



Grant Solicitation No. OHA 20-08

EMERGENCY FINANCIAL ASSISTANCE

June 28, 2019

All online applications must be submitted by Friday, July 26, 2019 at 2:00 p.m. (HST).

For assistance with this grant solicitation, please email:

grantsinfo@oha.org

For technical assistance with the online application, please email:

grantsadmin@oha.org

Note: If this Grant Solicitation was downloaded from the OHA website, each applicant must provide contact information to the Solicitation contact person for this Grant Solicitation to be notified of any changes. OHA shall not be responsible for any missing addenda, attachments or other information regarding the Solicitation if a proposal is submitted from an incomplete Grant Solicitation.



June 28, 2019

Dear Applicant:

RE: OHA GRANT SOLICITATION FOR
FISCAL BIENNIUM (FB) 2020 – 2021

The Office of Hawaiian Affairs (OHA) is soliciting applications from qualified applicants to provide services for Fiscal Biennium 2020 – 2021.

The enclosed materials outline the application requirements of this Solicitation. Included for your information are the administrative requirements, service specifications, application instructions, budget instructions, as well as other reference materials. Prior to application submittal, it is imperative that applicants review all information and follow detailed instructions provided.

Prospective applicants should attend an orientation session. The orientation schedule can be found in Section I. IV. Orientation Schedule on page 4 of this Solicitation.

Applicants must complete the Eligibility requirements in order to be granted access to the online application. The Eligibility Requirements and the grant application are accessed through the Grants page of the OHA website at <http://www.oha.org/grants>.

Applicants shall submit the online application accessed through www.oha.org/grants on or before **2:00 p.m. Hawai'i Standard Time (HST), Friday, July 26, 2019.**

OHA reserves the right to amend the terms of this Solicitation, to issue addenda, or to withdraw this Solicitation at any time.

Thank you for your interest in applying and for working with us to provide quality services for our Native Hawaiian community.

Mahalo,

Maile Lu'uwai
Grants Manager
Office of Hawaiian Affairs

Section 1 – Administrative Overview

I. Grants Program

The Grants Program is responsible for overseeing OHA’s granting process including solicitation development, application review, award recommendation, contract negotiation, and monitoring grantee performance. Contact information for Grants is:

**Grants Program
Office of Hawaiian Affairs
560 North Nimitz, Suite 200
Honolulu, Hawai‘i 96817**

If you have questions regarding this solicitation, please email:

grantsinfo@oha.org

II. Solicitation Timetable

The timetable of activities represents OHA’s estimated schedule and is provided for planning purposes only. OHA Grants Program reserves the right to cancel any activity or revise the timetable if needed.

Activity	Scheduled Date
Availability of Solicitation and online application	June 28, 2019
Solicitation orientation sessions	July 2, 9 and 10 See IV. Orientation Schedule on Page 4
Final application deadline	July 26, 2019 at 2 p.m. (HST)
Application evaluation period	July – August 2019
Grantee selection and notice of award	August 22, 2019
Grant agreement negotiations and terms finalized	September 2019
Anticipated Grant start date	October 1, 2019

III. Solicitation Organization

Each applicant is advised to read all sections of this Solicitation. The Solicitation is organized into five sections:

Section 1 – Administrative Overview: Provides an overview of the solicitation process.

Section 2 – Service Specifications: Provides a general description of the tasks to be performed, delineates grantee responsibilities, and defines deliverables.

Section 3 – Application Instructions: Provides general instructions to complete the application.

Section 4 – Application Evaluation: Provides Eligibility requirements and how applications will be evaluated by OHA.

Section 5 – Attachments: Provides examples of the forms that must be completed for the grant Eligibility requirements and application.

IV. Orientation Schedule

Orientation sessions are optional and recommended for applicants. The OHA Contact for the Orientation Schedule is:

Lady Garrett
Email: ladyg@oha.org

The orientation schedule is provided as follows:

Skype Statewide	Tuesday July 2	10 a.m.	Online <i>Contact: Lady Garrett Ladyg@oha.org</i>
Skype Statewide	Tuesday July 9	10 a.m.	Online <i>Contact: Lady Garrett Ladyg@oha.org</i>
O’ahu Also available Statewide via Webconferencing	Wednesday July 10	10 a.m.	Office of Hawaiian Affairs Nā Lama Kukui Maui Ola Conference Room 560 N. Nimitz Hwy. Ste. 200 Honolulu, Hawai’i 96817 <i>Contact: Lady Garrett Ladyg@oha.org</i> **Web conferencing available**

V. Applicant Eligibility Requirements

A. Applicant Responsibility

The Solicitation outlines the application requirements. Prior to application submittal, it is imperative that applicants review all information contained in this Solicitation and follow the detailed instructions provided.

B. Minimum Qualifications

This Solicitation is issued under the provisions of the Hawai‘i Revised Statutes (HRS) Chapter 10-17 HRS, as well as other applicable state laws. All prospective applicants should familiarize themselves with the requirements of HRS section 10-17.

To be eligible for funding consideration, an applicant shall:

1. Have IRS tax-exempt non-profit status or be a government agency;
2. Be registered to do business in the State of Hawai‘i;
3. Have a Hawaii Compliance Express Certificate of Vendor Compliance issued by the State of Hawaii that is “Compliant” within three (3) months of the application deadline;
4. Demonstrate to OHA that they are in good standing and in compliance with all laws governing entities doing business in the State of Hawai‘i;
5. Be in compliance and in good standing with OHA;
6. Have all licenses, permits, and accreditations, and meet all standards required by applicable federal, state and county laws, ordinances, codes and rules to provide services. The applicant shall also be in good standing with required licensing bodies, and in compliance with professional standards and requirements;
7. Certify that the applicant has bylaws and/or policies that govern how business is conducted which includes conflicts of interest and nepotism policies;
8. Certify that board members have no material conflicts of interest and that they serve without compensation;
9. Certify that Authorized Signatory has the legal power delegated by an organization’s authoritative body (such as the Board of Directors) to sign and submit the OHA Grant Application;
10. Have a minimum of three (3) years of experience providing the proposed or related services in this Solicitation;
11. Have a minimum of three (3) years of experience serving Native Hawaiians in the State of Hawai‘i; and
12. Agree to indemnify and hold OHA and the State of Hawaii harmless for activities undertaken with grant funding, if awarded.

C. Required Documents

The following required documents must be completed and uploaded to the OHA Grants Portal:

1. **IRS Letter of Determination** – The applicant must have IRS tax-exempt non-profit status or be a government agency registered to do business in the State of Hawai‘i. The applicant shall upload the organization’s IRS Letter of Determination verifying tax-exempt non-profit status. If applying as a government agency (County, State, or Federal), the applicant shall upload a letter signed by the agency’s authorized representative stating that applicant is a government agency and therefore an IRS letter is not needed. *See Attachment A.- Sample IRS Letter of Determination.*

2. **Certificate of Vendor Compliance (CVC)** – The applicant shall upload the Certificate of Vendor Compliance issued by the State of Hawaii. To obtain this document, applicants must register with Hawaii Compliance Express online at <http://vendors.ehawaii.gov>. Applicants must be registered and compliant with Hawaii Compliance Express (HCE) for online proof of State of Hawaii Department of Taxation (DOTAX) and Internal Revenue Service (IRS) tax clearance, Department of Labor and Industrial Relations (DLIR) labor law compliance, and Department of Commerce and Consumer Affairs (DCCA) good standing compliance. There is a nominal annual fee for the service. The Certificate of Vendor Compliance issued online through HCE provides the registered provider’s current compliance status as of the issuance date. **This Certificate must be current within three (3) months of this application deadline.** See Attachment B.- *Sample HCE Certificate of Vendor Compliance.*
3. **Application Authorization Form** – The applicant shall upload the Application Authorization Form. This form needs to be completed and signed by the organization’s Authorized Signatory. The Authorized Signatory has the legal power delegated by an organization’s authoritative body (such as the Board of Directors) to sign and submit the OHA Grant Application. See Attachment C. – *Application Authorization Form.*
4. **Governing Board & Executive Team** – The applicant shall upload a list of the organization’s governing board and executive team. The list shall include board/executive team member’s names and titles.
5. **Board Governance Certification** – The applicant shall upload the Board Governance Certification form. The organization’s Board Chair or other designated representative of the organization’s Board must sign this form. The certification verifies that the organization has bylaws and/or policies that govern how business is conducted which includes conflicts of interest and nepotism policies. See Attachment D.- *Board Governance Certification Form.*
6. **Current Liability Insurance** – The applicant shall upload a copy of the organization’s current Certificate of Liability Insurance.

D. Program Specific Requirements

Program specific requirements are included in *Section 2, Service Specifications* and *Section 2, Application Instructions.*

E. Confidential Information

Solicitation applications shall be open to public inspection after grantee selections and notice of awards, subject to the Uniform Information Practices Act (UIPA).

If an applicant believes any portion of an application contains information that should be withheld as confidential, such information shall be clearly marked and include justification to support confidentiality.

VI. Submission of Applications

A. Eligibility Requirements Needed to Access Online Grant Application

After submission and approval of the Eligibility requirements, applicants will be granted access to the online grant application. Access to the Eligibility requirements and grant application is through the Grants page of the OHA website at <http://www.oha.org/grants>.

B. Application Deadline

The deadline to submit a completed application is **July 26, 2019, 2:00 p.m. Hawaii Standard Time (HST)**. The deadline time is preset on OHA's Grant Portal.

No late applications will be allowed. Submission of an application in hard copy, by fax, or by email shall be rejected. There are no exceptions to this requirement.

Upon submittal of a final application and receipt by OHA, applicants will receive an automatic acknowledgement of receipt through an e-mail.

C. Multiple Applications

Only one (1) application may be submitted by an organization for this Solicitation. It is the responsibility of the applicant to understand the requirements of the Solicitation.

D. Additional Materials and Documentation

Upon request from OHA, each applicant shall submit any additional materials and documentation reasonably required by OHA in its review of the applications.

E. Solicitation Amendments

OHA reserves the right to amend this Solicitation at any time prior to the closing date for the final revised applications.

F. Cancellation of Solicitation

The Solicitation may be canceled and any or all applications may be rejected in whole or in part, when it is determined to be in the best interest of OHA.

G. Rejection of Applications

OHA reserves the right to consider only those applications submitted in accordance with all requirements set forth in this Solicitation and comply with the service specifications. An application offering any other set of terms and conditions contradictory to those included in this Solicitation may be rejected without further notice.

VII. Grant Awards

A. Grant Award Period & Grant Award Amount

The grant award period is for two (2) years. Subject to the availability of funds, a total of \$1,660,000 in OHA funds will be provided for this solicitation with an anticipated start date of October 1, 2019 to September 30, 2021; \$830,000 for Year 1 - October 1, 2019 to September 30, 2020 and \$830,000 for Year 2 - October 1, 2020 to September 30, 2021.

B. Notice of Award

A notification of award or non-award shall be provided to all applicants by email upon completion of the evaluation of applications and final award approvals.

C. Grant Agreement

All awards will be issued via a grant agreement with OHA. The grant agreement arising out of this Solicitation is subject to the approval of OHA Corporation Counsel as to form, and to all further approvals, as required by statute, regulation, rule, order or other directive. No work is to be undertaken by the awardee prior to the grant commencement date. OHA is not liable for any costs incurred prior to the official starting date.

D. General and Special Conditions of the Grant Agreement

The general conditions that will be imposed contractually will be made available upon award. Special conditions may also be imposed contractually by OHA, as deemed necessary.

E. Availability of Funds

The grant award is subject to approval by OHA's Board of Trustees and subject to the availability of funding.

Section 2 – Service Specifications

I. Overview & Purpose

OHA will continue to partner with organizations that work toward its goals and look for new ways to leverage its assets so it can better meet the needs of the Native Hawaiian community.

OHA seeks to support organizations that offer programs that are designed to improve the lives of Native Hawaiian individuals, families, and/or communities by increasing access to needed resources, programs, and information in alignment with OHA's Strategic Focus Areas.

The purpose of this solicitation is to contract for services to support OHA's Strategic Priority of Economic Self-Sufficiency. The Solicitation programs will assist Native Hawaiians to immediately address unexpected crises to improve stability during emergency situations; increase financial literacy; and receive referral services and case management services.

A. Description of the Target Population to be Served

The target population for these services are Native Hawaiians at least 18 years old whose income is at or below 300% of the 2019 Hawai'i Federal Poverty Guidelines established by the U.S. Department of Health and Human Services. Grantees must maintain proper documentation to show that program participants meet the age, income and Native Hawaiian ancestry requirements.

Persons in Household	2019 Hawaii Poverty Guidelines (Annual)						
	<u>100%</u>	<u>133%</u>	<u>138%</u>	<u>150%</u>	<u>200%</u>	<u>250%</u>	<u>300%</u>
1	\$14,380	\$19,126	\$19,845	\$21,570	\$28,760	\$35,950	\$43,140
2	\$19,460	\$25,882	\$26,855	\$29,190	\$38,920	\$48,655	\$58,380
3	\$24,540	\$32,639	\$33,866	\$36,810	\$49,080	\$61,350	\$73,620
4	\$29,620	\$39,395	\$40,876	\$44,430	\$59,240	\$74,050	\$88,860
5	\$34,700	\$46,151	\$47,886	\$52,050	\$69,400	\$86,750	\$104,100
6	\$39,780	\$52,908	\$54,897	\$59,670	\$79,560	\$99,450	\$119,340
7	\$44,860	\$59,664	\$61,907	\$67,290	\$89,720	\$112,150	\$134,580
8	\$49,940	\$66,421	\$68,918	\$74,910	\$99,880	\$124,850	\$149,820

Add \$5,080 for each person over 8

B. Description of the Geographic Coverage of Service

The Applicant shall have the capacity to implement a **statewide** service delivery system and shall ensure services to Native Hawaiian beneficiaries are conducted and provided in an integrated manner. Service areas are the counties of O‘ahu, Hawai‘i, Maui, and Kaua‘i.

The applicant: 1) shall clearly identify the location where services will be located; 2) shall demonstrate capability to provide the required services in each county; and 3) shall submit individual Performance Measure Tables for each county.

C. Probable Funding Amounts, Budget Restrictions and Period of Availability

Grants awarded as a result of this Solicitation will be awarded for two (2) years. Second year funding is subject to availability of funding, satisfactory first year performance, required insurance coverage, and written confirmation of year two (2) cash match funding.

Subject to the availability of funds, a total of \$1,660,000 in OHA funds will be provided for this solicitation; \$830,000 for the anticipated start date of October 1, 2019 to September 30, 2020 and \$830,000 for October 1, 2020 to September 30, 2021.

The two (2) year budget for program operating costs for OHA funds *cannot exceed* \$630,800 (38% of OHA grants funds). The two (2) year *minimum* budget for OHA funds allocated for emergency financial assistance is \$1,029,200 (62% of OHA grant funds).

1. Maximum Budget for Program Operating Costs– 2-Year \$630,800
 - (Year 1 - \$315,400, Year 2 - \$315,400)
2. Minimum Budget for Emergency Financial Assistance – 2-Year \$1,029,200
 - (Year 1 - \$514,600, Year 2 - \$514,600)

D. Match Funding of OHA Funds

Applicants are required to provide matching funds for the two-year grant award period of at least \$166,000, ten percent (10%) of the OHA grant award amount. Match funding must be comprised entirely of cash sources. Match requirements must be met for each year of the project, \$83,000 for Year 1 and \$83,000 for Year 2.

II. Scope of Work

A. Description of Service Goals

The primary program goal is to increase the economic self-sufficiency of Native Hawaiians by implementing services that attain/re-establish financial and household stabilization following an emergent crisis.

B. Description of Services (Mandatory tasks and responsibilities)

The program shall provide services that administer emergency financial assistance to aid Native Hawaiian individuals and families in reestablishing economic self-sufficiency and provide the same individuals and families financial literacy education and multiservice referrals that provide direct links to resources relating to employment, education, healthcare, housing and/or social services

1. Program services shall include, but may not be limited to the following activities:

- a. Establish an Emergency Financial Assistance Fund to provide temporary financial assistance for individuals and families who are facing hardships due to loss of income, loss of employment by layoff, debilitating illness or injury, death, or other unanticipated circumstances. Emergency funding may be provided on a one-time per year basis.

Unanticipated circumstances that may qualify for assistance shall include, but may not be limited to: impending eviction, impending termination of utility services, and other similar exigent time-sensitive situations.

The intent of the one-time emergency funds is to assist Native Hawaiians to achieve and/or reestablish economic stability and prevent a reoccurring cycle of debt. Payments shall be made directly to the vendor with required documentation.

- b. Financial literacy counseling which includes a review of participants' income/expenses and spending practices.
- c. Outreach to promote and encourage Native Hawaiians to access program services.
- d. Individual screening, intake and assessment to assure compliance with

specific guidelines and policies relating to eligibility, level of financial assistance, Native Hawaiian Ancestry verification and other needed resources. The intake and assessment shall include, but may not be limited to: basic assessment of the household's financial situation including current income and expenses, spending practices, and other government or financial supports utilized.

- e. Case management shall include, but may not be limited to: developing individual service plans, monitoring, and follow up.
- f. Counseling, information, and referral shall be provided to link Native Hawaiians to other services and activities designed to increase the financial independence of individuals and families.
- g. Record-keeping shall document all program activities and shall include, but may not be limited to all requests, referrals, financial counseling, referral follow-up, and verification of Native Hawaiian ancestry.
- h. Program measurement and evaluation shall be documented to determine effectiveness and efficiency of services and activities.

C. Performance Measurements

The applicant must be able to target, track, and report to OHA on minimum program performance measures. The applicant shall submit individual Performance Measure Tables for each county. *See Attachment F.- Performance Measurement Table.*

Program outputs and outcomes reported to OHA must be a direct result of OHA's funding for this program and must include the following:

- 1. Outputs
 - a. Number Native Hawaiians who completed screening, intake and assessment.
 - b. Number of Native Hawaiians who completed an Individual Service Plan.
 - c. Number of Native Hawaiians provided information and referral services who are referred to the appropriate provider(s).
 - d. Number of Native Hawaiians who completed financial literacy counseling.
 - e. Number of Native Hawaiians requesting emergency financial assistance.
- 2. Outcomes
 - a. Number of Native Hawaiians who are referred to services which resolved their issue for the short-term (up to three months).
 - b. Number of Native Hawaiians who are referred to services which resolved their issue for longer than three months.
 - c. Number of Native Hawaiians that received emergency financial assistance and resolved their issue. (Specific Items to be defined in contract award, i.e. number of Native Hawaiians that received emergency financial assistance for: mortgage payment, rent deposit, rent payment, utility payment, etc.)
 - d. Total dollars of emergency financial assistance provided. (Specific Items to be defined

in contract award, i.e. dollars spent for: mortgage payment, rent deposit, rent payment, utility payment, etc.)

D. Reporting Requirements for Program and Fiscal Data

Grantee will be required to complete reports on the OHA Grants Portal and upload reports on OHA forms to the OHA Grants Portal. Quarterly program progress reports shall consist of statements by the Grantee relating to the work accomplished during the reporting period that include a narrative statement of the work performed, performance measures, expenditures incurred, and assurance of services provided to Native Hawaiians. Additional reports may be required. Timely compliance with quarterly reporting requirements is required to continue to receive funding under the award.

OHA shall, depending on the assessment of risk, conduct on-site visit(s) with comprehensive evaluation of several areas of performance. Monitoring activities shall include review of conformance with standard grant requirements, and may include interviews with staff and clients, review of agency files, accounting practices, case-record keeping, including invoice testing and internal control supports. Monitoring may include review of attendance sheets or other documents to substantiate participation, program files to ensure services are provided as reported, and observation of financial literacy counseling, workshops, or trainings.

Monitoring may also include an assessment of facilities for the proposed services to ensure that reasonable accommodations are provided to participants in compliance with the American with Disabilities Act (ADA) requirements, as applicable.

E. Financials

1. Compensation

An initial advance payment of \$166,000, ten percent (10%) of total amount awarded, will be issued upon execution of the grant agreement, submission of a receipt of an invoice requesting payment, and a grantee press release announcing the award.

Subsequent payments shall be made to the applicant in quarterly disbursements, upon submission by the applicant, and approval by OHA, of quarterly progress reports, expenditure reports, and certification of Native Hawaiian Ancestry.

OHA shall retain ten percent (10%) of the total amount awarded for a final payment.

2. Method of Payment

The method of payment shall be cost reimbursement. Cost reimbursement shall provide for payment of allowable incurred costs, to the extent provided in the Grant Agreement. Advance payment of dollars used for emergency financial assistance may be requested at any time during the service, however, advance payment shall be requested and reimbursed no more than one (1) time per quarter. Detailed reconciliation of prior funds is required before an advance payment is approved and disbursed.

3. Disallowed Costs

OHA reserves the right not to fund any budget expenses it deems inappropriate, unreasonable, or unallowable. OHA grant funds may not be used to support costs incurred prior to the grant start date or not related to the grant. In addition, in general, OHA does not allow the following:

- Construction or Capital Improvement Projects;
- Purchase of land or buildings;
- Purchase of motorized vehicles which includes boats;
- Out-of-State travel;
- Purchase of alcohol;
- Entertainment or gratuities; and
- Indirect Costs. This category may be used only when the applicant currently has an indirect cost rate approved by a State department or Federal agency contributing matching funding for this project.

Section 3 – Application Instructions

General Instructions for Completing Application

1. All applicants shall first create an account in the online application system. Required information will include: organization legal name, EIN/Tax identification number, and organization contact information. Application contacts shall be the primary points of contact for the application. Multiple users from an organization may access the organization account.
2. Upon submission and approval of the Eligibility requirements, applicants will be granted access to the online grant application.
3. The Eligibility Requirements and the grant application are accessed through the Grants page of the OHA website at <http://www.oha.org/grants>.
4. Online grant applications must be submitted by the deadline of **July 26, 2019, 2:00 p.m.** Hawaii Standard Time (HST).
5. A response is required for **each** item. If the item does not apply to your proposal or if no information is available, answer “not applicable” or “NA”. Do not leave any items blank. Failure to answer any of the items will restrict your ability to submit.
6. Required forms or supporting documents must be uploaded with each relevant section of the application. Uploads have size limits. To ensure sufficient space for all uploads it is recommended to use black/white, compressed, low resolution, text quality documents.
7. Application questions have character limits. Character count includes all letters, numbers, symbols, blank spaces, and diacritical marks.
8. Applicants may submit only one online application for this Solicitation.
9. Before completing the online application form, the applicant must read all sections of the solicitation and application.
10. It is advised that the applicant review the online application for accuracy and completeness before submitting.

Section 4 – Application Evaluation

The evaluation of applications received in response to this Solicitation will be conducted comprehensively, fairly and impartially. An evaluation committee of designated reviewers shall review and evaluate applications. The committee will be comprised of OHA employees and/or community representatives with experience in and knowledge of program services.

The evaluation will be conducted in three phases as follows:

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

I. Phase 1 –Eligibility Requirements

Phase 1- Eligibility requirements mandates that the applicant provide information and upload the required documents to meet Solicitation minimum eligibility requirements.

After submission and approval of the Eligibility requirements, applicants will be granted access to the online grant application.

The application will be available as a Pdf until the applicant completes the Eligibility requirements.

Applicants will receive an email notification regarding eligibility status and access to the application. If applicant receives an email notification that it did not meet the eligibility requirements, the applicant can complete and submit required documents.

Email notification of eligibility status shall be sent within **48 hours** of document submission and shall be sent Monday – Friday during OHA business hours, 7:45 a.m. to 4:30 p.m.

A. Basic Information

The applicant is required to provide the following information:

1. **Organization Name** – The applicant shall provide its organization name.
2. **Project Contacts** – The applicant shall provide contact information (name, title, mailing address, phone number, e-mail address) for a Primary Project Contact and Secondary Project Contact for the Grant Agreement. Project Contacts must be familiar with the project.
3. **Authorized Signatory** – The applicant shall identify individuals that have signing authority over legal and financial agreements for the organization, including name(s) and position title(s).

4. **Purpose Statement** – The applicant shall provide a short statement that describes the project and its purpose. The statement should include project objective, target population and intended impact. For example:
 “The purpose of this project is to provide [*blank, service/object*] to [*blank, population*] to [*blank, intended result/impact*].”
5. **Location** – The applicant shall provide the locations in each county for which service delivery for the proposed project will be implemented.
6. **Number of Native Hawaiians to be served** – The applicant shall provide the total number of Native Hawaiian individuals that the proposed project intends to serve through OHA funding over the **two-year grant term**. Total number shall be unduplicated.
7. **Litigation** – The applicant shall disclose any pending litigation to which they are a party, including disclosure of any outstanding judgment.
8. **Governing Board & Executive Team** - The applicant shall upload a list of the organization’s governing board and executive team. The list shall include board/executive team members’ names and titles.

B. Required Documents to Upload

The applicant is required to upload the following documents:

1. **IRS Letter of Determination** - The applicant must have IRS tax-exempt non-profit status or be a government agency registered to do business in the State of Hawai‘i. If applying as a government agency (County, State, or Federal) upload a letter signed by the agency’s authorized representative stating that applicant is a government agency and therefore an IRS letter is not needed. *See Attachment A. -Sample IRS Letter of Determination.*
2. **Certificate of Vendor Compliance (CVC)** - This Certificate **must be current within three (3) months of this application deadline**. *See Attachment B.- Sample HCE Certificate of Vendor Compliance.*
3. **Application Authorization Form** - The applicant shall upload the Application Authorization Form. This form needs to be completed and signed by the organization’s Authorized Signatory. The Authorized Signatory has the legal power delegated by an organization’s authoritative body (such as the Board of Directors) to sign and submit the OHA Grant Application. *See Attachment C. – Application Authorization Form.*
4. **Board Governance Certification Form** - The applicant shall upload the Board Governance Certification Form. The organization’s Board Chair or other designated representative of the organization’s Board must sign this form. The certification verifies that the organization has bylaws and/or policies that govern how business is conducted which includes conflicts of interest and nepotism policies. *See Attachment D.- Board Governance Certification Form.*

5. **Current Liability Insurance** - The applicant shall upload a copy of the organization's current Certificate of Liability Insurance.

II. Phase 2- Evaluation of Application

The application is worth a total of **120 points**. A response is required for each item unless indicated otherwise.

The points will be distributed as follows:

<u>Evaluation Categories</u>	<u>Possible Points</u>
Background & Capacity	20 Points
Experience	15 Points
Project/Service Delivery	55 Points
Evaluation	10 Points
Financial	20 Points

A. *Background & Capacity (20 Total Points)*

1. **Organization Description (5 points)**

Clearly describes the organization mission, governing structure and prior funding experience to give evaluators a sense of organizational capacity to effectively manage grant funds and implement program services. Includes organization mission statement and a list of prior OHA funding for the last four (4) years.

2. **Organization Chart (5 Points)**

The applicant shall upload a copy of the current organizational chart. The chart shall include project specific information and show the placement of the proposed services within the overall agency and the lines of communication between program administration and staff. Demonstrates the applicant's proposed organization will be sufficient to effectively administer, manage, and provide the required services.

3. **Staff Support (5 Points)**

Identifies all personnel and describes their positions and responsibilities relevant to the proposed project. Describes the qualifications and experience of all personnel relevant to the delivery of the proposed services. **Do not** upload any job descriptions or resumes with the application.

4. **Facilities (5 points)**

Provides a description of the facilities used and/or operated by the organization. This shall include: location(s), layout, available equipment and resources, etc. and demonstrate the organization's adequacy in relation to the proposed activities. If the facilities are not presently available, describe the plans to acquire the facilities and identify the resources that will be used to secure the facilities.

B. Experience (15 Total Points)

Provides information on the applicant's previous experience with the types of activities that are proposed and the applicant's work with the Native Hawaiian community. Specifically addresses the following:

1. Proposed/Relevant Services (5 points)

[Three (3) years minimum required]

Demonstrates and describes meaningful and prior experience providing the proposed or relevant services. States the number of years services have been provided. Lists projects/programs with dates of service.

2. Services to the Native Hawaiian Community (5 points)

[Three (3) years minimum required]

Demonstrates meaningful and prior experience related to providing services to the Native Hawaiian community. States the number of years services have been provided. Lists projects/programs with dates of service.

3. Fifty Percent (50%) or more Native Hawaiian Client/Participant Base (5 points)

Demonstrates that the applicant's current primary client/participant base is comprised of 50 percent or more Native Hawaiians. Provides information and data on how the applicant derived the percentage provided.

C. Project/Service Delivery (55 Total Points)

1. Needs Assessment (5 points)

Using data and evidence based knowledge, demonstrates the (a) geographic area the applicant proposes to serve contains significant numbers of the target Native Hawaiian population; and (b) target Native Hawaiian population in the designated area has a need/demand for the proposed services

2. Project Design (5 points)

Describes the project in sufficient detail to provide a comprehensive and complete picture of its total project design. Sufficient details on the program, including, but not limited to, descriptions of the service locations, program tasks, activities, and other pertinent information are provided. Sufficient detail on how the outputs and outcomes to be tracked and documented in the participants' files and program records are provided.

3. Scope of Services (5 points)

Provides a detailed list of the proposed scope of services.

4. Approach and Methodology (5 points)

Demonstrates how the proposed approach and methodology is effective and efficient in addressing the needs of the Native Hawaiian community by showing a step-by-step progression of services provided to the participants. Provides a detailed start-up plan for any services not currently being provided, as well as

implementation timelines for partnerships not currently developed. Explains how this program will benefit the target population and how the project objectives align with and addresses the goals of the solicitation.

5. Multi-Service Referrals (5 points)

Capability to competently provide multi-services referrals. Demonstrates familiarity and networking ability to coordinate with wide array of community agencies/resources that can provide multi-services to Native Hawaiian participants.

6. Emergency Financial Assistance (5 points)

Capability to support participants to obtain emergency financial assistance. Demonstrates the ability to work with participants to obtain emergency financial assistance.

7. Emergency Financial Assistance Coordination (5 points)

Capability to coordinate emergency financial assistance payments. Demonstrates the ability to serve as an intermediary between participants and service providers/vendors to be paid.

8. Financial Literacy Counseling (5 points)

Capability to provide the financial literacy counseling. Demonstrates the ability to plan and provide financial literacy counseling that is relevant to and supports participants in understanding and improving their budgeting and expenditures.

9. Project Plan (5 points)

The Project Plan Worksheet is uploaded and details the project design and includes project objectives, activities, time frame, and staff responsible. The Project Plan is comprehensive and demonstrates reasonableness and achievability of activities in proposed time frame. *See Attachment G. – Project Plan Worksheet.*

- *Project Objectives* – Identifies desired outcomes of services to accomplish Solicitation goals; should include relevant performance measures.
- *Activities* – Identifies specific activities and tasks to meet project objectives. This includes services to participants as well as activities related to project management.
- *Time Frame* – Identifies timeline, duration, and /or frequency for activities through the two-year grant period to assist OHA in monitoring project progress.
- *Staff Responsible* – Identifies the specific staff positions and/or consultants assigned to each activity.

10. Outreach Strategies (5 points)

Demonstrates outreach strategies to effectively recruit participants within the Native Hawaiian community.

11. Collaboration (5 points)

Demonstrates ability to collaborate with other organizations to assist in participant recruitment and/or service delivery. Demonstrates capability to coordinate with other

agencies and resources in the community to ensure target population receives needed services. The applicant shall upload Letters of Commitment from each collaborating organization. The letters shall specify how the collaborating organization intends to support the applicant's grant with an actual commitment of time, money, personnel, facilities, or resources to support the applicant's proposed services.

D. Evaluation (10 Total Points)

1. Quality Assurance Plan (5 points)

Demonstrates effective quality assurance planning for the proposed services. The quality assurance plan is sufficient to assure consistent and high quality of administration and services and timely response when program problems arise. The quality assurance plan shall outline measures to ensure the continuity of service activities in the event of staff illness, medical emergencies, vacancies, or other situations resulting in program resources that are less than proposed in the application.

2. Performance Measurement Table (5 points)

The applicant shall complete and upload the OHA Performance Measurement Table and indicate target outputs and outcomes. The Performance Measurement Table target outputs and outcomes appear reasonable and achievable. Standard minimum measures required by this Solicitation are included in the Performance Measurement Table. The applicant must provide projected year-end targets. The applicant shall upload individual Performance Measurement Tables for each county. *See Attachment F. – Performance Measurement Table.*

Additional Measures – Additional measures may also be proposed as relevant to the project. Explain why any relevant quantitative or qualitative measures were added to the Performance Measurement table by the applicant. Additional measures are not scored.

Quantitative “outputs” are measures of activities and “outcomes” are measures of change or impact. Qualitative measures may include summaries of participant surveys or staff feedback.

E. Financial (20 Total Points)

1. Budget (5 points)

The applicant shall complete and upload the required OHA Budget Form to provide an itemized breakdown of project costs. The two-year budget for program operating costs for **OHA funds** *cannot exceed* \$630,800 (38% of OHA grants funds). The two-year minimum budget for **OHA funds** allocated for emergency financial assistance is \$1,029,200 (62% of OHA grant funds). *See Attachment H. – Budget Form and Attachment I. – Sample Completed Budget Form.*

Maximum Budget for Program Operating Costs – 2-Year: \$630,800

- (Year 1 - \$315,400, Year 2 - \$315,400)

Minimum Budget for Emergency Financial Assistance – 2-Year: \$1,029,200

- (Year 1 - \$514,600, Year 2 - \$514,600)

The budget demonstrates that the applicant has a complete, accurate, and justified budget that aligns with and supports proposed service delivery activities and Solicitation requirements. Budget Forms are complete and accurate.

- Budget Forms detail calculations for budget items that demonstrate that costs are reasonable.
- Budget Forms provide adequate information to justify that costs are relevant to proposed service delivery.

**Budget Form Instructions* – Descriptions must detail calculations including estimation methods, quantities, and unit costs to demonstrate the reasonableness and accuracy of budgeted costs. Justifications should explain the appropriateness and relevance of project costs to the anticipated program activities and planned outcomes.

OHA reserves the right not to fund any budget expenses it deems inappropriate, unreasonable, or unallowable. *See Disallowed Costs, Section 2.II.E.1.*

The budget should include all project expenses, even those costs not being requested from OHA. Budget columns include the following:

- Budget Category- *See Budget Category Table*;
- OHA Funds- amount requested from OHA;
- OHA Cash Match-Cash Match Funds for OHA grant amount;
- Other Funds: amount to be funded by other sources; and
- Description and justification: *See Budget Category Table.*

2. Cash Match Funding Form (5 points)

[If the applicant does not meet the cash match funding requirement, the applicant will be deemed ineligible and will not be considered for a grant award.]

The applicant shall complete and upload the required OHA Cash Match Funding Form, which identifies all sources that will provide cash match funds for the grant two-year period. Provide cash amount(s), whether the funding is confirmed or pending, and the anticipated award period. For any pending funds, also indicate the anticipated final determination date in the Notes column. If only a percentage of another funding source is dedicated as a match to the OHA funds, explain in the Notes column. *See Attachment I. – Cash Match Funding Form.*

The applicant shall verify that the applicant has at least **\$166,000, ten percent (10%)** cash match of the OHA grant amount. Match requirements must be met for each year of the project, \$83,000 for Year 1 and \$83,000 for Year 2.

The ten percent (10%) match must be cash matching. Cash match may include Federal, State, County, and/or private funds. If the match funding support is from your organization, you must identify the individual funding source(s).

Proof of Funding Commitment – The applicant shall upload proof of match funding commitments from all sources. Confirmed sources of cash match funding must have an award letter or proof of award submitted with the application. If cash match funding is pending, the applicant shall upload a letter explaining funding status. Pending sources of funding must be confirmed prior to the grant award recommendation to the OHA Board of Trustees. OHA Grants staff may follow-up as appropriate.

3. Financial Management Audit (5 points)

The applicant shall upload a Financial Management Audit Letter if the organization has an operating budget greater than \$500,000. (**Do not** submit the entire audit, just the audit letter.) If the organization’s operating budget is less than \$500,000, the applicant shall upload a letter of explanation.

4. Accounting Management (5 points)

Demonstrates the accounting system and procedures to assure proper and sound fiscal administration of funding is effective and can adequately support the proposed program. The applicant shall identify whether their organization has dedicated accounting staff. If there is no dedicated staff, explain *who* manages your finances/accounting systems. Include position title. The applicant shall describe the financial systems and/or processes in place to manage grant funding from separate sources.

Budget Category Table

Personnel - Salaries
<i>Description:</i> Costs of employee salaries and wages. <i>Justification:</i> Identify key project staff positions. For each staff person, provide: position title, time commitment to the project as a percentage or full-time equivalent, and annual salary.
Personnel – Other Costs
<i>Description:</i> Costs of employees (Federal and State requirements) which may include payroll taxes, assessments, and fringe benefits. <i>Justification:</i> Provide a breakdown of the amounts and percentages (FICA, unemployment insurance, etc.).
Contractual Services
<i>Description:</i> Costs of all contracts for professional services or consultant services necessary for the project that are not regularly part of the organization’s staff. Include project specific and administrative services contracts and subcontractors as related to the project. <i>Justification:</i> Explain and justify why these services are being contracted.
Equipment - Purchase
<i>Description:</i> “Equipment” means an article including items of personal property, as distinguished from real property, having a useful life of more than one year and an acquisition cost of \$500 or more per unit. <i>Justification:</i> For each type of equipment requested, provide a description of the item and its relevance to the project, the cost per unit, and the number of units. <i>Note:</i> Equipment purchased with OHA grant funding must continue to be used to benefit the Hawaiian community after the term of the OHA grant.

Equipment - Lease/Rental
<p><u>Description:</u> Costs of equipment lease or rental as related to the proposed project services. <u>Justification:</u> Provide computations, price quote, narrative description and a justification for each cost under this category.</p>
Insurance
<p><u>Description:</u> Costs of insurance required as related to provision of proposed services, which may include general liability and automobile. <u>Justification:</u> For each type of insurance requested, provide a description of the coverage, cost, and necessity as applicable to provision of proposed services.</p>
Facilities
<p><u>Description:</u> Costs may include: lease/rental of office space or other project-related facility; utilities (water/sewer, electricity); or telephone/internet services. <u>Justification:</u> Provide computations, price quote, narrative description and a justification for each cost under this category.</p>
Mileage
<p><u>Description:</u> Travel allowance based on staff use of private vehicles for project-related activities. <u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Postage, Freight & Delivery
<p><u>Description:</u> Costs of mailing, shipping, or delivery as related to project. <u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Publication & Printing
<p><u>Description:</u> Costs may include items such as program outreach materials, client forms, or other program related educational materials. <u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Supplies
<p><u>Description:</u> Costs of materials and equipment other than that included under the Equipment category. Costs may include office supplies related to service delivery, educational materials, or program-specific supplies. <u>Justification:</u> Specify general supplies and their costs. Show computations and provide other information that supports the amount requested.</p>
Staff Travel
<p><u>Description:</u> Costs of project-related travel by applicant employees that may include airfare, vehicle rental, mileage, or lodging. Travel is for In-State travel only. <u>Justification:</u> For each trip, show the total number of travelers, travel destination, and purpose of trip as it relates to proposed project. Provide computations, price quote, narrative description and a justification for each cost under this category.</p>
Participant Transportation
<p><u>Description:</u> Costs of transportation for participants to project-related services, which may include airfare, vehicle rental, gas, mileage, parking fees, etc. Transportation is for In-State transportation only. <u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Other
<p><u>Description:</u> Enter all other costs not included above. <u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>

Section 5 – Attachments

- A. Sample – IRS Letter of Determination
- B. Sample – HCE Certificate of Vendor Compliance (CVC)
- C. Application Authorization Form
- D. Board Governance Certification Form
- E. Cash Match Funding Form
- F. Performance Measurement Table
- G. Project Plan Worksheet
- H. Budget Form
- I. Sample-Completed Budget Form

Attachment A. Sample – IRS Letter of Determination

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 18 2010

Organization Name
Org. Address
City, State Zipcode

Employer Identification Number:
12-1234567
DLN:
600328003
Contact Person:
Kimo Kealoha ID# 31518
Contact Telephone Number:
(877) 888-8888
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 22, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (DO/CG)

Attachment B. Sample -- HCE Certificate of Vendor Compliance (CVC)



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs

Vendor Name: ORGANIZATION NAME

DBA/Trade Name: ORGANIZATION NAME

Issue Date: 09/10/2016

Status: Compliant

Hawaii Tax#: W12345678-01

FEIN/SSN#: XX-XXX1234

UI#: No record

DCCA FILE#: 11499

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

Attachment C. Applicant Authorization Form



APPLICATION AUTHORIZATION FORM

Organization:			
	<i>Legal Entity Name (ex. H&B Foundation, Inc. dba Nā Mele Hawai'i)</i>		
Address:			
	<i>Street Address</i>	<i>City</i>	<i>Zip</i>
	<i>Mailing Address (if different from Street Address)</i>	<i>City</i>	<i>Zip</i>

This application has been reviewed and approved by this organization's policy-making body.

Authorized Representative Signature	Authorized Representative (Type or Print Name)
Title of Authorized Representative	Date of Application

Attachment D. Sample - Board Governance Certification Form



BOARD GOVERNANCE CERTIFICATION

On behalf of _____ (the “Organization”), I hereby certify that:
Organization Name

- 1) the members of the Organization's governing board have no material conflict of interest and serve without compensation;
- 2) the Organization's governing board has bylaws or policies that describe the manner in which business is conducted and policies relating to nepotism and management of potential conflict of interest situations; and
- 3) the Organization employs or contracts with no two or more members of a family or kin of the first or second degree of consanguinity (i.e., a spouse, parent, child, grandparent, grandchild, or sibling of another employee or contractor of the Organization. If the Organization employs or contracts with two or more members of a family or kin as stated above, the Organization confirms that it has policies that govern nepotism and potential conflict of interest situations.

By signing below, I confirm that I am authorized to certify the Organization's compliance with the requirements of HRS §10-17(c)(2), as listed above, and that I am responsible for the certification made herein. I understand that the Office of Hawaiian Affairs (OHA) may make a written request(s) for additional information from the Organization, in fulfillment of OHA's responsibilities under HRS Chapter 10.

Authorized Board Representative
Signature

Title of Authorized Board
Representative

Authorized Board Representative (Type or Print Name)

Attachment E. Cash Match Funding Form



CASH MATCH FUNDING FORM

We, _____, hereby affirm that any monies designated as matching funds under
Organization Name
 the terms of OHA's grant will be dedicated funds and will not be used for any other purpose.

FUNDING SOURCE - FY 2020	AMOUNT	CONFIRMED/ PENDING?	AWARD PERIOD	NOTES
TOTAL MATCH:	\$ -			

FUNDING SOURCE - FY 2021	AMOUNT	CONFIRMED/ PENDING?	AWARD PERIOD	NOTES
TOTAL MATCH:	\$ -			

Attachment F. Performance Measurement Table



PERFORMANCE MEASUREMENT TABLE

Organization: _____

All numbers should reflect actual expected unduplicated outputs and outcomes to be achieved by the applicant. A Performance Table is required for each county.

Outputs	2020	2021
Number Native Hawaiians who completed screening, intake and assessment.		
Number of Native Hawaiians who completed an Individual Service Plan		
Number of Native Hawaiians provided information and referral services who are referred to the appropriate provider(s).		
Number of Native Hawaiians who completed financial literacy counseling.		
Number of Native Hawaiians requesting emergency financial assistance.		
Outcomes		
Number of Native Hawaiians who are referred to services which resolved their issue for the short-term (up to three months).		
Number of Native Hawaiians who are referred to services which resolved their issue for the longer than three months.		
Number of Native Hawaiians that received emergency financial assistance and resolved their issue. ¹		
Total dollars of emergency financial assistance provided. ²		
Qualitative Reporting Information		
Participant Emergency Financial Assistance Disbursements		
Participant Intake Assessment Data and Close-Out Data		

¹ Specific categories to be defined in contract award, i.e. Number of Native Hawaiians that received emergency financial assistance for: mortgage payment, rent deposit, rent payment, utility payment, etc.

² Specific categories to be defined in contract award, i.e. Total emergency financial assistance dollars distributed for: mortgage payment, rent deposit, rent payment, utility payment, etc.

Attachment G. Project Plan Worksheet



Organization Name:

Project Name:

Page Number:

OF

Project Objective	Activity	Time Frame	Staff Responsible

Attachment H. Budget Form

BUDGET FORM

Organization: _____
 Project: _____

Fiscal Year 2019-2020				
Budget Category - Item	OHA Funds Requested	OHA Cash Match	Other Funds	Description & Justification
Personnel - Salaries				
Personnel - Other Costs				
Contractual Services				
Equipment - Purchase				
Equipment - Lease/Rental				
Insurance				
Facilities				
Mileage				
Postage, Freight, Delivery				
Publication & Printing				
Supplies				
Staff Travel				
Participant Transportation				
Other Expenses				
Emergency Financial Assistance Fund				
Year 1 OHA REQUEST:	\$ -			
Year 1 OHA CASH MATCH Funds:	\$ -		#DIV/0!	Cash Match %
Year 1 Other Funds:			\$ -	
Year 1 Total Project Cost:			\$ -	

Fiscal Year 2020-2021				
Budget Category - Item	OHA Funds Requested	OHA Cash Match	Other Funds	Description & Justification
Personnel - Salaries				
Personnel - Other Costs				
Contractual Services				
Equipment - Purchase				
Equipment - Lease/Rental				
Insurance				
Facilities				
Mileage				
Postage, Freight, Delivery				
Publication & Printing				
Supplies				
Staff Travel				
Participant Transportation				
Other Expenses				
Emergency Financial Assistance Fund				
Year 2 OHA REQUEST: \$	-			
Year 2 OHA CASH MATCH Funds: \$	-	#DIV/0!	Cash Match %	
Year 2 Other Funds: \$	-			
Year 2 Total Project Cost: \$	-			
Two-Year Project Costs & Match				
*Total Project Cost: \$ -				
OHA REQUEST Total: \$	-			
OHA CASH MATCH Total: \$	-	#DIV/0!	Cash Match % (10 % Required)	
OTHER FUNDS Total: \$	-			
<p>Column 1 = OHA Funds Requested - The expense amount requested from OHA. Operating Costs cannot exceed \$316,400 per year (\$630,800 Total). Emergency Financial Assistance minimum budget is \$514,600 per year (\$1,029,200 Total).</p> <p>Column 2 = OHA CASH MATCH Funds - The required amount to be cash matched to OHA funds. 10% minimum required at \$83,000 per year / \$166,000 total for Total Project. (see Cash Match Funding Form and instructions for support documentation)</p> <p>Column 3 = Other Funds - Amount funded by other sources that will fully complete the project</p>				

Attachment I. Sample – Completed Budget Form

BUDGET FORM- SAMPLE

Organization: People First



Project: OHA Emergency Financial Assistance Services

Fiscal Year 2019-2020				
Budget Category - Item	OHA Funds Requested	OHA Cash Match	Other Funds	Description & Justification
Personnel - Salaries				
Program Manager	\$ 15,000	\$ 5,000	\$ 45,000	1 FTE to oversee state program staff and manage grant
Case Managers	\$ 190,000	\$ 47,000	\$ 50,000	5 FTE to provide intake, counseling & program services
Personnel – Other Costs				
Payroll Taxes	\$ 82,000	\$ 20,800	\$ 38,000	State/Federal Taxes, FICA, Unemployment Insurance, Medicare, Workmen's Comp
Fringe Benefits	\$ 20,500	\$ 5,200	\$ 9,500	Medical Insurance premiums
Contractual Services				
Equipment - Purchase				
Equipment - Lease/Rental				
			\$ 750	Percentage of lease for copier
Insurance				
			\$ 2,250	Required liability insurance split among programs
Facilities				
	\$ 7,500	\$ 1,500	\$ 1,000	Percentage of lease rent for facilities for program
Mileage				
Postage, Freight, Delivery				
Publication & Printing				
		\$ 1,000	\$ 1,500	Printing for financial literacy handouts
Supplies				
	\$ 400		\$ 4,000	File folders, pens, paper for program
Staff Travel				
		\$ 2,500	\$ 3,000	Statewide travel- program management and training
Participant Transportation				
Other Expenses				
Emergency Financial Assistance Fund	\$ 514,600			
Year 1 OHA REQUEST:				
	\$ 830,000			
Year 1 OHA CASH MATCH Funds:		\$ 83,000	10%	Cash Match %
Year 1 Other Funds:			\$ 155,000	
Year 1 Total Project Cost:			\$ 1,068,000	

Fiscal Year 2020-2021				
Budget Category - Item	OHA Funds Requested	OHA Cash Match	Other Funds	Description & Justification
Personnel - Salaries				
Program Manager	\$ 15,000	\$ 5,000	\$ 45,000	1 FTE to oversee state program staff and manage grant
Case Managers	\$ 130,000	\$ 47,000	\$ 50,000	5 FTE to provide intake, counseling & program services
Personnel - Other Costs				
Payroll Taxes	\$ 82,000	\$ 20,800	\$ 38,000	State/Federal Taxes, FICA, Unemployment Insurance, Medicare, Workmen's Comp
Fringe Benefits	\$ 20,500	\$ 5,200	\$ 9,500	Medical Insurance premiums
Contractual Services				
Equipment - Purchase				
			\$ 750	Percentage of lease for copier
Equipment - Lease/Rental				
			\$ 2,250	Required liability insurance split among programs
Insurance	\$ 7,500	\$ 1,500	\$ 4,000	Percentage of lease rent for facilities for program
Facilities				
Mileage				
Postage, Freight, Delivery				
Publication & Printing		\$ 1,000	\$ 1,500	Printing for financial literacy handouts
Supplies				
	\$ 400		\$ 4,000	File folders, pens, paper for program
Staff Travel				
		\$ 2,500	\$ 2,000	Statewide travel- program management and training
Participant Transportation				
Other Expenses				
Emergency Financial Assistance Fund	\$ 514,600			
Year 2 OHA REQUEST:	\$ 830,000			
Year 2 OHA CASH MATCH Funds:	\$ 83,000		10%	Cash Match %
Year 2 Other Funds:			\$ 157,000	
Year 2 Total Project Cost:			\$ 1,070,000	
Two-Year Project Costs & Match				
*Total Project Cost:			\$ 2,138,000	
OHA REQUEST Total:	\$ 1,660,000			
OHA CASH MATCH Total:	\$ 166,000		10%	Cash Match % (10 % Required)
OTHER FUNDS Total:			\$ 312,000	
<p>Column 1 = OHA Funds Requested - The expense amount requested from OHA. Operating Costs cannot exceed \$316,400 per year (\$630,800 Total). Emergency Financial Assistance minimum budget is \$514,600 per year (\$1,029,200 Total).</p> <p>Column 2 = OHA CASH MATCH Funds - The required amount to be cash matched to OHA funds. 10% minimum required at \$83,000 per year / \$166,000 total for Total Project. (see Cash Match Funding Form and instructions for support documentation)</p> <p>Column 3 = Other Funds - Amount funded by other sources that will fully complete the project</p>				