Grant Solicitation No. OHA 19-01

Kūlia

September 24, 2018

All online applications must be submitted by 4:00 p.m. (HST) by Friday, November 16, 2018.

For assistance with this grant solicitation, please contact:

grantsinfo@oha.org

For assistance with the online application, please contact:
Karlen Oneha, Grants Specialist
Phone: (808) 594-1809
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.
Section 1 – Administrative Overview

I. Grants

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 reserves the right to cancel any activity or modify the timetable at any time.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Scheduled Date</th>
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<tbody>
<tr>
<td>Solicitation and online application available</td>
<td>September 24, 2018</td>
</tr>
<tr>
<td>Solicitation orientation sessions</td>
<td>October 2 – October 29, 2018</td>
</tr>
<tr>
<td>Final application deadline</td>
<td>November 16, 2018</td>
</tr>
<tr>
<td>Application evaluation period</td>
<td>November-December 2018</td>
</tr>
<tr>
<td>Grantee selection and notice of award</td>
<td>January-February 2019</td>
</tr>
<tr>
<td>Grant Agreement negotiations and terms finalized</td>
<td>April-March 2019</td>
</tr>
<tr>
<td>Grant start date</td>
<td>May-June 2019</td>
</tr>
</tbody>
</table>

III. Solicitation Organization

Each applicant must 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. Orientation Session

The orientation session is mandatory for applicants. Due to limited seating capacity, registration prior to the orientation session is required. Registration is limited to two (2) representatives per organization. For applicants who reside outside of O‘ahu and missed their island orientation, applicants can participate via a web-based conferencing platform on Monday, October 29th. Please contact our O‘ahu representative to register.

Please read the entire Solicitation prior to the orientation. The orientation schedule and registration information is found at www.oha.org/grants.

Registration for the orientation sessions is required. To register for an orientation session, please contact the following:

<table>
<thead>
<tr>
<th>Island</th>
<th>Contact Name(s)</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>O‘ahu</td>
<td>Edna Johnson</td>
<td>594-1972</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:ednaj@oha.org">ednaj@oha.org</a></td>
</tr>
<tr>
<td>Lāna‘i</td>
<td>Anthony Pacheco</td>
<td>565-7930</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:anthonyp@oha.org">anthonyp@oha.org</a></td>
</tr>
<tr>
<td>Kaua‘i</td>
<td>Noalani Nakasone</td>
<td>241-3390</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:noalanin@oha.org">noalanin@oha.org</a></td>
</tr>
<tr>
<td>Moloka‘i</td>
<td>Gayla Haliniak</td>
<td>(808) 560-3967</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:gaylah@oha.org">gaylah@oha.org</a></td>
</tr>
<tr>
<td>Hawai‘i Island Hilo</td>
<td>Kamaile Puluole-Mitchell</td>
<td>933-3106</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:kamailep@oha.org">kamailep@oha.org</a></td>
</tr>
<tr>
<td>Hawai‘i Island Kona</td>
<td>Dawn Tanimoto</td>
<td>327-9525</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:dawnt@oha.org">dawnt@oha.org</a></td>
</tr>
<tr>
<td>Maui</td>
<td>Roy Newton</td>
<td>873-3364</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:royn@oha.org">royn@oha.org</a></td>
</tr>
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</table>
Orientations will be held as follows:

<table>
<thead>
<tr>
<th>Island</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>O‘ahu</td>
<td>Tuesday October 2</td>
<td>10 a.m.</td>
<td>OHA - Nā Lama Kukui Pukui 560 N. Nimitz Hwy. Ste. 200 Honolulu, Hawai‘i 96817</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact Edna Johnson: 594-1972 Email: <a href="mailto:ednaj@oha.org">ednaj@oha.org</a></td>
</tr>
<tr>
<td>Kaua‘i</td>
<td>Thursday October 4</td>
<td>10 a.m.</td>
<td>Kipuka Lili‘uokalani Trust 4530 Kali Rd. Lihue, HI 96766</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:30 p.m.</td>
<td>Contact Noalani Nakasone: 241-3390 Email: <a href="mailto:noalanin@oha.org">noalanin@oha.org</a></td>
</tr>
<tr>
<td>Moloka‘i</td>
<td>Friday October 12</td>
<td>10 a.m.</td>
<td>OHA Conference Room Kulana ‘Oiwi Complex - Building D2 600 Maunaloa HWY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:30 p.m.</td>
<td>Kaunakakai Hawaii 96748 Contact Gayla Haliniak-Lloyd: 560-3967 Email: <a href="mailto:Gaylah@oha.org">Gaylah@oha.org</a></td>
</tr>
<tr>
<td>Hawai‘i Island</td>
<td>Friday October 12</td>
<td>Kona 9 a.m.</td>
<td>KONA TBD Contact Dawn Tanimoto: 327-9525 Email: <a href="mailto:dawnt@oha.org">dawnt@oha.org</a></td>
</tr>
<tr>
<td>Kona</td>
<td></td>
<td>Waimea 1:30 p.m.</td>
<td>WAIMEA Tutu’s House 64-1032 Mamalahoa Hwy., #305 Kamuela, HI 96743</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact Dawn Tanimoto: 327-9525 Email: <a href="mailto:dawnt@oha.org">dawnt@oha.org</a></td>
</tr>
<tr>
<td>O‘ahu</td>
<td>Tuesday October 16</td>
<td>10 a.m.</td>
<td>Maui Beach Hotel Lanai Room 170 West Ka‘ahumanu Avenue Kahului, HI 96732</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:30 p.m.</td>
<td>Contact Roy Newton: 873-3364 Email: <a href="mailto:royn@oha.org">royn@oha.org</a></td>
</tr>
<tr>
<td>Kaneohe</td>
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<tr>
<td>Maui</td>
<td>Friday October 19</td>
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<td>1:30 p.m.</td>
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V. Applicant Requirements

A. Applicant Responsibility

This solicitation outlines the application requirements. Prior to application submittal, it is imperative for applicants to closely 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 Section 10-17, 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 must:

1) Have IRS tax-exempt non-profit status;
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 percentage 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. The HCE certificate must be issued within 3 months of the application due date.

C. Confidential Information
Solicitation applications shall be open to public inspection after grantee selections and notice of awards, subject to the State of Hawai‘i 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 a justification to support confidentiality.

VI. Submission of Applications

A. Application Deadline / Online Submission Only
The application deadline is November 16, 2018, 4:00 p.m. Hawaii Standard Time (HST).

The application is available on the OHA Website Grants page at http://www.oha.org/grants.

All applicants shall complete and submit an online application that complies with the requirements contained in Section 3 of this solicitation.

Late applications are not be allowed. An application that is submitted in hard copy, by fax, or by email will be rejected. There are no exceptions to this requirement.

Applicants will receive an automatic acknowledgement through e-mail upon submittal of a final application and receipt by OHA.

B. Multiple Applications

Only one (1) application may be submitted by an organization in response to this solicitation.

C. Additional Materials and Documentation

Upon request from OHA, each applicant shall submit 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. Any 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 findings and decision 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 grant agreement with OHA. Any 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. Work undertaken by the awardee prior to the grant commencement date is disallowed. OHA is not liable for any costs incurred prior to the official starting date.

**C. General and Special Conditions of the Grant Agreement**

Required general contract conditions will be included in the grant agreement. Special contract conditions may also be required 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. Purpose**

OHA Kūlia Grants provide funding to eligible organizations with programs that benefit the Native Hawaiian community and align with OHA’s broad Strategic Priorities and mission. These grants are provided as a pilot program.

The purpose of this solicitation is to provide grants to support OHA’s broader Strategic Priorities of health, education, income, land/water, culture and housing. These broad Strategic Priorities are as follows:

- **Health** – To improve the quality and longevity of life, Native Hawaiians will enjoy healthy lifestyles and experience reduced onset of chronic diseases.
- **Education** – To maximize choices of life and work, Native Hawaiians will gain knowledge
and excel in educational opportunities at all levels.

- **Income & Housing** – To have choices and a sustainable future, Native Hawaiians will progress towards greater economic self-sufficiency to include increasing family income and building stability in housing.
- **Land & Water** – To maintain the connection to the past and a viable land base, Native Hawaiians will participate in and benefit from responsible stewardship of Ka Pae ʻĀina o Hawaiʻi.
- **Culture** – To strengthen their identity, Native Hawaiians will preserve, practice and perpetuate cultural practices and traditions.

This funding opportunity is **not intended** to support programs that would otherwise apply for the Community Grants Solicitation.

**Community Grants** are two-year grants designed for programs that specifically address narrow focus areas aligned with OHA’s Strategic Plan. Community Grants also require a 20 percent funding match.

**Kūlia Grants** are for one-year grants designed for the foregoing broad Strategic Priorities and require a 10 percent funding match. Examples of eligible Kūlia Grant requests include projects for capacity building and capital improvement projects (CIP).

**B. Description of the Service Goals**

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 broad Strategic Priorities.

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

The target population for these services are Native Hawaiian individuals and/or families who reside in the State of Hawaii.

Grantees must maintain proper documentation to demonstrate that program participants meet the Native Hawaiian ancestry requirement. Native Hawaiian ancestry can be verified through a participant’s enrollment in the OHA Hawaiian Registry and possession of an OHA Hawaiian Registry Card.

**D. Geographic Coverage of Service**

Service areas include the islands of O‘ahu, Hawaiʻi, Maui, Kauaʻi, Molokaʻi, and Lānaʻi. Services may be provided to multiple islands or statewide.

**E. Probable Funding Amounts and Period of Availability**

Subject to the availability of funds, $500,000 in OHA funds is budgeted for Kūlia Grants for use from May 2019 to June 2020. Funding will be allocated based on proposals submitted. Funding award amounts may range from a minimum of $25,000 to a maximum of $100,000.
Applicants are required to provide matching funds of at least ten (10%) of the total project cost. Match funding must be comprised entirely of cash sources. Cash match may include Federal, State, County, and/or private funds.

OHA reserves the right to offer partial awards and/or restrict OHA funds from being used for disallowed costs, inappropriate or restricted expenses and/or expenses that are not in the applicant’s budget.

II. Scope of Work

A. Service Activities

The applicant must be able to provide services that address the needs of the Hawaiian community and align with one of OHA’s broad Strategic Priorities.

B. Performance Measurements

The applicant must be able to target, track, and report to OHA on program performance measures. Program outputs and outcomes reported to OHA must be a direct result of OHA’s funding for this program and at a minimum report on the number of Native Hawaiians served by the proposed program.

C. Grants Solicitation Contact

If you have questions regarding this solicitation, please contact the OHA Grants Staff via our email address below and a Grants Staff member will follow-up with you on your inquiry.

grantsinfo@oha.org

III. General Requirements

A. Administrative

1. The applicant must have IRS tax-exempt non-profit status and be 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 years of experience operating a program serving Native Hawaiians related to their proposed program service.

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 funded by the Kūlia Grant.

9. Upon request, the applicant shall make available to OHA all records relating to operations, programs and services that are funded by the Kūlia Grant.

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 Native 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 visits with comprehensive evaluation of several areas of performance. On-site monitoring 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 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. OHA grant funds cannot be used to support costs incurred prior to the grant start date. In addition, in general, OHA does not allow the following:

- Purchase of land or buildings;
- Purchase of motorized vehicles;
- Purchase of alcohol;
- Entertainment or perquisites; and
- Indirect Costs. This category of costs is allowed only if 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 Native Hawaiian community after the term of the Kūlia Grant.

Section 3 – Application Instructions

General Instructions for Completing Application

- All applicants shall complete and submit an application online, accessed through the Grants page of the OHA website, http://www.oha.org/grants.

- Submit your online application by the deadline of November 16, 2018, 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. Each organization account may be accessed by multiple users of the organization.

- 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”. Do not leave any items blank. Failure to answer any of the items will restrict your ability to submit the application.

- 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 that black/white, compressed, low resolution, text quality documents be used.

- 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.
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. Strategic Priority – The applicant shall indicate the broad OHA Strategic Priority area the proposed project aligns with. Choose from: Health, Education, Income, Land/Water, Culture and Housing.

4. 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.

5. Number of Native Hawaiians to be served – The applicant shall indicate the total number of Native Hawaiian individuals that the proposed project intends to serve through OHA funding.

6. Amount Requested – The applicant shall indicate the amount of money being requested from OHA for the proposed project.

7. Grant Orientation Attendance Confirmation – The applicant shall provide the:
   a. Name of the representative who attended the mandatory grant orientation;
   b. Date of attendance; and
   c. Location where the orientation was held.

II. Organization

A. Required Documents

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](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 must be completed and signed by the organization’s Authorized Signatory as identified below under *B. 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. This form must be signed by the organization’s Board Chair or other designated representative of the organization’s Board.

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. **Prior OHA Funding** – If the applicant has received OHA funding in the last five (5) years, list the name of each project/event, the year funded, and the amount awarded.

4. **Other sources of grant funding** – The applicant shall identify prior sources of grant funding: Federal, state, city/county, private foundation, or none of the above. Select as many choices as applicable.

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 Primary Project Contact should be familiar with the project. Official correspondence will be sent to the Authorized Signatory. However, specific questions may be directed to the Primary 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(s).

**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 services for Native Hawaiians and pertinent to the services proposed.

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 the applicant has provided services to Native Hawaiians.

3. **How many Native Hawaiians were served by your organization last year?** – The applicant shall identify how many Native 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/participation that are Native Hawaiian. Additional consideration will be given to organizations that primarily serve Native Hawaiian communities.

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 information about accomplishments and/or impact to the 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 proposed services.
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 services to meet project goals and objectives. State the number of Native Hawaiians estimated to be served by this program and how that number was derived.

2. **Describe how the proposed project will effectively address needs** – The applicant shall describe and justify its overall approach and methodology in addressing the need identified in *Section 3, III, A. Needs Assessment*. Explain how this program will benefit the population identified above and how the project objectives align with the identified OHA Strategic Priority.

**C. Project Plan**

1. **Project Plan Worksheet** – The applicant shall complete the required OHA Project Plan Worksheet describing Goals of Service, Project Objectives, Activities, Time Frame and Staff Responsible. Provide sufficient detail on specific activities and tasks to meet project objectives. Include timeline, duration, and/or frequency for activities through the grant period to assist OHA in monitoring project progress.

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. This information 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 and/or service delivery to demonstrate ability to coordinate with other agencies and resources in the community.

4. **Collaboration** – The applicant shall describe its collaboration with other organizations that will assist in participant recruitment and/or service delivery. This will demonstrate capability to coordinate with other agencies and/or community resources. Letters of commitment from each organization is required.
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 provide target outputs and outcomes. The applicant shall identify target numbers of Native Hawaiians that will be served. Applicant shall also provide at least two (2) outputs and two (2) outcomes for the service or program. If the applicant has less than two (2) outputs and outcomes, the applicant shall provide a justification.

3. Performance Measures – The applicant shall describe proposed quantitative and qualitative performance measures and explain how these are relevant to measure the impact of proposed program services.

4. Project Assessment – The applicant shall describe the measuring tools and/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 include measuring tools i.e., surveys, pre/post tests, assessments.

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.

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.

The budget should include all project expenses, even those costs not being requested from OHA. See example, Attachment H. Sample – Completed Budget Form.

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.

OHA funds cannot be used to pay for disallowed costs, inappropriate, or restricted expenses, including the purchase of real property (land or buildings) or entertainment and gratuities.
**Budget Categories:**

<table>
<thead>
<tr>
<th>Personnel - Salaries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> Costs of employee salaries and wages.</td>
</tr>
<tr>
<td><strong>Justification:</strong> 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personnel – Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> Costs of employees (Federal and State requirements) which may include payroll taxes, assessments, and fringe benefits.</td>
</tr>
<tr>
<td><strong>Justification:</strong> Provide a breakdown of the amounts and percentages (FICA, unemployment insurance, health insurance, retirement, etc.).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contractual Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> 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.</td>
</tr>
<tr>
<td><strong>Justification:</strong> Explain why these services are being contracted. Include scope of service(s) required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment - Purchase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> “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.</td>
</tr>
<tr>
<td><strong>Justification:</strong> 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.</td>
</tr>
<tr>
<td><strong>Note:</strong> Equipment purchased with OHA grant funding must continue to be used to benefit the Native Hawaiian community after the term of the OHA grant.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment - Lease/Rental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> Cost of equipment lease or rental as related to the proposed project services.</td>
</tr>
<tr>
<td><strong>Justification:</strong> Provide computations, price quote, narrative description and a justification for each cost under this category.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> Costs of meals or snacks provided as part of the services for clients as specified in Project/Service Delivery.</td>
</tr>
<tr>
<td><strong>Justification:</strong> Explain why these costs are necessary for client services. Show computations and provide other information that supports the amount requested.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> Cost of insurance required as related to provision of proposed services, which may include general liability and automobile.</td>
</tr>
<tr>
<td><strong>Justification:</strong> For each type of insurance requested, provide a description of the coverage, cost, and necessity as applicable to provision of proposed services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> Costs may include: lease/rental of office space or other project-related facility; utilities (water/sewer, electricity); or telephone/internet services.</td>
</tr>
<tr>
<td><strong>Justification:</strong> Provide computations, price quote, narrative description and a justification for each cost under this category.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mileage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong> Travel allowance based on staff use of private vehicles for project-related activities.</td>
</tr>
<tr>
<td><strong>Justification:</strong> Provide computations, a narrative description and a justification for each cost under this category.</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Postage, Freight &amp; Delivery</td>
</tr>
<tr>
<td>Program Activities</td>
</tr>
<tr>
<td>Publication &amp; Printing</td>
</tr>
<tr>
<td>Repair &amp; Maintenance</td>
</tr>
<tr>
<td>Staff Training</td>
</tr>
<tr>
<td>Supplies</td>
</tr>
<tr>
<td>Staff Travel</td>
</tr>
<tr>
<td>Participant Transportation</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
2. **Cash Match Funding Form** – The applicant shall complete and upload the required OHA Cash Match Funding Form that identifies all sources of anticipated income that will fund the program to certify that they possess sufficient funds to implement proposed activities. 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 ten percent (10%) of the total project cost. The ten percent (10%) 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 be confirmed prior to the recommendations to the OHA Board of Trustees. OHA Grants staff may follow-up as appropriate.

**B. Accounting**

1. **Financial Management Audit Letter** – 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. **Does your organization have dedicated accounting staff?** – The applicant shall identify whether their organization has dedicated accounting staff. If there is no dedicated staff, explain who manages your finances/accounting systems.

3. **Describe the financial systems and processes in place to manage grant funding** - 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 may be comprised of OHA employees and/or community representatives with experience in and knowledge of program services.

The evaluation shall be conducted in three phases:

- Phase 1 - Determination of Eligibility
- Phase 2 - Evaluation of Eligible Applications
- Phase 3 - Recommendations for Award

I. Determination of Eligibility

The application shall 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 Compliance with Hawaii Compliance Express uploaded
3. Match funding ratio met
4. Application Authorization form signed and uploaded
5. All required documents and OHA forms uploaded

II. Evaluation of Eligible Applications

The application will be worth a total of up to 105 points. A response is required for each item unless indicated otherwise.

The points will be distributed as follows:

<table>
<thead>
<tr>
<th>Evaluation Categories</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Information</td>
<td>0 points</td>
</tr>
<tr>
<td>Organization Capacity</td>
<td>25 points</td>
</tr>
<tr>
<td>Project/Service Delivery</td>
<td>55 points</td>
</tr>
<tr>
<td>Financial</td>
<td>25 Points</td>
</tr>
</tbody>
</table>

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 HRS 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 Native 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. **Service 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)**

      Demonstrates that the applicant’s primary participant/client base is comprised of 50 percent or more Native Hawaiian participants/clients.

C. **Project/Service Delivery (55 points)**

   1. **Needs Assessment (10 points)**

      Demonstrates the (a) geographic area(s) the applicant proposes to serve contains significant numbers of the target population; (b) target population in the designated area(s) has a need/demand for the proposed services; and (c) services already provided in the designated area(s) 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 Native Hawaiian community, how the services will effectively assist individuals with multiple barriers to obtain a successful outcome, and how project activities align with OHA Strategic Priorities.

   3. **Project Plan (15 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 based on:
Completeness and alignment to OHA Strategic Priorities; 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 is 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 that are aligned with OHA’s broad Strategic Priorities and address the identified needs.
   • The Performance Measurement Table is complete, addresses minimum standard outputs and outcomes, and has identified realistic and achievable target measures. 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 will be given if match funding is: 1) confirmed for the grant period; 2) more than the minimum required 10%; and/or 3) offers opportunities to leverage OHA’s funds.

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 will be presented to OHA’s Board of Trustees for selection and 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. Board Governance Certification
C. Project Plan Worksheet
D. Performance Measurement Table
E. Budget Form
F. Cash Match Funding Form
G. Sample – IRS Letter of Determination
H. Sample – HCE Certificate of Vendor Compliance (CVC)
## APPLICATION AUTHORIZATION FORM

<table>
<thead>
<tr>
<th>Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Entity Name (ex. H&amp;B Foundation, Inc. dba Nā Mele Hawai‘i)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
</tbody>
</table>

| Mailing Address (if different from Street Address) | City | Zip |

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. board governance certification

<table>
<thead>
<tr>
<th>Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(the &quot;organization&quot;), i hereby certify that:</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Authorized Board Representative Signature</th>
<th>Title of Authorized Board Representative</th>
</tr>
</thead>
</table>

Authorized Board Representative (Type or Print Name)
<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>Project Name:</th>
<th>Page Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Project Objective</th>
<th>Activity</th>
<th>Time Frame</th>
<th>Staff Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Attachment C. Project Plan Worksheet**
**PERFORMANCE MEASUREMENT TABLE**

**Solicitation: 19-02 Kūlia**

**Organization:**

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

<table>
<thead>
<tr>
<th>Outputs</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of individual participants in the program</td>
<td></td>
</tr>
<tr>
<td>Total number of Native Hawaiian and/or Hawaiian participants in the program</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of participants who completed the program</td>
<td></td>
</tr>
<tr>
<td>Total number of Native Hawaiian and/or Hawaiian participants who completed the program</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualitative Reporting Information</th>
<th></th>
</tr>
</thead>
</table>
## Attachment E.  Budget Form

<table>
<thead>
<tr>
<th>Budget Category - Item</th>
<th>OHA Funds</th>
<th>Other Funds</th>
<th>Description &amp; Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel - Salaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel – Other Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment - Purchase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment - Lease/Rental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mileage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage, Freight, Delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publication &amp; Printing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair &amp; Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals: S</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

| Total Project Cost: S | Match %: | 0.00% |
We, [Organization Name], hereby affirm that any monies designated as matching funds under 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.

<table>
<thead>
<tr>
<th>FUNDING SOURCE - FY 2019</th>
<th>AMOUNT</th>
<th>CONFIRMED/ PENDING?</th>
<th>AWARD PERIOD</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL INCOME:</td>
<td>$</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment G. Sample – IRS Letter of Determination

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 H. 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:

<table>
<thead>
<tr>
<th>Form</th>
<th>Department(s)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-6</td>
<td>Hawaii Department of Taxation</td>
<td>Compliant</td>
</tr>
<tr>
<td></td>
<td>Internal Revenue Service</td>
<td>Compliant</td>
</tr>
<tr>
<td>CDGS</td>
<td>Hawaii Department of Commerce &amp; Consumer Affairs</td>
<td>Exempt</td>
</tr>
<tr>
<td>LIR27</td>
<td>Hawaii Department of Labor &amp; Industrial Relations</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Status Legend:

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