantageous to the HPHA with consideration to price and other evaluation criteria set forth in this RFP** and demonstrates compliance with section 3-122-112, HAR, Responsibility of Offeror.

8. All other terms and conditions of the RFP shall remain in full force and effect.

Please contact Ms. Tammie Wong, RFP Coordinator, at (808) 832-6071 should you have any questions. Thank you.

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Specify type of personnel , respective hourly rates, and the proposed percentage of time allocation for each personnel type for the services solicited. Based on the estimated quantiy of hours, hourly rate and percentage of time allocation, calculate the Estimated Price Proposal for the maximum term of 60-months to include a travel budget for the Initial 12-Month Period and each of the Option Years.

1. Services related to administration, management and operation:

a.

Personnel	Initial 12-Month Period			Option Year 1			Option Year 2			Option Year 3			Option Year 4		
		Est. Hours:			Est. Hours:			Est. Hours:			Est. Hours:			Est. Hours:	
Personnel Type/Name	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time. Allocation	Estimated Price
Subtotal - Personnel		100.0%	$		100.0%	$		100.0%	$		100.0%	$		100.0%	$

b.

Travel	Initial 12-Month Period	Option Year 1	Option Year 2	Option Year 3	Option Year 4
Travel Budget*					

*Provide budget details and description as applicable.

TOTAL (Item 1: Personnel & Travel)	$	$	$	$	$

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2. Services related to upgrade of management software:

a.

Personnel	Initial 12-Month Period			Option Year 1			Option Year 2			Option Year 3			Option Year 4		
		Est. Hours:			Est. Hours:			Est. Hours:			Est. Hours:			Est. Hours:	
Type of Personnel	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time Allocation	Estimated Price	Hourly Rate	% of Time Allocation	Estimated Price
							NA			NA			NA		
Subtotal - Personnel		100.0%	$		100.0%	$		100.0%	NA		100.0%	NA		100.0%	NA

b.

Travel	Initial 12-Month Period	Option Year 1	Option Year 2	Option Year 3	Option Year 4
Travel Budget*			NA	NA	NA

*Provide budget details and description as applicable.

TOTAL (Item 2: Personnel & Travel) $ _____ $ _____

TOTAL (Each Contract Term) $ _____ $ _____ $ _____ $ _____ $ _____

TOTAL PRICE PROPOSAL (60 Months): $ _____

Minimum billable unit of service for personnel (i.e. 10 minutes or 1/10th of an hour): _____
Personnel costs shall be billed to the HPHA at applicable accepted rates for services rendered.