



## **Grant Solicitation No. OHA 20-11**

# **HIGHER EDUCATION SCHOLARSHIP** **ADMINISTRATION**

**September 20, 2019**

**All online applications must be submitted by Friday, October 18, 2019 at 2:00 p.m. (HST).**

**For assistance with this grant solicitation, please email:**

**[grantsinfo@oha.org](mailto:grantsinfo@oha.org)**

**For technical assistance with the online application, please email:**

**[grantsadmin@oha.org](mailto: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.



September 20, 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.

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](http://www.oha.org/grants) on or before **2:00 p.m. Hawai'i Standard Time (HST), Friday, October 18, 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](mailto: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.

| <b>Activity</b>                                     | <b>Scheduled Date</b>  |
|---|--|
| Availability of solicitation and online application | September 20, 2019   |
| Solicitation Orientation sessions                   | September 25, 2019 at 10 a.m.<br>September 27, 2019 at 10 a.m. |
| Final application deadline                          | October 18, 2019 at 2 p.m. (HST)                               |
| Application evaluation period                       | October-December 2019  |
| Grantee selection and notice of award               | December 5, 2019   |
| Grant agreement negotiations and terms finalized    | December 2019-January 2020                                     |
| Anticipated Grant start date                        | February 1, 2020   |

### 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

The orientation sessions are optional and recommended for applicants. The OHA contact for the orientations is:

**Lady Garrett**  
**Email: ladyg@oha.org**

|   |                               |
|---|-------------------------------|
| Statewide Skype   | September 25, 2019 at 10 a.m. |
| Office of Hawaiian Affairs<br>Maui Ola Conference Room<br>560 N. Nimitz Hwy, Honolulu, HI | September 27, 2019 at 10 a.m. |

### 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 Hawai'i Compliance Express Certificate of Vendor Compliance issued by the State of Hawai'i 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, 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 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 Hawai'i 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 Hawai'i. To obtain this document, applicants must register with Hawai'i Compliance Express online at <http://vendors.ehawaii.gov>. Applicants must be registered and compliant with Hawai'i Compliance Express (HCE) for online proof of State of Hawai'i 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. Grant 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 **October 18, 2019, 2:00 p.m. Hawai'i 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. Amendments will be posted to the OHA Grants Page at <http://www.oha.org/grants>.

### ***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***

Subject to the availability of funds, a total of \$1,100,000 in OHA funds will be provided for this solicitation with an anticipated start date of February 1, 2020 to June 30, 2021; \$550,000 for Year 1 - February 1, 2020 to January 31, 2021 and \$550,000 for Year 2 - February 1, 2021 to June 30, 2021. Contingent upon satisfactory performance of the grant agreement awarded under this solicitation, a no cost extension may be granted for FB 2022-2023 for the Year 2 distribution of scholarship funds and grant reporting requirements.

### ***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**

The purpose of this solicitation is to solicit applications to administer higher education scholarships and related services to Native Hawaiian students.

The goal of these services is to increase the number of Native Hawaiian students who graduate with an undergraduate degree or higher, or earn a vocational education certificate. The program shall meet two priority areas: 1) to support scholarships for Native Hawaiians who want to pursue undergraduate and graduate degrees; and 2) to provide wrap-around scholarship services for non-traditional Native Hawaiian students to complete a post-secondary degree or complete vocational or technical education. Non-traditional refers to students with some college or university credits with a stated desire to return and complete and earn a post-secondary education degree or those who delayed enrollment and entered a post-secondary institution not in the same year that he/she completed high school.

Funding for scholarships will be used towards tuition and costs of attendance in school. Program participants for scholarships shall demonstrate financial need and meet the academic requirements.

***A. Description of the Target Population to be Served***

The target population for these services are Native Hawaiian students and non-traditional Native Hawaiian students who will attend a post-secondary school to earn a bachelor or graduate degree or earn a vocational certificate.

Applicant providers must maintain proper documentation to demonstrate that program participants are Native Hawaiian and meet these eligibility requirements.

***B. Geographic Coverage of Service***

Service areas include the counties of Honolulu, Hawai‘i, Maui (including Moloka‘i and Lāna‘i), and Kaua‘i or statewide. The applicant may apply in any one or more of these areas. The applicant shall demonstrate capability to provide the required services in the area(s) for which it applies. Preference is for an applicant that can provide statewide services.

The applicant is responsible for clearly identifying the geographic areas that it proposes to serve.

***C. Funding Amounts, Source, and Period of Availability***

Subject to the availability of funds, a total of \$1,100,000 in OHA funds will be provided for this solicitation with an anticipated start date of February 1, 2020 to June 30, 2021; \$500,000 per year for scholarships (School Year 2020-2021 and School Year 2021-2022), including \$50,000 per year in administrative fees for the selected scholarship administrator. Contingent upon satisfactory performance of the grant agreement awarded under this solicitation, a no cost extension may be granted for FB 2022-2023 for the Year 2 distribution of scholarship funds and grant reporting requirements.

***D. Match Funding of OHA Funds***

Applicants are required to provide matching funds of at least ten percent (10%) to OHA funds. The ten percent (10%) match must be cash matching. Match requirements must be met for each project year. Cash match may include Federal, State, County, and private funds. OHA funds cannot be used for cash match funding.

**II. Scope of Work**

***A. Scope of Work***

Mandated services shall include, but not limited to, the following:

1. Promote OHA Higher Education Scholarship program through website presence, financial aid offices, Native Hawaiian community partners and organizations, and notification to higher education scholarship partner programs;
2. Promote the program and provide applications for scholarships in Spring 2020 for recipients to be selected and awarded for School Year 2020-2021;

3. Promote the program and provide applications for scholarships in Fall 2020 for recipients to be selected and awarded for School Year 2021-2022;
4. Intake of all application materials: common application, grade transcripts, and student aid report;
5. Prepare and maintain physical and/or computerized files;
6. Conduct preliminary screening of the applicant pool for eligibility, including verification or required registration with OHA's Hawaiian Registry Program;
7. Comply with OHA's scholarship eligibility criteria to include the following: a) Verified Native Hawaiian ancestry; b) Be a Hawai'i resident or resident of the continental United States; c) Demonstrate financial need; d) Be enrolled full-time or part-time at an accredited two or four-year college OR accredited vocational education training program, as an undergraduate or graduate student; e) Demonstrate academic achievement of at least a 2.0 Grade Point Average (GPA) for undergraduate and 3.0 GPA for graduate;
8. Recommend scholarship recipients and grant amounts for OHA approval, as determined by eligibility criteria;
9. Provide documentation to OHA of scholarship selection process by issuance of scholarship check payments to the educational institutions and scholarship awards not given directly to students;
10. Send notification of award to recipients;
11. Request scholarship recipients to sign a Student Agreement Form confirm acceptance of the scholarship and certify eligibility. This form will also include a statement acknowledging OHA's right to publish scholarship recipient's name;
12. Distribute checks to colleges and universities for the benefit of Native Hawaiian recipients;
13. Provide support to scholarship recipients to include, but not limited to, career and college counseling and establishment of positive support systems and network; and
14. Track recipients' academic progress and graduation.

### ***B. Performance Measures***

The applicant must be able to target, track, and report to OHA on minimum program performance measures. *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. Total number of scholarship applications received
- b. Number of first time applications received
- c. Number of renewal applications received
- d. Number of traditional applications received
- e. Number of non-traditional applications received
- f. Number of vocational education applications received

- g. Number of undergraduate application received
- h. Number of graduate applications received
- i. Number of applicants determined eligible, Total and by categories (a through h above)
- j. Number of scholarship recipients receiving support services, including, but not limited to, career and college counseling, Total and by categories (a through h above)

**2. Outcomes**

- a. Number of scholarships awarded, Total and by categories (Outputs-a through h)
- b. Number of scholarship recipients awarded degrees and certificates, Total and by categories and type of degrees and certificates received (Outputs-a through h)

**C. *Reporting Requirements for Program and Fiscal Data***

Grantee will be required to complete reports and upload OHA report forms in the OHA Grants Portal. 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, scholarship administration plans, recommended and alternate scholarship awardees, performance measures, qualitative reporting measures, expenditures incurred, and assurance of services provided to Native Hawaiians. Additional reports may be required. Timely compliance with 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 students, review of organization files, accounting practices, record keeping, including invoice testing and internal control supports.

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.

**D. *Financials***

- 1. Compensation-** An initial advance payment of up to twenty-five percent (25%) of the first year grant amount shall be made upon contract execution. Subsequent payments shall be made to the applicant in accordance with grant agreement terms, and upon submission and approval of the applicant’s required reports and submission of applicant’s requests for 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 funding used for scholarships may be issued in accordance with grant agreement terms. 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.

## 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 **October 18, 2019, 2:00 p.m.** Hawai'i 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 application for this solicitation.
9. 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/or 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-Legal & Financial Agreements** – 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. **Litigation** – The applicant shall disclose any pending litigation to which they are a party, including disclosure of any outstanding judgment.
6. **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. **Grant Application Authorization Form** - The applicant shall upload the Application Authorization Form. This form must be completed by the organization’s authorized signatory that has the legal power delegated by the organization’s authoritative body (such as the Board of Directors) to electronically 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 **110 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        | 25 Points              |
| Experience                   | 15 Points              |
| Project/Service Delivery     | 40 Points              |
| Evaluation                   | 10 Points              |
| Financial                    | 20 Points              |

In evaluating the applications, the following scoring system shall be used:

|            |   |
|------------|---|
| 5 Points - | Exemplary-All requirements are all well demonstrated    |
| 4 Points - | Good- Most requirements are well demonstrated           |
| 3 Points - | Fair- Most requirements are demonstrated to some extent |
| 2 Points - | Poor- Most requirements are poorly demonstrated         |
| 1 Point -  | Not Acceptable -Most requirements are not demonstrated  |
| 0 -        | Not demonstrated  |

### EVALUATION CATEGORIES

#### *A. Background & Capacity (25 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. Geographic Coverage of Service (5 points)**

Includes each county that applicant will provide services and demonstrates capability to provide services in the coverage area(s). Preference is for an applicant that can provide statewide services.

**4. Staff / Consultant Support (5 points)**

Identifies all personnel and/or consultants dedicated to this project. Assignment of staff is sufficient to effectively administer, manage, supervise and provide required services. Includes a list of key staff, staff titles and descriptions of duties and qualifications for positions and FTE per position being dedicated to this project. If consultants/contractors are used, provides a justification for the use of contracted services and provides detailed descriptions of the contracted duties and responsibilities. **Do not** upload any job descriptions or resumes with the application.

**5. Office Location / Office Hours (5 points)**

Provides the description and location of each office that will be available for this grant to provide services to students. Provides the days and office hours that each office will be open for this grant to provide services to and respond to students.

***B. Experience (15 Total Points)***

Provides information on the applicant's previous experience with services proposed and the applicant's work with the Native Hawaiian community. Specifically addresses the following:

**1. Scholarship Administration (5 points)**

[Three (3) years minimum required]

Demonstrates prior experience administering secondary education scholarships. States the number of years services have been provided. Lists projects/programs with dates of service. If a consultant/contractor is used, the applicant must also detail the consultant/contractor's prior experience providing the proposed services.

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

[Three (3) years minimum required]

Demonstrates prior experience providing the proposed 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 (0 or 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 (40 Total Points)***

**1. 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, 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.

**2. Scope of Services (5 points)**

Provides a detailed list of the proposed scope of services.

**3. Approach and Methodology (5 points)**

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

**4. Coordination of Services – Response Time (5 points)**

Provides a detailed plan on how the applicant will respond to students interested in applying for scholarships to include, if applicable, response time (i.e. 48 hours) to website inquiries, email inquiries, telephone inquiries and walk-ins. Includes information on who is responsible and/or which department(s) will respond to inquiries.

**5. Application Selection Process (5 points)**

Details the application selection process for scholarship awards including procedures, application review committees, and conflict of interest standards for application review committee members.

**6. Ability to Leverage Funds (5 points)**

Provides a description of the applicant's other scholarship opportunities that will be made available to students that have contacted the applicant regarding scholarships. Details how the applicant's other scholarship opportunities will be promoted to Native Hawaiian students.

**7. 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 students 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.

**8. Outreach Strategies (5 points)**

Demonstrates outreach strategies to Native Hawaiian students to promote this

scholarship opportunity.

**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 a timely response when program problems arise. The quality assurance plan shall outline measures to ensure the continuity of service activities in the event of a change in staff or other situations that may impact services. If primary staff changes, the plan specifies how staff changes shall be addressed so there is no impact on services and reporting requirements and how OHA will be notified of staff changes. If primary staff is unresponsive to requests for information or reports, the plan identifies designated staff who will respond to OHA requests for information and reports.

**2. Performance Measurement Table (5 points)**

The applicant shall provide projected year-end targets and upload the OHA Performance Measurement Table. The outputs and outcomes in the Performance Measurement Table are required. *See Attachment F. – Performance Measurement Table.*

**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 administrative costs for **OHA funds cannot exceed \$100,000**. The two-year minimum budget for **OHA funds** allocated for scholarships is \$1,000,000. *See Attachment H. – Budget Form and Attachment I. – Sample Completed Budget Form.*

Maximum Budget for Administrative Costs – 2-Year: \$100,000

- (Year 1 - \$50,000, Year 2 - \$50,000)

Minimum Budget for Scholarships – 2-Year: \$1,000,000

- (Year 1 - \$500,000 Year 2 - \$500,000)

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.D.3.*

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. Make sure the Cash Match in the funding form matches the two-year budget that you submit.*

The applicant shall verify that the applicant has at least \$110,000, ten percent (10%) cash match of the OHA grant amount. Match requirements must be met for each year of the project, \$55,000 for Year 1 and \$55,000 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). Cash match must be from funding sources other than OHA funds.

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.



**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**

|  |
|--|
| <b>Personnel - Salaries</b>  |
| <p><u>Description:</u> Costs of employee salaries and wages.</p> <p><u>Justification:</u> 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.</p>   |
| <b>Personnel – Other Costs</b>   |
| <p><u>Description:</u> Costs of employees (Federal and State requirements) which may include payroll taxes, assessments, and fringe benefits.</p> <p><u>Justification:</u> Provide a breakdown of the amounts and percentages (FICA, unemployment insurance, etc.).</p>  |
| <b>Contractual Services</b>  |
| <p><u>Description:</u> 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.</p> <p><u>Justification:</u> Explain and justify why these services are being contracted.</p>   |
| <b>Equipment - Purchase</b>  |
| <p><u>Description:</u> “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.</p> <p><u>Justification:</u> 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.</p> <p><u>Note:</u> Equipment purchased with OHA grant funding must continue to be used to benefit the Hawaiian community after the term of the OHA grant.</p> |
| <b>Equipment - Lease/Rental</b>  |
| <p><u>Description:</u> Costs of equipment lease or rental as related to the proposed project services.</p> <p><u>Justification:</u> Provide computations, price quote, narrative description and a justification for each cost under this category.</p>  |
| <b>Insurance</b>   |
| <p><u>Description:</u> Costs of insurance required as related to provision of proposed services, which may include general liability and automobile.</p> <p><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>  |

|  |
|--|
| <b>Facilities</b>  |
| <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.</p> <p><u>Justification:</u> Provide computations, price quote, narrative description and a justification for each cost under this category. Must also provide how the facilities cost was calculated. If it is a percentage of facility or utility usage, the percentage must be justified.</p> |
| <b>Mileage</b>   |
| <p><u>Description:</u> Travel allowance based on staff use of private vehicles for project-related activities.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>   |
| <b>Postage, Freight &amp; Delivery</b>   |
| <p><u>Description:</u> Costs of mailing, shipping, or delivery as related to project.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>  |
| <b>Publication &amp; Printing</b>  |
| <p><u>Description:</u> Costs may include items such as program outreach materials, client forms, or other program related educational materials.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>   |
| <b>Supplies</b>  |
| <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.</p> <p><u>Justification:</u> Specify general supplies and their costs. Show computations and provide other information that supports the amount requested.</p>  |
| <b>Staff Travel</b>  |
| <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.</p> <p><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>                  |
| <b>Participant Transportation</b>  |
| <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.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>   |
| <b>Other</b>   |
| <p><u>Description:</u> Enter all other costs not included above.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>   |

### **III. Phase 3- Recommendation for Award**

- A. The evaluation committee shall meet to discuss scores, rankings, and comments and shall make a recommendation of award that may take into consideration additional factors including past performance as an OHA grantee.
- B. The recommendation of award shall be presented to OHA's Board of Trustees for approval. An email notification of award or non-award will be sent to applicants.

### **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

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**

|                      |   |             |            |
|----------------------|---|-------------|------------|
| <b>Organization:</b> |   |             |            |
|                      | <i>Legal Entity Name (ex. H&amp;B Foundation, Inc. dba Nā Mele Hawai'i)</i> |             |            |
| <b>Address:</b>      |   |             |            |
|                      | <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 -<br>2020 | AMOUNT | CONFIRMED/<br>PENDING? | AWARD<br>PERIOD | NOTES |
|--------------------------|--------|------------------------|-----------------|-------|
|                          |        |                        |                 |       |
|                          |        |                        |                 |       |
|                          |        |                        |                 |       |
| <b>TOTAL MATCH:</b>      | \$ -   |                        |                 |       |

| FUNDING SOURCE -<br>2021 | AMOUNT | CONFIRMED/<br>PENDING? | AWARD<br>PERIOD | NOTES |
|--------------------------|--------|------------------------|-----------------|-------|
|                          |        |                        |                 |       |
|                          |        |                        |                 |       |
|                          |        |                        |                 |       |
| <b>TOTAL MATCH:</b>      | \$ -   |                        |                 |       |

**Attachment F. Performance Measurement Table**



**PERFORMANCE MEASUREMENT TABLE**

**Organization:** \_\_\_\_\_

**All year-end target numbers should reflect actual expected unduplicated outputs and outcomes to be achieved by the applicant.**

| <b>Required Outputs</b>   | <b>2020</b> | <b>2021</b> |
|---|-------------|-------------|
| Total number of scholarship applications received   |             |             |
| Number of first time applications received  |             |             |
| Number of renewal applications received   |             |             |
| Number of applications received from traditional applicants   |             |             |
| Number of applications received from non-traditional applicants   |             |             |
| Number of vocational education applications received  |             |             |
| Number of undergraduate applications received   |             |             |
| Number of graduate applications received  |             |             |
| Number of applicants determined to be eligible, total and by each category provided above   |             |             |
| Total number of scholarship recipients receiving support services, including, but not limited to career and college counseling, total and by each category provided above |             |             |
| <b>Required Outcomes</b>  |             |             |
| Number of scholarships awarded, total and by categories provided in Outputs above   |             |             |
| Number of scholarship recipients receiving degree and certificates, total and by categories provided in Outputs above   |             |             |
| The type of degrees and certificates received, by categories provided in Outputs above  |             |             |
| <b>Other Required Reports</b>   |             |             |
| Scholarship administration plan for each year   |             |             |
| A list of recommended and alternate scholarship awardees for each year  |             |             |

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: _____ |                            |                             |             |                             |
| Year 1   |                            |                             |             |                             |
| <i>Budget Category - Item</i>  | <b>OHA Funds Requested</b> | <b>OHA Cash Match</b>       | Other Funds | Description & Justification |
| <i>Personnel - Salaries</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Personnel - Other Costs</i>   |                            |                             |             |                             |
| Fringe   |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Contractual Services</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Equipment - Purchase</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Equipment - Lease/Rental</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Insurance</i>   |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Facilities</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Mileage</i>   |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Postage, Freight, Deliveries</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Publication &amp; Printing</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Supplies</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Staff Travel</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Participant Transportation</i>  |                            |                             |             |                             |
|  |                            |                             |             |                             |
| <i>Other Expenses</i>  |                            |                             |             |                             |
| Scholarship Award  | \$ 500,000                 |                             |             |                             |
| <b>Year 1 OHA REQUEST:</b>   | <b>\$ 500,000</b>          |                             |             |                             |
| <b>Year 1 OHA CASH MATCH Funds:</b>  | <b>\$ -</b>                | Cash Match % (10% Required) |             |                             |
| <b>Year 1 Other Funds:</b>   |                            |                             | <b>\$ -</b> |                             |
| <b>Year 1 Total Project Cost:</b>  |                            | <b>\$ 500,000</b>           |             |                             |

| Year 2                              |                     |                |                             |                             |
|-------------------------------------|---------------------|----------------|-----------------------------|-----------------------------|
| Budget Category - Item              | OHA Funds Requested | OHA Cash Match | Other Funds                 | Description & Justification |
| <i>Personnel - Salaries</i>         |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Personnel - Other Costs</i>      |                     |                |                             |                             |
| Payroll Taxes                       |                     |                |                             |                             |
| Fringe Benefits                     |                     |                |                             |                             |
| <i>Contractual Services</i>         |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Equipment - Purchase</i>         |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Equipment - Lease/Rental</i>     |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Insurance</i>                    |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Facilities</i>                   |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Mileage</i>                      |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Postage, Freight, Delivery</i>   |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Publication &amp; Printing</i>   |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Supplies</i>                     |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Staff Travel</i>                 |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Participant Transportation</i>   |                     |                |                             |                             |
|                                     |                     |                |                             |                             |
| <i>Other Expenses</i>               |                     |                |                             |                             |
| Scholarship Award                   | \$ 500,000          |                |                             |                             |
| <b>Year 2 OHA REQUEST:</b>          | <b>\$ 500,000</b>   |                |                             |                             |
| <b>Year 2 OHA CASH MATCH Funds:</b> | <b>\$ -</b>         |                | Cash Match % (10% Required) |                             |
| <b>Year 2 Other Funds:</b>          | <b>\$ -</b>         |                |                             |                             |
| <b>Year 2 Total Project Cost:</b>   | <b>\$ 500,000</b>   |                |                             |                             |

| Two Year Total Project Costs & Match  |                     |                     |                             |  |
|---|---------------------|---------------------|-----------------------------|--|
| <b>*Total Project Cost:</b>   |                     | <b>\$ 1,000,000</b> |                             |  |
| <b>OHA REQUEST Total:</b>   | <b>\$ 1,000,000</b> |                     | <b>Cash Match %</b>         |  |
| <b>OHA CASH MATCH Total:</b>  | <b>\$ -</b>         | <b>0%</b>           | Cash Match % (10% Required) |  |
| <b>OTHER FUNDS Total:</b>   |                     | <b>\$ -</b>         |                             |  |
| <b>Column 1 - OHA Funds Requested</b> - The expense amount requested from OHA. Administrative Costs cannot exceed \$50,000 per year (\$100,000 Total). The Scholarship Award minimum budget is \$500,000 per year (\$1,000,000 Total).<br><b>Column 2 - OHA CASH MATCH Funds</b> - The required amount to be cash matched to OHA funds. A cash match to OHA funds of 10% is required at \$55,000 per year (\$110,000 Total). See Cash Match Funding Form and instructions.<br><b>Column 3 - Other Funds</b> - Amount funded by other sources that will fully complete the project |                     |                     |                             |  |