



Grant Solicitation No. OHA 20-02(b)

Health Kūpuna Care

November 19, 2018

All online applications must be submitted by 4:00 p.m. (HST) by Friday, January 4, 2019.

For assistance with this grant solicitation, please contact:

Jason Paloma
grantsinfo@oha.org

For technical assistance with the online application, please contact:

Karlen Oneha
E-mail: karleno@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.

November 19, 2018

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 at www.oha.org/grants.

Applicants shall submit an online application, accessed through www.oha.org/grants on or before **4:00 p.m. Hawaii Standard Time (HST), Friday, January 4, 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
E-mail: grantsinfo@oha.org

II. Solicitation Timetable

This 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	November 19, 2018
Solicitation orientation sessions	November 28 – December 14, 2018
Final application deadline	January 4, 2019
Application evaluation period	January – February 2019
Grantee selection and notice of award	February 2019
Grant agreement negotiations and terms finalized	May – June 2019
Grant start date	July - August 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 (as applicable).

Section 3 – Application Instructions: Describes the required format and content for the application.

Section 4 – Application Evaluation: Describes how applications will be evaluated by OHA.

Section 5 – Attachments: Provides information and forms needed to complete the application.

IV. Orientations

Orientation session is optional and recommended for applicants. Due to limited seating capacity, please limit attendance to no more than two (2) representatives per organization per session.

Please read the entire Solicitation prior to the orientation. The orientation schedule can be found at www.oha.org/grants.

V. Applicant Requirements

A. Applicant Responsibility

The Solicitation outlines the application requirements. Prior to application submittal, it is imperative that applicants to 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, as applicants will need to certify their understanding and compliance with these requirements.

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. Be compliant with all laws governing entities doing business in the State of Hawai'i;
4. Demonstrate to OHA that they are in compliance and in good standing with the State of Hawai'i;
5. Provide services to the Hawaiian community in the State of Hawai'i;
6. Provide a 20 percent of project costs from other funding sources; and
7. Be in compliance and in good standing with OHA.

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.

C. Program Specific Requirements

Program specific requirements are included in *Section 2, Service Specifications* and *Section 3, Application Instructions*, as applicable.

D. 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. Application Deadline

All applicants shall submit an online application that addresses all of the requirements contained in *Section 3* of this Solicitation. Access the online application through the Community Grants page of the OHA website, <http://www.oha.org/grants>. The deadline to submit a completed application is January 4, 2019, 4:00 p.m. Hawaii Standard Time (HST).

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.

B. Multiple Applications

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

C. 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.

D. Solicitation Amendments

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

E. 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.

F. 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. Notice of Award

A statement of awards shall be provided to all applicants by mail upon completion of the evaluation of applications and final award approvals.

B. 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.

C. 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.

D. Availability of Funds

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

Section 2 – Service Specifications

I. Overview & Purpose

A. Overview, Purpose or Need

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 continue to support OHA's Strategic Focus Area of Health wherein OHA is committed to improve the quality and longevity of life for our Native Hawaiian community. This solicitation specifically focuses on providing services to mālama our Native

Hawaiian kūpuna and/or Native Hawaiian caregivers through the development and implementation of a comprehensive approach to aging in place. Our Native Hawaiian kūpuna and/or Native Hawaiian caregivers will receive resources, services and activities to support the everyday health and well-being of our kūpuna and their ‘ohana to attain health equity.

In our Hawaiian islands, according to the U.S. Census an estimated 243,541 kūpuna aged 65 and older make up 17% of our population. From 2010 to 2016 Native Hawaiian kūpuna increased 29%. By 2020, an estimated 300,000 kūpuna will be aged 65 and older with 90% choosing aging in place over other health care options. Furthermore, 154,000 family members in Hawai‘i are caring for ‘ohana. The “sandwich generation” is challenged with caring for their keiki and their kūpuna. Older age groups are caring for elders and are facing their own health challenges.

Caring for our kūpuna is a cultural tradition in Hawai‘i. Our kūpuna are an integral part of our past, present and future. The knowledge shared and passed down through generations from our kūpuna are priceless. We often seek them for guidance, wisdom, and unconditional Aloha. They are the beginning of our identity, they have strengthened the family unit over time and the important link to our cultural past and the future.

Our Native Hawaiian caregivers are impacted significantly when caring for our kūpuna. Caregivers often decrease work hours, pass up job promotions, trainings or assignments, quit their jobs or retire early due to caregiving responsibilities affecting their livelihood and ‘ohana. Native Hawaiian caregivers who are also seniors experience stress, fatigue and burnout as well as dealing with their own health issues.

B. Description of the Service Goals

The goal of these services is to improve health conditions among Hawaiians by implementing wrap around services for kūpuna and their caregivers to attain health equity through projects that focus on:

- providing kūpuna and caregivers resource/services for health care,
- providing services for kūpuna and caregivers for overall well-being,
- providing activities to enhance day to day living for kūpuna; and
- providing cultural nutrition and healthy lifestyles for kūpuna and caregivers.

C. Description of the Target Population to be Served

The target population for participants are Native Hawaiians aged 65 or older who are aging in place or in a licensed facility. Native Hawaiian caregivers are those caregivers who provide in place kūpuna care for family members and provide such services at 20 hours or more a week.

Grantees must maintain proper documentation to demonstrate that program participants meet the Native Hawaiian ancestry requirement. Verified documentation is preferred and grantees will be tasked to acquire and retain the documentation for OHA’s on-site monitoring visits.

D. Geographic Coverage of Service

Service areas may include the islands of O‘ahu, Hawai‘i, Maui, Kaua‘i, Moloka‘i, and Lāna‘i. Services may be provided to multiple islands or Statewide.

E. Anticipated Funding Amounts and Period of Availability

Subject to the availability of funds, \$250,000 in OHA Funds is suggested from July 1, 2019 to June 30, 2020 and \$250,000 from July 1, 2020 to June 30, 2021.

Applicants are required to provide matching funds of at least twenty (20%) of the total project cost. Match funding must be comprised entirely of cash sources. Match requirements must be met for each year of the project.

Funding will be allocated based on proposals submitted. Grants awarded as a result of this Solicitation will be awarded for two years. Second year funding is subject to availability of funding, satisfactory first year performance, and written confirmation of Year 2 match funding.

II. Scope of Work

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

Applicants shall propose programs that malama the overall well-being of kūpuna and caregivers for daily living that may include the following:

- Comprehensive outreach plan and plans for eligibility, screening, intake and assessment;
- Case management that includes the development of individual service plans, monitoring of participant progress and follow-up with participants;
- Detailed resource information and assistance (finances, workshops etc);
- Incorporation of traditional Hawaiian practices and concepts supporting cultural strategies health and wellness;
- Implement educational training regarding nutrition and activities for physical movement;
- Provide fall prevention training and home safety;
- Support services for caregivers to include but not limited to support groups, education, training, to be supportive of kūpuna’s care;
- Pre and Post survey for caregivers on services offered and delivered;
- Implement a plan for continuum services;
- Measurement and evaluation of program progress and success.
- Provide nutritional meals.
- Provide chore service to assist kūpuna.
- Provide hygiene products and safety accessories;
- Provide licensed respite services; and
- Provide transportation to socialization events/physical activities for kūpuna.

B. Performance Measurements

The applicant must be able to target, track, and report to OHA on minimum program performance measures. 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

- Total Number of Native Hawaiian kūpuna enrolled in the program
- Total Number of Native Hawaiian caregivers enrolled in the program
- Number of Native Hawaiian kūpuna who received screening and intake
- Number of Native Hawaiian kūpuna who completed Individual Service Plans to include continuum of services
- Number of Native Hawaiian caregivers who enrolled for support services

2. Outcomes

- Number of Native Hawaiian caregivers receiving support services
 - Identify the type of support services received
- Number of Native Hawaiian kūpuna receiving support services
 - Identify the type of support services received
- Number of Native Hawaiian kūpuna who increased their overall well being
- Number of Native Hawaiian caregivers who increased their overall well-being

3. Qualitative Measures

- Caregivers satisfaction surveys on services offered and delivered
- Kūpuna satisfaction surveys on services offered and delivered

The applicant may also propose other measures of effectiveness and impact.

If applying to serve multiple areas/islands, the applicant shall submit individual Performance Measures for each service area.

C. Grants Solicitation Contact

If you have a question regarding this solicitation, email the Grants Program at:

Jason Paloma
grantsinfo@oha.org

III. General Requirements

A. Administrative

1. 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.
2. The applicant must have organization bylaws or policies that govern how business is conducted. Policies on conflicts of interest, including nepotism, are required.
3. The applicant shall hold 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.
4. The applicant shall have a minimum of three (3) years of experience operating a program related to this Solicitation and/or serving Hawaiians.
5. The applicant shall have facilities adequate for the proposed series and must provide reasonable accommodations to assure capacity to deliver services to those participants with limited physical limitations in compliance with the American with Disabilities Act (ADA) requirements, as applicable.
6. The applicant shall have policies and procedures for all services including personnel standards, operating procedures, determination of client eligibility, documentation, record-keeping, data gathering, reporting, financial administration, quality assurance, monitoring and evaluation.
7. The applicant must assure and be responsible for 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. The applicant must not require nor depend on OHA's staff to provide service activities in the event program resources are not available.
8. The applicant shall possess sufficient funds available for its effective operations of activities for the purpose for which this grant funding is sought.
9. Upon request, the applicant shall make available to OHA all records relating to operations, programs, and services for which this grant funding is sought.
10. The applicant shall certify that board members have no material conflicts of interest and that they serve without compensation.
11. Prior to any award, the applicant shall agree to indemnify and hold OHA and the State of Hawaii harmless for activities undertaken with grant funding, if awarded.

B. Reporting Requirements for Program and Fiscal Data

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

Annual grant monitoring by OHA shall include on-site visit(s) with comprehensive evaluation of several areas of performance. These shall include review of conformance with standard grant requirements, agency files, accounting practices, and case-record keeping. In addition, on-going grant monitoring shall include a review of required reports and periodic assessment of program effectiveness.

C. Financials

1. Compensation

An initial advance payment of the first-year grant amount will be made upon execution of the grant agreement. Subsequent payments shall be made to the applicant in quarterly disbursements, upon submission by the applicant, and approval by OHA, of quarterly progress reports. OHA may retain some or all of each payment requested by the applicant.

2. Disallowed Costs

OHA reserves the right not to fund any budget expenses it deems inappropriate, unreasonable, or unallowable. More specifically, OHA grant funds may not be used to support costs incurred prior to the grant start date. 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.

Equipment purchased with OHA grant funding must continue to be used to benefit the Hawaiian community after the term of the OHA grant.

Section 3 –Application Instructions

General Instructions for Completing Application

- All applicants shall complete and submit an application online, accessed through the Community Grants page of the OHA website, <http://www.oha.org/grants>.
- Submit your online application by the deadline of **January 4, 2019, 4:00 p.m.** Hawaii Standard Time (HST).
- 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. The “application contact” shall be the primary point of contact for the application. Multiple users of the organization may access each organization account.
- 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.
- 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.
- Application questions have character limits. Character count includes all letters, numbers, symbols, blank spaces, and diacritical marks.
- Applicants may submit only one online application for this Solicitation. If the proposed project serves multiple areas/islands, submit one application, but include individual Performance Measurement Tables and Budget Forms for each area/island of service.

Specific Instructions for Completing Application

Before completing the online application form, the applicant must read all sections of the solicitation and application. It is advised that the applicant review the online application for accuracy and completeness before submitting.

Instructions for all sections and questions of the online application form are provided below:

I. Basic Information

The applicant shall provide the following basic information about the proposed project.

1. **Project Name** – The applicant shall provide the name of the project.

2. **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].”
3. **Island Location** – The applicant shall indicate the island(s) for which service delivery for the proposed project will be implemented. Choose all that apply: *Hawai‘i, Maui, Lāna‘i, Moloka‘i, O‘ahu, Kaua‘i.*
4. **Number of Hawaiians to be served** – The applicant shall indicate the total number of Hawaiian individuals that the proposed project intends to serve through OHA funding over the two-year grant term.
5. **FY 2020 Amount Requested From OHA** – The applicant shall indicate the amount of money being requested from OHA for the proposed project for the fiscal year 2020 (July 1, 2019 – June 30, 2020).
6. **FY 2021 Amount Requested From OHA** - The applicant shall indicate the amount of money being requested from OHA for the proposed project for the fiscal year 2021 (July 1, 2020 – June 30, 2021).

II. Organization

A. Required Documents

1. **IRS Letter of Determination** – The applicant shall upload the organization’s IRS Letter of Determination verifying tax-exempt non-profit status. See example, *Attachment F. Sample – IRS Letter of Determination*. 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.
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>. This Certificate must be current within three (3) months of this application deadline (See example, *Attachment G. Sample – Certificate of Vendor Compliance*).
3. **Application Authorization Form** – The applicant shall upload the Application Authorization Form available via the online application. This form needs to be completed and signed by the organization’s Authorized Signatory as identified below under A. *Background & Capacity, Signing Authority*.
4. **Governing Board** – The applicant shall upload a list of the organization’s governing board. This shall include, at a minimum, each board member’s name.

5. **Board Governance Certification** – The applicant shall upload the Board Governance Certification available via the online application. The organization’s Board Chair or other designated representative of the organization’s Board must sign this form.
6. **Organization Bylaws** – The applicant shall upload a copy of the organization’s bylaws or other policy that addresses the conduct of business and conflicts of interest, including nepotism.
7. **Liability Insurance** – The applicant shall upload a copy of the organization’s current Certificate of Liability Insurance.

B. Background & Capacity

To assess the applicant’s capacity to successfully implement the proposed project, the applicant shall provide information on the organization’s mission and goals, structure and governance, and history receiving and managing grant monies.

1. **Organization Description** – The applicant shall briefly describe the organization’s background and history.
2. **Mission Statement** – The applicant shall provide the organization’s mission statement.
3. **List Prior OHA Funding** – If the applicant has received OHA funding in the last three (3) years, list the name of each project/event, the year funded, and the amount awarded.
4. **Organization Charts** – The applicant shall upload a copy of the current organizational chart. The chart shall include project specific information and show the placement of the required services within the overall agency and the lines of communication between program administration and staff. The applicant shall demonstrate the applicant’s proposed organization will be sufficient to effectively administer, manage, and provide the required services.
5. **Authorized Signatory** – The applicant shall identify the positions that have signing authority over legal and financial agreements in the organization, including name(s) and position title(s).
6. **Primary Project Contact** – The applicant shall provide contact information (name, title, mailing address, phone number, e-mail address) for the Primary Project Contact. The Project Contact should be familiar with the project. Official correspondence will be sent to the Authorized Representative. However, specific questions may be directed to the Project Contact.
7. **Facilities** – The application shall provide 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.

- 8. Litigation** – The applicant shall disclose any pending litigation to which they are a party, including disclosure of any outstanding judgment.

C. Experience

In order to assess the applicant's capacity to successfully implement the proposed project, the applicant shall provide a brief description of past and current activities pertinent to the proposed project.

- 1. How many years have you provided this or other relevant services to the community?** – The applicant shall identify how many years they have provided the proposed services to the community.
- 2. How many years have you provided services to Native Hawaiians?** – The applicant shall identify how many years they have provided services to Hawaiians.
- 3. How many Native Hawaiians were served by your organization last year?** – The applicant shall identify how many Hawaiians were served by the organization last year.
- 4. What percentage of your clients are Native Hawaiians?** The applicant shall identify the percentage of organization clients that are Native Hawaiian.
- 5. Describe your previous experience in providing this or other relevant services.** - The applicant shall describe previous experience in providing the proposed (or other relevant) services. Include specific information about prior projects/programs, accomplishments, and/or impact to the Hawaiian community.

III. Project/Service Delivery

A. Needs Assessment

- 1. Describe the target population and geographic area to be served** – The applicant shall clearly identify and describe the targeted population group(s) and geographic area(s) it proposes to serve. Demonstrate with demographic data and other documentation that the target population and geographic area have a determined need for the services proposed under this Solicitation.
- 2. Describe the insufficiency of current services** – The applicant shall describe the services currently available and why they are insufficient to effectively address the needs described above.

B. Scope of Service

- 1. Describe the proposed project** – The applicant shall describe its program in sufficient detail to provide a complete and comprehensive picture of its total program design. The applicant shall explain how it would provide the services required in *Section 2, II. Scope of Work*, to meet project goals and objectives. State the number of Hawaiians to be served by this program and how that number was derived.
- 2. Describe how the proposed project will effectively address the needs** – The applicant shall describe and justify its overall approach and methodology in addressing the need identified in this Solicitation. Explain how this program will benefit the population identified above and how the project objectives align with and address the goals of the Solicitation.

C. Project Plan

- 1. Project Plan Worksheet** – The applicant shall complete the required OHA Project Plan Worksheet describing Project Objectives, Activities, Time Frame and Staff Responsible.
 - ***Project Objectives*** – Identify desired outcomes of services to accomplish Solicitation goals; should include relevant performance measures.
 - ***Activities*** – Identify specific activities and tasks to meet project objectives. This may include services to participants as well as activities related to project management.
 - ***Time Frame*** – Identify timeline, duration, and /or frequency for activities through the two-year grant period to assist OHA in monitoring project progress.
 - ***Staff Responsible*** – Identify the specific staff positions, consultants, and/or volunteers assigned to each activity.
- 2. Staff Support** – The applicant shall identify all personnel and describe their positions and responsibilities relevant to the proposed project. The applicant shall also describe 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. These may be requested during the application review process.
- 3. Outreach Strategies** – The applicant shall describe outreach strategies for participant recruitment to ensure that the target population receives needed services. This shall include any collaboration with other organizations to assist in participant recruitment.
- 4. Collaboration** – The applicant shall describe any collaboration with other organizations to assist in participant recruitment and/or service delivery. This will demonstrate capability to coordinate with other agencies and resources in the community to ensure target population receives needed services. The applicant is required to upload Letters of Commitment from each collaborating organization. The letters shall specify how the collaborating organization intends to support the applicant’s grant.

D. Evaluation

1. **Project Success** – The applicant shall describe what is considered project success and how it will be measured. The applicant shall describe what evidence or documentation will be used to verify program accomplishments.
2. **Performance Measurement Table** – The applicant shall complete and upload the OHA Performance Measurement Table and indicate target outputs and outcomes. Standard minimum measures are required of each Solicitation and have already been included in the Performance Measurement Table. Measures must include projected year-end targets. If applying to serve multiple areas/islands, the applicant shall submit individual Performance Measurement Tables for each service area.
3. **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. 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.
4. **Project Assessment** – The applicant shall describe the measuring tools or evaluation methods to be used to assure quality of service and effectively monitor program performance. The applicant shall explain how outputs and outcomes will be tracked and documented in the participant file and/or agency records. The applicant shall upload samples of observation tools, pre/post-tests, participant surveys, etc. as applicable.

IV. Financial

A. Budget

1. **Budget Form** – The applicant shall complete and upload the required OHA Budget Form to provide an itemized breakdown of project costs. A separate Budget Form must be completed for Fiscal Year 2020 and Fiscal Year 2021.

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. More specifically, OHA grant funds may not be used to support costs incurred prior to the grant start date. In addition, in general, OHA does not allow the following:

- Construction or Capital Improvement Projects;
- Purchase of land or buildings;
- Purchase of motorized vehicles including 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 as indirect cost rate approved by a State department or Federal agency contributing matching funding for this project.

If applying to serve multiple areas/islands, the applicant shall submit individual Budget Forms for each service area.

The budget should include all project expenses, even those costs not being requested from OHA.

Budget columns include the following:

- Budget Category: *refer to Budget Categories table below*;
- OHA Funds: amount requested from OHA;
- Other Funds: amount to be funded as a cash match by other sources; and
- Description and justification: *refer to Budget Categories table below*.

Budget Categories

<p>Personnel - Salaries</p> <p><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.</p>
<p>Personnel – Other Costs</p> <p><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, health insurance, retirement, etc.).</p>
<p>Contractual Services</p> <p><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 as related to the project. <i>Justification:</i> Explain why these services are being contracted. Include scope of service(s) required.</p>
<p>Equipment - Purchase</p> <p><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.</p>
<p>Equipment - Lease/Rental</p> <p><i>Description:</i> Costs of equipment lease or rental as related to the proposed project services. <i>Justification:</i> Provide computations, price quote, narrative description and a justification for each cost under this category.</p>
<p>Food</p> <p><i>Description:</i> Costs of meals or snacks provided as part of the services for clients as specified in Project/Service Delivery. <i>Justification:</i> Explain why these costs are necessary for client services. Show computations and provide other information that supports the amount requested.</p>
<p>Insurance</p> <p><i>Description:</i> Costs of insurance required as related to provision of proposed services, which may include general liability and automobile. <i>Justification:</i> For each type of insurance requested, provide a description of the coverage, cost, and necessity as applicable to provision of proposed services.</p>
<p>Facilities</p> <p><i>Description:</i> Costs may include: lease/rental of office space or other project-related facility; utilities (water/sewer, electricity); or telephone/internet services. <i>Justification:</i> 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.</p> <p><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.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Program Activities
<p><u>Description:</u> Costs of items directly required to deliver services to clients.</p> <p><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 and promotional items, client forms, or program related educational materials.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Repair & Maintenance
<p><u>Description:</u> Costs may include repair and maintenance of facilities and equipment as related to the proposed project services.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Staff Training
<p><u>Description:</u> Costs may include tuition, stipends, and other staff development related expenses.</p> <p><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.</p> <p><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 or consultants 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>

<p>Participant Transportation</p> <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>
<p>Other</p> <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>

- 2. Cash Match Funding Form** – The applicant shall complete and upload the required OHA Cash Match Funding Form, which identifies all sources of anticipated income that will fund the project. Provide grant/award amounts, 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.

Applicants are required to provide matching funds of at least **twenty percent (20%) of the total project cost**. Match requirements must be met for each project year. Match funding for the first year must be confirmed prior to contracting. Second-year grant funding will be subject to confirmation of second-year match funding.

The twenty percent (20%) match must be cash matching. Cash match may include Federal, State, County, and/or private funds. This may also include fees-for-service or other revenue generation. If the match funding support is from your organization, you must identify the individual funding source(s).

- 3. 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. Pending sources of funding must have a letter from the applicant regarding status. Pending sources of funding must be confirmed prior to the grant recommendations to the OHA Board of Trustees. OHA Grants staff may follow-up as appropriate.

B. Accounting

- 1. Financial Management Audit** – The applicant shall submit a Financial Management Audit Letter if the organization has an operating budget greater than \$500,000. (**Do not** submit the entire audit.) If the organization’s operating budget is less than \$500,000, the applicant shall submit a letter of explanation.
- 2. Accounting Staff** – The applicant shall identify whether their organization has dedicated accounting staff. If there is no dedicated staff, explain how you manage your finances/accounting systems.
- 3. Financial Systems and Grant Fund Management** - The applicant shall describe the financial systems and/or processes in place to manage grant funding from separate sources.

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 - Determination of Eligibility
- Phase 2 - Evaluation of Eligible Applications
- Phase 3 - Recommendations for Award

I. Determination of Eligibility

The application will be reviewed to determine whether the application meets the eligibility requirements. Applications that do not meet the following criteria will not move on to Phase 2:

1. Proof of IRS tax-exempt non-profit status uploaded.
2. Proof of current Compliance with Hawai'i Compliance Express uploaded.
3. Match funding ratio met.
4. Required organizational documents uploaded.
5. Required OHA forms uploaded.

II. Evaluation of Application

The application will be 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>
Basic Information	0 points
Organization Capacity	25 points
Project/Service Delivery	60 points
Financial	25 Points

A. Basic Information (0 points)

No points are assigned to Basic Information. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

B. Organization Capacity (25 Points)

1. Required Documents (0 Points)

No points are assigned to this section. The intent is to verify compliance with minimum eligibility to receive OHA funds pursuant to Hawai'i Revised Statutes Section 10-17.

2. Background & Capacity (5 points)

Provides background on the organization mission, governing structure, prior funding experience, and facilities to give evaluators a sense of organizational capacity to effectively manage grant funds and implement program services.

3. Experience (20 points)

Provides information on the applicant's previous experience with the types of activities it is proposing and their work with the Hawaiian community. It will specifically address the following:

a. Relevant Services (5 points)

Demonstrates meaningful and prior experience related to providing this or other relevant services.

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

Demonstrates meaningful and prior experience related to providing services to the Hawaiian community.

c. Primary Service-50% or more Native Hawaiian Client/Participant Base (10 points)

Demonstrate that the applicant's primary client/participant base is comprised of 50 percent or more Native Hawaiians.

C. Project/Service Delivery (60 points)

1. Needs Assessment (10 points)

Demonstrates the (a) geographic area the applicant proposes to serve contains significant numbers of the target population; (b) target population in the designated area has a need/demand for the proposed services; and (c) services already provided in the designated area are insufficient to meet the need/demand of the target population.

2. Scope of Service (10 points)

Demonstrates the project design is comprehensive and complete. Information will include overall goals and specific objectives, activities, and timeline.

Demonstrate how the proposed approach and methodology is effective and efficient in addressing the needs of the Hawaiian community, how the services will effectively assist individuals with multiple barriers to obtain a successful outcome, and how project activities align with the focus of this Solicitation.

3. Project Plan (20 points)

The Project Plan Worksheet details the project design and includes project objectives, activities, time frame, and staff responsible. The Project Plan will be assessed for:

- Completeness and alignment to Solicitation goals of service and performance measures; and
- Reasonableness and achievability of activities in proposed time frame.

Demonstrates the proposed staffing pattern and participant/staff ratio is reasonable to insure viability of the services. Assignment of staff is sufficient to effectively administer, manage, supervise and provide the required services. Minimum staff qualifications (including experience) for staff assigned to the program are provided.

Demonstrates that outreach strategies for participant recruitment, including collaborations with other agencies/community organizations are effective to meet project goals.

4. Evaluation (20 points)

Describes how the proposed project's effectiveness will be monitored and measured.

- Describes expectations for project success are aligned with and address the needs of the Solicitation focus.
- The Performance Measurement Table is complete, addresses minimum standard outputs and outcomes, and has identified realistic and achievable target measures. Any additional proposed outputs and outcomes have been explained.

Demonstrates project assessment and evaluation plans for the proposed services that effectively measure, monitor and evaluate program performance (short and long-term).

Demonstrates a plan to respond timely to program problems as they arise.

D. Financial (25 points)

1. Budget (20 points)

Demonstrates the applicant has a complete, accurate, and justified budget that aligns with and supports proposed service delivery activities.

- 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.
- Cash Match Funding Form is complete and accurate. Additional consideration given for match funding is: 1) confirmed for the two-year grant period; and 2) more than the minimum required 20%.

2. Accounting (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.

III. Recommendations for Award

The review committees will meet to discuss scores, rankings, and comments and will make recommendations that may take into consideration additional factors including, but not limited to, geographic areas of service, impact to the Hawaiian community, and past performance as an OHA grantee.

Recommendations for award will be presented to OHA's Board of Trustees for approval. A notice of award containing a statement of findings and decision for the award or non-award of a grant will be provided to each applicant.

OHA reserves the right to decide at its discretion not to select and award any of the submitted applications.

Section 5 – Attachments

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

Attachment A. Application 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 B. Project Plan Worksheet



Organization Name:

Project Name:

Page Number:

OF

Project Objective	Activity	Time Frame	Staff Responsible

Attachment C. Performance Measurement Table



PERFORMANCE MEASUREMENT TABLE

Organization: _____

All numbers should reflect **actual** expected outputs and outcomes to be achieved by the applicant.

Outputs	2020	2021
Total Number of Native Hawaiian kūpuna enrolled in the program.		
Total Number of Native Hawaiian caregivers enrolled in the program.		
Number of Native Hawaiian kūpuna who received screening and intake.		
Number of Native Hawaiian kūpuna who completed Individual Service Plans to include continuum of services.		
Number of Native Hawaiian caregivers who enrolled for support services.		
Outcomes		
Number of Native Hawaiian caregivers receiving support services. <ul style="list-style-type: none"> • Identify the type of support services received. 		
Number of Native Hawaiian kūpuna receiving support services. <ul style="list-style-type: none"> • Identify the type of support services received. 		
Number of Native Hawaiian kūpuna who increased their overall wellbeing.		
Number of Native Hawaiian caregivers who increased their overall well-being.		

Qualitative Reporting Information
Caregiver’s satisfaction surveys on services offered and delivered.
Kūpuna satisfaction surveys on services offered and delivered.

Attachment D. Budget Form



BUDGET FORM

Fiscal Year: _____

Organization: _____

Project: _____

Budget Category Item	OHA Funds	Other Funds	Description & Justification
<i>Personnel - Salaries</i>			
<i>Personnel - Other Costs</i>			
<i>Contractual Services</i>			
<i>Equipment - Purchase</i>			
<i>Equipment - Lease/Rental</i>			
<i>Food</i>			
<i>Insurance</i>			
<i>Facilities</i>			
<i>Mileage</i>			
<i>Postage, Freight, Delivery</i>			
<i>Program Activities</i>			
<i>Publication & Printing</i>			
<i>Repair & Maintenance</i>			
<i>Staff Training</i>			
<i>Supplies</i>			
<i>Travel</i>			
<i>Transportation</i>			
<i>Other Expenses</i>			
Totals:	\$0	\$0	Total Year Cost: \$0 Match Percentage: 0.0%

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 funding program will be dedicated funds and will under no circumstances be
 assigned as matching funds for any other purpose of the project.

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

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

Attachment F. 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 G. 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 H. Board of Governance Certification

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), unless specifically permitted by OHA.

Authorized Board Representative
Signature

Title of Authorized Board
Representative

Authorized Board Representative (Type or Print Name)

Attachment I. Sample-Completed Budget Form



BUDGET FORM Fiscal Year: **2018**

Organization: Ke Aloha Services

Project: Ola Nā Keiki

<i>Budget Category - Item</i>	OHA Funds	Other Funds	Description & Justification
<i>Personnel - Salaries</i>			
Program Manager	\$25,000		0.5 FTE to oversee program staff, complete program reports & provide direct service as needed. Based on annual salary of \$50,000.
Case Managers	\$38,000	\$38,000	2 FTE to provide services to participants & conduct outreach. 1 position funded by Hawaii Aloha Foundation
<i>Personnel – Other Costs</i>			
Payroll Taxes	\$6,527	\$3,937	FICA: 6%, Unemployment Insurance: 2.2%, Medicare: 1.45%, TDI: .63%, Workmen's Compensation: .08%
Fringe Benefits	\$7,200	\$2,400	Medical insurance premiums: \$400/employee/month
<i>Equipment - Lease/Rental</i>			
Copy Machine	\$720		Xerox multi-function machine. Contract cost is \$2,880 per year. Cost is split between 4 programs.
<i>Food</i>			
Snacks	\$2,400		\$200/month forsnacks for students who attend program activities after school
Ohana Nights	\$2,000		2 'ohana nights will include healthy food preparation demo for an estimated 50 students & an estimated 150 family members. 200 parcipants X \$5 food cost X 2 nights = \$2000
<i>Insurance</i>			
Liability Insurance	\$1,000		Required liability insurance. Cost is split between 4 programs.
<i>Facilities</i>			
Lease rent	\$8,000	\$8,000	Rent for program facilities in Kapolei. Rent allocation determined by sq. footage used by each program including an equal portion of shared sq. footage. Total facility lease rent is \$64,000. Program uses 1/4 of total sq. footage.
Utilities	\$4,800		Electricity & water expenses. Cost is split between 4 programs.
<i>Mileage</i>			
Staff Mileage	\$519		To attend community events to conduct outreach. Based on 1 staff vehicle used to attend 2 events per month,, avg. round-trip distance of 40 miles at federally approved rate of \$.54 per mile.
<i>Program Activities</i>			
Site Visit Fees	\$2,000		4 of the 5 scheduled excursions described in the project plan worksheet are scheduled at sites which charge a usage fee. Avg. \$500 per site visit.
Garden Supplies	\$3,000		Shovels, rakes, hoes, seeds, soil, and plants. See project plan worksheet for description of gardening activities.
<i>Supplies</i>			
Office Supplies		\$1,000	File folders, paper, pens, pencils for program documentation.
<i>Transportation</i>			
Bus Rental	\$5,000		For 5 excursions. Each rental is \$1,000. See vendor quote from Aloha Hawaii Bus Company in optional docs section.
Totals:	\$106,166	\$53,337	
Total Project Cost:	\$ 159,503	Match %:	33.44%