

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

Request for Proposals

RFP No. HMS-224-21-02-HPO Housing Placement Program

December 18, 2020

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

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

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

December 18, 2020

MEMORANDUM:

TO: ALL INTERESTED APPLICANTS

FROM: *fa* CATHY BETTS
DIRECTOR 

SUBJECT: HOUSING PLACEMENT PROGRAM REQUEST FOR PROPOSALS (RFP)
HMS 224-21-02-HPO

The State of Hawaii, Department of Human Services (DHS), Benefit, Employment & Support Services Division (BESSD) is seeking proposals from qualified Provider agencies to provide Housing Placement services that will enable families at 250% and below the federal poverty level to live independently in affordable market rental units. One Provider per island will be selected under this RFP. This RFP is valid for six (6) years, with annual contracts commencing, pending the availability of funds, on:

- Year 1 - July 1, 2021 and expiring on June 30, 2022,
- Year 2 - July 1, 2022 - June 30, 2023,
- Year 3 - July 1, 2023 - June 30, 2024,
- Year 4 - July 1, 2024 - June 30, 2025,
- Year 5 - July 1, 2025 - June 30, 2026, and
- Year 6 - July 1, 2026 - June 30, 2027.

Proposals shall be mailed, postmarked by the United States Postal Service on or before January 29, 2021. Hand delivered proposals shall be received not later than 4:30 p.m., Hawaii Standard Time (HST), on January 29, 2021, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered

after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The BESSD Homeless Programs Office will conduct a mandatory RFP orientation. The mandatory RFP orientation will be on December 28, 2020, from 9:00 a.m. to 12:00 p.m., via Skype Meeting.

All prospective Applicants are required to participate in the RFP orientation.

Applicants shall email Mr. Harold Brackeen III at hbrackeeniii@dhs.hawaii.gov no later than December 23, 2020 to provide their agency name, telephone number, email address, and persons attending the Orientation. Additional information and instructions will be provided once an email reservation is made by the Applicant.

The deadline for submission of written questions is 12:00 p.m., HST, on December 30, 2020. All written questions will receive a written response from the DHS on or about January 7, 2021.

Inquiries regarding this RFP should be directed to the RFP contact person, Mr. Harold Brackeen III, 1010 Richards Street, Suite 312, Honolulu, Hawaii 96813, telephone: (808) 586-7072; fax: (808) 586-5239; e-mail: hbrackeeniii@dhs.hawaii.gov.

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

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

PROPOSAL SUBMISSION DEADLINE:
JANUARY 29, 2021, 4:30 P.M., HAWAII STANDARD TIME

THE APPLICANT IS REQUIRED TO SUBMIT:

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

AND

ONE (1) ORIGINAL AND ONE (1) PRINTED COPY OF THE PROPOSAL

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

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

1. An electronic copy in PDF shall be submitted by hand delivery and received by **January 29, 2021, 4:30 P.M. HAWAII STANDARD TIME (HST)**. NO EXCEPTIONS SHALL BE MADE. HAND DELIVERY is considered the following:
 - A. in person to the DHS office
 - B. by private mail (e.g. FEDEX or UPS)
 - C. by email

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

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

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

2. A printed original and a printed copy of the complete proposal shall be submitted by hand delivery or mail delivery. HAND DELIVERY means:
 - A. dropped off in person to the DHS office
 - B. by private mail (e.g. FEDEX or UPS)

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

If submitted by hand delivery, the printed original and the printed copy shall be received by **January 29, 2021, 4:30 P.M. HAWAII STANDARD TIME (HST)** at the drop-off address listed below. NO EXCEPTIONS SHALL BE MADE.

If submitted by mail delivery, the printed original and the printed copy shall be **POSTMARKED BY THE USPS BY January 29, 2021 AND RECEIVED BY February 8, 2021, 4:30 P.M. HAWAII STANDARD TIME (HST)** at the drop-off address listed below. NO EXCEPTIONS SHALL BE MADE.

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

DROP-OFF ADDRESS: (HAND AND MAIL DELIVERY)

**Department of Human Services
Benefit, Employment & Support Services Division
Homeless Programs Office
1010 Richards Street, Suite 312
Honolulu, Hawaii 96813**

EMAIL ADDRESS:

BESSDHomelessProgram@dhs.hawaii.gov

RFP CONTACT PERSON:

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

BE ADVISED:

- A. Hand delivery attempted after January 29, 2021, 4:30 p.m. Hawaii Standard Time (HST) shall not be accepted.
- B. Mail delivery received postmarked after January 29, 2021 or postmarked by January 29, 2021 but received after February 8, 2021, 4:30 p.m. Hawaii Standard Time (HST) shall not be accepted.

- C. Dated USPS shipping labels are not considered postmarked.
- D. Proposals sent by facsimile (fax) shall not be accepted.
- E. It is the Applicant's responsibility to access the Public Procurement Notices for Solicitations for Health and Human Services on the State Procurement Office website or to contact the RFP Contact Person identified in this RFP regarding any subsequently issued addenda for this RFP which may include a revision to the proposal submission deadline.

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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.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	December 18, 2020
Distribution of RFP	December 18, 2020
RFP orientation session	December 28, 2020
Closing date for submission of written questions for written responses	December 30, 2020
State purchasing agency's response to Applicants' written questions	January 7, 2021
Discussions with Applicant prior to proposal submittal deadline (optional)	December 18- December 30, 2020
Proposal submittal deadline	January 29, 2021
Discussions with Applicant after proposal submittal deadline (optional)	As needed
Final revised proposals (optional)	As needed
Proposal evaluation period	January 29- February 15, 2021
Provider selection	February 17, 2021
Notice of statement of findings and decision	February 17, 2021
Contract start date	July 1, 2021

1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2 RFP website	https://hands.ehawaii.gov/hands/opportunities
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4 General Conditions, AG-103F13	https://spo.hawaii.gov/wp-content/uploads/2013/12/103F13.pdf
5 Forms	http://spo.hawaii.gov Click on the “Forms” tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords “Cost Principles”
7 Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8 Hawaii Compliance Express (HCE)	https://vendors.ehawaii.gov/hce/
9 Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10 Department of Taxation	http://tax.hawaii.gov
11 Department of Labor and Industrial Relations	http://labor.hawaii.gov
12 Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13 Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14 Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective Applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective Applicant shall constitute admission of such knowledge on the part of such prospective Applicant.

1.4 RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides Applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides Applicants with a general description of the tasks to be performed, delineates Provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments: Provides Applicants with information and forms necessary to complete the application.

1.5 Contracting Office

The contracting office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing Provider performance. The contracting office is:

Department of Human Services
Benefit, Employment and Support Services Division
Homeless Programs Office
1010 Richards Street, Suite 312
Honolulu, Hawaii 96813

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful Provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

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

1.7 Orientation

Eligibility to apply for this Housing Placement Program funding opportunity shall be contingent upon attendance at the HPO orientation. HPO shall verify participation of all prospective Applicants through the orientation sign-in sheet. Any Provider that submits a Housing Placement Program RFP application, that does not meet this condition will not be considered.

Prospective Applicants shall participate in the orientation listed below:

Date: December 28, 2020 **Time:** 9:00 a.m. – 12:00 p.m. HST
Location: Skype Meeting
Additional information and instructions will be provided once an email reservation is made by the Provider.

To attend the mandatory orientation Applicants shall email Mr. Harold Brackeen III at hbrackeeniii@dhs.hawaii.gov as soon as possible, but no less than three days before the orientation session, and provide their name, agency, telephone number, email address, and the number of people attending the orientation session.

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

1.8 Submission of Questions

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

Deadline for submission of written questions:

Date: December 30, 2020 **Time:** 12:00 p.m. HST

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

Date: January 7, 2021

1.9 Submission of Proposals

- A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPOH-200)**. Provides Applicant proposal identification (see Attachment A).
 2. **Proposal Application Checklist**. The checklist provides Applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency (see Attachment B).
 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 (see Attachment C).
 4. **Proposal Application (Form SPOH-200A)**. Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions (see Attachment D), including a cost proposal and budget forms (see Attachment E).
- B. **Program Specific Requirements**. Program specific requirements are included in Sections 2 and 3, as applicable. Required federal and state certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals**. Multiple proposals shall be accepted but alternate proposals shall not be accepted (see Service Specifications, Section 2 of this RFP).
- D. **Provider Compliance**. All Providers shall comply with all laws governing entities doing business in the State.
1. **Tax Clearance**. Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, Providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 2. **Labor Law Compliance**. Pursuant to HRS §103-55, Providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
 3. **Business Registration**. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies

shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

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

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

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the Applicant certifies that the Applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. **Confidential Information.** If an Applicant believes any portion of a proposal contains information that should be withheld as confidential, the Applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

- H. **Proposal Submittal.**

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

1.10 Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential Applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline.** Discussions may be conducted with Applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

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

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

1.12 Additional Materials and Documentation

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

1.13 RFP Amendments

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

1.14 Final Revised Proposals

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

1.15 Cancellation of Request for Proposal

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

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

☐ are required

☒ are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

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

1.18 Rejection of Proposals

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

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

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

1.19 Notice of Award

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

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

No work is to be undertaken by the Provider(s) awarded a contract prior to the contract commencement date unless otherwise agreed between the State and the Provider (i.e. via

a Notice to Proceed). The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

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

- A. A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- B. A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- C. A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

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

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

1.21 Availability of Funds

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

1.22 General and Special Conditions of Contract

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

1.23 Cost Principles

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

Section 2

Service Specifications

2.1 Definitions

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

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

“Bridge Housing” means transitional shelters used as a short-term stay, generally for up to 90 days, when an individual or Family has been offered and accepted a permanent housing intervention (e.g., section 8 voucher, permanent supportive housing voucher, rent to work voucher) but, is not able to immediately enter the permanent housing.

“Bridging the Gap” and “BTG” are used interchangeably. Bridging the Gap is the official name for Hawaii’s Continuum of Care for the neighbor islands. For a detailed definition for Continuum of Care, see “Continuum of Care” below. This regional planning body coordinates housing and services funding for Homeless Families and individuals for the Counties of Kauai, Hawaii and Maui.

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

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

“Continuum of Care” and “CoC” are used interchangeably in this document and mean the planning bodies required by the U.S. Department of Housing and Urban Development (HUD) to carry out the responsibilities defined under 24 CFR Part 578 (Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program). A CoC is a group composed of representatives of organizations, including nonprofit Homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers,

mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve Homeless and formerly Homeless veterans, and Homeless and formerly Homeless persons to the extent these groups are represented within the geographic area and are available to participate. A CoC is responsible for coordinating funding, policies, strategies and activities toward ending Homelessness in a designated geographic region, including but not limited to plans and oversight for use of HUD CoC funding.

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

“Diversion” means a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

“Family” means:

1. Two or more persons who live or intend to live together as a unit, one of whom is a minor, under 18 years of age, related by blood, marriage, or operation of law, including foster children and hanai children; or
2. A person who is pregnant or in the process of securing legal custody of a minor child or children.

“Homeless” means:

- A. An individual or Family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or Family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or Family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- B. An individual or Family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14

days of the date of application for Homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or Family lacks the resources or support networks, e.g., Family, friends, faith-based or other social networks, needed to obtain other permanent housing;

- C. Any individual or Family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a Family member, including a child, that has either taken place within the individual's or Family's primary nighttime residence or has made the individual or Family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., Family, friends, and faith-based or other social networks, to obtain other permanent housing.

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

"Household" means all the people who live or intend to live together as a unit. A Household can include related Family members and other unrelated people, if any, such as lodgers, foster children, wards, or employees who live together as a unit. A person lives alone in a unit, or a group of unrelated people sharing a unit such as partners or roomers, are also counted as a Household.

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

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

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

"Occasions" (under chronically Homeless definition, see Section 2.1G) are defined by a break of at least seven nights not residing in an emergency shelter, safe haven, or residing in a place meant for human habitation (e.g., with a friend or Family). Stays of fewer than seven nights residing in a place meant for human habitation, or not in an emergency

shelter or safe haven do not constitute a break and count toward total time Homeless. Stays in institutions of fewer than 90 days where they were residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven immediately prior to entering the institution, do not constitute as a break and the time in the institution counts towards the total time Homeless. Where a stay in an institution is 90 days or longer, the entire time is counted as a break and none of the time in the institution can count towards a person's total time Homeless.

“Operating costs” means non-personnel costs directly related to the operation and to the provision of contracted services.

“Participant” means a person who receives Homeless services and is enrolled into the Homeless program based on specific eligibility criteria defined in this RFP, under Section 2.2, D, Description of Target Population to be Served.

“Partners In Care” or “PIC” is used interchangeably and is the official name for Hawaii’s Continuum of Care on Oahu. For a detailed definition for Continuum of Care, see “Continuum of Care” above. This regional planning body coordinates housing and services funding for Homeless Families and individuals for the City and County of Honolulu.

“Permanent Housing” means that there is no time limit on how long you can reside in the housing or receive the housing assistance. It is meant to be long-term. Permanent housing includes but not limited to the following: rental or ownership of a home with or without ongoing housing subsidy, staying with family or friends on a permanent tenure, long-term nursing home or care facility, and permanent supportive housing projects for formerly homeless persons.

“Personnel costs” means costs incurred for operations and social services personnel in the provision of contracted services and include salaries and wages, payroll taxes and fringe benefits.

“Prevention” means housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in the Homeless definition.

“Project” refers to the Project being proposed by the Applicant under any of the State Homeless Programs.

“Proposal Application Form” means the format and instructions given as Section 3 of this RFP. Proposals submitted must follow this format and instructions.

“Provider” and “Contractor” are used interchangeably in this document and means an eligible profit or non-profit organization that is selected by the HPO to receive funds and provide services under any of the State Homeless Programs.

“Social capital” means a positive network of social connections and resources available to individuals and families. These connections and resources can have a positive impact to break the cycle of inter-generational poverty, ultimately supporting and securing permanent housing.

“Social services” include but are not limited to case management, job training, housing search assistance, housing placement, assistance in obtaining mainstream entitlement benefits, counseling and referrals, education, life skills training, child care, transportation or substance abuse counseling which may be provided directly by the Applicant or by arrangement with other public or private service providers. Social services shall be offered in the context of a harm reduction model of intervention.

“SPDAT” refers to the Service Prioritization Decision Assistance Tool which is an evidence-informed approach to assessing an individual’s or family’s needs. The SPDAT identify the areas in the person/family’s life where support is most likely necessary in order to avoid housing instability.

“TANF eligible Family” includes single parent Families with minor children that pass the federal income and asset TANF eligible test.

“Temporary Housing” means that the housing situation is intended to be short term or temporary. Temporary housing includes but not limited to emergency and transitional shelter, foster care home, temporary group home, hospital and other medical or psychiatric facility, hotel, motel, halfway house, living with family or friends temporarily, safe haven, and substance abuse treatment or detox center. Jails, prisons, juvenile detention facilities, and places not meant for human habitation are excluded.

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

“VI-SPDAT” refers to the Vulnerability Index- Service Prioritization and Decision Assistance Tool which is a pre-screening, or triage tool, that is designed to be used by all providers within a community to quickly assess the needs of homeless persons and match them with the most appropriate support and housing interventions that are available. The VI-SPDAT has been adopted by the Hawaii Balance of State Continuum of Care called Bridging the Gap and the Oahu Continuum of Care called Partners in Care as the pre-screening/triage tool.

“Vulnerability” means that the person may be at higher risk due to age (60 or above), frequent use of emergency/hospital services, being a frequent victim of assault, significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing. Vulnerability can, but does not necessarily include all of the factors listed.

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

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

2.2 Introduction

A. Overview, purpose or need

Families with a rental assistance voucher may experience problems in acquiring an acceptable housing unit. Landlords may be hesitant to rent to a family with a voucher, when they can rent the unit to someone with greater resources and better credit references. Economic stereotypes and unsuccessful past dealings with Section 8 Participants may contribute to negative perceptions about voucher recipients. The current rental housing market in Hawaii is highly competitive, and many families requiring housing assistance are unable to compete under these circumstances. If they are unable to secure an appropriate unit, a family may ultimately lose their rental assistance voucher and put them at risk of becoming homeless.

The State of Hawai'i, through the Department of Human Services (DHS), Benefit, Employment & Support Services Division (BESSD), Homeless Programs Office (HPO) is seeking proposals to provide quality, efficient and effective services designed to help families at imminent risk of homelessness and homeless families access permanent housing through the Housing Placement Program (HPP). The HPP is an intervention program designed to help Temporary Assistance to Needy Families (TANF) eligible families to quickly exit homelessness, return to housing in the community, and avoid future homelessness. The core components of the HPP are housing identification and location services, move-in and time-limited rental assistance, and case management services.

Programs funded under this opportunity will use a Housing First (HF) approach to service delivery. The goals of the HF approach are to help Households at imminent risk of homelessness or homeless families access permanent housing as rapidly as possible by removing barriers to program entry, assisting with quickly locating and accessing housing options and providing HPP case management services and support post housing to promote stability and prevent evictions and returns to homelessness. Pre-conditions to the HPP entry, such as sobriety and completion of treatment programs, are not consistent with the HF approach. In the HPP, the expectations are that families will assume the full rights and responsibilities of tenancy and meet standard lease obligations. Staff use assertive engagement strategies to teach tenancy skills, assist families in achieving housing goals, connect Households with income through employment and benefits, make connections to community services and stabilization supports, and help prevent eviction and returns to homelessness.

B. Planning activities conducted in preparation for this RFP

Planning activities conducted in preparation for this RFP include a Request for Information (RFI) and evaluation of current services provided. The RFI was posted

on November 18, 2020 on the SPO web site requesting written information and recommendations to improve the previous RFP for the Housing Placement Program. The deadline for written responses to the RFI was due to HPO on November 30, 2020

C. Description of the service goals

Housing placement assistance to TANF eligible families will greatly enhance their success. The goal is to provide services that will enable these families to live independently in affordable market rental units. The immediate focus will be on helping TANF eligible family's transition from homelessness to permanent housing and obtain Section 8 housing assistance.

A case manager will be assigned to walk Participants through the steps to obtain a suitable housing unit. The case manager will help ensure that each family obtains their benefits to further increase the chances of success in retaining their housing. Resources will be leveraged by referring Participants to all appropriate existing services and ensuring that the family understands the lease document and the responsibilities that the lease entails.

Each family shall have and remain with a housing case manager until the case manager determines that the family no longer requires this assistance. A representative from the agency providing the housing assistance, not necessarily the case manager, shall serve as the liaison with the landlord to ensure good landlord – tenant relations. If the tenant does not respond appropriately to the landlord's request when a problem arises, the landlord shall have the option of calling on the agency representative to intervene. The representative is responsible to assist the tenant in meeting the landlord's requirements and lease obligations to ensure that the family remains housed.

The Provider shall, with a focus on long-term housing stability, cultivate new prospective landlords and maintain a database of affordable rental housing units suitable for families in the program to enable housing choice in proximity to jobs and services.

D. Description of the target population to be served

The target population to be served by this HPP are TANF eligible families who are at imminent risk of homeless or transitioning from homelessness to permanent housing; and families in need of assistance locating an affordable rental unit; or in possession of a Welfare to Work or Section 8 Voucher.

A family must include a child living with his or her custodial parent or other adult caretaker relative; must be U.S. citizens or legal non-citizens (permanent resident and COFA); and family's income must be below threshold of the 250% federal poverty level (FPL).

The Provider shall complete the TANF Eligibility Worksheet to determine whether or not the family is eligible for TANF-funded services. The 2018 Federal Poverty Level (FPL) must be used to determine eligibility. (See Section 5 Attachment H for Worksheet and Instructions). The Provider shall determine and ensure that a Participant's monthly gross income is less than the 250% Federal Poverty Level (FPL) for Household size.

E. Documentation to Verify Homelessness

Programs are required to document and verify eligibility of Participants and use of grant assistance. Providers shall exercise due diligence in obtaining third party verification. Provider shall document all efforts to obtain third-party documentation. All documentation shall be subject to review to ensure accountability of HPP program funds.

1. The Provider shall verify homelessness utilizing the following procedures:
 - a. The Provider shall check and confirm if the Family is identified as currently enrolled in the HMIS.
 - b. For unsheltered homeless, the Provider shall contact the outreach program provider(s) and/or shall verify and maintain adequate documentation of the Participant's homeless eligibility.
 - c. For sheltered homeless, the Provider shall contact the Shelter Program provider(s) and shall obtain and maintain adequate documentation of the Participant's homeless eligibility.

Provider shall, in limited circumstances, accept an affidavit or self-certification from the Participant or certification by the HPP staff based on professional judgment and to the best of their knowledge of the circumstances being self-certified are true and accurate. Self-certification should be limited to rare and extreme cases and shall not be used for more than five percent (5%) of the Families served by a program during an operating year.

F. Documentation of Assistance

Documentation for eligible use of program assistance shall include, but is not limited to:

- a. Documentation of the family's financial need and ability to make future rent payments,
- b. Documentation of a signed lease agreement which names the family as the resident(s) for which rent, deposit or utilities are owed, **or** proof of invoice which names the family as the debtor for which expenses (e.g. medical, child care) are due, and

- c. Form W-9, from the Department of the Treasury Internal Revenue Service (IRS), Request for Taxpayer Identification Number and Certification, shall be used to collect identifying information such as name, address, and taxpayer identification information of the taxpayer to ensure a vendor or landlord is a legitimate entity. The information on Form W9 and the payment made shall be reported on Form 1099, from the IRS.

G. Targeting assistance

Provider shall expend a minimum of 50% of funds on diversion from Homeless shelters. This requirement may be waived if the HPO determines that the indicated level of diversion services is not required or is otherwise unable to be expended in the Provider's geographic service area.

H. Financial Assistance

The Provider shall assist eligible families with one to three payments of any combination of the following eligible costs:

- a. Security deposit,
- b. Rent,
- c. Utilities deposit, or
- d. Past due rent,
- e. Past due utilities.

Housing costs must serve to avert imminent eviction or to provide permanent housing. In the event Provider determines that the family needs further assistance during the contract period, the Provider shall provide an additional one to three payments or any combination as previously described.

I. Geographic coverage of service

The Provider shall be responsible for provision of the full range of services throughout the contracted area. Services shall be provided to the geographic areas listed below:

- | | |
|-----------|------------------------------|
| 1. Hawaii | One (1) contracted Provider |
| 2. Kauai | One (1) contracted Provider |
| 3. Maui | One (1) contracted Provider |
| 4. Oahu | Two (2) contracted Providers |

The Provider may propose to service one or more of the areas listed. The Provider shall submit separate and detailed program information for each geographic area that the Provider proposes to service. When determining geographic service areas,

the Provider must consider factors such as the area's population and needs, the proposed program's capacity, available community services and resources, and the Provider's ability to collaborate in the area. A separate budget is required to be submitted for each proposed geographic area. Multiple contracts may be awarded to one Provider in different geographic areas.

J. Probable funding amounts, source, and period of availability

The contracts shall be awarded for an initial term of one (1) year, starting July 1, 2021, with the possibility of six (6), one (1) year extensions thereafter, subject to the availability of State and federal funds and subject to the satisfactory performance of services by the Provider as determined by the HPO. The maximum contract term shall not exceed six (6) years, July 1, 2021 through June 30, 2027.

Funding is anticipated to be \$2,500,000 total per year, allocated as follows:

<i>Geographic Areas</i>	<i>SFY 2021</i>
Hawaii	\$500,000
Kauai	\$115,000
Maui	\$485,000
Oahu	\$1,400,000
Total	\$2,500,000

Funding increases and decreases shall also be subject to the availability of funds, service needs, including but not limited to, changes in the geographic location's needs, utilization increases/decreases, scope of service changes, and the Provider's satisfactory performance as determined by the HPO.

If additional funds become available, HPO may or may not negotiate directly with a single Applicant. The negotiation will be based on past performance, as it relates to contract compliance and attainment of outcome objectives, such as Participants transitioning to permanent housing, Participants attaining increased monthly income, and other performance outcomes as identified by HPO. Additionally, negotiation will be based on increased demand for and utilization of services to the Homeless and/or increased capacity to meet the demand such as additional shelter units added to the applicant's inventory.

K. Revisions and/or Amendments

HPO reserves the right to revise and amend any forms, pricing structures, or schedules in the RFP including, but not limited to: the Homeless Verification Letter; SPDAT; Housing Plan including Discharge Plan; Performance Measures and Outcomes and all related documents; and Work Plan.

2.3 Contract Monitoring and Evaluation

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

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

2.4 General Requirements

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

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

1. The Provider shall provide services in concurrence with Hawaii Revised Statute (HRS) Chapters 346; Hawaii Administrative Rules (HAR); and DHS policies and procedures.
2. The Provider shall be a profit organization incorporated under the laws of the State **or** nonprofit organization determined by the Internal Revenue Service to be exempt from federal income tax and with a governing board whose members have no material conflict of interest and serve without compensation and with bylaws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflict of interest situations;
3. The Provider shall have a minimum of one (1) year verifiable service history within the most recent three (3) years of experience with a similar Project or financial and permanent housing placement assistance for which the proposal is being made. Exceptions may be granted by the Director of DHS where an agency has not demonstrated the necessary experience or expertise in the financial and permanent housing assistance area;
4. The Provider shall have addressed any instances of non-compliance found in past audit and monitoring reports conducted for the HPO to the satisfaction of DHS;
5. The Provider shall have no outstanding balances owing to DHS. Exceptions may be granted by the Director of DHS for debts recently acquired and for debts which have a repayment plan approved by the Director of DHS;
6. The Provider shall be in good standing with the Department of Commerce and Consumer Affairs, the State Department of Taxation, and Internal Revenue Service; and

7. The Provider shall have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or have a designated entity that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles.
8. The Provider shall comply with the Chapter 103F, HRS, Cost principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98, as amended), which can be found on the SPO website: <http://Hawaii.gov/spo/> (see Attachment G).
9. The Provider shall refund to the State any funds unexpended or expended inappropriately.

B. Secondary purchaser participation
(Refer to HAR §3-143-608)

After-the-fact secondary purchases shall be allowed.

Planned secondary purchases shall not be allowed.

C. Multiple or alternate proposals
(Refer to HAR §3-143-605)

Multiple proposals shall be allowed.

Alternate proposals shall not be allowed.

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

☐ Single ☐ Multiple ☒ Single & Multiple

The highest scoring Applicants may be awarded multiple contracts. Multiple contracts may be awarded to one Applicant for any combination of geographic areas specified above if the DHS determines that it will be more advantageous in terms of cost effectiveness (output and outcomes per funding).

Per HAR §3-143-611, the DHS may partially reject any proposal or combination of proposals and request a proposal modification to be done that is in the best interest of the State.

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

☐ Single term (2 years or less) ☒ Multi-term (more than 2 years)

Contract terms:

Initial contract term:

One year, July 1, 2021 through June 30, 2022.

The initial term shall commence on the contract start date or the first day of the following month from the contract execution date, whichever is later.

Number of possible extensions: Five (5) extensions

Length of extensions: One (1) year

Maximum contract term:

Six (6) years, July 1, 2021 through June 30, 2027

Conditions for extension, including but not limited to:

1. Ongoing need for the service as determined by the HPO.
2. Availability of funding.
3. Satisfactory performance as determined by the HPO.
4. Satisfactory compliance with the terms and conditions of the contract as determined by the HPO.
5. Must be in writing, shall allow 30 calendar days for consideration and approval by HPO, and shall be executed prior to the contract expiration date.

F. Subcontracting

(Refer to Section 3.2 General Conditions, Section 5 of this RFP)

Subcontracting shall be allowed with prior written approval from the DHS.

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

2.5 Scope of Work

A. General Service Activities

1. Housing First Approach

Services shall be provided in a manner that is consistent with the HF approach as described below.

2. Low barrier to entry and ongoing program participation

Offer individuals and Families immediate access to outreach, shelter, permanent housing, and support services as appropriate without unnecessary prerequisites. This includes:

- a. Admission practices that are welcoming and low barrier and do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
- b. Not rejecting program applicants on the basis of credit, rental history, criminal history, or other factors that might indicate a lack of “housing readiness.” Provider shall consider criminal history and other factors on a case-by-case basis as necessary to ensure the safety of Participants and staff.

Offer individual and Families experiencing Homelessness ongoing access to services until they secure permanent housing. This includes, but is not limited to the following:

- a. Not establishing arbitrary time limits on length of program participation.
- b. Providing a brief list of expectations which are necessary to ensure Participant and staff health and safety, allowing Participants who may be under the influence of drugs and/or alcohol to remain in the program as long as their behavior does not present a health or safety threat, and not removing Participants for non-participation in services.
- c. Assessing Participants’ openness to and supporting behavioral change to assist them in meeting program health and safety expectations.
- d. Removing Participants from a program(s) only for as long as necessary to ensure their health and safety and connecting them to appropriate services and resources.
- e. Understanding that Housing First is not “housing only” or “anything goes.” Program enrollment may be contingent on meeting lease and behavioral expectations.
- f. Ensuring that an independent appeals process is in place and Participants are notified of the process verbally and in writing to allow Participants to contest involuntary temporary removal or discharge from a program.

3. **Housing access and retention**

Provider shall provide services focused on helping individuals and Families to access permanent housing as rapidly as possible and preventing returns to Homelessness. This includes, but is not limited to the following:

- a. Focusing on rapid development of a housing plan to assist with quickly locating and accessing housing, obtaining necessary documents,

accessing income and benefits, and connecting to community services and supports to promote stability and prevent returns to Homelessness.

- b. Ensuring that permanent housing leases do not include stipulations beyond those that are customary, legal, and enforceable under local and State housing law.
- c. Providing services and support to help Participants to understand and comply with lease obligations, reduce risks to stable tenancy, and prevent eviction.
- d. Continuing to serve and re-house individuals and Families who have lost their housing and helping them to overcome barriers to stable tenancy.

4. Community integration and recovery

Provider shall make efforts to integrate the program into the community and offer Participants ample opportunity and support to form connections outside of the program. This includes, but is not limited to the following and ensuring that:

- a. Services are located in neighborhoods that are accessible to community resources and services.
- b. Services are designed to help Participants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their Families and communities.
- c. Services are recovery-based and designed to help Participants to gain control of their own lives, define their personal values, preferences, visions for the future, establish meaningful individual short and long-term goals, and build hope.

5. Participant Choice

Provider shall make efforts to understand Participant preferences and priorities without judgment and to assertively engage Participants in services that are non-coercive to help Participants to achieve their personal goals. This includes, but is not limited to the following:

- a. Offering choices regarding type, frequency, timing, location and intensity of services and, whenever possible, choice of neighborhoods, apartments, furniture, and décor.

- b. Helping Participants to understand risks and reduce harm caused to themselves and others by risky behavior.
- c. Understanding the clinical and legal limits to choice and intervening as necessary when Participants present a danger to self or others.
- d. Providing meaningful opportunities for Participant input and involvement when designing programs, planning activities and determining policies.

6. **Assertive Engagement**

The Provider shall implement programs that utilize in assertive engagement. This includes, but is not limited to the following:

- a. Ensuring that new Participants are welcomed and oriented to the program to help them establish a sense of safety within 24 hours of program entry.
- b. Conducting a one-to-one meeting between the program Participant and case management staff within three (3) business days of program entry to begin to build rapport and offer support in securing permanent housing.
- c. Using assertive, low-barrier, culturally competent and trauma-informed engagement strategies that focuses on building a respectful, trusting relationship with Participants.
- d. Creating an inviting and safe environment for Participants to overcome grief/loss, build trust, disclose sensitive information, and identify reasons to engage in services that are personally meaningful.
- e. Documenting consistent attempts to locate and engage all Participants, including those who have expressed reluctance to engage.

7. **Housing-Focused Case Management**

Provider shall:

- a. Complete an initial comprehensive assessment (using the SPDAT for unsheltered Homeless Households) of Participant service needs within 7 days of program entry, update the assessment at least every 3 months,

and ensure assessments are signed and dated by the Participant, case manager, and supervisor. Assessments should focus on Participant strengths and barriers to housing stability (see Attachment I).

- b. Complete a housing plan including discharge plan on the approved form within 14 days of intake in services (see Attachment J). The plan shall be based on findings from the SPDAT. The goals of the plan shall be person-centered, specific and measurable and that plans indicate who is responsible for indicated action steps and when those action steps will occur. Plans must outline steps to secure permanent housing as quickly as possible and focus on how program Participants can maintain a lease and address barriers to housing retention, including maximizing their ability to pay rent; improving understanding of landlord/tenant rights and responsibilities; and addressing other issues that have, in the past, resulted in housing crisis or housing loss. Plans shall be updated at least every 3 months. Plans shall be signed and dated by the Participant, case manager, and supervisor.
- c. Provide case management services for a period of up to six (6) months after housing placement to ensure housing sustainability and prevent returns to homelessness.
- d. Provide case management services to all families at least twice monthly with face-to-face contact, or, for families, with less intensive needs an alternate plan of contact approved by a supervisor may be documented and implemented.
- e. Provide case management services that are flexible in response to tenant needs and preferences offering a variety of meeting times, locations and services.
- f. Maintain case notes that shall include contact attempts, services provided, including activities aimed at assisting tenants to meet their housing plan goals, and efforts to help tenants to establish linkages to other service providers, community resources, and support from friends and family.
- g. Assist Participants in obtaining one to three payments of any combination of security deposit, first month's rent, utilities deposit or past due rent and past due utilities, if necessary.

- h. Mediate landlord/tenant issues, and be “on call” to address landlord concerns.
- i. Assist consumers in meeting tenancy requirements, such as making rent payments and other lease requirements. Secure “representative payee” services, if necessary.
- j. Cultivate new landlords to participate in the program.
- k. Maintain a database of affordable rental units in areas that are available to Participants.
- l. Implement a plan to address damage to units, in the event that a Participant is found responsible for the damages, including without limitation, contingency fund and rental insurance.
- m. Conduct proactive outreach to landlords at least monthly to identify risks to housing stability such as lease violations and coordinate to help tenants retain housing, as authorized by Participant consent.
- n. Provide or otherwise assist Participants to obtain personal hygiene items including at a minimum clean towels, basic toiletries, and personal hygiene articles, as necessary.
- o. Provide or otherwise assist Participants to obtain adequate clothing, food, and furniture, as necessary.
- p. Ensure that retention in housing is contingent only on lease compliance and that landlords are required to use the legal court eviction process to terminate participants from permanent housing or to negotiate mutual terms for the termination of a lease in order to prevent the tenant from having an eviction record.
- q. Assist Participants in securing permanent housing as rapidly as possible. This includes helping participants obtain identification and other necessary documents, complete housing applications, access financial assistance, identify and view apartments, and meet with landlords/property managers.

- r. Prioritize housing placements for Participants who have been homeless the longest and who have the most intensive service needs.
- s. Help Participants achieve well-being and prevent and manage crises.
- t. Help Participants to increase income and assets, by including:
 - (1) screening and/or assisting in obtaining screening for public benefits eligibility,
 - (2) assisting with the application process for benefits,
 - (3) connecting to a SSI/SSDI Outreach, Access, and Recovery (SOAR) trained case manager as appropriate and available,
 - (4) providing and/or assisting Participants to connect to services such as financial literacy, banking, budgeting, tax preparation, and credit repair,
 - (5) providing and/or assisting Participants to connect to educational and vocational services and opportunities, including literacy, obtaining a GED, computer skills classes, resume development, interview coaching, mentoring, job training, higher education, job placement, and supported employment services.
- u. Have clearly defined relationships with employment and income support programs that they can connect program Participants to when appropriate.
- v. Provide and/or assist Participants to connect to services to address health, mental health, addiction, and legal needs. This includes, but not limited to:
 - (1) Accessing health insurance and establishing links to primary health, specialist, dental, mental health, and addiction services as needed.
 - (2) Accessing emergency health care, mental health crisis, and/or public safety services immediately in situations that present an imminent risk to Participants or staff health and/or safety.
 - (3) Accessing legal services, including immigration, record expungement, addressing child support obligations and pending charges, and legal services for those fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions.

- w. Assist Participants to use community resources (e.g., schools, libraries, houses of worship, grocery stores, parks, etc.).
- x. Assist Participants to access the internet, preferably through accessible computers located on-site at the program or, when that is not possible, through links to accessible internet resources located in the community.
- y. Assist Participants to connect with appropriate on-going services in advance of planned discharges. This includes, as necessary, providing a warm handoff (i.e. meeting face-to-face or remotely with the Participant and service provider) and following up to evaluate Participants' satisfaction with the assistance and making adjustments to program services as necessary for continuous quality improvement.
- z. Maintain a written discharge summary for each Participant that includes the reason for discharge, the location of new residence, an assessment of ongoing service needs, and that identifies service providers to whom referrals were made. In addition, discharge summaries must be signed and dated by the Participant, case manager, and supervisor.
- aa. Upon closing a case, programs shall provide information to Participants about how they can access assistance from the program again, if needed, and what kind of follow-up assistance may be available to the Participant. In instances when a Participant is at imminent risk of returning to Homelessness, programs shall directly intervene or provide a referral to another prevention resource.
- bb. Provide follow up services, at least one monthly contact with Participants discharged to permanent housing. Follow up services shall include assessments of on-going service needs and connecting Participants to appropriate services as necessary for at least three (3) months post discharge and at least one additional contact attempt at approximately six (6) months post-discharge.
- cc. Provide services that are designed to help Participants build motivation for change. This includes, but is not limited to:
 - (1) Helping Participants to gain control of their own lives, define their personal values, preferences, and visions for the future, and establish meaningful individual short and long-term goals.
 - (2) Helping Participants to develop discrepancy between their personal goals or values and their current behavior.

- (3) Helping Participants to build confidence, self-efficacy, and hope to see that the things they want out of life are attainable.
 - (4) Helping staff to develop services that are attractive and meaningful to Participants and that are responsive to their needs and preferences
 - (5) Helping staff to see that Participant reluctance to engage in services means they need to adjust the intervention to make it appealing to the person being served.
- dd. Provider serving Families with minor children, young adult dependents, and/or unaccompanied young adults (all three referred to as Young People) shall:
- 1. Provide services that focus on Young People's strengths and on helping them to build:
 - 1.1 Competence: the core academic, cognitive, social, emotional, and vocational competencies they need to succeed
 - 1.2 Confidence: a sense of self-worth and efficacy
 - 1.3 Connections: a sense of belonging and positive bonds with supportive peers and adults and social institutions
 - 1.4 Character: respect for society and cultural rules and an inner moral compass
 - 1.5 Caring: a sense of sympathy and empathy for others
 - 1.6 Contribution: active participation and leadership in efforts to bring about change in social and civic life
 - 2. Engage Young People in offering their expertise and perspectives in the design and implementation of services, programs, and activities available to them.
 - 3. Provide services that focus on Families' strengths helping them to build on strategies they already know how to use, build feelings of hope, identify protective factors, decrease frustration, emphasize problem-solving, enhance caregivers' confidence, and promote responsible behavior.
 - 4. Include an assessment of Young Peoples' and caregivers' strengths and needs when completing any required assessments.
 - 5. Consider Young Peoples' and caregivers' strengths and needs when completing any required housing and discharge plans.

6. Collect, maintain, and update records of available mainstream and community resources that include community resources for Young People.
7. Provide and/or assist Participants to connect to services to address Young Peoples' health, mental health, addiction, and legal needs.
8. Provide and/or assist Participants to connect to childcare services to support employment opportunities.
9. Help Young People to identify individuals with whom they wish to maintain or establish a relationship, assess the appropriateness of such involvement and facilitate an active connection between parents, other important persons and Young People when appropriate.
10. Provide services aimed at strengthening Family communication and support and at promoting Families' acceptance of their LGBTQ Young People.
11. Provide or arrange for a daily program of age and culturally appropriate social, recreational, athletic and educational activities in a youth friendly environment and maintain a monthly written schedule of such activities.
12. Provide Young People with opportunities for participation in group activities to meet, support, share experiences and collaborate with peers.
13. Ensure that all programming and activities during which facility staff are responsible for supervising Minor Children are staffed in a manner that is consistent with state requirements regarding staff/child ratios.
14. Maintain indoor and outdoor space to enable Young People to participate in both organized and informal recreational activities, including physical exercise and provide daily access to such space.
15. Ensure that Participants are helped to understand their educational rights and that they are connected to services to help them succeed in school as outlined below under "Educational Responsibilities.

8. **Educational Responsibilities**

Provider shall be responsible for: ensuring that Participants are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; ensuring that children and young adults are immediately enrolled in school, as required by federal and State law; and to ensure that they are connected to educational services to help them succeed in school. This includes, but is not limited to the following:

- a. Ensuring that all housing, whether temporary or permanent, is located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
- b. The Program Director and/or his/her designee is responsible for:
 - (1) Ensuring that all Families with children and young adults participating in any program are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
 - (2) Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in any program are enrolled in school immediately, even if they lack the paperwork normally required. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur immediately and within no more than 48 hours of program entry. Children and young adults who are not required by State law to enroll in school, shall be encouraged but not required to enroll.
 - (3) Advocating on behalf of Homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's Homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical education, summer learning, online learning, and referrals to health, mental health, dental and other services.
 - (4) Helping Homeless students to succeed in school and to get help from the local Homeless education liaison, as necessary.
 - (5) Developing relationships with colleges to access higher education services specifically for Homeless young adults.
 - (6) Designating a staff person who is responsible for:
 - 7.1 Helping Participants to understand their educational rights
 - 7.2 Ensuring that children and young adults are enrolled in school & connected to services
 - 7.3 Ensuring that children and young adults receive the transportation services to which they are entitled (i.e.,

school districts must provide transportation to and from schools of origin, as necessary).

These need not be the only responsibilities of the designated staff person.

- (7) Ensuring that the designated person is involved in the development of Participants' housing plans where there are extensive or significant unmet educational needs.
- (8) Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under State or federal law are adopted by the program.
- (9) Advocating as necessary to ensure that homeless students except when contrary to the request of a parent or guardian continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled, including preschools and the school the student is to attend after completing the final grade level at the school of origin. Students have the right to attend their school of origin the entire time they are homeless and until the end of the academic year during which they find permanent housing and to receive transportation to and from the school of origin, if requested. If the parent or guardian initiates a dispute, the student must be immediately enrolled in the school in which the placement is sought and provided transportation if requested for the duration of the dispute, including any appeals.
- (10) Advocating on behalf of homeless students as necessary to ensure that they do not face enrollment barriers, including barriers related to missed application or enrollment deadlines, fines, fees, records required for enrollment, including immunizations or other health records, proof of residency or other documentation, and academic records, including documentation of credit transfer.
- (11) Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, and online learning.
- (12) Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- (13) Advocating as necessary to ensure that all homeless high school students receive information and individualized counseling

regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status

9. Supervision

Provider shall:

- a. Provide direct service staff with at least one hour of individual supervision bi-weekly that helps them to develop low barrier, assertive engagement skills, build Participant motivation, conduct thorough assessments, establish meaningful housing plans, ensure Participant and staff safety, and support self-care.
- b. Have a case review process to help staff problem solve around particular case management challenges and to inform, assessments, housing plans, and discharges.
- c. Develop services that are attractive and meaningful to Participants and that are responsive to their needs and preferences.
- d. Understand that Participant reluctance to engage in services may mean the Provider needs to adjust the method of intervention to make it appealing to the Participant.
- e. Provider shall maintain on-call supervisory coverage to manage critical incidents and other emergencies 24 hours per day, 7 days per week.

10. Grievance Procedures

The Provider shall provide to the Participant formal and documented due process. This process shall minimally consist of the following:

- a. Written notification containing a clear statement of the reasons for termination or denial of assistance, the specific date for which assistance will cease, the right of the Participant to have a review of the decision, instructions on how the Participant is to evoke this review, the right of the Participant to review the records and the right to counsel at the sole expense of Participant during this review;
- b. Upon request by the Participant, a review of the decision with the opportunity to present written or oral objections and to be represented by

counsel at his or her own expense before a person other than the person who made or approved the termination or denial decision. The Participant shall have the opportunity to question witnesses and present evidence; and;

- c. Prompt service of the final decision in writing to the Participant.
- d. Provider's grievance procedures shall include language that if the Participant is not satisfied with the Provider's final determination, a formal review of the decision may be requested of the HPO. The request for the HPO review letter shall be mailed to:

Department of Human Services
Benefit, Employment & Support Services Division
Homeless Programs Office
1010 Richards Street, Suite 312
Honolulu, Hawaii 96813

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

B. Administrative/Management Requirements

1. Experience

- a. The Provider shall submit a verifiable history of a minimum of one (1) year, within the most recent three (3) years, of experience with HPP or in the program area for which the proposal is being made. Exceptions may be granted by the Director of DHS where an agency has not demonstrated the necessary experience or expertise in the program area.
- b. The Provider shall have demonstrated and documented knowledge, skills, capacity, and competence to perform the required services.

2. Coordination of services

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

The Provider shall coordinate and integrate homeless programs with other mainstream health, social services, and employment programs for which homeless populations may be eligible including Medicaid, State Children's Health Insurance Program, Temporary Assistance to Needy Families, Food Stamps, and services funding through the Mental health and Substance Abuse

Block Grant, Workforce Investment Act and the Welfare-to-Work grant program.

The contracted agency shall participate in their local CES, CoC, and Point-in-Time Count, assist in maintaining a current by-name list that includes all sheltered and unsheltered Homeless people, use the common triage tool VI-SPDAT as determined by their CoC, and comply with all CoC and CES written standards, policies, and procedures.

3. **Personnel**

The Provider shall provide adequate staffing on a day-to-day basis, as approved by HPO, and case management to meet the requirements of the RFP.

The Provider shall ensure that staff, volunteers, and contracted personnel meet the education, work experience, and training qualifications necessary to provide the contracted service activities.

The Provider shall ensure staff positions aligned with the Housing First approach. Examples of qualified positions include: case manager, housing locator, and employment specialist. Positions shall focus on housing placement, increasing income, and employment.

Attach as Exhibit II: The Provider shall submit as part of the proposal, the following:

- a. An organization-wide chart showing where the proposed program fits within the Provider's agency.
- b. A program-specific chart showing each staff position in the program, including title, full-time equivalency (FTE), and the lines of authority/supervision.
- c. A position description specifying the education, work experience, training qualifications, and the work requirements for each staff position in the program.
- d. A current resume for all personnel identified in the proposed budget request.
- e. A staffing pattern (chart listing program staff), including staff to Participant ratios.
- f. A staff to Participant ratio that allows a significant and consistent amount of time to work directly with Participants who are participating in an alternate housing search and receiving case management service.

This will allow time for strengths-based motivational work with Participants who are moving at a slower pace towards housing.

The Provider shall assure that:

- a. A system is in place to ensure compliance with:
 - (1) Affirmative action standards
 - (2) Equal opportunity employment standards
- b. Direct service staff shall have at least one hour of individual supervision bi-weekly to help them to develop low barrier, assertive engagement skills, build Participant motivation, conduct thorough assessments, establish meaningful housing plans, ensure Participant and staff safety, and support self-care.

4. **Training**

Attach as Exhibit III: The Provider shall submit and implement a training plan for its staff and contracted personnel who have direct contact with Participants. The training plan shall identify areas of training, timeline of initial training and on-going training, how training will be structured, how training will be provided, and who will provide each training session and topic. Provider shall provide the education, work experience, and training qualifications for each trainer of the program. Provider shall provide a current resume for all trainers identified in the training plan.

- a. Staff training shall include, but is not limited to the following:
 - (1) Agency orientation, including, but is not limited to, policy and procedures addressing:
 - 1.1 Screening, intake, and assessment
 - 1.2 Housing planning
 - 1.3 Discharge planning
 - 1.4 Documentation requirements
 - 1.5 Confidentiality and ethics
 - 1.6 Disaster preparedness
 - (2) Community resources available to support Homeless Families, independence, and wellbeing, such as, but not limited to, housing resources, financial/employment resources, health/mental health services, legal/advocacy services, and Limited English Proficiency (LEP) services.
 - (3) Supports and services offered by the DHS BESSD and how to access them (e.g. financial assistance (TANF/TAONF), food assistance (SNAP), medical coverage (MedQUEST), employment

assistance (First-to-Work, E & T), child care assistance, and housing assistance).

- (4) HMIS – Training for HMIS users and agency administration by HMIS Administrator. Training that includes, but not limited to the following:
 - 4.1 Data security and quality standards
 - 4.2 Program entry and exits
 - 4.3 On-going assessments (such as income, health insurance)
 - 4.4 New system features
- (5) Fair Housing – Training that includes, but is not limited to the following:
 - 5.1 Understanding federal and Hawaii laws against discrimination
 - 5.2 Understanding Fair Housing laws and accommodations
 - 5.3 Knowledge in the State’s discrimination complaint process
 - 5.4 Knowledge in language access
- (6) Prevention and Diversion – Training will include, but is not limited to the following:
 - 6.1 Understanding the difference between prevention and diversion
 - 6.2 Knowledge of available resources and interventions
 - 6.3 Ability to assess families appropriately when seeking services directly from the program.
 - 6.4 Ability to mediate appropriate alternative to program
- (7) Trauma informed care – Training that includes, but is not limited to the following:
 - 7.1 Understanding the physical, social, and emotional impact of trauma on an individual
 - 7.2 Recognizing how trauma affects all individuals
 - 7.3 Responding by putting knowledge into practice
 - 7.4 Trauma-informed approach help produces better case results
 - 7.5 Trauma-informed care helps with safety, trustworthiness, choice, collaboration and empowerment
- (8) Harm Reduction – Training that includes, but is not limited to the following:
 - 8.1 Understanding Harm Reduction attempts to reduce harm to the Participant, community, and reduction of police and health resources.
 - 8.2 Understanding the approach to drug use and high-risk behaviors

- 8.3 Recognizing Reduce drug-related harm without requiring cessation
 - 8.4 Focusing on behavior instead of use or any exploitive action
 - 8.5 Recognizing housing is harm reduction
 - 8.6 Identifying alternatives that reduce risk
- b. HPO reserves the right to revise training requirements as funding resources, contemporary best practices, and/or educational opportunities become available.
 - c. Annual training that includes relevant training refreshers completed each year after the first year of employment.
 - d. A written training record shall be maintained and updated in the staff, volunteers, and contracted personnel file. Training records shall be made available to HPO upon request.

5. **Insurance and Indemnity Requirements**

The Provider shall indemnify the State and the DHS. The Provider shall also obtain, maintain and keep in force throughout the period of this contract, \$2,000,000.00 commercial general liability insurance as required by section 1.4 of the General Conditions and the following minimum insurance:

- a. Automobile Liability:

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

Automobile insurance shall be required of the Provider and subcontractor(s) if at any time the Provider or subcontractor(s) drive an automobile in order to carry out the duties of this contract. Automobile insurance must be submitted to HPO prior to driving. The State shall not be held liable for automobile accidents which occurred while performing duties of the contract.

- b. **Workers Compensation and Employers Liability Insurance:** Provider shall maintain worker's compensation and employer's liability insurance. Worker's compensation shall be in accordance with State Statutes. Employers liability and/or commercial excess limits shall not be less than \$1,000,000 each accident.

Hawaii Statutory Limits

Employer's Liability

Bodily Injury by Accident	\$100,000.00	Each Accident
Bodily Injury by Disease	\$100,000.00	Each Employee
Bodily Injury by Disease	\$500,000.00	Policy Limit

The minimum insurance required shall be in full compliance with the Hawaii Workers' Compensation Law, Chapter 386, HRS, throughout the entire term of the contract and any supplemental contracts; or

Waiver of Subrogation: Shall be applicable to the General Liability, Auto and Worker's Compensation policies and be in favor of the State of Hawaii.

- c. Each insurance policy shall be written by insurance companies licensed to do business in the State or meet Section 431:8-301, HRS, if utilizing an insurance company not licensed by the State.
- d. The State and DHS, its elected and appointed officials, and employees shall be named as additional insured, except for Worker's Compensation Insurance, with respect to operations performed under this Provider contract. The policy shall constitute primary insurance for the State, covering liability arising out of or resulting for occurrences during or in connections with the performance of the contract.

Each Certificate of Liability Insurance (COLI) required by this contract shall contain the following language in the COLI description of operation section:

- i. It is agreed that the State of Hawaii is added as an additional insured as respects to operations performed for the State of Hawaii.
- ii. It is agreed that any insurance maintained by the State of Hawaii will apply in excess of and not contribute with, insurance provided by this policy.
- e. The Provider agrees to provide the State before the effective date of the contract, certificate(s) of insurance as evidence of its compliance with the insurance provisions of this contract. The Provider shall keep such insurance in effect and the certificate(s) therefore on deposit with the State during the entire term of this contract. Upon request by the State, the Provider shall furnish a copy of the policy or policies.
- f. Failure of the Provider to provide and keep in force such insurance shall be a material default under this contract. The State shall be entitled to

exercise any or all of the remedies provided in this contract and by law for default by the Provider.

- g. The procuring of such required policy or policies of insurance shall not be construed to limit Provider's liability hereunder or to fulfill the indemnification provisions and requirements of this contract. Notwithstanding said policy or policies of insurance, Provider shall be obligated for the full and total amount of any damage, injury, or loss caused by negligence or neglect connected with this contract.
- h. The insurer shall notify the State in writing of any cancellation or change in provisions thirty (30) calendar days prior to the effective date of such cancellation or change.
- i. DHS is a self-insured State agency. The Provider's insurance shall be primary. Any insurance maintained by the State shall apply in excess of, and shall not contribute with insurance provided by the Provider.
- j. The Provider shall immediately provide written notice to the Department of Human Services, Homeless Programs Office at 1010 Richards Street, Suite 512 Honolulu, Hawaii 96813 should any of the insurance policies evidenced on its Certificate of Insurance form be cancelled, limited in scope, or not renewed upon expiration.
- k. Each COLI shall also contain under the Certificate Holder section "This COLI is in reference to contract number: DHS-xx-HPO-xxxx."

6. Federal and State Tax Clearance

The contracted agency shall provide Certificate of Vendor Compliance issued by Hawaii Compliance Express (HCE). The status on the certificate must state "compliant". The HCE shall be dated no later than 30 days prior to the Applicant's proposal submission date.

7. Compliance with Laws and DHS Rules

The contracted agency shall comply with all laws, ordinances, codes, rules and regulations of the federal, State and local governments which in any way affect its operations and to adhere to instructions prescribed by DHS for the effective administration of a program.

8. Confidentiality

Attach as Exhibit IV: The Provider shall attach to the proposal, its policies and procedures regarding securing and ensuring the confidentiality of Participant files and other confidential information.

9. **Americans with Disabilities Act**

The Provider shall comply with the American Disabilities Act (ADA) and shall describe its efforts to ensure that Homeless persons with disabilities are provided with reasonable access to services. The Provider shall ensure that Homeless persons with disabilities are provided with reasonable access to service and comply with ADA requirements. The Provider shall make its written ADA policies and procedures available to HPO upon request.

10. **Nondiscrimination**

The Provider shall not discriminate against any applicant/Participant on the basis of race, color, creed, religion, ancestry, national origin, sex, sexual orientation, disability or handicap, age, or marital/familial status with regard to public assistance. The Provider shall take affirmative action to ensure that its program is free from such discrimination. The Provider shall make known that the program assistance and services it provides are available on a nondiscriminatory basis, and will ensure that all citizens, including citizens with limited English proficiency, have equal access to information concerning the housing program. The Provider shall make its written nondiscrimination policies and procedures available to HPO upon request.

11. **Fair Housing**

Any housing (including emergency and transitional shelters, or Bridge Housing), or housing services offered by the Provider shall be made available without discrimination based on race, color, national origin, age, sex, religion, familial status, or disability, or on any basis prohibited by State law, in accordance with State and federal Fair Housing laws. In providing support services and financial assistance for re-housing or homelessness prevention, the Provider shall not discriminate against a rental applicant based on the fact that he or she receives a direct rental subsidy, such as Section 8 voucher or other tenant-based rental assistance. The Provider shall make its written Fair Housing policies and procedures available to HPO upon request.

12. **Housing Quality Standards and Inspection**

Attach as Exhibit V: The Provider shall attach to the proposal, the Provider's policies and procedures on housing quality standards and inspection. Include a copy of any forms used to document housing inspections. (Note: DHS may require that these be amended.)

13. Performance Measures and Outcomes

The Provider shall be required to meet the following outcome measures:

- a. 80% of all rapid rehousing households shall obtain permanent housing within 30 days of program entry
- b. 90% of all households exiting the program shall exit to a permanent housing destination
- c. 20% of all households exiting the program shall increase earned income (i.e. employment income)
- d. 10% of all households exiting the program shall increase non-earned income (e.g. SSI, SSDI, GA, TANF, Unemployment, etc.)
- e. 10% of all households exiting the program shall increase non-cash benefits (e.g. SNAP, WIC, Child care services, etc.)

HPO reserves the right to adjust and/or modify the performance measures and outcomes (see Attachment K).

14. Reporting requirements for program and fiscal data

The Provider shall be required to submit the following payment requests and reports in a timely matter:

- a. A payment request (original plus one copy) on agency's letterhead (see Attachment L).

Payment request(s) will not be accepted or approved when there are outstanding reports which have not been submitted to HPO.

- b. The Provider shall be required to submit the following reports:

Activity Data – Quarterly and Final

- (1) Quarterly Activity Data shall be input into the HMIS within 15 days from the end of each quarter or on such day designated as the due date by the HPO.

- c. Financial Reports – Quarterly and Final

- (1) Provider shall submit a Quarterly Financial Report (3-months report) within 30 days of the end of each reporting period, and a Final Financial Report within 45 days of the end of the contract term, or on such day designated as the due date by the HPO.
- (2) The Quarterly Financial Report (HPO Funds Only Report) shall include the annual approved budget, 3-month budget for the

reporting quarter, actual 3-month expenditures for the reporting quarter, year-to-date expenditures, and variance percentages. Personnel and administrative costs need to be broken out and listed on the financial report. Variance percentages of +/-15% shall be explained in writing.

- (3) The Quarterly Financial Report (All Funding Sources Report) shall show “other” funding sources. Budget and actual costs for personnel and administrative expenses do not need to be broken out and listed on the Financial Report. Variance explanations are not required on the Quarterly Financial Report.
- (4) The Final Financial Report (HPO Funds Only Report) shall include an approved budget, year-to-date expenditures, and variance percentages. Budget and actual costs for personnel and administrative costs shall be broken out and listed on the Final Financial Report. Variance percentages of +/-15% shall be explained in writing. Explanation of the variance does not guarantee that the State will reimburse your agency for expenses beyond the approved budget.
- (5) The Final Financial Report (All Funding Sources Report) shall show “other” funding sources. Budget and actual costs for personnel and administrative expenses do not need to be broken out and listed. Variance explanations are not required on this report.
- (6) The fourth quarter financial report shall be the final report if the fourth quarter financial report includes year to date expenditures and variance explanations.

d. Language Access Reports – Semi-Annually

- (1) The Provider shall complete and submit the Language Access Reporting Tool or LEP Report semi-annually to HPO.

If awarded, refer to your agency’s contract for specific due dates and summary of due dates. The Provider shall submit all required reports in a timely manner in the appropriate forms as described by DHS. See Attachment L, for samples of the program and fiscal reports.

15. Data & Continuous Quality Improvement

- a. Provider shall collect and enter all required Participant level data using the HMIS in accordance with all data standards, policies, and procedures as determined by the Provider's CoC.
- b. Provider shall comply with the following data standards as determined by HPO:
 - (1) Search before creating new enrollment in HMIS to avoid duplication.
 - (2) Data entry completed within 72 hours of activity or service: e.g., program entry, program exit, assessment, provision of assistance, etc.
 - (3) Data Quality Rates for null, missing, refused, or unknown shall be less than 10% for both universal data elements and program specific data elements.
- c. Provider shall track and report outcome data at least quarterly and use that data to provide continuous quality improvement efforts aimed at strengthening outcomes outlined in this RFP, such as increasing Participant income, decreasing length of Homelessness, rapidly securing permanent housing placements, and assisting Participants to stabilize in and retain housing.
- d. Provider shall have and implement a comprehensive policy and procedures for reporting, resolving, and documenting and reviewing critical incidents. Provider shall make adjustments to policies, procedures, facilities, and program design as needed to improve Participant well-being and promote health and safety for Participants and staff.
- e. Provider shall seek input from people with lived experience of Homelessness and, when applicable landlords, to guide program design and operations. Such input can be obtained through interviews, focus groups, surveys and/or consumer advisory boards.
- f. Provider shall have and implement a comprehensive policy and procedures for surveying program Participants, at least annually, to assess satisfaction with and obtain input regarding program services, staffing, and facilities. Provider shall make adjustments to policies, procedures, facilities, and program design as needed to improve Participant satisfaction.

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

16. Quality assurance and evaluation specifications

- a. Performance of all contracted agencies will be monitored on an ongoing basis by DHS through file reviews, site inspections and other methods.
- b. Failure to comply with data and reporting requirements or to adequately address monitoring findings may result in the suspension or cancellation of payments or the contract. Upon request, the Provider shall agree to promptly make their Participant files available to DHS for the purposes of monitoring.
- c. The State, DHS, 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 contracted agency's performance of services and the agency's program, management and fiscal practices. The right of access shall not be limited to the required retention period but shall last as long as the records are retained.
- d. The Provider shall be required to retain all records for at least six (6) years, except if any litigation, investigation, audit or other action is underway for an addition of one year after completion of due process, litigation, investigation, audit, or other actions.

C. Facilities

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

2.6 Compensation and Method of Payment

A. Payments shall be made in accordance with, and subject, to the following:

1. The Provider shall comply with Cost Principals, HRS Chapter 103F, Purchases of Health and Human Services (see Attachment G) in the development of its budget and the expending of the contract funding.
2. Unless otherwise proposed and agreed between the Provider and the DHS, the pricing structure for these services is described below. The pricing structure may be revised by mutual written agreement throughout the contract term.
3. Compensation shall be made in accordance with the Provider's approved "Budget."
4. Compensation shall be made in advance and in disbursements. HPO reserves the right to request supporting documents including but not limited to ~~(i.e.,~~ receipts and invoices) for any or all payment request, at any time.
5. Base Cost where the State pays the Provider a base amount (up to 85% of the maximum annual contract amount) for personnel, operating, and administrative costs.
6. Performance Measures and Outcomes rate where the State pays the Provider up to 15% of the contract amount when program outcomes are met. The State and the Provider agree on the number of units of service to be delivered for the stated contract amount as specified in the Providers Work Plan. The Performance Measures and Outcomes Form will assist Provider and the State to calculate payment. Each of the five (5) performance measures and outcomes will be assigned .75% per quarter.
7. Once contracted, awardees of this funding opportunity shall be provided with program-specific Compensation and Payment Schedules and PMO Forms with weighted outcomes.
8. The Provider shall budget no more than 15% of the contract total for administrative expenses. An amount equal to 5% total shall be withheld as the final payment, subject to timely submittal and approval of the Provider's satisfactory performance, submittal of all reports, and a valid vendor compliance certificate.
 - a. The Provider shall provide a clear and separate written budget for the administrative costs, not to exceed 15% of the total funding amount, and justify the administration costs. If the Provider has a federally-approved indirect rate, the Provider shall provide the approval letter and the general

categories used to determine the federal rate. The Provider must submit an administrative cost budget and justify the cost despite the Provider's approval for the federal rate. The Provider may use the general categories from the federal rate but the Provider's indirect costs for this contract must not exceed 15%.

- b. The Provider shall submit the administrative costs budget using the budget forms listed in Section 3.5, A. All budget forms, instructions, and samples are located in Section 5 off this RFP (see Attachment E). The administrative costs budget, federally-approved indirect rate approval letter, and general categories used to determine the federal rate shall be attached to the Application.
- c. Administrative cost in any or all revised or supplemental contracts shall not exceed the total percentage specified in the proposed budget.

B. Payment Requests

- 1. Payments shall be made upon submission of an original request and one (1) copy. The payment request shall include the Provider's official name on company letterhead; date of letter; contract number; the total amount requested, and shall certify that the services rendered are in compliance with the terms of the contract.
- 2. Requests for quarterly performance measures and outcomes payments must include, but are not limited to the following:
 - a. Provider shall submit a letter on Provider's letterhead requesting payment and certifying that the services rendered are in compliance with the terms of the contract.
 - b. Provider's completed quarterly activity data and approved performance measures and outcomes will be used to determine and calculate the amount of compensation. Providers' future quarter payments will not be processed until all reports are satisfied. For example, if first quarter reports are not submitted, Providers will not receive its second quarter payments until the reports are submitted and approved.
 - c. An expense summary, indicating the appropriate line item expenses to be charged.
 - d. Expenses must be in accordance with the Provider's budget.

C. Budget Revision

1. Any budget revision requested by the Provider shall be in writing and shall be subject to the State's approval. If an amount of reported expenditure is subsequently determined by the State to be inappropriate, unallowable, or not made in accordance with the approved budget or approved revised budget, the State may require that an equivalent amount of monies be refunded by the Provider to the State.
2. The Provider's administrative cost in any or all revised or supplemental contract shall not exceed the total percentage specified in the proposed budget.
3. The Provider shall submit any budget revision request to the State for approval prior to 90 days before the contract expires. A budget revision request shall not be accepted by the State within 90 days of the contract expiration, unless otherwise agreed by the State in writing.

D. Final Payment

1. Final payment is subject to the following:
 - a. Receipt of a current Certificate of Vendor Compliance issued by Hawaii Compliance Express.
 - b. Submission by the Provider and acceptance by the State of all required reports without limitation, the annual report.
 - c. Resolution of all discrepancies in performance of services and completion of all other outstanding matters under this contract.
2. Final payment for each year of the contract shall be withheld as an amount equal to the five percent (5%) the total contract amount for each year of the contract. Said withheld amount shall be subject to satisfactory submittal and reconciliation of all reports, and section 103-53, HRS, which requires a tax clearance from the Director of Taxation and the Internal Revenue Service. Any debt owed to the State Department of Taxation shall be offset first. If the Provider fails to satisfactorily submit all reports to the State within three months of the termination date of this contract, the Provider shall forfeit any and all claims to the final payment and shall still be required to submit copies of valid tax clearances to the State within three months of the termination date of this contract. A certificate of vendor compliance issued by the Hawaii Compliance Express may be submitted in lieu of the tax clearance certificate.
3. Written expenditure reports and activity reports submitted by the Provider shall be reviewed by the State. Each report shall be subject to the State's preliminary determination of appropriateness. The reported expenditures may be subject to subsequent verification and audit.

Section 103-10, HRS, provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory delivery of goods or performance of the services to make payment. The date of the invoice shall be the later of the: 1) date of invoice, or 2) postmark of original invoice received by the State via United States Postal Service.

E. Unallowable Expenditures

If an amount of reported expenditure(s) is subsequently determined by the State to be inappropriate, unallowable, or not made in accordance with the approved budget, federal and state regulations, the State may choose not reimburse the expenditure and require the Provider to resubmit another invoice accounting for only the expenditures allowed. If the Provider has already been paid, the State may require that an equivalent amount of monies be credited back to the invoice submitted or refunded by the Provider to the State for the specified amount. If after payment of the last installment, investigation and examination reveal additional expenditures that are determined by the State to be inappropriate and unallowable, the State may require that an equivalent amount of monies be refunded to the State notwithstanding the State's preliminary determination of appropriateness and allowability.

F. Termination of Contract

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

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the Applicant organization and RFP identification information on the top right-hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application shall be consecutive, beginning with page one and continuing through for each section. A sample format is reflected in Section 5, Attachment C of this RFP.*
- *The Application shall be submitted in a three-ring binder.*
- *Tabbing of sections are required.*
- *Times New Roman or Arial font; 12-point font size, single spacing and double spacing after each paragraph, and one-inch margins.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment C of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an Applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is in Section 5, Attachment D of this RFP.*

The Proposal Application is comprised of the following sections:

Applicant shall not exceed the listed number of pages for the narrative portion of each section (this does not include the required attachments):

- | | |
|---|-------------------|
| • <i>Proposal Application Identification Form</i> | <i>(1 page)</i> |
| • <i>Table of Contents</i> | <i>(2 pages)</i> |
| • <i>Program Overview</i> | <i>(2 pages)</i> |
| • <i>Experience and Capability</i> | <i>(10 pages)</i> |
| • <i>Project Organization and Staffing</i> | <i>(5 pages)</i> |
| • <i>Service Delivery</i> | <i>(10 pages)</i> |
| • <i>Financial</i> | <i>(5 pages)</i> |
| • <i>Other</i> | <i>(2 pages)</i> |

3.1 Program Overview

The Applicant shall give a brief overview to orient evaluators as to the program/services being offered. The Applicant shall clearly and concisely summarize the content and purpose of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. The Applicant shall include a description of their organization, the goals and objectives relating to the program/services, and how the proposed services will address the problems or needs identified in Section 2 of this RFP.

3.2 Experience and Capability

A. Necessary Skills

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

B. Experience

The Provider shall have a minimum of one (1) year of verifiable experience within the most recent three (3) years that are pertinent to the service activities detailed in Section 2 of this RFP. The Applicant shall provide the following information regarding each of its pertinent contracts/programs listed:

1. Contract number
2. Contracting agency
3. Name of contact person, phone number, email address, and mailing address of the contracting agency
4. Title and a brief description of the service

The Provider shall also provide information demonstrating its experience in working with different individuals, cultures, and communities, including those who have Limited English Proficiency (LEP).

The DHS reserves the right to verify the Provider's experience.

C. Quality Assurance and Evaluation

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

D. Coordination of Services

The Provider shall provide information that demonstrates its capability of coordinating with the DHS and other agencies/community resources to meet the needs of the target population.

The Provider shall demonstrate their participation in their local CES, CoC, and Point-in-Time Count, assist in maintaining a current by-name list that includes all sheltered and unsheltered Homeless people, using the VI-SPDAT as determined by their CoC and compliance with all CoC and CES written standards, policies, and procedures.

E. Facilities

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

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

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

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

2. Staff Qualifications

The Provider shall provide a position description specifying the education, work experience, training qualifications, and the work requirements for each staff position identified in the proposed budget. The Provider shall provide a current resume for all personnel identified in the proposed budget request.

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

B. Project Organization

1. Supervision and Training

The Provider shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. The training plan shall identify areas of training, how training will be structured (initial new hire, monthly, quarterly, annually, refreshers, etc.), the expertise

of who will be facilitating the training, and the timeline of when the training will be completed.

2. Organization Chart

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

C. Work Plan

The Provider shall propose reasonable numbers and percentages for all items listed in the work plans. Clear justifications shall be provided for the proposed numbers and percentages. The DHS shall have the final determination regarding the numbers and percentages for each contract (see Attachment M).

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

3.4 Service Delivery

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

Note: It shall not be acceptable for the Provider to simply repeat language in the RFP when addressing the specific service activities and tasks. Providers shall provide examples to demonstrate its ability to perform the contracted services.

3.5 Financial

A. Pricing Structure

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

The Applicant shall submit a budget for the first contract period as follows:
Year 1: July 1, 2021 – June 30, 2022

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

All budget forms, instructions and samples are located in Section 5, Attachment E of this RFP. The following budget form(s) shall be submitted with the Proposal Application:

1. SPOH-205, Budget – Program Budget (Budget, Admin, PMO)
2. SPOH-205, Budget – Program Budget “All Funding Sources for the program”
3. SPOH-206A, Budget justification - Personnel Salaries & Wages
4. SPOH-206B, Budget justification - Personnel Payroll Taxes, Assessments & Fringe Benefits
5. SPOH-206C, Budget justification - Travel inter-island
6. SPOH-206D, Budget justification - Travel out-of-state
7. SPOH-206E, Budget justification - Contractual Services, Administrative
8. SPOH-206F, Budget justification - Contractual Services, Subcontracts
9. SPOH-206G, Budget justification – Depreciation
10. SPOH-206H, Budget justification – Program Activities
11. SPOH-206I, Budget justification - Equipment Purchases
12. SPOH-206J, Budget justification - Motor Vehicle

Indicate “N/A” if budget justification form is not applicable.

The Provider shall submit two (2) separate budget justification forms for SPOH-206A through SPOH-206J one set of forms for operations and another set of forms for administrative costs. Indicate “N/A” if budget justification form is not applicable.

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

Enter the budget amounts for each costs item listed. Use the Cost Principles included in Section 5, Attachment G of this RFP.

SPOH-205 Program Budget (Budget, Administrative, Base, PMO) shall have four (4) columns – (a) Total Budget; (b) Administrative Cost; (c) 85% Base Cost; and (d) 15% PMO, as described below:

Column (a): The Total Budget shall include requested budget amounts for each cost item listed. Use the Cost Principles included in the RFP as a guide to determine which costs are allowed.

Column (b): The Administrative Cost is the general management, oversight, coordination, evaluation and reporting on contracted services. Such costs do not include costs directly related to carrying out contracted services.

Column (c): The 85% Base Cost is the maximum annual contract for personnel, operating, and administrative costs.

Column (d): The 15% PMO is the percentage of the contract amount when program outcomes are met. The State and the Provider agree on the number of units of service to be delivered for the stated contract amount as specified in the Provider's Work Plan.

The Provider shall take into consideration that the performance measures and outcome rate is contingent on reaching the outcomes as outlined in Section 2.5, B. 17., Performance Measures and Outcomes. In the event the Provider does not meet their outcomes, the Provider will not receive the 15% performance measures and outcome rate or a portion thereof. Performance Measure funding is contingent on the outcomes achieved.

The Provider shall provide a clear budget for the administrative costs, not to exceed 15% of the total funding amount, and justify the costs. If the Provider has a federally-approved indirect rate, the Provider shall provide the approval letter and the general categories used to determine the federal rate. The Provider must submit an administrative cost budget and justify the costs using the same justification forms but clearly identified as budget and administrative cost despite the Provider's approval for the federal rate. The Provider may use the general categories from the federal rate but the Provider's indirect costs for this contract must not exceed 15%.

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

The Provider shall take into consideration the total amount of administrative percentage identified in the proposed budget. The administrative percentage costs identified in the proposed budget shall remain consistent for the total of six (6) years or until this program is re-procured, whichever is sooner.

SPOH-205 Program Budget All Funding Sources for the program shall have up to four columns – (a) Total Program Funds; (b) Budget Request for this RFP; (c) and (d) shall identify total budget by funding source. If additional columns are needed, use additional copies of this form. See descriptions below:

Column (a): Total Funds shall reflect all funding for the program.

Column (b): The Budget Request column shall include requested budget amounts for each cost item listed in this RFP.

Column (c) and (d) if applicable, shall identify any additional funding sources used for the program. Provider shall use column heading such as Federal, State, Funds Raised, etc. If additional columns are needed, use additional copies of this form.

B. Financial Related Materials

Attach as Exhibit VI: The Provider shall attach to the proposal its policies and procedures that are implemented to manage finances, in order to determine the adequacy of the Provider's financial controls and accounting system as described under HAR, § 3-141-202.

The requirements for an adequate accounting system should include, but is not limited to the Provider's ability to:

1. Accurately keep all procurement and financial records required by law, the purchasing agency, and/or the State Procurement Office;
2. The ability to permit Timely development of all necessary cost data in the form required by the specific contract type contemplated; and
3. Comply with generally accepted account principles.

Attach as Exhibit VII: In addition to what is described above, the Provider shall submit its most recently completed financial audit, including any management letters that accompanied that audit. The financial audit and letters shall be attached to the Application.

C. Other Sources of Funding

The Provider shall include other sources of funding, if applicable, that the Provider will rely upon to support the program under this funding opportunity.

3.6 Other

Litigation

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

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

4.1 Introduction

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

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

4.2 Evaluation Process

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

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Required

Proposal Application

Program Overview

0 points

Experience and Capability

10 points

Project Organization and Staffing

23 points

Service Delivery

47 points

Financial

20 points

TOTAL POSSIBLE POINTS

100 Points

SATISFACTORY PROPOSAL SCORE

70 Points

The Applicant's total points will be identified and categorized as one of the following: **more than**, **meets**, or **are less than** the total points necessary for a satisfactory proposal score. If the Applicant is awarded the contract, the DHS requests that any comments written on the Proposal Evaluation Form be addressed by the Applicant before contract execution.

The Applicant scores in the "Service Delivery" category will be utilized to break any initial ties in scoring. If subsequent tie-breaks are needed, the Applicants' score in the category of "Experience and Capability" will be used.

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

Failure to include any of the required documents stated in A.1. Administrative Requirements and A.2. Proposal Application Requirements as part of the submitted final proposal shall result in rejection of the proposal.

1. Administrative Requirements

- a. All Items on the Proposal Application Checklist
- b. Tax Clearance Certificate/Vendor Compliance Certificate

2. Proposal Application Requirements

- a. Proposal Application Identification Form (SPOH-200)
- b. Table of Contents
- c. Program Overview
- d. Experience and Capability
- e. Project Organization and Staffing
- f. Service Delivery
- g. Financial
- h. Other

B. Phase 2 - Evaluation of Proposal Application

Proposal Evaluation Form

1. Experience and Capability	10 Points
<input type="checkbox"/> Does the Applicant have the necessary experience to implement the proposed program as evidenced by similar past programs which serve the intended Participant group? Does the Applicant have adequate management and professional staff to successfully implement and manage the	

<p>proposed program? (5 Points)</p> <p><input type="checkbox"/> Does the Applicant have the necessary experience to implement the proposed program based on experience with past programs which are related to, but not similar to the proposed program? Does the Applicant need to recruit and/or train additional management and professional staff prior to the implementation of the proposed program to augment existing staff? (3 Points)</p> <p><input type="checkbox"/> The Applicant does not have relevant or related past experience. The Applicant needs to recruit and/or train new personnel to manage and operate the proposed program? (0 Points)</p>	
<p>Capacity of Applicant – Readiness to Proceed</p> <p><input type="checkbox"/> Has the Applicant secured a site to implement the proposed program? Are all resources necessary to implement the proposed program secured, or will be secured with the receipt of the requested funding? Has the Applicant developed program guidelines and identified key personnel who will manage and implement the proposed program? (5 Points)</p> <p><input type="checkbox"/> Has the Applicant secured most of the resources necessary to implement the proposed program? Do resources include an operation site, an outline of program guidelines, and identification of key staff members who will manage and implement the proposed program? (3 Points)</p> <p><input type="checkbox"/> The Applicant has not secured a site in which to operate the proposed program and the resources necessary to implement the proposed program. The Applicant has not developed program guidelines or identified key staff that will manage the proposed program. (0 Points)</p>	

2. Program Organization and Staffing	23 Points
<p>Does the Applicant proposed staffing patterns, Participant to staff ratios, and proposed caseload capacity appropriate for the viability of the services to be provided? (5 Points)</p>	

Does the Applicant meet the minimum qualifications for staff assigned to the program? This includes the knowledge and experience of the proposed program director and/or staff. (5 Points)	
Has the Applicant demonstrated that services will be provided by persons with training and/or expertise appropriate to the type of service offered? (5 Points)	
Does the Applicant demonstrate the ability to supervise, train and provide administrative direction relative to the delivery of the proposed services? (5 Points)	
Does the Applicant's organizational charts identify staff positions and lines of responsibility/supervision? (3 Points)	

3. Service Delivery	47 Points
Will your program practice the Housing First approach? (demonstrate a low barrier approach and prioritize rapid re-housing placement and stabilization in permanent housing) (13 Points)	
Does the Applicant demonstrate a thorough understanding of the purpose and scope of the proposed program's service activities? (10 Points)	
Does the Applicant demonstrate a thorough understanding of community partnerships and/or linking Participants with community based resources and services? (3 Points)	
Does the Applicant demonstrate a logical approach (including timelines) and a step-by-step process that explains in detail the planning and delivery of tasks and activities to the targeted Participant base? (10 Points)	
Do the budgeted activities for the program proposal fall within the guidelines as stated in the emphasis on Housing First activities in Section 2 of this RFP? (3 Points)	

Does the Project demonstrate prioritization of program Applicants based on vulnerability and need? (5 Points)	
Does the Applicant discuss in sufficient detail how the output/outcomes will be tracked and documented? (3 Points)	

4. Financial	20 Points
Does the Applicant have an adequate accounting system and financial controls? (5 Points)	
What percentage of administrative cost is identified in the proposed budget? <input type="checkbox"/> 0% - 5% (10 Points) <input type="checkbox"/> 6% (9 Points) <input type="checkbox"/> 7% (8 Points) <input type="checkbox"/> 8% (7 Points) <input type="checkbox"/> 9% (6 Points) <input type="checkbox"/> 10% (5 Points) <input type="checkbox"/> 11% (4 Points) <input type="checkbox"/> 12% (3 Points) <input type="checkbox"/> 13% (2 Points) <input type="checkbox"/> 14% (1 Points) <input type="checkbox"/> 15% (0 Points)	
Does the Applicant have other sources of funding to support the program? <input type="checkbox"/> Yes – Has other funding sources <input type="checkbox"/> 25% or More (5 Points) <input type="checkbox"/> 15% - 24% (3 Points) <input type="checkbox"/> 10% - 14% (2 Points) <input type="checkbox"/> 5% - 9 % (1 Points) <input type="checkbox"/> 0% - 4% (0 Points)	

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

- A. Proposal Application Identification Form (SPO-H-200)
- B. Proposal Application Checklist
- C. Sample Proposal Application Table of Contents
- D. Proposal Application (SPO-H-200A)
- E. Budget Forms and Instructions
- F. General Conditions
- G. Cost Principles
- H. 2018 Federal Poverty Level (FPL) Worksheet and Instructions
- I. Service Prioritization Decision Assistance Tool (SPDAT) Forms
- J. Housing Plan including Discharge Plan
- K. Performance Measures and Outcomes Form
- L. Program and Fiscal Reports:
 - a. Payment Request with attachments
 - b. Financial Reports – Quarterly
 - c. Language Access Reporting Tool
- M. Work Plan

ATTACHMENT A

Proposal Application Identification Form (SP0-H-200)

This is a “protected” form which should be completed on-line then printed.

Refer to the SPO website at:
<http://spo.hawaii.gov/all-forms/>

ATTACHMENT B

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The Applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website* Attachment A	X	
Proposal Application Checklist	Section 1, RFP	Attachment B	X	
Table of Contents	Section 5, RFP	Attachment C	X	
Proposal Application (SPOH-200A)	Section 3, RFP	Attachment D	X	
Provider Compliance	Section 1, RFP	SPO Website*	X	
Cost Proposal (Budget)	Section 3, RFP	Attachment E	X	
SPO-H-205 Program Budget (Budget and Admin)	Section 3, RFP	Attachment E	X	
SPO-H-205 Program Budget "All Funding Sources for Program"	Section 3, RFP	Attachment E	X	
**The Provider shall submit two (2) separate budget justification forms for SPOH-206A through SPOH-206J one set of forms for operations and another set of forms for administrative costs. Indicate "N/A" if budget justification form is not applicable.				
SPO-H-206A** Budget Justification (BJ) - Personnel Salaries & Wages	Section 3, RFP	Attachment E	X	
SPO-H-206B** BJ – Pers. Payroll Taxes, Asses. & Fringe Benefits	Section 3, RFP	Attachment E	X	
SPO-H-206C** BJ – Travel inter-island	Section 3, RFP	Attachment E	X	
SPO-H-206D** BJ – Travel out-of-state	Section 3, RFP	Attachment E	X	
SPO-H-206E** BJ – Contractual Services. Admin	Section 3, RFP	Attachment E	X	
SPO-H-206F** Contractual Services. Subcontracts	Section 3, RFP	Attachment E	X	
SPO-H-206G** BJ – Depreciation	Section 3, RFP	Attachment E	X	
SPO-H-206H** BJ – Program Activities	Section 3, RFP	Attachment E	X	
SPO-H-206I BJ** – Equipment Purchases	Section 3, RFP	Attachment E	X	
SPO-H-206J BJ** – Motor Vehicle	Section 3, RFP	Attachment E	X	
Program Specific Requirements:				
Work Plan	Section 3, RFP	Attachment M	X	
Exhibits:				
I. Grievance/Termination Procedures	Section 2, RFP	Page 2-26	X	
II. Organization Charts	Section 2, RFP	Page 2-27	X	
III. Training Plan	Section 2, RFP	Page 2-28	X	
IV. Policy on Confidentiality	Section 2, RFP	Page 2-32	X	

V. Housing Quality Standards and Inspection	Section 2, RFP	Page 3-3	X	
VI. Financial Policy and Procedures	Section 2, RFP	Page 3-7	X	
VII. Financial Audit	Section 3, RFP	Page 3-7	X	

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

** The Provider shall submit two (2) separate budget justification forms for SPOH-206A through SPOH-206J one set of forms for operations and another set of forms for administrative costs. Indicate “N/A” if budget justification form is not applicable.

ATTACHMENT C

Sample Proposal Application Table of Contents

Proposal Application Table of Contents

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ATTACHMENT D

Proposal Application (Form SPOH-200A)

Notice to applicants: When completing the proposal application, refer to Section 3 (Proposal Application Instructions) of the RFP. The Proposal Application for a particular RFP may be modified (such as having additional subsections). The proposal application submitted by applicants must reflect Section 3 of the RFP.

Applicant: _____
RFP No.: _____

Proposal Application

I. Program Overview

II. Experience and Capability

A. Necessary Skills

B. Experience

C. Quality Assurance and Evaluation

Applicant: _____
RFP No.: _____

D. Coordination of Services

E. Facilities

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

2. Staff Qualifications

B. Project Organization

1. Supervision and Training

Applicant: _____
RFP No.: _____

2. Organization Chart

C. Work Plan

IV. Service Delivery

V. Financial

A. Pricing Structure

The following budget form(s) are submitted with the Proposal Application:

B. Financial Related Materials *(if applicable to the RFP)*

C. Other Sources of Funding

VI. Other

A. Litigation

ATTACHMENT E

Budget Forms and Instructions

**COST PROPOSAL (BUDGET) FORMS
(INSTRUCTIONS AND SAMPLES)
ON PURCHASES OF HEALTH AND HUMAN SERVICES**

(Chapter 103F, Hawaii Revised Statutes)

Form No.	Form Title
SPO-H-205	Budget-Budget, Admin, Base, PMO
SPO-H-205	Budget-All Funding Sources for Program
SPO-H-206A	Budget Justification-Personnel: Salaries & Wages
SPO-H-206B	Budget Justification-Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification-Travel: Inter-Island
SPO-H-206D	Budget Justification-Travel: Out of State
SPO-H-206E	Budget Justification-Contractual Services: Administrative
SPO-H- 206F	Budget Justification-Contractual Services: Subcontracts
SPO-H-206G	Budget Justification-Depreciation
SPO-H-206H	Budget Justification-Program Activities
SPO-H-206I	Budget Justification- Equipment Purchases
SPO-H-206J	Budget Justification-Motor Vehicle

Don't forget the Cost Principles (SPOH 201)

**Instructions for Completing
FORM SPO-H-205 BUDGET, ADMIN, BASE, PMO**

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request for Proposal (RFP) identifying number for this service activity
Column (a) Budget Request	Budget Request. Enter the requested budget amounts for each cost item listed. Use the Cost Principles included in the RFP as a guide to determine which costs are allowed.
Column (b) Administrative Cost	The Administrative Cost is the general management, oversight, coordination, evaluation and reporting on contracted services. Such costs do not include costs directly related to carrying out contracted services.
Column (c) Base Cost	The 85% Base Cost is the maximum annual contract for personnel, operating, and administrative costs.
Column (d) Performance Measures and Outcomes (PMO)	The 15% PMO is the percentage of the contract amount when program outcomes are met. The State and the Provider agree on the number of units of service to be delivered for the stated contract amount as specified in the
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for Columns (a) through (d)
SOURCE OF FUNDING	
(a)	Enter total budget requested
(b)	
(c)	
(d)	
TOTAL REVENUE	Enter total budget requested
Budget Prepared by:	Type or print the name of the person who prepared the budget request and their telephone number. If there are any question or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

SPECIAL INSTRUCTIONS:

Column (b):
Column (c):
Column (d):

Budget
MM/DD/YYYY to MM/DD/YYYY
FY 20xx

Provider: _____
Type of Service: _____
Contract No.: _____

BUDGET CATEGORIES	Total (a)	Budget (b)	85% (c)	15% (d)
A. PERSONNEL COST				
1. Salaries	80,000.00	9,000.00	69,000	11,000
2. Payroll Taxes & Assessments	7,500.00	1,000.00	6,500	1,000
3. Fringe Benefits	11,000.00	1,500.00	9,700	1,300
TOTAL PERSONNEL COST	98,500.00	11,500.00	85,200.00	13,300.00
B. OTHER CURRENT EXPENSES				
1. Airfare (Inter-Island)	500.00		0.00	500.00
2. Airfare (Out-of-State)	800.00		0.00	800
3. Audit Services	500.00		500.00	
4. Contractual Services - Administrative	900.00		500.00	400
5. Contractual Services - Subcontracts	900.00		500.00	400
6. Depreciation			0.00	
7. Food			0.00	
8. Insurance	500.00		500.00	
9. Interest			0.00	
10. Lease/Rental of Equipment			0.00	
11. Lease/Rental of Motor Vehicle			0.00	
12. Lease/Rental of Space			0.00	
13. Mileage	400.00		400.00	
14. Postage, Freight and Delivery	200.00		100.00	100
15. Program Activities	5,000.00		5,000.00	
16. Publication, Printing, and Advertising			0.00	
17. Repair and Maintenance	1,200.00		115.00	1,085
18. Staff Training	500.00		0.00	500
19. Subsistence/Per Diem			0.00	
20. Supplies	500.00		500.00	
21. Telecommunication	1,000.00		1,000.00	
22. Transportation	500.00		500.00	
23. Utilities	2,000.00		2,000.00	
24. Client Assistance			0.00	
TOTAL OTHER CURRENT EXPENSES	15,400.00	0.00	11,615.00	3,785.00
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL EXPENSES	113,900.00	11,500.00	96,815.00	17,085.00
SOURCES OF FUNDING		Budget Prepared By: _____ Joe E. Hawai'i _____ Name (Please type or print) _____ Phone _____ Signature of Authorized Official _____ Date _____ Dee D. Boss _____ Name and Title (Please type or print) _____		
(a) Budget Request	113,900.00			
(b)				
(c)				
(d)				
TOTAL REVENUE	113,900.00	For State Agency Use Only x _____ Signature of Reviewer _____ Date _____		

**Instructions for Completing
FORM SPO-H-205 ALL FUNDING SOURCES**

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request for Proposal (RFP) identifying number for this service activity
For Call columns (a) thru (d)	<p>Report your total program budget for this fiscal year by source of funds. Your program's budget should reflect the total budget of the program. Report each source of fund in separate columns, by budget line item.</p> <p>For the first column on the first page of this form, use the column heading "Total Program Budget".</p> <p>For the remaining columns you man use columns headings such as: Federal, State, Funds Raised, Program Income, etc. If additional columns are needed, use additional copes for this form.</p>
Columns (b), (c), & (d)	Identify sources of funding in space provided for column titles.
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for Columns (a) through (d)
SOURCE OF FUNDING (a) (b) (c) (d)	Identify all sources of funding to be used for this program.
TOTAL REVENUE	Enter the sum of all revenue sources cited above.
Budget Prepared by:	Type or print the name of the person who prepared the budget request and their telephone number. If there are any question or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

MM/DD/YYYY to MM/DD/YYYY
FY 20xx

Provider:	
Type of Service:	
Contract No.:	

BUDGET CATEGORIES		Total Program Budget (a)	State Funds (b)	Privately Raised Funds (c)	Federal Funds (d)
A. PERSONNEL COST					
1. Salaries		115,000.00	80,000.00	25,000	10,000
2. Payroll Taxes & Assessments		9,000.00	7,500.00	1,000	500
3. Fringe Benefits		13,100.00	11,000.00	1,400	700
TOTAL PERSONNEL COST		137,100.00	98,500.00	27,400.00	11,200.00
B. OTHER CURRENT EXPENSES					
1. Airfare (Inter-Island)		500.00	500.00	0.00	
2. Airfare (Out-of-State)		800.00	800.00	0	
3. Audit Services		500.00	500.00		
4. Contractual Services - Administrative		1,400.00	900.00	500	
5. Contractual Services - Subcontracts		1,900.00	900.00	1,000	
6. Depreciation		0.00			
7. Food		3,000.00		1,000	2,000
8. Insurance		700.00	500.00	200	
9. Interest		0.00			
10. Lease/Rental of Equipment		0.00			
11. Lease/Rental of Motor Vehicle		0.00			
12. Lease/Rental of Space		0.00			
13. Mileage		500.00	400.00		100
14. Postage, Freight and Delivery		300.00	200.00		100
15. Program Activities		7,000.00	5,000.00	1,000	1,000
16. Publication, Printing, and Advertising		0.00			
17. Repair and Maintenance		2,100.00	1,200.00	200	700
18. Staff Training		700.00	500.00	200	
19. Subsistence/Per Diem		0.00			
20. Supplies		500.00	500.00		
21. Telecommunication		1,800.00	1,000.00	300	500
22. Transportation		1,000.00	500.00		500
23. Utilities		3,000.00	2,000.00	500	500
24. Client Assistance		0.00			
TOTAL OTHER CURRENT EXPENSES		25,700.00	15,400.00	4,900.00	5,400.00
C. EQUIPMENT PURCHASES					
D. MOTOR VEHICLE PURCHASES					
TOTAL EXPENSES		162,800.00	113,900.00	32,300.00	16,600.00
SOURCES OF FUNDING			Budget Prepared By: Joe E. Hawai'i 999-9999 Dee D. Boss, Executive Director Phone x 1/1/2019 Signature of Authorized Official Date Name and Title (Please type or print)		
(a) Total Program Budget	162,800.00				
(b) State Funds	113,900.00				
(c) Privately Raised Funds	32,300.00				
(d) Federal Funds	16,600.00				
TOTAL REVENUE		162,800.00	For State Agency Use Only x Signature of Reviewer Date		

**Instructions for Completing
FORM SPO-H-206A BUDGET JUSTIFICATION
PERSONNEL - SALARIES & WAGES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
POSITION NO.	Enter each employee's position number.
POSITION TITLE	Enter the position title for each identified position.
FULL TIME EQUIVALENT to Organization.	Enter the full-time equivalency of employees to the organization (i.e., full-time is 1.0; half-time is 0.5). If the employee is employed on an hourly basis, estimate the FTE and indicate it is an estimation in the justification/comments section.
ANNUAL SALARY Including Budgeted Salary Increase (A)	Enter the employee's annual salary. If part-time, report what employee actually earns for the year. If employed on an hourly basis, estimate the annual salary and indicate the hourly wage in the comments section (e.g., \$6.00/hr).
% OF TIME BUDGETED to the Contract (B)	Enter the percentage of employees' time charged to the budget for this contract. (e.g., if the employee is employed by the organization at 0.5 FTE and half of that time is for this contract, the percentage will be 50%).
TOTAL SALARY BUDGETED to the Contract (AxB)	Enter the salary budgeted. This should be the result of multiplying (A) x (B). If it is not, a full explanation must be given. At the bottom of this column, enter the TOTAL of this column. It must correspond to the Salaries budgeted for the contract.
JUSTIFICATION/ COMMENTS:	Provide any other comments or explanations. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/95 to 06/30/96

Date Prepared: 02/14/95

Contract No. (As Applicable): DHS-97-001

POSITION NO.	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT A x B
25708	Accountant	0.50	36,000	0.75%	27,000
25712	Registered Professional Nurse	1.00	52,000	0.50%	26,000
25719	Executive Director	1.00	60,000	0.10%	6,000
25720	Physician	0.50	84,000	0.25%	21,000
25725	Social Worker	0.75	38,000	0.50%	19,000
TOTAL:					\$99,000
JUSTIFICATION/COMMENTS:					

SAMPLE

**Instructions for Completing
FORM SPO-H-206B BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, & FRINGE BENEFITS**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
TYPE	
Payroll Taxes-Social Security and Unemployment	Indicate the total amount for Social Security and Unemployment Insurance.
Assessments - Workers' Compensation & TDI	Indicate the total amount charged for Workers' Compensation and Temporary Disability Insurance assessments.
BASIS OF FRINGE ASSESSMENTS	
Health Insurance	Indicate the basis of the fringe benefit assessment for health insurance. For example, if an employer is contributing toward the cost of a health insurance plan for its employees and is passing the cost on to the budget, the basis for the assessment to the budget should be indicated, e.g., the percentage of the employer's contribution toward the plan.
Retirement	Indicate the basis of the fringe benefit assessment for retirement. For example, if an employer is making a contribution towards a retirement plan for employees, the basis for the assessment to the budget should be indicated, e.g., the employer's contribution toward the plan based on a percentage (specify) of employee's salaries.
JUSTIFICATION/COMMENTS:	Provide any other comments or explanations. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/95 to 06/30/96

Date Prepared: 02/14

Contract No. (As Applicable): DHS-97-001

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	As required by law	5,374
Unemployment Insurance (Federal)	As required by law	As required by law	281
Unemployment Insurance (State)	As required by law	As required by law	1,370
Worker's Compensation	As required by law	As required by law	520
Temporary Disability Insurance	As required by law	As required by law	98
SUBTOTAL:			7,643
FRINGE BENEFITS:			
Health Insurance	Personnel Policy	6 35	4,461
Retirement	Personnel Policy	9 95	6,990
SUBTOTAL:			\$11,451
TOTAL:			\$19,094
JUSTIFICATION/COMMENTS:			

**Instructions for Completing
FORM SPO-H-206C BUDGET JUSTIFICATION
TRAVEL - INTER-ISLAND**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF EMPLOYEE & TITLE	Enter name and/or position title for individual(s) who will be traveling.
DESTINATION	Enter destination and purpose of travel (e.g., training, provision of services, etc.) <u>Travel must be directly related to the program.</u>
NO. DAYS	Enter the estimated number of days of travel.
PER DIEM A	Enter the per diem or subsistence amount requested (i.e., per diem rate multiplied by the number of days of travel.) Per diem should be based on the applicant's per diem policy and should not exceed the maximum allowed by the state purchasing agency.
AIR FARE B	Enter the cost of airfare. First-class travel is not allowed.
TRANSPORTATION C	Enter the estimated cost of ground transportation, based on the applicant's ground transportation policy.
TOTAL	Enter column totals for columns A, B and C and the total travel cost (A+B+C). If the purpose of travel relates to two or more programs, costs for the per diem or subsistence, airfare, and taxi/bus/car should be prorated in accord with a cost allocation method approved by the state purchasing agency.
JUSTIFICATION/ COMMENTS:	Justify the need for travel for the delivery of this service activity. Enter additional explanations. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION TRAVEL - INTER-ISLAND

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

Period: 07/01/95 to 06/30/96

Date Prepared: 02/14/95

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
1 Mary Smith, Program Director	O'ahu (Training)	2	100	100	30	230
2 Susan Yamamoto, Case Manager	O'ahu (Training)	2	100	100	10	210
3 Jane Taylor, Social Worker	Moloka'i (Provider Services)	1	30	100	5	135
4 Patrick Lau, Counselor	Moloka'i (Provider Services)	1	30	100	5	135
5 John Ota, Social Worker	Moloka'i (Provider Services)	1	30	100	5	135
TOTAL:		7	\$290	\$500	\$55	\$845

SAMPLE

JUSTIFICATION/COMMENTS:

1 and 2 = To attend training related to the provision of advocacy services for clients.

3, 4, and 5 = To provide advocacy services for clients living on Molokai as contracted.

**Instructions for Completing
FORM SPO-H-206D BUDGET JUSTIFICATION
TRAVEL - OUT OF STATE**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF EMPLOYEE & TITLE	Enter name and/or position title for individual(s) who will be traveling.
DESTINATION	Enter destination and purpose of travel (e.g., training, provision of services, etc.) Travel must be directly related to the program.
NO. DAYS	Enter the estimated number of days of travel.
PER DIEM A	Enter the per diem or subsistence amount requested (i.e., per diem rate multiplied by the number of days of travel.) Per diem should be based on the applicant's per diem policy and should not exceed the maximum allowed by the state purchasing agency.
AIR FARE B	Enter the cost of airfare. First-class travel is not allowed.
TRANSPORTATION C	Enter the estimated cost of ground transportation, based on the applicant's ground transportation policy.
TOTAL	Enter column totals for columns A, B and C and the total travel cost (A+B+C). If the purpose of travel relates to two or more programs, costs for the per diem or subsistence, airfare, and taxi/bus/car should be prorated in accord with a cost allocation method approved by the state purchasing agency.
JUSTIFICATION/ COMMENTS:	Explain need for travel, for delivery of this service activity. Attach additional sheets, if necessary. Prior approval from the state purchasing agency is needed for out-of-state travel.

Applicant/Provider: XYZ Hawai'i, Inc.
RFP No.: ABC-123
Contract No. (As Applicable): DHS-97-001

Date Prepared: 02/14/95

SAMPLE

1. and 2. = To attend the national conference on client advocacy, presenting the nation's foremost advocacy experts and to make a presentation on Hawai'i's advocacy programs.

**Instructions for Completing
FORM SPO-H-206E BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF BUSINESS OR INDIVIDUAL	Enter the business or individual you are contracting with. If the firm or individual is not known at the time of preparation, enter "(UNKNOWN, to be selected)"
TOTAL BUDGETED	Enter the projected cost to be charged to the budget.
SERVICES PROVIDED	Identify the specific service(s) you are contracting for, with the business or individual (e.g., payroll services, occupational therapy, physical therapy, etc.)
TOTAL	Add the "Total Budgeted" column and enter the sum of the amounts listed.
JUSTIFICATION/ COMMENTS:	Justify the need for contractual services in the delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/98 to 06/30/98

Date Prepared: 02/14/95

Contract No. (As Applicable): DHS-97-001

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
Accountants, Inc.	600	Payroll Services	Personnel payroll services
Life Therapeutic	1200	Occupational Therap	Required for periodic client evaluations.
TOTAL:	\$1,800		

SAMPLE

**Instructions for Completing
FORM SPO-H-206F BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - SUBCONTRACTS**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF ORGANIZATION OR INDIVIDUAL	Enter the organization or individual you are contracting with. If the firm or individual is not known at the time of preparation, enter "(UNKNOWN, to be selected)"
TOTAL BUDGETED	Enter the projected cost to be charged to the budget.
SERVICES PROVIDED	Identify the specific service(s) you are contracting for, with the organization or individual (e.g., payroll services, occupational therapy, physical therapy, etc.)
TOTAL	Add the "Total Budgeted" column and enter the sum of the amounts listed.
JUSTIFICATION/ COMMENTS:	Justify the need for contractual services in the delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION CONTRACTUAL SERVICES - SUBCONTRACTS

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/95 to 06/30/96

Date Prepared: 02/14/95

Contract No. (As Applicable): DHS-97-001

NAME OF ORGANIZATION OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
Med Eval, Inc.	2,500	client evaluations	specialized services
TOTAL:	\$2,500		

SAMPLE

**Instructions for Completing
FORM SPO-H-206G BUDGET JUSTIFICATION
DEPRECIATION**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
ITEM	Identify the item to be depreciated individually. Do not group items by asset title.
AQUISITION COST	Purchase price paid to acquire the item(s).
AQUISITION DATE	Date item was acquired.
USEFUL LIFE	Estimate the useful life of the item as determined by Internal Revenue Service guidelines.
METHOD OF DEPREC.	Use the straight line method of depreciation. Other methods require prior approval from the state purchasing agency.
PREVIOUS DEPREC. TAKEN	Enter total amount of any depreciation claim previously taken (i.e., depreciation taken on income tax returns.)
DEPRECIATED EXPENSE	Enter the amount for each depreciation expense item.
PERCENT ALLOCATED	Enter the percentage of the depreciation allocated to this proposal.
DEPRECIATION ALLOCATED	Enter the amount requested for each depreciation expense item. This should be the depreciated expense multiplied by the percent allocated.
JUSTIFICATION/ COMMENTS:	Describe the need for the depreciated items, for the delivery of the contracted service. Explain why depreciation of the expense is appropriate. Provide other comments or explanations. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION DEPRECIATION

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

Period: 07/01/98 to 06/30/98

Date Prepared: 02/14/98

ITEM PLEASE IDENTIFY EACH ASSET DO NOT GROUP BY ASSET TITLE	ACQUISITION DATE	ACQUISITION COST	USEFUL LIFE	METHOD OF DEPRECIATION	PREVIOUS DEPRECIATION TAKEN	DEPRECIATION EXPENSE	% ALLOCATED	DEPRECIATION ALLOCATED
Computer	07/01/93	1600	5	SL	640	320	10	32.00
File Cabinet	07/01/93	322	10	SL	32	32	10	3.20
Desk	07/01/93	266	10	SL	74	27	10	2.70
Chair	07/01/93	200E	10	SL	0	20	10	2.00
TOTAL:								\$39.90

SAMPLE

JUSTIFICATION/COMMENTS:
 Office equipment to be used for Kona program office exclusively
 E = Estimate
 SL = Straight Line Method

**Instructions for Completing
FORM SPO-H-206H BUDGET JUSTIFICATION
PROGRAM ACTIVITIES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
DESCRIPTION	Identify item(s) individually. Do not group by category titles.
AMOUNT	Enter the dollar amount of the item that will be charged to the budget for this service activity.
TOTAL	Enter total amount.
JUSTIFICATION/ COMMENTS:	Justify the need for the item, for delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION PROGRAM ACTIVITIES

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/95 to 06/30/96

Date Prepared: _____

Contract No. (As Applicable): DHS-97-001

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS
Client excursions	800	Transportation, admission & related costs for children's excursions.
TOTAL:	800	

SAMPLE

**Instructions for Completing
FORM SPO-H-2061 BUDGET JUSTIFICATION
EQUIPMENT PURCHASES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
DESCRIPTION OF EQUIPMENT	Identify the type of equipment to be purchased.
NO. OF ITEMS	Enter the number of unit(s) to be purchased.
COST PER ITEM	Enter the estimated costs for each unit.
TOTAL COST	Calculate the total cost for each type of equipment, by multiplying number of units by cost per unit.
TOTAL BUDGETED	Enter the dollar amount of the equipment costs that will be charged to the budget for this service activity. This amount will be entered as budget "category C. EQUIPMENT" in your budget.
JUSTIFICATION/ COMMENTS:	Justify the need for equipment for the delivery of this service activity. Enter additional explanations. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION EQUIPMENT PURCHASES

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/95 to 06/30/96

Date Prepared:

Contract No. (As Applicable): DHS-97-001

DESCRIPTION OF EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Printer (Model DXZ-2)	2	250	500	500
TOTAL:				\$500

JUSTIFICATION/COMMENTS:

Printer needed for production of work books used by clients. Printers will be located at our Pearl City office.

**Instructions for Completing
FORM SPO-H-206J BUDGET JUSTIFICATION
MOTOR VEHICLE**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
DESCRIPTION OF MOTOR VEHICLE	Enter make and model of vehicle; or, provide a brief specification such as type of vehicle (i.e., sedan, van, pick-up truck), and no. of passengers (i.e., 8-passenger van). Indicate whether a new or used vehicle will be purchased, whether another vehicle will be traded-in, and indicate the approximate trade-in value, if applicable.
NO. OF ITEMS	Enter the number of vehicles to be purchased.
COST PER ITEM	Enter the estimated cost per vehicles.
TOTAL COST	Calculate the total cost for each type of vehicle, by multiplying number of units by cost per unit.
TOTAL BUDGETED	Enter the dollar amount of the motor vehicle costs that will be charged to the budget for this service activity. This amount will be entered as budget "category D. MOTOR VEHICLE" in your budget.
JUSTIFICATION/ COMMENTS:	Explain purpose for the vehicle(s) as it relates to the delivery of the contracted service. Enter additional explanations. Attach additional sheets, if necessary.

BUDGET JUSTIFICATION
MOTOR VEHICLE

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/95 to 06/30/96

Date Prepared:

Contract No. (As Applicable): DHS-97-001

DESCRIPTION OF MOTOR VEHICLE	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
1993 Toyota Van (Previa)	1	\$9,750	\$9,750	\$9,750
TOTAL:				\$9,750

JUSTIFICATION/COMMENTS:

A van is needed to transport clients to and from service sites.

ATTACHMENT F

General Conditions

This is a PDF document can also be found on

the State Procurement website at:

<https://spo.hawaii.gov/wp-content/uploads/2013/12/103F13.pdf>

**GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS
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GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS

1. Representations and Conditions Precedent

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

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

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

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

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

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

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

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

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

- 1.3.3 Persons with Disabilities. The PROVIDER shall implement and maintain all practices, policies, and procedures required by federal, state, or county law, including but not limited to the Americans with Disabilities Act (42 U.S.C. §12101, et seq.), and the Rehabilitation Act (29 U.S.C. §701, et seq.).
- 1.3.4 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.
- 1.4 Insurance Requirements. The PROVIDER shall obtain from a company authorized by law to issue such insurance in the State of Hawai'i commercial general liability insurance ("liability insurance") in an amount of at least TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) coverage for bodily injury and property damage resulting from the PROVIDER's performance under this Contract. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.
- The liability insurance shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith.
- A certificate of the liability insurance shall be given to the STATE by the PROVIDER. The certificate shall provide that the STATE and its officers and employees are Additional Insureds. The certificate shall provide that the coverages being certified will not be cancelled or materially changed without giving the STATE at least 30 days prior written notice by registered mail.
- Should the "liability insurance" coverages be cancelled before the PROVIDER's work under the Contract is certified by the STATE to have been completed satisfactorily, the PROVIDER shall immediately procure replacement insurance that complies in all respects with the requirements of this section.
- Nothing in the insurance requirements of this Contract shall be construed as limiting the extent of PROVIDER's responsibility for payment of damages resulting from its operations under this Contract, including the PROVIDER's separate and independent duty to defend, indemnify, and hold the STATE and its officers and employees harmless pursuant to other provisions of this Contract.
- 1.5 Notice to Clients. Provided that the term of this Contract is at least one year in duration, within 180 days after the effective date of this Contract, the PROVIDER shall create written procedures for the orderly termination of services to any clients receiving the Required Services under this Contract, and for the transition to services supplied by another provider upon termination of this Contract, regardless of the circumstances of such termination. These procedures shall include, at

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

- 1.6 Reporting Requirements. The PROVIDER shall submit a Final Project Report to the STATE containing the information specified in this Contract if applicable, or otherwise satisfactory to the STATE, documenting the PROVIDER's overall efforts toward meeting the requirements of this Contract, and listing expenditures actually incurred in the performance of this Contract. The PROVIDER shall return any unexpended funds to the STATE.
- 1.7 Conflicts of Interest. In addition to the Certification provided in the Standards of Conduct Declaration to this Contract, the PROVIDER represents that neither the PROVIDER nor any employee or agent of the PROVIDER, presently has any interest, and promises that no such interest, direct or indirect, shall be acquired, that would or might conflict in any manner or degree with the PROVIDER's performance under this Contract.

2. Documents and Files

- 2.1 Confidentiality of Material.
 - 2.1.1 Proprietary or Confidential Information. All material given to or made available to the PROVIDER by virtue of this Contract that is identified as proprietary or confidential information shall be safeguarded by the PROVIDER and shall not be disclosed to any individual or organization without the prior written approval of the STATE.
 - 2.1.2 Uniform Information Practices Act. All information, data, or other material provided by the PROVIDER to the STATE shall be subject to the Uniform Information Practices Act, chapter 92F, HRS, and any other applicable law concerning information practices or confidentiality.
- 2.2 Ownership Rights and Copyright. The STATE shall have complete ownership of all material, both finished and unfinished that is developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract, and all such material shall be considered "works made for hire." All such material shall be delivered to the STATE upon expiration or termination of this Contract. The STATE, in its sole discretion, shall have the exclusive right to copyright any product, concept, or material developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract.
- 2.3 Records Retention. The PROVIDER and any subcontractors shall maintain the books and records that relate to the Contract, and any cost or pricing data for three (3) years from the date of final payment under the Contract. In the event that any litigation, claim, investigation, audit, or other action involving the records retained under this provision arises, then such records shall be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later. During the period that records are retained under this section, the

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

3. Relationship between Parties

- 3.1 Coordination of Services by the STATE. The STATE shall coordinate the services to be provided by the PROVIDER in order to complete the performance required in the Contract. The PROVIDER shall maintain communications with the STATE at all stages of the PROVIDER's work, and submit to the STATE for resolution any questions which may arise as to the performance of this Contract.
- 3.2 Subcontracts and Assignments. The PROVIDER may assign or subcontract any of the PROVIDER's duties, obligations, or interests under this Contract, but only if (i) the PROVIDER obtains the prior written consent of the STATE and (ii) the PROVIDER's assignee or subcontractor submits to the STATE a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER's assignee or subcontractor have been paid. Additionally, no assignment by the PROVIDER of the PROVIDER's right to compensation under this Contract shall be effective unless and until the assignment is approved by the Comptroller of the State of Hawai'i, as provided in section 40-58, HRS.
- 3.3 Change of Name. When the PROVIDER asks to change the name in which it holds this Contract, the STATE, shall, upon receipt of a document acceptable or satisfactory to the STATE indicating such change of name such as an amendment to the PROVIDER's articles of incorporation, enter into an amendment to this Contract with the PROVIDER to effect the change of name. Such amendment to this Contract changing the PROVIDER's name shall specifically indicate that no other terms and conditions of this Contract are thereby changed, unless the change of name amendment is incorporated with a modification or amendment to the Contract under paragraph 4.1 of these General Conditions.
- 3.4 Independent Contractor Status and Responsibilities, Including Tax Responsibilities.
- 3.4.1 Independent Contractor. In the performance of services required under this Contract, the PROVIDER is an "independent contractor," with the authority and responsibility to control and direct the performance and details of the work and services required under this Contract; however, the STATE shall have a general right to inspect work in progress to determine whether, in the STATE's opinion, the services are being performed by the PROVIDER in compliance with this Contract.
- 3.4.2 Contracts with Other Individuals and Entities. Unless otherwise provided by special condition, the STATE shall be free to contract with other individuals and entities to provide services similar to those performed by the Provider under this Contract, and the

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

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

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

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

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

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

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

3.5 Personnel Requirements.

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

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

4. Modification and Termination of Contract

4.1 Modification of Contract.

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

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

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

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

- 4.3 Termination for Necessity or Convenience. If the STATE determines, in its sole discretion, that it is necessary or convenient, this Contract may be terminated in whole or in part at the option of the STATE upon ten (10) working days' written notice to the PROVIDER. If the STATE elects to terminate under this paragraph, the PROVIDER shall be entitled to reasonable payment as determined by the STATE for satisfactory services rendered under this Contract up to the time of termination. If the STATE elects to terminate under this section, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.4 Termination by PROVIDER. The PROVIDER may withdraw from this Contract after obtaining the written consent of the STATE. The STATE, upon the PROVIDER's withdrawal, shall determine whether payment is due to the PROVIDER, and the amount that is due. If the STATE consents to a termination under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.5 STATE's Right of Offset. The STATE may offset against any monies or other obligations that STATE owes to the PROVIDER under this Contract, any amounts owed to the State of Hawai'i by the PROVIDER under this Contract, or any other contract, or pursuant to any law or other obligation owed to the State of Hawai'i by the PROVIDER, including but not limited to the payment of any taxes or levies of any kind or nature. The STATE shall notify the PROVIDER in writing of any exercise of its right of offset and the nature and amount of such offset. For purposes of this paragraph, amounts owed to the State of Hawai'i shall not include debts or obligations which have been liquidated by contract with the PROVIDER, and that are covered by an installment payment or other settlement plan approved by the State of Hawai'i, provided, however, that the PROVIDER shall be entitled to such exclusion only to the extent that the PROVIDER is current, and in compliance with, and not delinquent on, any payments, obligations, or duties owed to the State of Hawai'i under such payment or other settlement plan.

5. Indemnification

- 5.1 Indemnification and Defense. The PROVIDER shall defend, indemnify, and hold harmless the State of Hawai'i, the contracting agency, and their officers, employees, and agents from and against any and all liability, loss, damage, cost, expense, including all attorneys' fees, claims, suits, and demands arising out of or in connection with the acts or omissions of the PROVIDER or the PROVIDER's employees, officers, agents, or subcontractors under this Contract. The provisions of this paragraph shall remain in full force and effect notwithstanding the expiration or early termination of this Contract.
- 5.2 Cost of Litigation. In case the STATE shall, without any fault on its part, be made a party to any litigation commenced by or against the PROVIDER in connection with this Contract, the PROVIDER shall pay any cost and expense incurred by or imposed on the STATE, including attorneys' fees.

6. Publicity

- 6.1 Acknowledgment of State Support. The PROVIDER shall, in all news releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials relating to the PROVIDER's performance under this Contract, acknowledge the support by the State of Hawai'i and the purchasing agency.
- 6.2 PROVIDER's Publicity Not Related to Contract. The PROVIDER shall not refer to the STATE, or any office, agency, or officer thereof, or any state employee, or to the services or goods, or both provided under this Contract, in any of the PROVIDER's publicity not related to the PROVIDER's performance under this Contract, including but not limited to commercial advertisements, recruiting materials, and solicitations for charitable donations.

7. Miscellaneous Provisions

- 7.1 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.
- 7.2 Paragraph Headings. The paragraph headings appearing in this Contract have been inserted for the purpose of convenience and ready reference. They shall not be used to define, limit, or extend the scope or intent of the sections to which they pertain.
- 7.3 Antitrust Claims. The STATE and the PROVIDER recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the purchaser. Therefore, the PROVIDER hereby assigns to the STATE any and all claims for overcharges as to goods and materials purchased in connection with this Contract, except as to overcharges which result from violations commencing after the price is established under this Contract and which are not passed on to the STATE under an escalation clause.
- 7.4 Governing Law. The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, shall be governed by the laws of the State of Hawai'i. Any action at law or in equity to enforce or interpret the provisions of this Contract shall be brought in a state court of competent jurisdiction in Honolulu, Hawai'i.
- 7.5 Conflict between General Conditions and Procurement Rules. In the event of a conflict between the General Conditions and the Procurement Rules or a Procurement Directive, the Procurement Rules or any Procurement Directive in effect on the date this Contract became effective shall control and are hereby incorporated by reference.
- 7.6 Entire Contract. This Contract sets forth all of the contracts, conditions, understandings, promises, warranties, and representations between the STATE and the PROVIDER relative to this Contract. This Contract supersedes all prior agreements, conditions, understandings,

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

- 7.7 Severability. In the event that any provision of this Contract is declared invalid or unenforceable by a court, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this Contract.
- 7.8 Waiver. The failure of the STATE to insist upon the strict compliance with any term, provision, or condition of this Contract shall not constitute or be deemed to constitute a waiver or relinquishment of the STATE's right to enforce the same in accordance with this Contract. The fact that the STATE specifically refers to one provision of the Procurement Rules or one section of the Hawai'i Revised Statutes, and does not include other provisions or statutory sections in this Contract shall not constitute a waiver or relinquishment of the STATE's rights or the PROVIDER's obligations under the Procurement Rules or statutes.
- 7.9 Execution in Counterparts. This Contract may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one instrument.

8. Confidentiality of Personal Information

8.1 Definitions.

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

- 1) Social Security number;
- 2) Driver's license number or Hawaii identification card number; or
- 3) Account number, credit or debit card number, access code, or password that would permit access to an individual's financial information.

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

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

8.2 Confidentiality of Material.

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

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

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

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

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

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

8.3 Security Awareness Training and Confidentiality Agreements.

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

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

- 1) The personal information collected, used, or maintained by the PROVIDER will be treated as confidential;
- 2) Access to the personal information will be allowed only as necessary to perform the Contract; and
- 3) Use of the personal information will be restricted to uses consistent with the services subject to this Contract.

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

- 1) Provide an opportunity for the PROVIDER to cure the breach or end the violation; or
- 2) Immediately terminate this Contract.

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

8.5 Records Retention.

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

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

ATTACHMENT G

Cost Principles

STATE OF HAWAII
STATE PROCUREMENT OFFICE

COST PRINCIPLES

HRS Chapter 103F

Purchases of Health and Human Services

September 2011

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PURCHASES OF HEALTH AND HUMAN SERVICES

COST PRINCIPLES

SECTION 1: ABOUT COST PRINCIPLES

1. PURPOSE

To provide uniform cost principles among state purchasing agencies in procuring health and human services under HRS Chapter 103F. These cost principles represent guidelines for determining which types of expenditures will be allowable. These cost principles are intended for use when managing contracts executed under HRS Chapter 103F, for Purchases of Health and Human Services and should be used to guide decisions regarding:

- proposal budgets submitted by providers in response to Request for Proposals (RFP);
- contract budgets and unit costs negotiated between state purchasing agencies and providers;
- financial reporting requirements established by state purchasing agencies; and
- fiscal monitoring requirements established by state purchasing agencies.

2. FEDERAL COST PRINCIPLES

Providers receiving Federal funds must comply with applicable Federal requirements. Therefore, to the extent that Federal cost principles conflict with these cost principles, the Federal requirements, if more restrictive, shall control.

3. FACTORS AFFECTING THE ALLOWABILITY OF COSTS

3.1 To be allowable, costs must meet the following criteria:

- a. Be reasonable for the performance of the contract and be allocable under these cost principles;
- b. Conform to any limitations or exclusions set forth in these cost principles or in the contract as to type or amount of cost items;
- c. Be consistent with policies and procedures that apply uniformly to the contract and other activities of the organization;
- d. Be accorded consistent treatment;
- e. Be determined in accordance with generally accepted accounting principles (GAAP); and
- f. Be adequately documented.

3.2 Reasonable Costs

A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs. In determining the reasonableness of a given cost, consideration shall be given to:

- a. Whether the cost is a type generally recognized as ordinary and necessary for the operation of the provider or the performance of the contract;
- b. The restraints or requirements imposed by such factors as generally accepted sound business practices, arms length bargaining, State laws and regulations, and terms and conditions of the contract; and
- c. Significant deviations from the established practices of the organization which may unjustifiably increase the contract costs.

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3.3 Allocable Costs

- a. A cost is allocable to a particular cost objective, such as a grant, contract, project, service, or other activity, in accordance with the relative benefits received. A cost is allocable if it is treated consistently with other costs incurred for the same purpose in like circumstances and if it:
 - (1) Is incurred specifically for the contract;
 - (2) Benefits both the contract and other work and can be distributed in reasonable proportion to the benefits received; or
 - (3) Is necessary to the overall operation of the provider, although a direct relationship to any particular cost objectives cannot be shown.
- b. Any cost allocable to a particular contract, award or other cost objective under these principles may not be shifted to other State contracts to overcome funding deficiencies, or to avoid restrictions imposed by law or by the terms of the contract.

3.4 Conform to Limitations or Exclusion

Many costs are subject to various restrictions, conditions, and/or documentation requirements that must be followed before such cost is allowable. Certain types of costs require prior approval before they are allowable, while other types of costs are unallowable.

3.5 Consistent Costing Treatment

The budgeting, recording and reporting of all costs of a particular nature must be done in the same manner regardless of the source of funding (i.e., Federal or Non-Federal) associated with a project or activity.

3.6 Generally Accepted Accounting Principles (GAAP)

These are standards and guidelines promulgated by the Financial Accounting Standards Board and the Governmental Accounting Standard Board, depending upon the type of organization involved. These principles direct how and when they should recognize costs on accounting records and financial statements.

4. DIRECT COSTS

Direct costs are those that can be identified specifically with a particular final cost objective, i.e., a particular award, project, service, or other direct activity of an organization. Costs identified specifically with a final cost objective of the organization are direct costs of that cost objective and are not to be assigned to other cost objectives directly or indirectly.

5. INDIRECT COSTS (JOINT COSTS)

Indirect costs are those that have been incurred for common joint objectives and cannot be readily identified with a particular final cost objective.

6. NEGOTIATED FEDERAL INDIRECT COST RATES

Indirect costs are equitably distributed to benefiting cost objectives by using current rate(s) negotiated with the federal government. To utilize the indirect cost rate, the rate must be approved by the cognizant federal agency.

7. METHOD OF ALLOCATION (Must be used by organizations without a negotiated federal indirect cost rate)

7.1 Basis and Documentation

Organizations incurring costs that benefit more than one cost objective such as a grant, contract, project, services, or other activity must allocate these costs using a reasonable base. Organizations must have a written cost allocation plan.

7.2 Allocation to Cost Objective

Joint costs, such as depreciation, rental costs, operation and maintenance of facilities, telephone expenses, administrative salaries, and the like must be allocated individually to each objective using a base most appropriate to the particular cost being allocated. An allocation for any expense item exceeding 100% of its total cost, or its depreciation value, is unallowable.

7.3 Basis for Allocation

Each joint cost must be allocated using a base which accurately measures the benefits provided to each cost objective. The bases must be established in accordance with reasonable criteria and be supported by current data. Actual conditions must be taken into account in selecting a base to be used in allocating the joint costs. In general, any cost element or cost related factor associated with the organization's work is potentially adaptable for use as an allocation base, provided:

- a. It can readily be expressed in terms of dollars or other quantitative measures (total direct costs, direct salaries and wages, staff hours applied, square feet used, hours of usage, number of documents processed, population served, and the like); and
- b. It is common to the benefiting functions during the base period.

7.4 Allocation of costs based on forecasts, revenues received, budgeted revenues, budgeted costs, or anticipated contract reimbursements are not acceptable or allowable.

8. UNALLOWABLE COSTS

The following costs are unallowable:

8.1 Bad Debts

Any portion of the accounts receivable which has been determined to be uncollectible, is termed "Bad Debts." Any losses arising from uncollectible accounts, other claims and related costs that are actual or estimated are unallowable.

8.2 Contingencies

Contingency costs are contributions to a reserve account for unforeseen costs. Contingency costs are unallowable because they are speculative in nature and do not represent an actual incurred cost.

8.3 Capital Expenditures for Land or Buildings

Capital expenditures for acquisition of land or buildings are unallowable. This does not apply to costs associated with Capital Improvement Project (CIP) funds received from the State for that purpose. (Interest on debt incurred is allowable as specified in the cost principle table.)

8.4 Capital Expenditures for Improvements

Capital expenditures for improvements to land or buildings which materially increase their value or useful life is unallowable. This does not apply to cost associated with Capital Improvement Project (CIP) funds received from the State for that purpose.

8.5 Entertainment

Costs unrelated to service delivery, client activities or client programs, such as costs related to public relations, social activities and incidental costs relating thereto, including meals, beverages, tips and gratuities are unallowable.

8.6 Fines and Penalties

Fines and penalties include all costs resulting from violations of, or failure to comply with, Federal, State, local laws and regulations, and contract requirements. Fines and penalties are unallowable.

8.7 Fund Raising

All costs of fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions are unallowable.

8.8 Gifts, Contributions and Donations

A gift is property transferred without receiving return consideration of equivalent value. Contributions and donations are property transferred which are not transferred in exchange for supplies or services of equivalent fair market value. Gifts, contributions and donations are unallowable.

8.9 Income Taxes

Federal and State income taxes are unallowable

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8.10 Lobbying

All costs associated with attempts to influence the enactment or modification of any pending legislation through communication with any member or employee of the state legislature, or with any government official or employee concerning a decision to sign or veto enrolled legislation are unallowable.

8.11 Losses Incurred Under Other Contracts

A loss incurred under one contract may not be charged to any other contract. Losses incurred on other contracts are unallowable.

8.12 Organization Costs

Costs incurred under one contract may not be charged to any other contract. Losses incurred on other contracts are unallowable.

8.13 Perquisite

A privilege furnished or a service rendered by an organization to an employee, officer, director, or member of that organization to reduce the individual's personal expenses is unallowable.

8.14 Security Deposits

Funds held as a guaranty or assurance required by agreement is unallowable

8.15 Idle Facilities

Facilities that are not being used are unallowable.

9. DEFINITION OF COLUMN TITLES FOR FORM SPOH-201

9.1 "Cost Item"

"Cost item" refers to the items within budget categories. For example, "Compensation for Personal Services," should appear within the budget element category for "Personnel Costs."

9.2 "Description"

A description of each line item is provided to briefly characterize applicable costs within the category. Descriptions are intended to be informative.

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9.3 **“Allowable/Unallowable”**

Costs are allowable when they are reasonable, allocable, lawful, and for costs invoiced for reimbursement, actually incurred or accrued and accounted for in accordance with generally accepted accounting principles, for contract related expenditures. Certain costs are treated specially and are specifically identified as “Allowable” or “Unallowable” costs. The list of unallowable costs is not all-inclusive.

- Costs identified as “Allowable with Prior Approval” are generally unallowable. Providers must receive approval of these costs, prior to expenditure. The head of the state purchasing agency may approve “unallowable” costs, if it is in the best interests of the State and all costs are reasonable, lawful and allocable.

9.4 **“Remarks”**

This column describes special instructions, restrictions on the allowable limits, and required documentation that the State purchasing agency may require. All required documentation should be available upon request by the state purchasing agency. RFPs may require that certain documents be submitted at the time of application.

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SECTION 2: COST PRINCIPLES TABLE

1. Any cost charged to the Agreement must be reasonable, appropriate, lawful and allocable to the contract.
2. To the maximum extent practicable, the suggested terminology should be used consistently in all phases of budgeting, accounting, and reporting.
3. This list represents selected cost items and is not an all inclusive list of costs which may be prescribed by federal and or State laws or regulations.
4. Although a cost may be allowable under federal guidelines, the state purchasing agency has the discretion to limit or disallow the cost due to unavailability of funds, funding restrictions, or its inappropriateness to the contract.
5. In cases where certain items, definitions, explanations or requirements are difficult to understand, the applicant/provider should seek written clarification from the state purchasing agency.
6. Required cost documentation shall be kept by the provider and submitted at the request of the purchasing agency.

Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY A: Personnel Costs	Compensation for personal services currently paid or accrued		
	<ul style="list-style-type: none"> Salaries and Wages 	Allowable to the extent that the range is reasonable for the services rendered	<p>Required Documentation: Schedule detailing total annual salary for each position, computation of each position's FTE and service site.</p> <p>Reports reflecting the distribution of activity of each employee must be maintained for all staff members whose compensation is charged, in whole or in part, directly to the contract(s). The reports must reflect an after-the-fact determination of the total actual activity of each employee and signed by the individual employee, or by a responsible supervisory official having firsthand knowledge of the activities performed by the employee, that the distribution of activity represents a reasonable estimate of the actual work performed by the employee during the periods covered by the reports. (Note: The State is requests that adequate records supporting the allocation of salaries be maintained and not necessarily detailed timesheets, e.g., accounting for each quarter hour for each employee.)</p> <p>Personnel policies and procedures governing vacation leave, sick leave, and overtime pay.</p>
	<ul style="list-style-type: none"> Overtime Salary Increases 	Allowable with prior approval	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY A: Personnel Costs	Compensation for personal services currently paid or accrued (cont'd)		
	<ul style="list-style-type: none"> Vacation Leave Sick Leave 	Unallowable payment for leave in lieu of leave not taken	
	<ul style="list-style-type: none"> Bonuses Severance Pay Excessive Compensation Accrued leave payout for terminating employees 	Unallowable	
	Payroll Taxes and Assessments All Federal and State requirements		
	<ul style="list-style-type: none"> Employer's portion of FICA, workers compensation, unemployment insurance and temporary disability insurance. 	Allowable	Required Documentation: Schedule detailing applicable percentages of statutory ceilings for each payroll tax, insurance and other costs.
	<ul style="list-style-type: none"> Fines and penalties due to late filing and/or payment 	Unallowable	
	Fringe Benefits: Employers' portion of health care and retirement benefits		
	<ul style="list-style-type: none"> Health care insurance 	Allowable	Required Documentation: Each benefit should be clearly detailed in the personnel policies and procedures.
	<ul style="list-style-type: none"> Retirement plans 	Allowable with prior approval	
	<ul style="list-style-type: none"> All costs considered as perquisites (e.g., non-wage compensations provided to <u>employees</u> in addition to their normal <u>wages</u> or <u>salaries</u>) 	Unallowable	
CATEGORY B: Operating Costs	Airfare (Inter-Island)		
	<ul style="list-style-type: none"> Costs for airline tickets or coupons 	Allowable with prior approval.	Required Documentation: Schedule of inter-island travel detailing staff, destination, purpose, fare costs, per diem/subsistence and dates of travel. Personnel policies and procedures governing travel. Cost of cancelled travel shall not be charged to the contract.
	<ul style="list-style-type: none"> First class travel 	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Airfare (Out-of-State)		
	<ul style="list-style-type: none"> Costs for airline tickets 	Allowable with prior approval	Required Documentation: Schedule of out-of-state travel detailing staff, destination, purpose, fare costs, per diem/subsistence and dates of travel. Personnel policies and procedures governing travel. Cost of cancelled travel shall not be charged to the contract.
	<ul style="list-style-type: none"> First class travel 	Unallowable	
	Audit Services Cost of an audit by an independent certified public accountant		
	<ul style="list-style-type: none"> Federal funds <ul style="list-style-type: none"> Audits completed in accordance with OMB Circular A-133, required for providers expending \$300,000 or more in federal funds during the fiscal year. Limited scope audits arranged and paid for by pass through entities to monitor subrecipients. 	Allowable	Required Documentation: Financial statements and schedule of expenditures of Federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plans. If the audit does not contain questioned costs or audit findings related to the pass through federal funds, a notification letter may be sent to the pass through entity (see OMB Circular A-133, Subpart C.) Copy of limited scope audit report.
	<ul style="list-style-type: none"> State funds only <ul style="list-style-type: none"> Financial audits of the organization Special audits required by the State 	Allowable	Copies of the audit report and management letter issued by the auditor.
	Contractual Services - Administrative		
	<ul style="list-style-type: none"> Costs of administrative professional and consultant services, which cannot be performed by the applicant/provider's staff, e.g., accounting, bookkeeping, payroll, and secretarial services. 	Allowable	Required Documentation: Schedule detailing business or individual's name, description of the service, and contract amount or fee.
	<ul style="list-style-type: none"> Legal fees for defense and prosecution of criminal and civil proceedings. Retainer payments to attorneys. 	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Contractual Services - Subcontracts		
	Costs of professional and consultant services necessary for the delivery of the primary contracted services, which cannot be performed by the applicant/provider's staff.	Allowable with prior approval	Required Documentation: Justification for contractual services proposed. Schedule detailing subcontracted organization or individual's name, description of the service, and contract amount or fee. Executed agreements between the contracting parties.
	Depreciation Depreciation expense is the method of allocating the cost of a capital asset over the estimated useful life of the asset as it relates to the contract.		
	<ul style="list-style-type: none"> Depreciation of equipment, motor vehicles, and buildings and capital improvements, required for the program, e.g., renovations in connection with the program for office and program requirements. 	Allowable	Required Documentation: Depreciation schedule, cost allocation bases, previous depreciation taken, and budgeted depreciation expense.
	<ul style="list-style-type: none"> Idle facilities Assets acquired through the State or Federal government 	Unallowable	
	Food		
	<ul style="list-style-type: none"> Provisions for meals and snacks. Food provided as part of the services for clients as specified in the contract. 	Allowable with prior approval	Required Documentation: Schedule detailing description and cost.
	<ul style="list-style-type: none"> Food costs covered by SSI or other funds. 	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Indirect Costs (Negotiated Federal Rate) Costs incurred for common or joint objectives that cannot be readily identified with a particular final cost objective, e.g., general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration, and accounting.		
	<ul style="list-style-type: none"> General operating costs equitably distributed to benefiting objectives by using a current rate negotiated with the federal government. 	Allowable	Required Documentation: A valid copy of the written agreement with the federal agency for the negotiated rate. Attach to Proposal Budget if used.
	<ul style="list-style-type: none"> Indirect costs based on a rate that has not been negotiated with the federal government. 	Unallowable	
	Insurance Cost of insurance required or approved pursuant to the contract.		
	<ul style="list-style-type: none"> Indemnification Coverage General Liability Bonding Applicant/Provider's Automobiles Fire Hurricane Flood 	Allowable	Required Documentation: A valid Certificate of Insurance which shows the following: <ol style="list-style-type: none"> Policy in effect during the contract period. Liability coverage(s) as specified in the agreement. The contracted services or type of services. The State of Hawaii and the state purchasing agency as the certificate holder. Address of the state purchasing agency. The State of Hawaii named as additionally insured.
	<ul style="list-style-type: none"> Life insurance premiums of officers, employees, or Board members where the applicant/provider is the beneficiary 	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Interest Costs incurred for interest on borrowed capital		
	<ul style="list-style-type: none"> Interest on debt incurred after May 14, 1997 to acquire or replace capital assets (including renovations, alterations, equipment, land, and capital assets acquired through capital leases), acquired after May 14, 1997 and used in support of the State contracts. 	Allowable with prior approval	Required Documentation for prior approval: A statement of purpose and justification for facility acquisition or replacement. A statement as to why current facilities are not adequate. A statement of planned future use of the facility. A description of the financing agreement to be arranged for the facility. A summary of the building contract with estimated cost information and statement of source and use of funds. A lease/purchase analysis which shows that a financed purchase or capital lease is less costly to the organization than other leasing alternatives (See OMB Circular A-122.) Reimbursements will be limited to the least costly alternative.
	<ul style="list-style-type: none"> All other interest costs 	Unallowable	
	Lease/Rental of Equipment Lease rent of program equipment used for contractual services		
	<ul style="list-style-type: none"> Rental or lease cost in connection with the program for office and program requirements. 	Allowable with prior approval	Required Documentation: Schedule detailing item, purpose, cost and usage. Lease/rental agreement.
	<ul style="list-style-type: none"> Security deposits Loan payments made in connection with purchase of equipment 	Unallowable	
	Lease/Rental of Motor Vehicles Motor vehicle lease costs related to contracted services		
	<ul style="list-style-type: none"> Leasing costs of vehicles used directly in connection with the program 	Allowable with prior approval	Required Documentation: Schedule detailing vehicle, purpose, cost and usage. Lease/rental agreement.
	<ul style="list-style-type: none"> Security deposits Loan payments made in connection with purchase of vehicle 	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Lease/Rental of Space Lease rental of office and program facility space		
	<ul style="list-style-type: none"> Lease rent paid for office and program requirements Common area charges 	Allowable with prior approval	Required Documentation: Lease/rental agreement. Payments must be made to a third party and comparable to other properties in the area. Rental costs under sale and leaseback arrangements are allowable only up to the amount that would be allowed had the organization continued to own the property.
	<ul style="list-style-type: none"> Security deposits Unused space 	Unallowable	
	Mileage Travel allowances based on staff's mileage actually incurred. Reimbursement to staff using their private vehicles for business related to the contract.		
	<ul style="list-style-type: none"> Mileage reimbursement not to exceed federal (IRS) allowances 	Allowable	Required Documentation: Schedule for mileage detailing position of staff, destination, purpose and total miles claimed. A record of business miles traveled for each trip using employees' personal vehicle.
	<ul style="list-style-type: none"> Monthly auto allowances Relocation costs Reimbursement for personal use or non-contract related mileage 	Unallowable	
	Postage, Freight and Delivery Mailing, shipping and delivery costs relating to the contract		
	<ul style="list-style-type: none"> Postage stamps Costs for mailing, e.g., certified mail Delivery charges for goods purchased 	Allowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Program Activities <ul style="list-style-type: none"> All other cost items directly related to or required in order to deliver services to clients, e.g., client incentives, client excursions, training wages, and client/volunteer stipends. 	Allowable with prior approval	Required Documentation: A schedule detailing: <ol style="list-style-type: none"> Description of program activity. Frequency of activity. Number of participants. Cost per person. Restrictions: All program activities are limited to contract provisions; and costs must be incurred on behalf of clients.
	Publication, Printing and Advertising		
	Costs of printing and binding, and subscriptions. Costs of media services. Media advertising includes magazines, newspapers, radio and television programs, direct mail, exhibit, and the like. <ul style="list-style-type: none"> Publications used directly in the program Professional books and journals Recruitment of personnel Procurement of goods and services Advertisements specifically required by contract 	Allowable	Required Documentation: Schedule providing basis for estimating cost of postage, printing and copying. Schedule for subscriptions and publications detailing titles and costs.
	Repairs and Maintenance Necessary maintenance, repair and upkeep of facilities, buildings and equipment.		
	<ul style="list-style-type: none"> Costs incurred for repair and maintenance of facilities and equipment, e.g., janitorial services, painting, plumbing and electrical repairs For leased space, allowed for lessee if responsibility by lessor is not specified in the rental agreement. 	Allowable	
	<ul style="list-style-type: none"> Expenditures which will increase the life of a capital asset 	Unallowable	

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Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Staff Training		
	Cost of preparation and maintenance of on-the-job, classroom and other training to increase the employees' vocational effectiveness. <ul style="list-style-type: none"> • Registration and tuition costs • Costs of materials, including books 	Allowable	Required Documentation: Schedule detailing title of training, date, persons attending and purpose.
	Training for staff who provide direct service to recipients. Conference and workshops for the purpose of dissemination of technical information to improve the delivery of the service. <ul style="list-style-type: none"> • Out of State training • Training for administrative personnel 	Allowable with prior approval	
	<ul style="list-style-type: none"> • Entertainment costs, e.g., office parties • 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. 	Unallowable	
	Subsistence/Per Diem Costs for room and board while on official travel status		
	<ul style="list-style-type: none"> • Subsistence or per diem rates may be used. 	Allowable	Required Documentation: Travel policies and procedures. Receipts for subsistence payments. For overnight accommodations, room rates must be reasonable and ordinary in relation to accommodations within the surrounding area and type of accommodation. Restriction: Not to exceed State per diem allowances
	<ul style="list-style-type: none"> • All tips and gratuities 	Unallowable	

COST PRINCIPLES
HRS Chapter 103F

Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY B: Operating Costs	Supplies Cost of materials and other consumable supplies necessary for the performance of the contract.		
	<ul style="list-style-type: none"> • Office supplies • Motor vehicle supplies • Educational supplies • Medical supplies • Recreational supplies • Janitorial supplies • Program supplies 	Allowable	
	Telecommunication Cost of telephone service, equipment rentals, telefacsimile, and long distance charges. (For telephone equipment purchases, see Equipment Purchases.)		
	<ul style="list-style-type: none"> • Normal monthly charges including telefacsimile lines • Inter-island calls • Long-distance mainland calls • Installation costs 	Allowable	Required Documentation: Schedule detailing phone installation, monthly rates, inter-island calls, number of lines and instruments to support budget request.
	Transportation Cost of ground transportation while on official travel status		
	<ul style="list-style-type: none"> • Taxi fare • Bus fare • Auto rentals • Parking fees 	Allowable	Required Documentation: Receipts
	<ul style="list-style-type: none"> • All tips and gratuities • Parking tickets and fines 	Unallowable	
	Utilities		
	<ul style="list-style-type: none"> • Water/Sewer • Electricity • Gas • Refuse 	Allowable	Required Documentation: Schedule detailing monthly and annual costs for each item.

COST PRINCIPLES
HRS Chapter 103F

Cost Item	Description	Allowable/Unallowable	Remarks
CATEGORY C: Equipment Purchases	Purchase of an item costing more than \$1,000 and having a useful life of more than one year		
	<ul style="list-style-type: none"> Equipment required for the program 	Allowable with prior approval	<p>Required Documentation: Schedule detailing cost, use, and clear justification.</p> <p>Restrictions: Purchased equipment must be primarily for contracted services and critical to the delivery of services to the target population. Purchased equipment is the property of the State and may be collected upon termination of the contract. Purchases must in accordance with the Department of Accounting and General Services' accounting principles.</p>
CATEGORY D: Motor Vehicle Purchases	Purchase of autos, vans, trucks and buses. Motor vehicles required for the program.	Allowable with prior approval	<p>Required Documentation: Schedule detailing cost, use, and clear justification.</p> <p>Restrictions: Purchased vehicle must be for contracted services and critical to the delivery of services to the target population. Purchased motor vehicles are the property of the State and may be collected upon termination of the contract.</p>

ATTACHMENT H

2018 Federal Poverty Level (FPL) Worksheet and Instructions

TANF ELIGIBILITY WORKSHEET

1. **Client Name:**
(Primary Adult) _____
Last First M.I.
- Date of Birth:** ____/____/____
MM DD YYYY
- U.S. Citizen or Lawfully Admitted Non-Citizen (includes COFA)** ☐ Yes ☐ No
If answer is 'No', go directly to #5 and check 'No'.
2. **Client Name:**
(Other Adult in household) _____
Last First M.I.
- Date of Birth:** ____/____/____
MM DD YYYY
- U.S. Citizen or Lawfully Admitted Non-Citizen (includes COFA)** ☐ Yes ☐ No
If answer is 'No', go directly to #5 and check 'No'.
3. **Family Composition:**
- a. Number of children under eighteen (18) years old _____
If Zero "0", family is not eligible for TANF-funded services. Go directly to #5 and check 'No'.
- b. Relationship to the Child(ren) _____
If non-relative, family is not eligible for TANF-funded services. Go directly to #5 and check 'No'.
- c. Do the child(ren) live with the adult(s) named in Item #1 and 2? ☐ Yes
If the answer is 'No', go directly to #5 and check 'No'. ☐ No
- d. Are all family members U.S. citizens or Lawfully Admitted Non-Citizens (includes COFA)? ☐ Yes
If answer is 'No', go directly to #5 and check 'No'. ☐ No
4. **Income Declaration:** (Please refer to #4 on page 2 for instructions and guidelines)
- Total Household Gross Income (Earned/Unearned): \$ _____ / Month
Please refer to the Income Eligibility Table on page 2 to determine eligibility.
If income exceeds amount listed in the Income Eligibility Table on page 2, then the family is not eligible for TANF-funded services. Go directly to #5 and check 'No'.

Agency Determination:

5. **Family is eligible for TANF-funded services.** ☐ Yes ☐ No

Print Name of Reviewer

Signature of Reviewer

Date

TANF ELIGIBILITY WORKSHEET

Instructions

1. Enter the name of the primary adult in the family that is requesting TANF-funded services, the adult's date of birth and citizenship status, i.e. U.S. Citizen or Lawfully Admitted Non-Citizen which includes COFA (Compact of Free Association).
2. Enter the name of the other adult (e.g. spouse, significant other with common child, etc.) in the family, the adult's date of birth and citizenship status.
3. One adult (named in #1 or #2) must be a parent or a relative through blood or marriage, to the child/children in the family. In addition, all members of the family must be U.S. Citizens or Lawfully Admitted Non-Citizens which includes COFA.
4. Income Declaration: Families may self-declare Total Household Income.

Examples of Income:

Employer paid wages, self-employment earnings, Social Security benefits, pension/retirement benefits, workers compensation payments, disability payments, child support, etc.

STATE OF HAWAII - 250% of the 2018 FEDERAL POVERTY LEVEL (FPL)

Household Size	Maximum Monthly Gross Income	Maximum Yearly Gross Income	Household Size	Maximum Monthly Gross Income	Maximum Yearly Gross Income
1	\$ 2,776	\$ 33,315	7	\$ 9,517	\$114,205
2	3,944	47,325	8	10,685	128,215
3	4,979	59,750	9	11,852	142,225
4	6,015	72,175	10	13,020	156,235
5	7,182	86,185	11	14,187	170,245
6	8,350	100,195	12+	<i>Add \$14,010 (yearly income) for each additional person</i>	

5. Please indicate whether or not the family is eligible for TANF-funded services based on the responses provided for items 1 - 4.

ATTACHMENT I

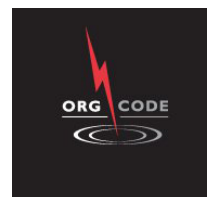
Service Prioritization Decision Assistance Tool (SDAT) Forms

Service Prioritization Decision Assistance Tool (SPDAT)

Assessment Tool for Single Adults

VERSION 4.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Have you ever received any help with your mental wellness? • Do you feel you are getting all the help you need for your mental health or stress? • Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that? • Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally? • Do you have trouble learning or paying attention? • Have you ever had testing done to identify learning disabilities? • Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? • Have you ever hurt your brain or head? • Do you have any documents or papers about your mental health or brain functioning? • Are there other professionals we could speak with that have knowledge of your mental health? 	NOTES <div style="border: 1px solid black; height: 200px; width: 100%;"></div>

SCORING	
4	Any of the following: <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	Any of the following: <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true: <input type="checkbox"/> No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<input type="checkbox"/> In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and is engaged with mental health supports as necessary.
0	<input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • How is your health? • Are you getting any help with your health? How often? • Do you feel you are getting all the care you need for your health? • Any illness like diabetes, HIV, Hep C or anything like that going on? • Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that? • When was the last time you saw a doctor? What was that for? • Do you have a clinic or doctor that you usually go to? • Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your health? • Do you have any documents or papers about your health or past stays in hospital because of your health? 	<h3>NOTES</h3> <div></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
3	<p>Presence of a health issue with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<p>Single chronic or serious health condition, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition disclosed, observed, or suspected <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Have you recently been prescribed any medications by a health care professional? • Do you take any medications prescribed to you by a doctor? • Have you ever sold some or all of your prescription? • Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take? • Were any of your medications changed in the last month? If yes: How did that make you feel? • Do other people ever steal your medications? • Do you ever share your medications with other people? • How do you store your medications and make sure you take the right medication at the right time each day? • What do you do if you realize you've forgotten to take your medications? • Do you have any papers or documents about the medications you take? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? • Is there anything we should keep in mind related to drugs or alcohol? • [If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week? • Ever have a doctor tell you that your health may be at risk because you drink or use drugs? • Have you engaged with anyone professionally related to your substance use that we could speak with? • Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs? • Have you ever used alcohol or other drugs in a way that may be considered less than safe? • Do you ever end up doing things you later regret after you have gotten really hammered? • Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? 	<th>NOTES</th>	NOTES

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
4	<input type="checkbox"/> In a life-threatening health situation as a direct result of substance use, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times
3	<input type="checkbox"/> Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
0	<input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE: <input type="text"/>	
<p>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</p> <ul style="list-style-type: none"> • “I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?” • “Are you currently or have you ever received professional assistance to address that abuse?” • “Does the experience of abuse or trauma impact your day to day living in any way?” • “Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?” • “Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?” • “Have you ever become homeless as a direct result of experiencing abuse or trauma?” 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
	Any of the following:
2	<input type="checkbox"/> A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness <input type="checkbox"/> Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	<input type="checkbox"/> A reported experience of abuse or trauma, and considers self to be recovered
0	<input type="checkbox"/> No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time? • What was occurring when you had these feelings or took these actions? • Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often? • Have you recently left a situation you felt was abusive or unsafe? How long ago was that? • Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following: <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	Any of the following: <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	Any of the following: <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical alterations
1	<input type="checkbox"/> 366+ days ago, 1-3 involvements in physical alterations
0	<input type="checkbox"/> Reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick you to do something that you don't want to do?</i> • <i>Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Do you ever find yourself in situations that may be considered at a high risk for violence?</i> • <i>Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<th>NOTES</th>	NOTES

SCORING	
4	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, left an abusive situation
3	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, left an abusive situation, but not in the past 90 days
2	Any of the following: <input type="checkbox"/> In the past 180 days, engaged in 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, left an abusive situation
1	<input type="checkbox"/> Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How often do you go to emergency rooms? • How many times have you had the police speak to you over the past 180 days? • Have you used an ambulance or needed the fire department at any time in the past 180 days? • How many times have you called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you been admitted to hospital in the last 180 days? How long did you stay? 	<th>NOTES</th>	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Do you have any "legal stuff" going on? • Have you had a lawyer assigned to you by a court? • Do you have any upcoming court dates? Do you think there's a chance you will do time? • Any involvement with family court or child custody matters? • Any outstanding fines? • Have you paid any fines in the last 12 months for anything? • Have you done any community service in the last 12 months? • Is anybody expecting you to do community service for anything right now? • Did you have any legal stuff in the last year that got dismissed? • Is your housing at risk in any way right now because of legal issues? 	NOTES <div></div>

SCORING	
4	Any of the following: <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	Any of the following: <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	Any of the following: <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<input type="checkbox"/> There are no current legal issues, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	<input type="checkbox"/> No legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Are you currently homeless? • [If the person is housed] Do you have an eviction notice? • [If the person is housed] Do you think that your housing is at risk? • How is your relationship with your neighbors? • How do you normally get along with landlords? • How have you been doing with taking care of your place? 	<th>NOTES</th>	NOTES

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	Any of the following: <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	Any of the following: <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	Any of the following: <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	Any of the following: <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • How are you with taking care of money? • How are you with paying bills on time and taking care of other financial stuff? • Do you have any street debts? • Do you have any drug or gambling debts? • Is there anybody that thinks you owe them money? • Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs? • Do you try to pay your rent before paying for anything else? • Are you behind in any payments like child support or student loans or anything like that? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following: <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Does not have an income (including formal and informal sources) <input type="checkbox"/> Not aware of the full amount spent on substances, if they use substances <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments
3	Any of the following: <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if they are a substance user <input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments
2	Any of the following: <input type="checkbox"/> In the past 365 days, source of income has changed 2+ times <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	<input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Tell me about your friends, family or other people in your life. • How often do you get together or chat? • When you go to doctor's appointments or meet with other professionals like that, what is that like? • Are there any people in your life that you feel are just using you? • Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment? • Have you ever been concerned about not following your lease agreement because of your friends or family? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> No friends or family and demonstrates no ability to follow social norms <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but demonstrating ability to follow social norms <input type="checkbox"/> Meeting new people with an intention of forming friendships <input type="checkbox"/> Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship <input type="checkbox"/> Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Developing relationships with new people but not yet fully trusting them <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for less than 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for at least 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Do you ever need reminders to do things like shower or clean up? • Describe your last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following: <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	Any of the following: <input type="checkbox"/> Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	Any of the following: <input type="checkbox"/> Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<input type="checkbox"/> In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs
0	<input type="checkbox"/> For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How do you spend your day? • How do you spend your free time? • Does that make you feel happy/fulfilled? • How many days a week would you say you have things to do that make you feel happy/fulfilled? • How much time in a week would you say you are totally bored? • When you wake up in the morning, do you tend to have an idea of what you plan to do that day? • How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love? • Are there any things that get in the way of you doing the sorts of activities you would like to be doing? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> No planned, legal activities described as providing fulfillment or happiness
3	<input type="checkbox"/> Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	<input type="checkbox"/> Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or the individual is not fully committed to continuing the activities.
1	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How long have you been homeless? • How many times have you been homeless in your life other than this most recent time? • Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address? • Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that? • Have you ever spent time sleeping in an abandoned building? • Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of homelessness

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		Score: Recommendation: 0-19: No housing intervention 20-34: Rapid Re-Housing 35-60: Permanent Supportive Housing/Housing First

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Version 4

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

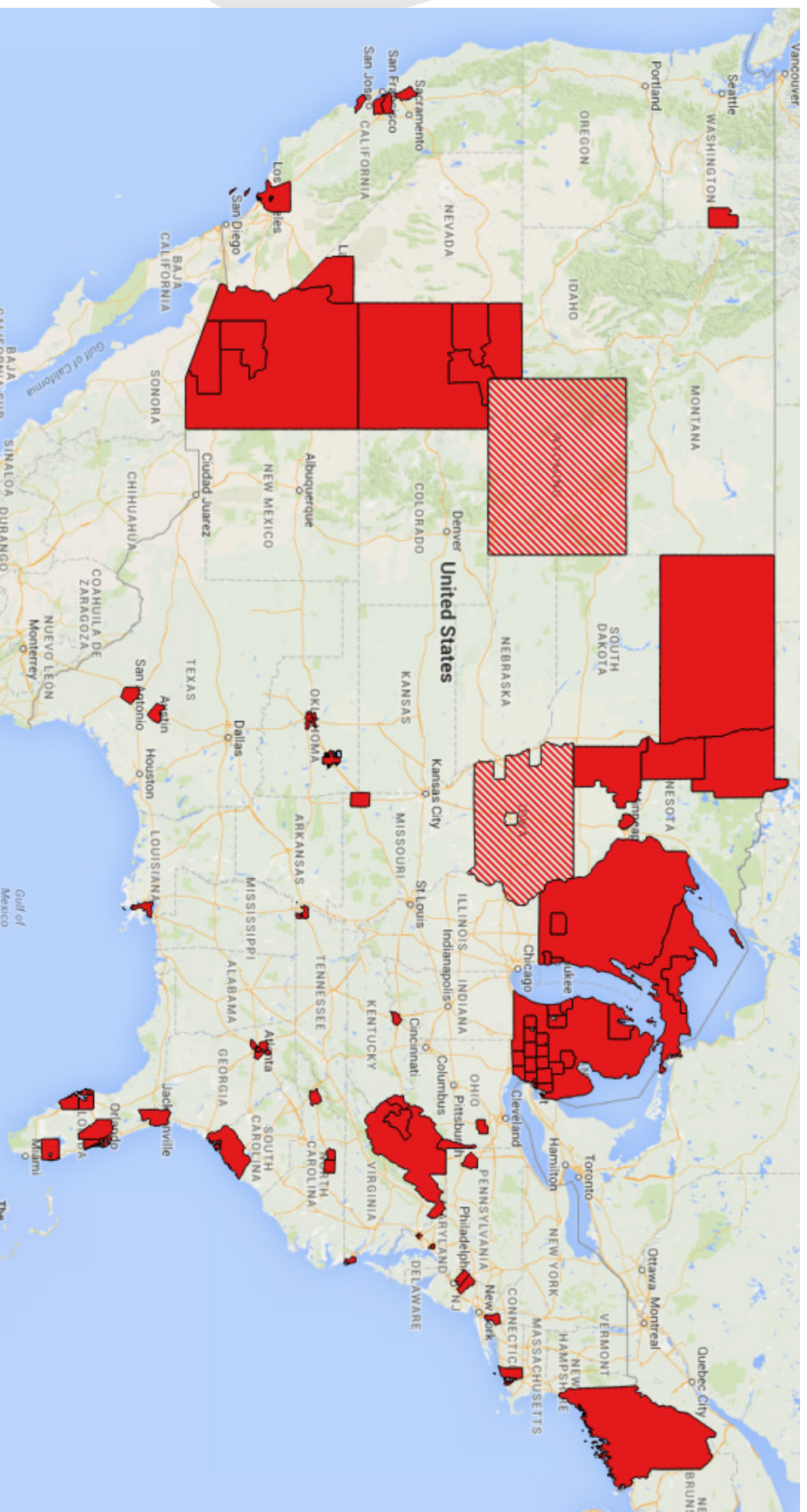
Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from Version 3 to Version 4 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

<p>Arizona</p> <ul style="list-style-type: none"> • Statewide <p>California</p> <ul style="list-style-type: none"> • Oakland/Alameda County CoC • Richmond/Contra Costa County CoC • Watsonville/Santa Cruz City & County CoC • Napa City & County CoC • Los Angeles City & County CoC • Pasadena CoC • Glendale CoC <p>District of Columbia</p> <ul style="list-style-type: none"> • District of Columbia CoC <p>Florida</p> <ul style="list-style-type: none"> • Sarasota/Bradenton/Manatee, Sarasota Counties CoC • Tampa/Hillsborough County CoC • St. Petersburg/Clearwater/Largo/Pinellas County CoC • Orlando/Orange, Osceola, Seminole Counties CoC • Jacksonville-Duval, Clay Counties CoC • Palm Bay/Melbourne/Brevard County CoC • West Palm Beach/Palm Beach County CoC <p>Georgia</p> <ul style="list-style-type: none"> • Atlanta County CoC • Fulton County CoC • Marietta/Cobb County CoC • DeKalb County CoC <p>Iowa</p> <ul style="list-style-type: none"> • Parts of Iowa Balance of State CoC <p>Kentucky</p> <ul style="list-style-type: none"> • Louisville/Jefferson County CoC <p>Louisiana</p> <ul style="list-style-type: none"> • New Orleans/Jefferson Parish CoC 	<p>Maryland</p> <ul style="list-style-type: none"> • Baltimore City CoC <p>Maine</p> <ul style="list-style-type: none"> • Statewide <p>Michigan</p> <ul style="list-style-type: none"> • Statewide <p>Minnesota</p> <ul style="list-style-type: none"> • Minneapolis/Hennepin County CoC • Northwest Minnesota CoC • Moorhead/West Central Minnesota CoC • Southwest Minnesota CoC <p>Missouri</p> <ul style="list-style-type: none"> • Joplin/Jasper, Newton Counties CoC <p>North Carolina</p> <ul style="list-style-type: none"> • Winston Salem/Forsyth County CoC • Asheville/Buncombe County CoC • Greensboro/High Point CoC <p>North Dakota</p> <ul style="list-style-type: none"> • Statewide <p>Nevada</p> <ul style="list-style-type: none"> • Las Vegas/Clark County CoC <p>New York</p> <ul style="list-style-type: none"> • Yonkers/Mount Vernon/New Rochelle/Westchester County CoC <p>Ohio</p> <ul style="list-style-type: none"> • Canton/Massillon/Alliance/Stark County CoC • Toledo/Lucas County CoC <p>Oklahoma</p> <ul style="list-style-type: none"> • Tulsa City & County/Broken Arrow CoC • Oklahoma City CoC <p>Pennsylvania</p> <ul style="list-style-type: none"> • Lower Marion/Norristown/Abington/Montgomery County CoC 	<ul style="list-style-type: none"> • Bristol/Bensalem/Bucks County CoC • Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC <p>Rhode Island</p> <ul style="list-style-type: none"> • Statewide <p>South Carolina</p> <ul style="list-style-type: none"> • Charleston/Low Country CoC <p>Tennessee</p> <ul style="list-style-type: none"> • Memphis/Shelby County CoC <p>Texas</p> <ul style="list-style-type: none"> • San Antonio/Bexar County CoC • Austin/Travis County CoC <p>Utah</p> <ul style="list-style-type: none"> • Salt Lake City & County CoC • Utah Balance of State CoC • Provo/Mountainland CoC <p>Virginia</p> <ul style="list-style-type: none"> • Virginia Beach CoC • Arlington County CoC <p>Washington</p> <ul style="list-style-type: none"> • Spokane City & County CoC <p>Wisconsin</p> <ul style="list-style-type: none"> • Statewide <p>West Virginia</p> <ul style="list-style-type: none"> • Statewide <p>Wyoming</p> <ul style="list-style-type: none"> • Wyoming is in the process of implementing statewide
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SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Canada

Alberta

- Province-wide

Manitoba

- City of Winnipeg

New Brunswick

- City of Fredericton
- City of Saint John

Newfoundland and Labrador

- Province-wide

Northwest Territories

- City of Yellowknife

Ontario

- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor

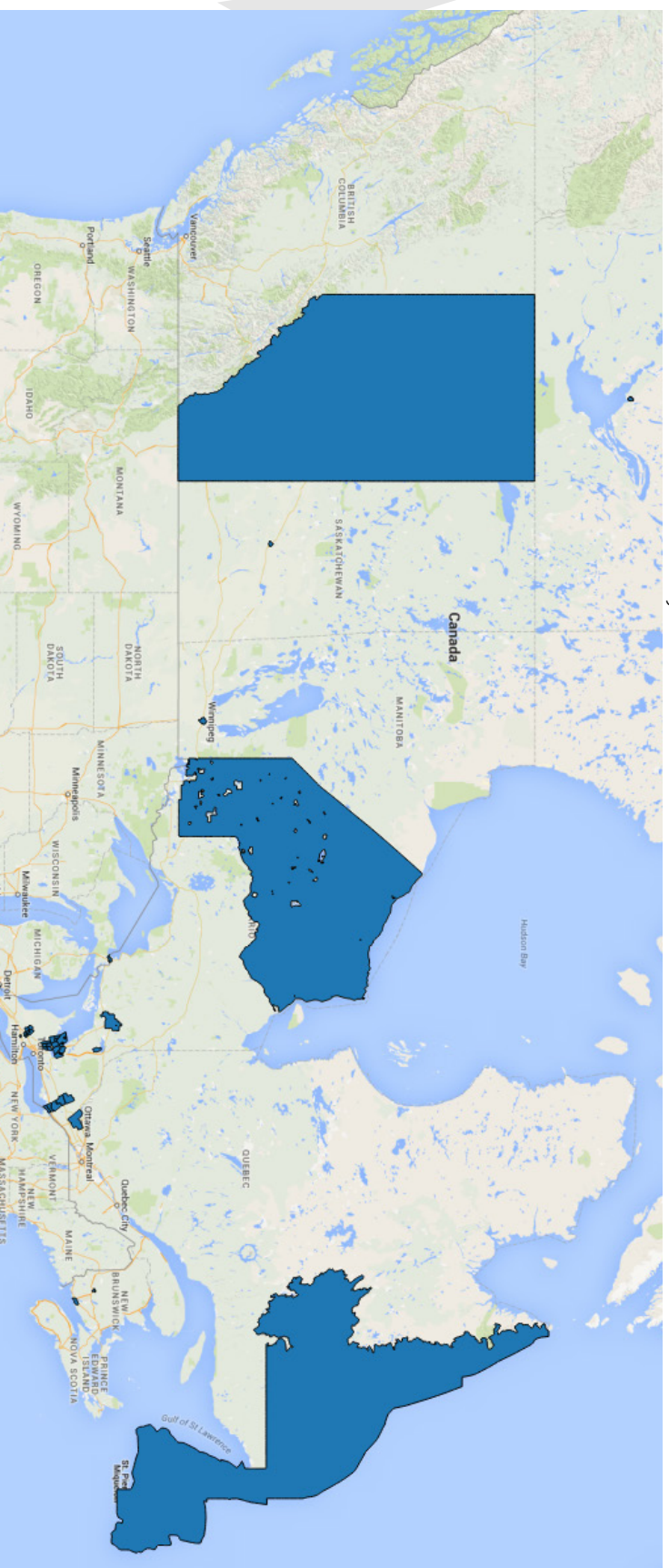
- District of Kenora

- District of Parry Sound
- District of Sault Ste Marie

- Regional Municipality of Waterloo
- Regional Municipality of York

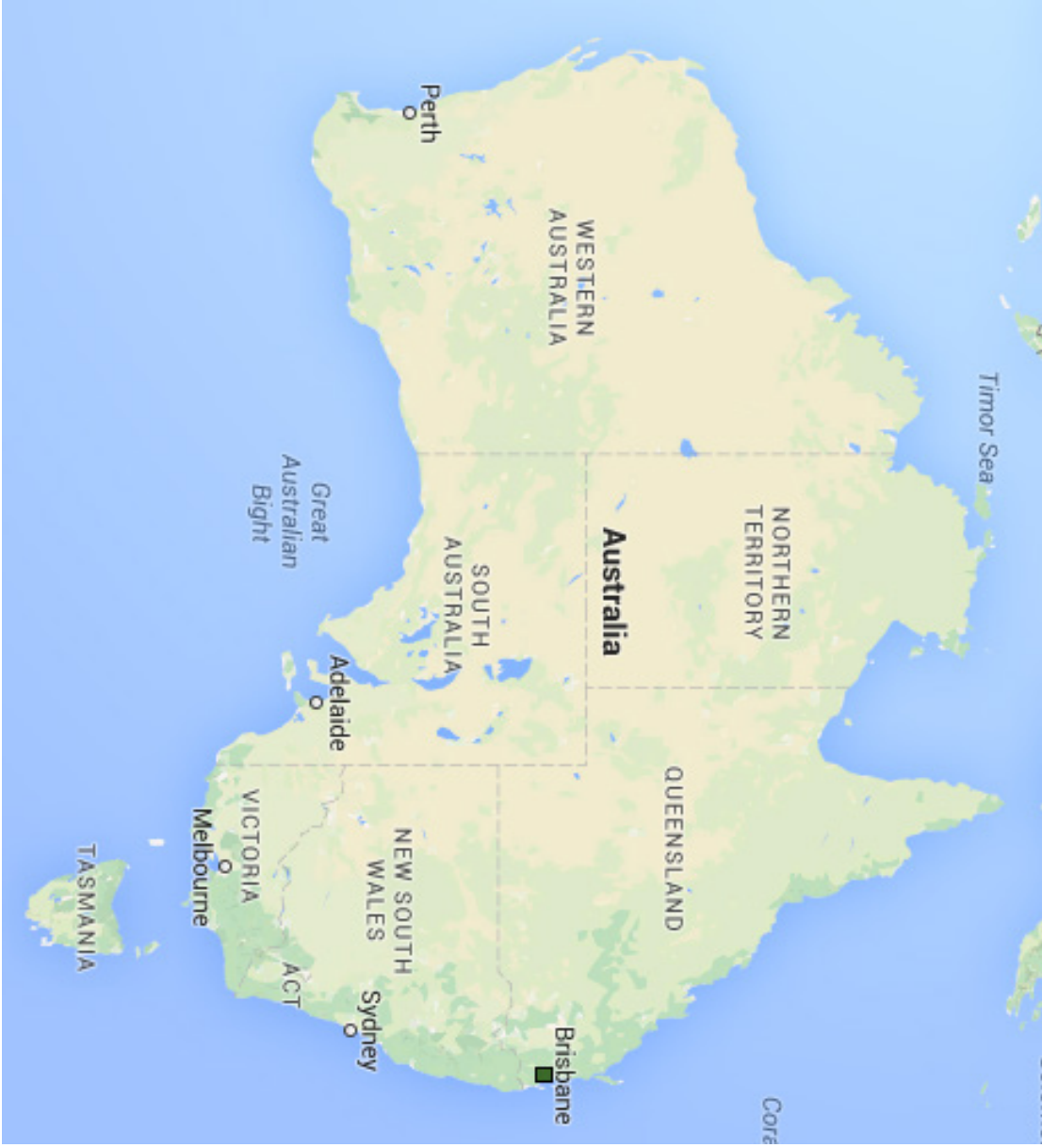
Saskatchewan

- Saskatoon



Australia

- Queensland
- Brisbane

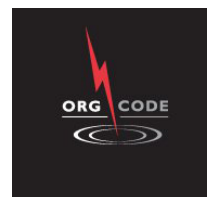


Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families

VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool (“SPDAT”) and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Has anyone in your family ever received any help with their mental wellness? • Do you feel that every member in your family is getting all the help they need for their mental health or stress? • Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that? • Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally? • Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities? • Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant? • Has anyone in your family ever hurt their brain or head? • Do you have any documents or papers about your family's mental health or brain functioning? • Are there other professionals we could speak with that have knowledge of your family's mental health? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	<p>Any of the following among any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, and are engaged with mental health supports as necessary.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • How is your family's health? • Are you getting any help with your health? How often? • Do you feel you are getting all the care you need for your family's health? • Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family? • Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that? • When was the last time anyone in your family saw a doctor? What was that for? • Do you have a clinic or doctor that you usually go to? • Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your family's health? • Do you have any documents or papers about your family's health or past stays in hospital because of your health? 	<h3>NOTES</h3> <div></div>

SCORING	
4	<p>Any of the following for any member of the family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
3	<p>Presence of a health issue among any family member with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<p>Single chronic or serious health condition in a family member, but all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition <input type="checkbox"/> If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Has anyone in your family recently been prescribed any medications by a health care professional? • Does anyone in your family take any medication, prescribed to them by a doctor? • Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take? • Were any of your family's medications changed in the last month? Whose? How did that make them feel? • Do other people ever steal your family's medications? • Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to? • How does your family store their medication and make sure they take the right medication at the right time each day? • What do you do if you realize someone has forgotten to take their medications? • Do you have any papers or documents about the medications your family takes? 	<h3>NOTES</h3> <div></div>

SCORING	
4	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and distributed by a third-party
2	<p>Any of the following for any family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	<p>Any of the following is true for every family member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? What about the other members of your family? • Anything we should keep in mind related to drugs/alcohol? • How often would you say you use [substance] in a week? • Ever have a doctor tell you that your health may be at risk because you drink or use drugs? • Have you engaged with anyone professionally related to your substance use that we could speak with? • Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs? • Have you ever used alcohol or other drugs in a way that may be considered less than safe? • Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
	<input type="checkbox"/> An adult is in a life-threatening health situation as a direct result of substance use, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 3+, or , <input type="checkbox"/> Any family member is under 15 and would score a 2+, or who first used drugs prior to age 12, or ,
4	In the past 30 days, any of the following are true for any adult in the family... <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in passing out 2+ times
	<input type="checkbox"/> An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , <input type="checkbox"/> Any family member is under the legal age but over 15 and would score a 2, or , <input type="checkbox"/> Any family member is under 15 and would score a 1, or who first used drugs at age 13-15, or ,
3	In the past 30 days, any of the following are true for any adult in the family... <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
	<input type="checkbox"/> Any family member is under the legal age but over 15 and would otherwise score 1, or ,
2	In the past 30 days, any of the following are true for any adult in the family... <input type="checkbox"/> Drug use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or , <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
0	<input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE: <input type="text"/>	
<p>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</p> <p>*Because this section is self-reported, if there are more than one parent present, they should each be asked individually.</p> <ul style="list-style-type: none"> • “I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?” • “Are you currently or have you ever received professional assistance to address that abuse?” • “Does the experience of abuse or trauma impact your day to day living in any way?” • “Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?” • “Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?” • “Have you ever become homeless as a direct result of experiencing abuse or trauma?” 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
	Any of the following:
2	<input type="checkbox"/> A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness <input type="checkbox"/> Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	<input type="checkbox"/> A reported experience of abuse or trauma, and considers self to be recovered
0	<input type="checkbox"/> No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened? • Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themselves or others? How long ago was that? Does that happen often? • Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that? • Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following for any family member: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, left an abusive situation <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant)
3	Any of the following for any family member: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	Any of the following for any family member: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical alterations
1	<input type="checkbox"/> 366+ days ago, a family member had 1-3 involvements in physical alterations
0	<input type="checkbox"/> Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick people in your family to do things that they don't want to do?</i> • <i>Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?</i> • <i>Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<th>NOTES</th>	NOTES

SCORING	
4	Any of the following: <input type="checkbox"/> In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events <input type="checkbox"/> In the past 90 days, any member of the family left an abusive situation
3	Any of the following: <input type="checkbox"/> In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events <input type="checkbox"/> In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	Any of the following: <input type="checkbox"/> In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events <input type="checkbox"/> 181+ days ago, any member of the family left an abusive situation
1	<input type="checkbox"/> Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How often does your family go to emergency rooms? • How many times have you had the police speak to members of your family over the past 180 days? • Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days? • How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay? 	<th>NOTES</th>	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	<input type="checkbox"/> In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Does your family have any “legal stuff” going on? • Has anyone in your family had a lawyer assigned to them by a court? • Does anyone in your family have any upcoming court dates? Do you think there’s a chance someone in your family will do time? • Any outstanding fines? • Has anyone in your family paid any fines in the last 12 months for anything? • Has anyone in your family done any community service in the last 12 months? • Is anybody expecting someone in your family to do community service for anything right now? • Did your family have any legal stuff in the last year that got dismissed? • Is your family’s housing at risk in any way right now because of legal issues? 	NOTES <div style="border: 1px solid black; height: 200px; width: 100%;"></div>

SCORING	
4	Any of the following among any family member: <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	Any of the following among any family member: <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	Any of the following among any family member: <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<input type="checkbox"/> There are no current legal issues among family members, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	<input type="checkbox"/> No family member has had any legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Is your family currently homeless? • [If the family is housed] Does your family have an eviction notice? • [If the family is housed] Do you think that your family's housing is at risk? • How is your family's relationship with your neighbors? • How does your family normally get along with landlords? • How has your family been doing with taking care of your place? 	<th>NOTES</th>	NOTES

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How are you and your family with taking care of money? • How are you and your family with paying bills on time and taking care of other financial stuff? • Does anyone in your family have any street debts or drug or gambling debts? • Is there anybody that thinks anyone in your family owes them money? • Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs? • Does your family try to pay your rent before paying for anything else? • Is anyone in your family behind in any payments like child support or student loans or anything like that? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No family income (including formal and informal sources) <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments <p>Or, for the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Not aware of the full amount spent on substances, if the household includes a substance user
3	<p><input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments, or</p> <p>For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if the household includes a substance user
2	<p><input type="checkbox"/> In the past 365 days, source of family income has changed 2+ times, or</p> <p>For the person who normally handles the household's finances, any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) <input type="checkbox"/> Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days</p>
0	<p><input type="checkbox"/> The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</p>

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Tell me about your family's friends, extended family or other people in your life. • How often do you get together or chat with family friends? • When your family goes to doctor's appointments or meet with other professionals like that, what is that like? • Are there any people in your life that you feel are just using you, or someone else in your family? • Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment? • Have you ever been concerned about not following your lease agreement because of friends or extended family? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless and would classify most of friends and family as homeless <input type="checkbox"/> Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> In the past 90 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> No friends or family and any family member demonstrates an inability to follow social norms
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify some of friends as housed, while some are homeless <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Friends, family or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but all family members demonstrate ability to follow social norms <input type="checkbox"/> Any family member is meeting new people with an intention of forming friendships <input type="checkbox"/> Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Any family member is developing relationships with new people but not yet fully trusting them
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for less than 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for at least 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself or your family? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Does anyone in your family ever need reminders to do things like shower or clean up? • Describe your family's last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your family's clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following for head(s) of household: <input type="checkbox"/> No insight into how to care for themselves, their apartment or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	Any of the following for head(s) of household: <input type="checkbox"/> Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	Any of the following for head(s) of household: <input type="checkbox"/> Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<input type="checkbox"/> In the past 365 days, family accessed community resources 4 or fewer times, and head of household is fully taking care of all the family's daily needs
0	<input type="checkbox"/> For the past 365+ days, fully taking care of all the family's daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How does your family spend their days? • How does your family spend their free time? • Do these things make your family feel happy/fulfilled? • How many days a week would you say members of your family have things to do that make them feel happy/fulfilled? • How much time in a week would you or members of your family say they are totally bored? • When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day? • How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love? • Are there any things that get in the way of your family doing the sorts of activities they would like to be doing? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	<input type="checkbox"/> Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	<input type="checkbox"/> Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or they are not fully committed to continuing the activities.
1	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<input type="checkbox"/> Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How long has your family been homeless? • How many times has your family experienced homelessness other than this most recent time? • Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address? • Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that? • Has your family ever spent time sleeping in an abandoned building? • Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of family homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Walk me through a typical evening after school in your family. • Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed? • Does your family have play time together? What kinds of things do you do and how often do you do it? • Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day? 	<th>NOTES</th>	NOTES

Note: In this section, a child is considered “supervised” when the parent has knowledge of the child’s whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. “Caretaking tasks” are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

SCORING	
4	<input type="checkbox"/> No sense of parental attachment and responsibility <input type="checkbox"/> No meaningful family time together <input type="checkbox"/> Children 12 and younger are unsupervised 3+ hours each day <input type="checkbox"/> Children 13 and older are unsupervised 4+ hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	<input type="checkbox"/> Weak sense of parental attachment and responsibility <input type="checkbox"/> Meaningful family activities occur 1-4 times in a month <input type="checkbox"/> Children 12 and younger are unsupervised 1-3 hours each day <input type="checkbox"/> Children 13 and older are unsupervised 2-4 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	<input type="checkbox"/> Sense of parental attachment and responsibility, but not consistently applied <input type="checkbox"/> Meaningful family activities occur 1-2 days per week <input type="checkbox"/> Children 12 and younger are unsupervised fewer than 1 hour each day <input type="checkbox"/> Children 13 and older are unsupervised 1-2 hours each day <input type="checkbox"/> In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	<input type="checkbox"/> Strong sense of parental attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur 3-6 days of the week <input type="checkbox"/> Children 12 and younger are never unsupervised <input type="checkbox"/> Children 13 and older are unsupervised no more than an hour each day
0	<input type="checkbox"/> Strong sense of attachment and responsibility towards their children <input type="checkbox"/> Meaningful family activities occur daily <input type="checkbox"/> Children are never unsupervised

Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred? • Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened? 	<th>NOTES</th>	NOTES

SCORING	
4	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relative within the family have changed 4+ times <input type="checkbox"/> Children have left or returned to the family 4+ times
3	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 3 times <input type="checkbox"/> Children have left or returned to the family 3 times
2	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 2 times <input type="checkbox"/> Children have left or returned to the family 2 times
1	In the past 365 days, any of the following have occurred: <input type="checkbox"/> Parental arrangements and/or other adult relatives within the family have changed 1 time <input type="checkbox"/> Children have left or returned to the family 1 time
0	In the past 365 days, any of the following have occurred: <input type="checkbox"/> No change in parental arrangements and/or other adult relatives within the family <input type="checkbox"/> Children have not left or returned to the family

R. Needs of Children

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Please tell me about the attendance at school of your school-aged children. • Any health issues with your children? • Any times of separation between your children and parents? • Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse? • Have your children ever accessed professional assistance to address that abuse? 	<th>NOTES</th>	NOTES

SCORING	
4	Any of the following: <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 15+ days in any month <input type="checkbox"/> School-aged children are not currently enrolled in school <input type="checkbox"/> Any member of the family, including children, is currently escaping an abusive situation <input type="checkbox"/> The family is homeless
3	Any of the following: <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 7-14 days in any month <input type="checkbox"/> School-aged children typically miss 3+ days of school per week for reasons other than illness <input type="checkbox"/> In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	Any of the following: <input type="checkbox"/> In the last 90 days, children needed to live with friends or family for 1-6 days in any month <input type="checkbox"/> School-aged children typically miss 2 days of school per week for reasons other than illness <input type="checkbox"/> In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	Any of the following: <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days <input type="checkbox"/> School-aged children typically miss 1 day of school per week for reasons other than illness
0	All of the following: <input type="checkbox"/> In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month <input type="checkbox"/> School-aged children maintain consistent attendance at school <input type="checkbox"/> There is no evidence of children in the home having experienced or witnessed abuse <input type="checkbox"/> The family is housed

S. Size of Family Unit

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again? • Is anyone in the family currently pregnant? 	NOTES <div style="border: 1px solid black; height: 200px; width: 100%;"></div>

SCORING		
	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three or more children of any age	Any of the following: <input type="checkbox"/> A pregnancy in the family <input type="checkbox"/> Four or more children of any age
3	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age	Any of the following: <input type="checkbox"/> At least one child aged 0-6 <input type="checkbox"/> Three children of any age
2	<input type="checkbox"/> At least one child aged 12-15.	Any of the following: <input type="checkbox"/> At least one child aged 7-11 <input type="checkbox"/> Two children of any age
1	<input type="checkbox"/> At least one child aged 16 or older.	<input type="checkbox"/> At least one child aged 12 or older
0	<input type="checkbox"/> Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Any matters being considered by a judge right now as it pertains to any member of your family? • Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back? • Has there ever been an investigation by someone in child welfare into the matters of your family? 	<th>NOTES</th>	NOTES

SCORING	
	Any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, interactions with child protective services have occurred <input type="checkbox"/> In the past 365 days, one or more children have been removed from parent's custody that have not been reunited with the family at least four days per week <input type="checkbox"/> There are issues still be decided or considered within family court
4	
	In the past 180 days, any of the following have occurred: <ul style="list-style-type: none"> <input type="checkbox"/> Interactions with child protective services have occurred, but not within the past 90 days <input type="checkbox"/> One or more children have been removed from parent's custody through child protective services (non-voluntary) and the child(ren) has been reunited with the family four or more days per week; <input type="checkbox"/> Issues have been resolved in family court
3	
	<input type="checkbox"/> In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
2	
	<input type="checkbox"/> No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
1	
	<input type="checkbox"/> There have been no serious interactions with child protective services because of parenting concerns
0	

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

FAMILY SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (F-SPDAT)

FAMILIES

VERSION 2.01

Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/OR FAMILY COURT		
TOTAL		

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

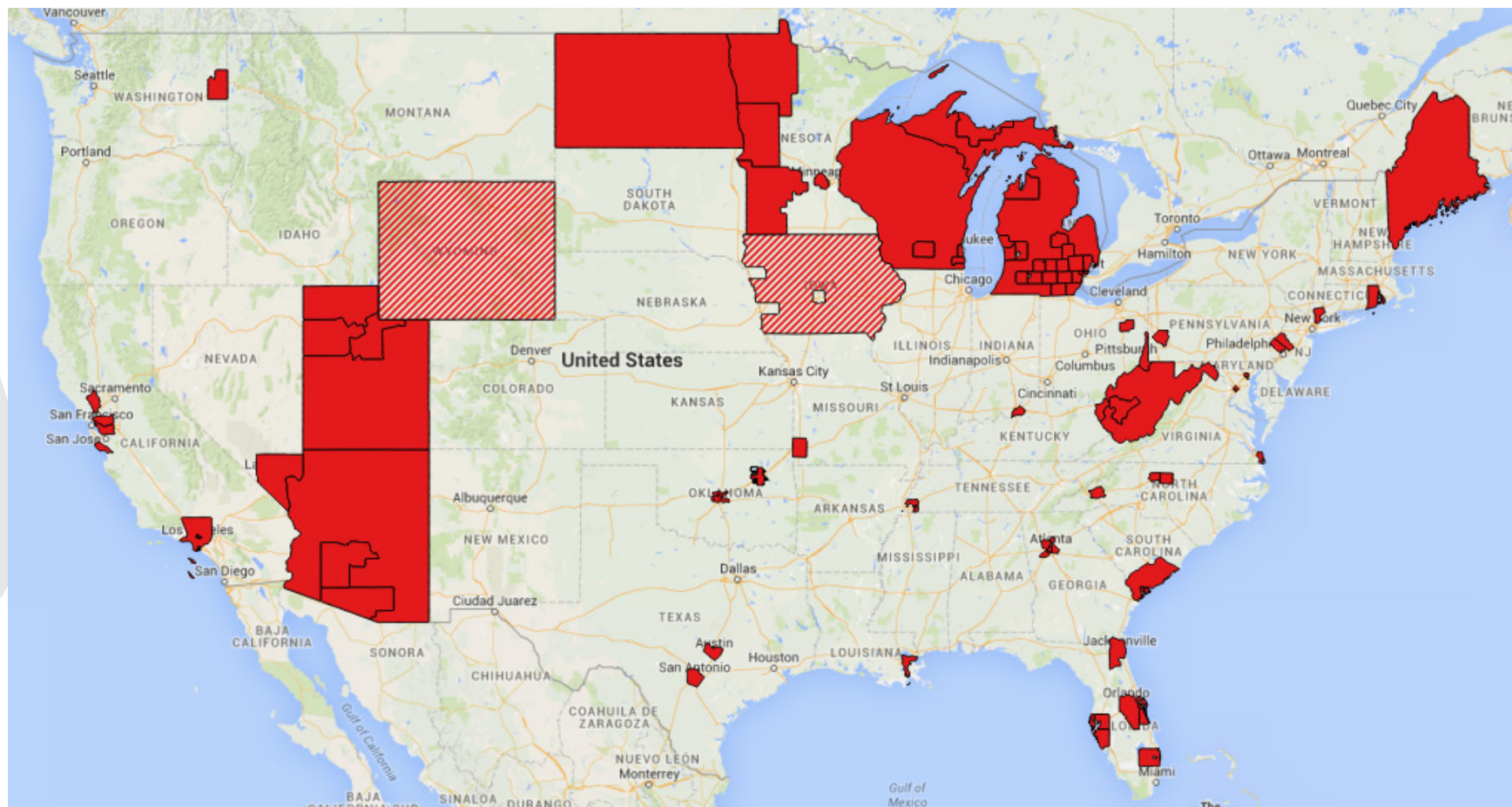
The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



Arizona

- Statewide

California

- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia

- District of Columbia CoC

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia

- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa

- Parts of Iowa Balance of State CoC

Kentucky

- Louisville/Jefferson County CoC

Louisiana

- New Orleans/Jefferson Parish CoC

Maryland

- Baltimore City CoC

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri

- Joplin/Jasper, Newton Counties CoC

North Carolina

- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota

- Statewide

Nevada

- Las Vegas/Clark County CoC

New York

- Yonkers/Mount Vernon/New Rochelle/Westchester County CoC

Ohio

- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma

- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania

- Lower Marion/Norristown/Abington/Montgomery County CoC

- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country CoC

Tennessee

- Memphis/Shelby County CoC

Texas

- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah

- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia

- Virginia Beach CoC
- Arlington County CoC

Washington

- Spokane City & County CoC

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming is in the process of implementing statewide

Canada

Alberta

- Province-wide

Manitoba

- City of Winnipeg

New Brunswick

- City of Fredericton
- City of Saint John

Newfoundland and Labrador

- Province-wide

Northwest Territories

- City of Yellowknife

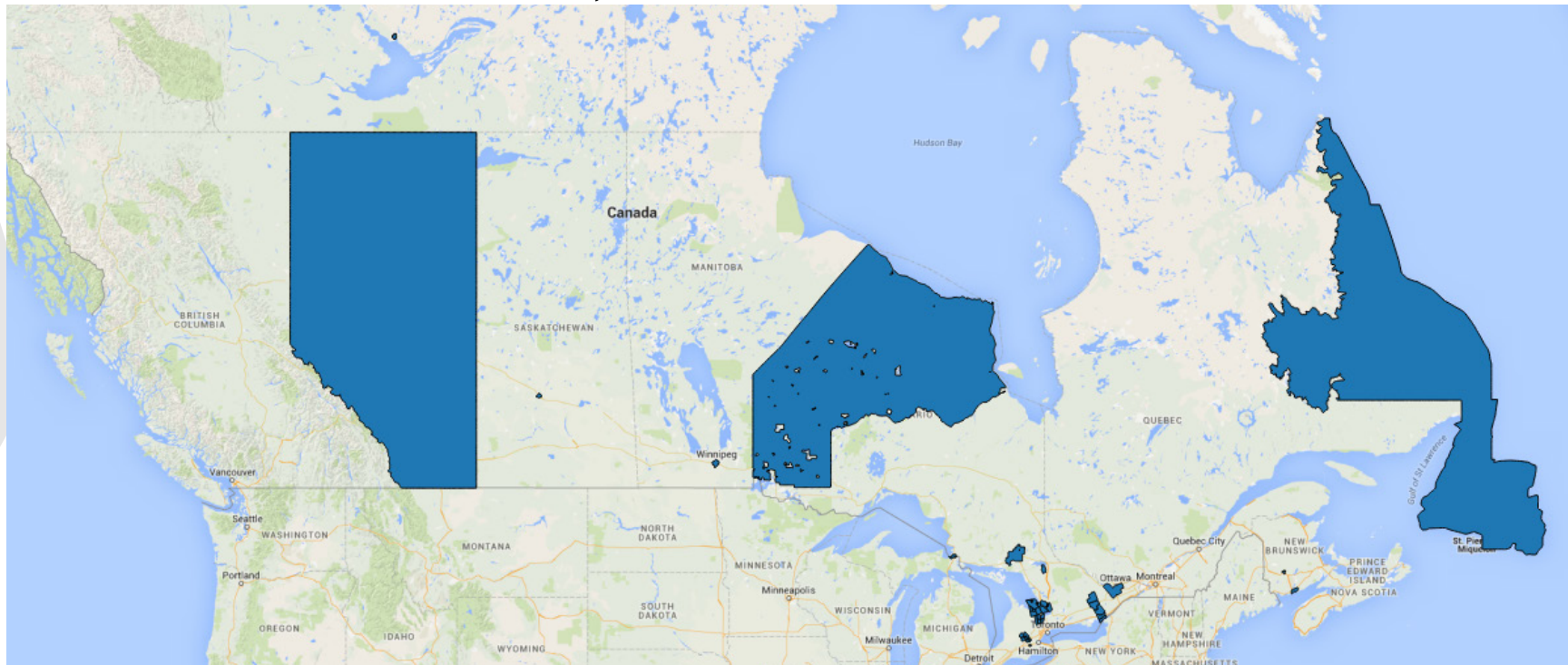
Ontario

- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor

- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan

- Saskatoon



Australia

Queensland

- Brisbane



ATTACHMENT J

Housing Plan including Discharge Plan

HAWAII STATE HOUSING PLAN
Department of Human Services Homeless Programs Office

Entry Date:
Initial Housing Plan Date:
Review #:

Client

Name:	Date:
Date of Birth:	Chronically Homeless: <input type="checkbox"/> Yes or <input type="checkbox"/> No
VI-SPDAT Date:	VI-SPDAT Score:
Assessment: <input type="checkbox"/> None (Self Resolve) <input type="checkbox"/> P/D <input type="checkbox"/> Shelter <input type="checkbox"/> RRH/TH <input type="checkbox"/> PSH	
Address:	Phone:
Address (City, State)	Email:

Case Manager

Name:	Agency:
Phone:	Email:

Emergency Contact

Name:	Phone:
Relationship to Client:	

Supporter

Name:	Phone:
Relationship to Client:	Support Provided:

Client Strengths, Aspirations, and Priorities

Client Strengths	
Client Aspirations, Hopes, Dreams:	
Client Needs, Priorities, and Preferences:	

Cultural, Linguistic, and Spiritual Considerations

Cultural Identity	
Personal Values	

Summary of Barriers to Obtaining Permanent Housing from the SPDAT including but not limited to housing history, criminal history, credit history, employment/income, tenancy information, relationships, other etc.

Goal: To obtain and/or retain permanent housing.

Secure Housing			
Goal	Action Steps	Person(s) Responsible	Target Date
Address benefits issues that threaten housing stability			
Action	Action Steps	Person(s) Responsible	Target Date
Secure employment to promote long-term housing stability			
Action	Action Steps	Person(s) Responsible	Target Date
Connect <u>Enter CLIENT'S NAME HERE</u> with mainstream resources to promote long-term housing stability			
Action	Action Steps	Person(s) Responsible	Target Date
Discharge/Transition Plan (shall include, but not limited to: exit strategy/intervention, resources; service coordination; and community integration):			
<input type="checkbox"/> I agree with this Housing Plan <input type="checkbox"/> I have been offered a copy of this Housing Plan I <input type="checkbox"/> accepted <input type="checkbox"/> declined my own copy of the plan			
Client Signature:			Date:
Case Manager Signature:			Date:
Supervisor Signature:			Date:

ATTACHMENT K

Performance Measures and Outcomes

HPO Performance Measures and Outcome Form
4 Quarters Calculation

Contract Number:	
Provider:	
Period:	
Program:	Housing Placement Program
Fill in Total Contract Amount and Percent of Contract that is Performance Based	
Total Contract Amount:	\$0.00
Performance % of Contract:	15%
Performance Contract Amount:	\$0.00

1ST Quarter Performance Measures		Assign Weight	\$ Value of Each Measure	If Measure Met, then 1 If Not Met, then blank or 0	
Fill In Name of Performance Measures	Of Measure				
Performance Measure 1:	80% of All Households have a PH Move-In Date within 30 Days of Project Entry (RRH projects only)	0.75 % value	\$ Value of Measure 1	\$0.00	FALSE
Performance Measure 2:	90% of All Households Exiting to Permanent Housing Exit Destination	0.75 % value	\$ Value of Measure 2	\$0.00	FALSE
Performance Measure 3:	20% of Households Exiting program with increased earned income	0.75 % value	\$ Value of Measure 3	\$0.00	FALSE
Performance Measure 4:	10% of Households Exiting program with increased non-earned income	0.75 % value	\$ Value of Measure 4	\$0.00	FALSE
Performance Measure 5:	10% of Households Exiting program with increased non-cash benefits	0.75 % value	\$ Value of Measure 5	\$0.00	FALSE
Performance Measure 6:		0.00 % value	\$ Value of Measure 6	\$0.00	FALSE
Performance Measure 7:		0.00 % value	\$ Value of Measure 7	\$0.00	FALSE
Total % for 1st Quarter:		3.75	Total \$ Value of Qtr 1 Measures:	\$0.00	\$0.00
Qtr Amount to be Paid					

2ND Quarter Performance Measures		Assign Weight	\$ Value of Each Measure	If Measure Met, then 1 If Not Met, then blank or 0	
Fill In Name of Performance Measures	Of Measure				
Performance Measure 1:	80% of All Households have a PH Move-In Date within 30 Days of Project Entry (RRH projects only)	0.75 % value	\$ Value of Measure 1	\$0.00	FALSE
Performance Measure 2:	90% of All Households Exiting to Permanent Housing Exit Destination	0.75 % value	\$ Value of Measure 2	\$0.00	FALSE
Performance Measure 3:	20% of Households Exiting program with increased earned income	0.75 % value	\$ Value of Measure 3	\$0.00	FALSE
Performance Measure 4:	10% of Households Exiting program with increased non-earned income	0.75 % value	\$ Value of Measure 4	\$0.00	FALSE
Performance Measure 5:	10% of Households Exiting program with increased non-cash benefits	0.75 % value	\$ Value of Measure 5	\$0.00	FALSE
Performance Measure 6:		0.00 % value	\$ Value of Measure 6	\$0.00	FALSE
Performance Measure 7:		0.00 % value	\$ Value of Measure 7	\$0.00	FALSE
Total % for 2nd Quarter:		3.75	Total \$ Value of Qtr 2 Measures:	\$0.00	\$0.00
Qtr Amount to be Paid					

3RD Quarter Performance Measures		Assign Weight	\$ Value of Each Measure	If Measure Met, then 1 If Not Met, then blank or 0	
Fill In Name of Performance Measures	Of Measure				
Performance Measure 1:	80% of All Households have a PH Move-In Date within 30 Days of Project Entry (RRH projects only)	0.75 % value	\$ Value of Measure 1	\$0.00	FALSE
Performance Measure 2:	90% of All Households Exiting to Permanent Housing Exit Destination	0.75 % value	\$ Value of Measure 2	\$0.00	FALSE
Performance Measure 3:	20% of Households Exiting program with increased earned income	0.75 % value	\$ Value of Measure 3	\$0.00	FALSE
Performance Measure 4:	10% of Households Exiting program with increased non-earned income	0.75 % value	\$ Value of Measure 4	\$0.00	FALSE
Performance Measure 5:	10% of Households Exiting program with increased non-cash benefits	0.75 % value	\$ Value of Measure 5	\$0.00	FALSE
Performance Measure 6:		0.00 % value	\$ Value of Measure 6	\$0.00	FALSE
Performance Measure 7:		0.00 % value	\$ Value of Measure 7	\$0.00	FALSE
Total % for 3rd Quarter:		3.75	Total \$ Value of Qtr 3 Measures:	\$0.00	\$0.00
Qtr Amount to be Paid					

4TH Quarter Performance Measures		Assign Weight	\$ Value of Each Measure	If Measure Met, then 1 If Not Met, then blank or 0	
Fill In Name of Performance Measures	Of Measure				
Performance Measure 1:	80% of All Households have a PH Move-In Date within 30 Days of Project Entry (RRH projects only)	0.75 % value	\$ Value of Measure 1	\$0.00	FALSE
Performance Measure 2:	90% of All Households Exiting to Permanent Housing Exit Destination	0.75 % value	\$ Value of Measure 2	\$0.00	FALSE
Performance Measure 3:	20% of Households Exiting program with increased earned income	0.75 % value	\$ Value of Measure 3	\$0.00	FALSE
Performance Measure 4:	10% of Households Exiting program with increased non-earned income	0.75 % value	\$ Value of Measure 4	\$0.00	FALSE
Performance Measure 5:	10% of Households Exiting program with increased non-cash benefits	0.75 % value	\$ Value of Measure 5	\$0.00	FALSE
Performance Measure 6:		0.00 % value	\$ Value of Measure 6	\$0.00	FALSE
Performance Measure 7:		0.00 % value	\$ Value of Measure 7	\$0.00	FALSE
Total % for 4th Quarter:		3.75	Total \$ Value of Qtr 4 Measures:	\$0.00	\$0.00
Qtr Amount to be Paid					

Total Assigned Weight:	15.00 %	Total \$ Value of All Measures	\$0.00
	TRUE		TRUE

ATTACHMENT L

Program and Fiscal Reports

Payment Request with attachments

Quarterly Financial Reports

Language Access Reporting Tool

(Copy form onto Agency letterhead)
PAYMENT REQUEST FORM
HOUSING PLACEMENT PROGRAM
Form No. HPO G-01, (12/2020)

(Date)

(Director's name)
Director, Department of Human Services (DHS)
Homeless Programs Office (HPO)
1010 Richards Street, Suite 312
Honolulu, Hawaii 96813

Attention: Homeless Programs Office (HPO)

Dear Director:

RE: HOUSING PLACEMENT PROGRAM
CONTRACT NO: _____
PAYMENT REQUEST #: _____

I hereby request payment under the above stated contract for the Housing Program in the amount of

_____) dollars (\$_____). This amount represents the payment for the period covering from _____ to _____ of my agency's total allocation for the Housing Placement Program for the contract period (_____).

I certify that the services for which the payment is being made will be and are being satisfactorily rendered and that all contractual obligations under the contract identified above are being duly fulfilled.

Authorized Representative
Printed name:
Title:

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

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

Funding Sources	<Enter Program Name Above> (a)	Other State Funding (b)	Other City or County Funding (c)	Other Federal Funding (d)	Program Fees (e)	Fundraising & Other Sources (f)	Total YTD Actuals (h)
Income							
Total Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Expenditures							
<u>Personnel</u>							
Salaries and Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payroll Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<u>Operating Costs</u>							
Airfare (Inter-Island)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Airfare (Out-of-State)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services - Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services - Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lease/Rental of Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lease/Rental of Motor Vehicle	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lease/Rental of Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mileage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage, Freight and Delivery	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Publication and Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Substance/Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telecommunication	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Assistance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Purchases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Motor Vehicle Purchases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Operations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<u>Administrative Costs</u>							
Salaries and Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payroll Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Airfare (Inter-Island)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Airfare (Out-of-State)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services - Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual Services - Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lease/Rental of Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lease/Rental of Motor Vehicle	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lease/Rental of Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mileage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage, Freight and Delivery	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Publication and Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Substance/Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telecommunication	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Admin Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Surplus (Deficit)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

Actual Income and Expenditures Report Form 2
Income and Expenditures (HPO Budget Only)

Enter Program Name in the 2nd Box Below

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

	Total Approved Budget	Approved Reallocation	Total Amended Budget	Quarter Budget	1st Quarter Actual Expenditure	2nd Quarter - Actual Expenditure	3rd Quarter - Actual Expenditure	4th Quarter - Actual Expenditure	1st Qtr Variance	2nd Qtr Variance	3rd Qtr Variance	4th Qtr Variance	Variance - YTD	YTD - Actual Expenditure
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
Income														
Total Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Expenditures														
<u>Personnel</u>														
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Compensation (subtotal from above)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Payroll Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Total Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
<u>Operating Costs</u>														
Airfare (Inter-Island)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Airfare (Out-of-State)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Audit Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Contractual Services - Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Contractual Services - Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Lease/Rental of Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Lease/Rental of Motor Vehicle	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Lease/Rental of Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Mileage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Postage, Freight and Delivery	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Publication and Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Staff Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Substance/Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Telecommunication	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Client Assistance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Equipment Purchases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Motor Vehicle Purchases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Total Operations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
<u>Administrative Costs</u>														

Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Position Number, Title, FTE, and %	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Administrative Salaries & Wages Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Payroll Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Airfare (Inter-Island)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Airfare (Out-of-State)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Audit Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Contractual Services - Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Contractual Services - Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Lease/Rental of Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Lease/Rental of Motor Vehicle	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Lease/Rental of Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Mileage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Postage, Freight and Delivery	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Publication and Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Staff Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Substance/Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Telecommunication	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Total Admin Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Total Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -
Surplus (Deficit)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-	\$ -

LANGUAGE ACCESS REPORTING TOOL

Period Covered: _____

LEP Services by Language

 Department: DHS

DIV/BR/SEC/UNIT: _____

Contact Person: _____

Email: _____

Phone: _____

1	2	3						4		5					6
Language	# of Oral Language Encounters	Oral Language Service Utilized (#)						Translated Documents (#)		Translator Used (#)					Totals (Columns 2 & 4)
		Bilingual Staff (Provides Direct Services in Another Language)	Community Volunteer	In-Person Contracted Interpreter (Agency)	In-Person Contracted Interpreter (Independent)	Telephone Interpreter	Other (including sight Translation)	# of Documents Translated Upon Request	# of Vital Documents Translated	Staff	Contracted (Agency) Translation Services	Contracted (Independent) Translation Services	Community Volunteer	Other # Only (Specify on Separate Sheet)	
Cantonese															0
Chuukese															0
Hawaiian															0
Ilokano															0
Japanese															0
Korean															0
Kosraean															0
LEP Hearing Impaired															0
Mandarin															0
Marshallese															0
Portuguese															0
Samoaan															0
Spanish															0
Tagalog															0
Thai															0
Tongan															0
Vietnamese															0
Visayan (Cebuano)															0
Other Total # *															0
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*Specify Type of Other Language on a Separate Sheet

Expenditures:

Interpretation Total _____

Translation Total _____

Interpretation & Translation Total \$0.00

ATTACHMENT M

Work Plan

HPO Housing Placement Program (HPP) Work Plan

Date Range:

Contract Start Date:

Section		Rapid ReHousing	Homeless Prevention
1	Participants Served (Unduplicated)	Proposed	Proposed
	1. Adults in households		
	2. Children in households		
	3. Total Participants Served		
2	Households Served (Unduplicated)	Proposed	Proposed
	Family households (all HPP households must include at least one child under 18 at entry)		
3	Prior Living Situation of Households Served		
	Total Households by Category	Proposed	Proposed
	1. Unsheltered		n/a
	2. Sheltered: emergency shelters (includes interim housing)		n/a
	3. Sheltered: transitional shelters		n/a
	4. At-Risk	n/a	
	5. Institutional (e.g. hospital, prison, nursing home, drug treatment, foster care, halfway house, etc.)		n/a
	6. Total Households Served		

HPO Housing Placement Program (HPP) Performance Measures

	Housing Performance Measures
PMO 1	80% of All Households have a PH Move-In Date within 30 Days of Project Entry (RRH projects only)
PMO 2	90% of All Households Exiting to Permanent Housing Exit Destinations
	Households Increasing Income or Non-Cash Benefits at Project Exit
PMO 3	20% of Households exiting program with increased earned income (i.e. employment income)
PMO 4	10% of Households exiting program with increased non-earned income (e.g. SSI, SSDI, GA, TANF, Unemployment, etc.)
PMO 5	10% of Households exiting program with increased non-cash benefits (e.g. SNAP, WIC, Child care services, etc.)