

ATTACHMENT A**OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP****Steward Qualification Requirements of Project Manager and/or Core Team:**

Answers to questions are to reflect the qualifications of the Project Manager and/or Core Team. Unless otherwise specified, if applying as a team, a single person's credentials (i.e.: experience, references) is adequate for scoring purposes since only a single person's credentials will be used to evaluate points to award for a single question. It would be advantageous to the team to utilize individuals that score higher for a particular question to achieve maximum points. Although multiple individuals cannot be used for a single question, different individual team members may be used to satisfy requirements for any question. For Core Team members, the name of the individual being used to answer a single question is to be placed on the line provided for Core Team Member name. If this is not done, no points will be awarded.

Years of experience provided are not cumulative of the entire Core Team. It would be advantageous to the applicant to select the person on the team with the highest experience level for a particular question.

For questions requesting either your experience level or amount of college credits, points will only be awarded for either or. There will be no doubling of points if both experience level and college credits are provided. The review committee will take the higher of the two when scoring a particular question if both are provided.

For answers requiring written responses, Submitter can use the space provided or attach a separate sheet(s) with the typed answer for each question clearly identifying which question and number the answer is associated with. Deviation from these instructions will result in no points being awarded. If a typed sheet is attached, please indicate in space provided for answer that a "typed sheet is attached".

There are a total of six categories that you will be graded on. Answer all questions to the best of your ability and provide all necessary materials (i.e.: attachments). No points will be awarded for blank answers or a failure to meet all question requirements. Questions will begin on the next page.

ATTACHMENT A

**OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP**

Submitter Contact Information

HUI/FAMILY/INDIVIDUAL NAME:

ADDRESS: _____

TELEPHONE NUMBER: _____ CELL NUMBER: _____

EMAIL: _____

DATE: _____

Mandatory Statement of Qualifications (SOQ) Requirements:

DESIGNATED PROJECT MANAGER:

AND/OR, DESIGNATED CORE TEAM:

[For all personnel listed (Project Manager and/or Core Team), please provide a resume for each individual. Resumes are to minimally include full name, address, contact information, education, employment history, references, any awards/scholarships, any publications, and any licenses or certifications.]

The Submitter acknowledges HLID's expectations of the Stewards:
(Please have the Project Manager and/or Core Team Sign and Date below. Use back of sheet if more individuals are signing than is allotted by the amount of signature lines below.)

(Sign)

(Print)

(Date)

(Sign)

(Print)

(Date)

(Sign)

(Print)

(Date)

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Category 1: Knowledge of Culture

1. *Degree of Hawaiian Cultural Acumen*

Please list a Hawaiian cultural art or practice you have been a part of; or, identify courses taken at the collegiate level in Hawaiian Studies in the space provided below. Submitter may list multiple cultural arts and/or practices, but must detail experience level for each and provide references. More points will be awarded for individuals with a higher cumulative experience level and confirmed references. (Although multiple cultural practices/arts and college courses can be used to give an individual a higher cumulative experience level, additional points awarded for references will be awarded once for a single verifiable reference)

Core Team Member Name (if applicable): _____

Hawaiian Cultural Art(s) or Practice(s):

Years of Experience in Cultural Art or Practice: _____

Reference: _____

(Provide name and contact information of reference)

College Degree Obtained in Hawaiian Studies: _____

(Please attach a copy of the Degree obtained)

If no degree has been obtained in Hawaiian Studies, please list how many years of course work has been taken that contributed to a Hawaiian Studies major:

(Please attach a copy of an unofficial transcript. A minimum cumulative Grade Point Average of 2.0 must be displayed in order for points to be counted)

2. *How many years of experience do you have working with Hawaiian Cultural Practitioners? (Although multiple cultural practitioners can be used to give an individual a higher cumulative experience level, additional points awarded for references will be awarded once for a single verifiable reference)*

Core Team Member Name (if applicable): _____

Years of Experience with Cultural Practitioners: _____

Reference: _____

(Provide name and contact information)

ATTACHMENT A

**OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP**

Please provide a brief description of the activities done when working with the Hawaiian Cultural Practitioner:

3. *Check which applies to your ability to use the Hawaiian Language*

Core Team Member Name (if applicable): _____

- _____ No Ability
- _____ Basic Knowledge of Greetings and Words
- _____ Able to Understand, but unable to converse
- _____ Fluent Competency

Please provide a reference to vouch for your level of Hawaiian Language proficiency; **OR**, a degree in Hawaiian Language; or a list of collegiate Hawaiian Language courses taken if a degree was not obtained.

Reference: _____
(Provide name and contact information)

Hawaiian Language Degree or Collegiate Courses Taken:

(Please attach a copy of the Degree obtained; or, if a degree was not obtained, provide an unofficial transcript showing which courses were taken. All letter grades shown on the unofficial transcript for Hawaiian Language courses must be a "C" or higher)

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Category 2: Knowledge of Place

4. *List a family member that lives near the Project Area and tell us which ahupua'a and moku you live in or your Hui location base is.*

Core Team Member Name (if applicable): _____

Family Member that lives near Project Area: _____

Affiliation (i.e.: Grandma, Uncle, Cousin): _____

Street Name of Family Member's Residency: _____

Ahupua'a of Your Residency or Hui Location: _____

Moku of Your Residency or Hui Location: _____

For verification of residence please provide a copy one of the following: Mortgage documents or property deed; Apartment or home lease; Utility Bills; Driver's License; Voter Precinct Identification; Automobile Registration; or notarized statement from family or friend.

5. *How many years of experience do you have caring for Hawaiian cultural sites or areas? (experience with multiple sites or areas can be used to give an individual a higher cumulative experience level; however, additional points awarded for references will be awarded once for a single verifiable reference)*

Core Team Member Name (if applicable): _____

Years of Experience Caring for Sites: _____

Reference: _____

(Provide name and contact information)

6. *Provide a summary of a single mo'olelo relating to the ahupua'a of the Project Area or the Project Area only. More points will be awarded for stories of the Project Area that show a connection to the ahupua'a and/or moku or mokupuni.*

Mo'olelo Name: _____

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Summary:

ATTACHMENT A

**OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP**

Have you previously been recognized as a Cultural Descendant with the State Historic Preservation Division (SHPD)?: ____ Yes or ____ No

Core Team Member Name (if applicable): _____

(Please attach a letter from SHPD verifying you as a Cultural Descendant or O‘ahu Island Burial Council Meeting Minutes indicating acceptance of your Cultural Descendant claim)

Please name the Ahupua‘a your Cultural Descendant verification is associated with:

For those that teach/lead at your Hui, who (i.e.: employees or volunteer teachers/instructors) is required to have cultural or historical proficiency about a site? (please check which ever applies)

_____ : No requirements for Hui teachers/instructors

_____ : Requires only site specific Hui teachers/instructors to know mo‘olelo about site and/or appropriate cultural protocol

_____ : Requires all Hui teachers/instructors to know mo‘olelo about site and/or appropriate cultural protocol

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Category 3: Fiscal Acumen and Ability

7. *Check which applies to you regarding managing and/or preparing budgets (non-profit; grants; business). More points will be awarded for Submitters that show they have worked on multiple budgets and list the Project Name, Type, Year, and Dollar Amount.*

Core Team Member Name (if applicable): _____

_____ : No experience

_____ : Has experience managing or creating a single budget

_____ : Has experience managing or creating multiple budgets

Citation: For the budget or budgets that you have managed or created, please list the name of the project, type, year, and dollar amount of budget.

Name of Project	Type (Business, Non-Profit, Grant)	Year	Dollar Amount

8. *Check which applies to you regarding a 5 to 10 year Business Plan*

Core Team Member Name (if applicable): _____

_____ : Has not created a 5 to 10 year Business Plan

_____ : Has created a 5 to 10 year Business Plan

(Provide a copy of this plan if available)

_____ : Has created multiple 5 to 10 year Business Plans

(Provide a copy of this plan if available)

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Citation: For the Business Plan(s) that you have created, please list the name of the project, type, year, and dollar amount of budget.

Name of Project	Type (Business, Non-Profit, Grant)	Year	Dollar Amount

9. Check which applies to you regarding your ability to write and receive grants

Core Team Member Name (if applicable): _____

- _____ : No experience
- _____ : Has a working knowledge of grant writing process
- _____ : Has successfully obtained a grant
- _____ : Has successfully obtained multiple grants

For grants obtained, please list the name of the grant, grantor, year, and dollar amount. Also, for grants obtained, please provide proof of grant. If no proof is provided for obtained grant or grants, no points will be awarded.

Name of Grant	Grantor	Year	Dollar Amount

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

10. List your experience conducting and organizing the following revenue generating activities: fundraisers, financial partnerships, or product/service based revenue

Core Team Member Name (if applicable): _____

(More points will be awarded to Submitters that show experience with all three forms of revenue generation)

Type of Activity (Fundraiser, Partnerships, Product/Service Revenue)	Project	Year	Dollar Amount

11. Check which applies to you regarding your knowledge of Liability Insurance:

Core Team Member Name (if applicable): _____

- _____ : No experience
- _____ : Has a working knowledge or understanding of Liability Insurance or currently in the process of receiving Liability Insurance.
- _____ : Has obtained or currently has a certificate for Liability Insurance

For applicants that have obtained or currently have a certificate of insurance for liability, please provide the name of the project; and a copy of certificate or a reference for verification.

Project with Liability Insurance: _____

Reference: _____

(Provide name and contact information or certificate number)

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Category 4: Organization and Management

12. Provide an Organizational Chart of your Hui which clearly identifies key positions. If not previously provided as required by the second page of this Attachment, please attach resumes for all key personnel shown in Organizational Chart. More points will be awarded for Organizational Charts that are accompanied with a description for each job.

13. Check which applies to you regarding management of work flow and daily operations:

Core Team Member Name (if applicable): _____

_____ : No plan for work flow or daily operations

_____ : Use of verbal enforcement or discussions only to maintain work flow and daily operations.

_____ : Has a Standard Operating Procedure or Manual to maintain work flow and daily operations

If Submitter has a Manual or Standard Operating Procedure (SOP) to maintain work flow and daily operations, please provide a copy. No points will be given to Submitters that say they utilize a Manual or SOP unless proof is provided.

14. Do you have a policy regarding Cardiopulmonary Resuscitation (CPR):

_____ : No certification required for anyone

_____ : Requires at least one employee with a current CPR certification to be on site

_____ : Requires multiple employees with current CPR certification to be one site

15. Check which applies to you regarding your experience with Americans with Disabilities Act (ADA) compliance:

Core Team Member Name (if applicable): _____

_____ : No experience

_____ : Understands ADA requirements, but does not have practical experience

_____ : Has practical experience providing ADA access for handicapped individuals and/or elderly persons.

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

For those with ADA experience, please provide a brief description of your experience below:

16. Check which applies to you regarding your experience with stewardship partnerships or collaborations:

Core Team Member Name (if applicable): _____

_____ : No collaboration or partnership experience

_____ : Has been a part of a collaboration or partnership for stewarding

_____ : Has been a part of multiple collaborations or partnerships for stewarding

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

For all partnerships or collaborations, please list the name of the collaborator or partner, the name of the project (and year), a contact person for reference, and contact information. No points will be awarded if all of this information is not provided.

Name of Collaborator or Partner	Name of Project and Year	Contact Person	Contact Information (i.e.: phone, email)

17. Check which applies to you regarding employee capacity building within your Hui:

- _____ : No training programs provided to employees
- _____ : Has a training program for employees
- _____ : Has multiple training programs for employees

If your Hui has any training programs, please list them below. No points will be awarded if program titles are not provided.

Training Program Title(s):

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Category 5: Community Outreach

18. *How many years of experience do you have working with Native Hawaiian communities?*

Core Team Member Name (if applicable): _____

Years of Native Hawaiian Community Experience: _____

19. *How many years of experience do you have working with kūpuna? More points will be awarded to Submitters that provide a verifiable reference. (Although multiple kūpuna can be used to give an individual a higher cumulative experience level, additional points awarded for references will be awarded once for a single verifiable reference)*

Core Team Member Name (if applicable): _____

Years of kūpuna experience: _____

Please provide a reference to vouch for your years of experience working with kūpuna

Reference: _____

(Provide name and contact information)

20. *Check which applies to you regarding public and/or community meetings. More points will be awarded to those that provide a verifiable reference.*

Core Team Member Name (if applicable): _____

_____ : No experience

_____ : Has organized a public and/or community meeting or participated/attended meeting(s)

_____ : Has organized multiple public and/or community meetings

Please provide a reference to vouch that public or community meetings conducted by you or your organization has been done so in a respectful manner:

Reference: _____

(Provide name and contact information)

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

Category 6: Educational Programs

21. Please provide a list of Hawaiian core values (with meanings in English) that you integrate into educational programs:

Hawaiian Core Values:

<u>Word</u>	<u>Meaning</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For additional points, please provide a sample or example lesson plan in which Hawaiian core values that you have listed are part of.

22. Do you integrate Hawaiian Language into educational programs?

_____ Yes, or _____ No

If your answer is "Yes", do your educational programs require that all applicable teachers or kumu have some experience teaching Hawaiian language or level of Hawaiian language competency?

_____ Yes, or _____ No

If your educational programs integrate Hawaiian Language, for additional points, please provide a sample or example lesson plan.

23. How many years of experience do you have implementing and arranging educational programs? (Although experience level can reflect a cumulative total, additional points awarded for references will be awarded once for a single verifiable reference)

Core Team Member Name (if applicable): _____

Years of educational program experience: _____

ATTACHMENT A
OHA RFQ No. HLID-2015-01: SUBMITTER STATEMENT OF QUALIFICATIONS (SOQ) FORM
STEWARDSHIP

For additional points, please provide a reference (name and contact information) to verify your educational program experience:

Reference: _____

24. Which applies to your experience with performing or conducting research?

Core Team Member Name (if applicable): _____

- _____ : No experience
- _____ : Has experience doing research that did not require a report
- _____ : Has experience doing research and report completion (published or unpublished)

Citation: If you have published or completed a report (or reports) please provide the name of the report; date of completion; report format (i.e.: article, journal, book, report, thesis, dissertation); and author

Name of Report	Year	Format	Author

For additional points, provide a copy of one of the above reports listed.

25. Provide the age range(s) of students that have participated in an educational program arranged and implemented by you. More points will be awarded to a Submitter that has taught multiple age ranges.

Age Range(s) of Students: