



Grant Solicitation No. OHA 18-03

Health

September 1, 2016

All online applications must be submitted by 4:00 p.m. (HST) by Friday, December 16, 2016.

For assistance with this grant solicitation, please contact:

Misti Pali-Oriol, Grants Specialist

Phone: (808) 594-0243

E-mail: mistip@oha.org

For assistance with the online application, please contact:

Sarah Antone, Grants Specialist

Phone: (808) 594-1809

E-mail: saraha@oha.org

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



September 1, 2016

Dear Applicant:

SUBJECT: OHA GRANT SOLICITATION FOR STATE
FISCAL BIENNIUM (FB) 2018 – 2019

The Office of Hawaiian Affairs (OHA) is soliciting applications from qualified applicants to provide the following service for State Fiscal Biennium 2018 - 2019:

<u>Grant Solicitation No.</u>	<u>Service Activity Title</u>
OHA 18-03	Health

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

Prospective applicants are strongly encouraged to attend an orientation session and registration for sessions is required. The orientation schedule and registration information 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, December 16, 2016.**

Any questions or inquiries regarding this solicitation should be directed to the Solicitation Contact Person, Misti Pali-Oriol, by mail at 560 N. Nimitz Hwy, Suite 200, Honolulu, Hawai'i 96817, or e-mail at mistip@oha.org or by telephone to (808) 594-0243.

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.

Mahalo,

Keith Yabusaki, Ph.D.
Office of Hawaiian Affairs
Ka Pou Kāko‘o Kaiāulu, Transitional Assistance Program Manager

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Section 1 – Administrative Overview

I. Transitional Assistance Program

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

Transitional Assistance Program
Office of Hawaiian Affairs
560 North Nimitz, Suite 200
Honolulu, Hawai‘i 96817
Phone: (808) 594-1986
E-mail: grantsinfo@oha.org

II. Solicitation Timetable

This timetable of activities represents OHA’s best estimated schedule and is provided for planning purposes only. OHA–TAP reserves the right to cancel any activity or modify the timetable at any time.

Activity	Scheduled Date
Availability of solicitation	September 1, 2016
Availability of online application	September 19, 2016
Solicitation orientation session(s)	September 19 – November 1, 2016
Pre-Application deadline	November 23, 2016
Deadline for submission of written questions	November 30, 2016
Response to written questions	December 7, 2016
Final application deadline	December 16, 2016
Application evaluation period	January – March 2017
Grantee selection and notice of award	April – May 2017
Grant Agreement negotiations and terms finalized	May – June 2017
Grant start date	July 1, 2017

III. Solicitation Organization

Each applicant is required to thoroughly 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

Prospective applicants are strongly encouraged to attend an orientation session. Please read the entire Solicitation prior to the orientation. Registration for sessions is required. The orientation schedule and registration information can be found at www.oha.org/grants.

Orientations will be held as follows:

Island	Date	Time	Location
O‘ahu	September 19, 2016	1:00 pm	OHA - Nā Lama Kukui 560 N. Nimitz Hwy. Ste. 200 Honolulu, HI 96817 <i>**Web conferencing available**</i>
Kaua‘i	September 27, 2016	9:00 am	Kaua‘i Community College 3-1901 Kaumuali‘i Hwy. OCET Rm. 105 Līhu‘e, HI 96766
Kaua‘i	September 27, 2016	1:00 pm	
Moloka‘i	October 4, 2016	10:00 am	Kūlana ‘Ōiwi Mauna Loa Hwy. Kaunakakai, HI 96748
Hawai‘i	October 13, 2016	9:00 am	West Hawaii Civic Center County Council Chambers - Building A 74-5044 Ane Keohokalole Hwy. Kailua-Kona, HI 96740
Hawai‘i	October 13, 2016	1:00 pm	
Maui	October 18, 2016	9:00 am	Maui Beach Hotel Maui Room 170 W. Ka‘ahumanu Ave. Kahului, HI 96732
Maui	October 18, 2016	1:00 pm	
O‘ahu	October 20, 2016	9:00 am	KEY Project Joe C. Harper Community Meeting Room 47-200 Waihe‘e Rd. Kaneohe, HI 96744
O‘ahu	October 20, 2016	1:00 pm	
Hawai‘i	October 25, 2016	9:00 am	Mokupāpapa Discovery Center Meeting Room – Floor 2 76 Kamehameha Ave. Hilo, HI 96720
Hawai‘i	October 25, 2016	1:00 pm	
O‘ahu	October 27, 2016	1:00 pm	DHHL - Hale Pono‘ī 91-5420 Kapolei Pkwy. Kapolei, HI 96707
O‘ahu	November 1, 2016	10:00 am	OHA - Nā Lama Kukui 560 N. Nimitz Hwy. Ste. 200 Honolulu, HI 96817 <i>**Web conferencing available**</i>

V. Submission of Questions

A. Orientations

Questions will be permitted at the orientations to promote understanding of OHA's requirements. Answers provided at the orientation are only intended as general direction and may not represent OHA's final position.

B. Prior to Application Deadline

Applicants may submit questions to the Solicitation contact person identified in *Section 2, Service Specifications* of this solicitation. All written questions will receive a written response from OHA. In addition, questions and answers will be posted to the OHA website as addenda.

Deadline for submission of written questions: **November 30, 2016 by 4:30pm HST**

OHA responses to applicant written questions: **December 7, 2016**

VI. Applicant Requirements

A. Minimum Qualifications

This solicitation is issued under the provisions of the Hawai'i Revised Statutes (HRS) Chapter 10-17 HRS. To be eligible for funding consideration, an applicant shall:

- 1) Have IRS tax-exempt non-profit status or be a government agency;
- 2) Be compliant with all laws governing entities doing business in the State of Hawai'i;
- 3) Provide services to the Hawaiian community in the State of Hawai'i;
- 4) Provide a percentage of project costs from other funding sources; and
- 5) 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.

B. Program Specific Requirements

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

C. Confidential Information

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.

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

VII. Submission of Applications

A. Application Deadline

All applicants shall complete and submit an application online 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 December 16, 2016, 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.

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

B. Pre-Application Deadline

Applicants may submit a draft application online which will be reviewed for Determination of Eligibility (*refer to Section 4, Application Evaluation*). All required documents and OHA forms must be uploaded. In addition, all sections of the application must be addressed in order to submit. The draft application will be reviewed only for eligibility and not for content.

Submit your pre-application online, through the Community Grants page of the OHA website, <http://www.oha.org/grants>. The deadline to submit pre-applications for review is November 23, 2016, 4:00 p.m. Hawaii Standard Time (HST).

Applicants will receive feedback on eligibility status of their pre-application through email. Applications shall not be examined for review purposes until the final submittal deadline.

C. 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.

D. Additional Materials and Documentation

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

E. Solicitation Amendments

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

F. Cancellation of Solicitation

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

G. Rejection of Applications

OHA reserves the right to consider as acceptable 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.

VIII. 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 made 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. 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. Over the years, OHA has taken on the responsibility of providing the opportunity for a better life and future for all Native Hawaiians. Through hard work, perseverance, and core values to guide OHA's initiatives, thousands of people have benefited from the work of OHA.

The purpose of this solicitation is to provide grants to support OHA's Strategic Result to decrease chronic disease rates by specifically reducing the rate of obesity among Native Hawaiians. Desired program(s) will provide culturally relevant, family-centered services that 1) decrease the incidence and severity of obesity and other chronic diseases in Native Hawaiians so that they can sufficiently improve their physical health and overall well-being and 2) increase Native Hawaiian families actively improving lifestyle choices by engaging in health programs and supportive family development practices.

The State of Hawai'i has one of the lowest obesity rates (21.8%) in the nation, but the rate of obesity for Native Hawaiians (39%) is far higher than the rate for the entire State. According to the Centers for Disease Control and Prevention (CDC), being overweight or obese increases the risk for many diseases and health conditions including, but not limited to, heart disease, stroke, and hypertension.

B. Description of the Service Goals

The goal of these services is to improve health conditions among Native Hawaiians by implementing family-centered, culturally sensitive approaches that focus on:

- Reducing the rate of obesity among Native Hawaiians through Direct Services (*i.e. clinical assessment, diagnosis, treatment, and specialist referrals, etc.*) and
- Reducing the rate of obesity and other chronic diseases among Native Hawaiians through Prevention Services (*i.e. education, advocacy, research, etc.*)

Applicants may also propose other program areas.

C. Description of the Target Population to be Served

The target population for these services is persons and families of Native Hawaiian ancestry who are identified as overweight/obese and/or at-risk of obesity.

Providers must maintain proper documentation to demonstrate that program participants meet this eligibility requirement.

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. Probable Funding Amounts and Period of Availability

Subject to the availability of funds, \$500,000 in OHA Funds is suggested from July 1, 2017 to June 30, 2018 and \$500,000 from July 1, 2018 to June 30, 2019.

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)

The applicant should be able to provide services that address obesity and its related chronic diseases through family-centered health promotion with a particular emphasis on nutrition education and physical activity. Applicants shall propose programs which include but may not be limited to the following:

- Outreach, screening, intake and assessment;
- Case management that includes the development of individual service plans, monitoring of participant progress and follow-up with participants;
- Counseling and referrals;
- Education regarding nutrition and promotion of physical activity;
- Family-centered health promotion activities
- Incorporation of traditional Hawaiian practices and concepts supporting cultural strategies related to health and wellness; and
- Measurement and evaluation of program progress and success.

Participants should be assessed and evaluated on a regular basis for health outcomes including but not limited to Body Mass Index (BMI), weight, physical and emotional functioning, blood pressure control and chronic disease management. Measurement and evaluation activities shall be provided in-person and be conducted by applicant’s staff, applicant’s contractor, or personnel from an agency funded by applicant. These activities may be provided in a group or one-on-one setting.

Applicants may also propose other program areas.

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 participants enrolled in program
- Number of Native Hawaiians enrolled in program
- Number of Native Hawaiians identified as overweight
- Number of Native Hawaiians identified as obese
- Number of Native Hawaiians who completed the program

2. Outcomes

- Number of Native Hawaiians who achieved reduction in weight
- Number of Native Hawaiians who achieved reduction in BMI
- Number of Native Hawaiians who improved dietary/eating habits
- Number of Native Hawaiians who improved physical activity
- Number of Native Hawaiians who were identified as obese at intake and at completion of the program are no longer identified as obese
- Number of Native Hawaiians who improved their management of other chronic diseases

3. Qualitative Measures

- De-identified data
- Explanation of why participants dropped-out of program
- Summary of participant chronic disease management

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 Person

The individual listed below is the sole point of contact from the date of release of this Solicitation until grantee selection and notice of awards.

Sole Point of Contact: Misti Pali-Oriol

Title: Grants Specialist

Address: 560 North Nimitz Hwy., Ste. 200, Honolulu, HI 96817

Phone: (808) 594-0243

E-mail: mistip@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, or be a government agency.
2. 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.
3. The applicant shall have a minimum of five years of experience operating a program serving Native Hawaiians related to this Solicitation. An exception from this requirement may be granted if the applicant has demonstrated the necessary experience in the program area.
4. 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.
5. 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.
6. 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 and contracted for. The applicant must not require nor depend on OHA's staff to provide service activities in the event program resources are not available.
7. The applicant shall have clinical experience in data collection, measurement and evaluation. If applicant lacks this experience, the applicant is strongly encouraged to partner with other agencies and organizations that have this experience.

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 may include on-site visits with comprehensive evaluation of several areas of performance. These may 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. Budget Restrictions

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
- Purchase of motor vehicles
- 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 Native 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 December 16, 2016, 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.
- 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

The applicant is required to thoroughly read all sections of this solicitation before completing the online application form. Additionally, it is required that you review your 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. **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.*

3. **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*].”
4. **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 over the two year grant term.
5. **FY 2018 Amount Requested From OHA** – The applicant shall indicate the amount of money being requested from OHA for the proposed project for the fiscal year 2018 (July 1, 2017 – June 30, 2018).
6. **FY 2019 Amount Requested From OHA** - The applicant shall indicate the amount of money being requested from OHA for the proposed project for the fiscal year 2019 (July 1, 2018 – June 30, 2019).

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. If applying as a government agency (County, State, or Federal) upload a letter signed by the organization’s authorized representative stating that applicant is a government agency and therefore an IRS letter is not needed (See example, *Attached F. Sample – IRS Letter of Determination*).
2. **Certificate of Vendor Compliance (CVC)** – The applicant shall upload the Certificate of Vendor Compliance issued by the State of Hawaii. To obtain this document, applicants must register with Hawaii Compliance Express online at <http://vendors.ehawaii.gov>. This Certificate must be current within six (6) 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 *B. Background & Capacity, Signing Authority*.

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. **Organization Goals** – The applicant shall briefly describe the organization’s goals.
4. **Governing Board** – The applicant shall provide a list of the organization’s governing board. This shall include, at a minimum, each member’s name and title. Also identify any vacant board positions.
5. **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.
6. **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.
7. **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 reflect the position of each staff and line of responsibility/supervision. Include the position title, name of individual and full-time equivalency (FTE). The applicant shall demonstrate the applicant’s proposed organization will be sufficient to effectively administer, manage, and provide the required services.
8. **Signing Authority** – The applicant shall identify the positions that have signing authority over legal and financial agreements in the organization. Include position title(s) and employee name(s).
9. **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. This may be the individual who has completed the application.
10. **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.
11. **Liability Insurance** – The applicant shall identify whether the organization carries liability insurance.

12. 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 health services for Native Hawaiians and/or 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 they have 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 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 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 services 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 all of 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.

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 target population receives needed services.
4. **Collaboration** – The applicant shall describe any collaboration with other organizations to assist in participant recruitment and/or service delivery to demonstrate capability to coordinate with other agencies and resources in the community to ensure target population receives needed services.

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. Additional measures may also be proposed as relevant to the project. 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** – As applicable, explain why any relevant quantitative or qualitative measures were added to the Performance Measurement table by the applicant.
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.
5. **Risk Management** – The applicant shall identify potential problems or areas of risk that may negatively impact the delivery of services or project operations. This may include, but not be limited to, staff turnover, loss of funding, non-award of anticipated grant, program delays, etc. The applicant shall describe the following about each risk: probability of occurrence, potential impact to the project, and the contingency plan.

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 2018 and Fiscal Year 2019.

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.

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. 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*.

Budget Categories

<p>Personnel - Salaries</p> <p><u>Description:</u> Costs of employee salaries and wages. <u>Justification:</u> Identify key project staff positions. For each staff person, provide: position title, time commitment to the project as a percentage or full-time equivalent, and annual salary.</p>
<p>Personnel – Other Costs</p> <p><u>Description:</u> Costs of employees (Federal and State requirements) which may include payroll taxes, assessments, and fringe benefits. <u>Justification:</u> Provide a breakdown of the amounts and percentages (FICA, unemployment insurance, health insurance, retirement, etc.).</p>
<p>Contractual Services</p> <p><u>Description:</u> Costs of all contracts for professional services or consultant services necessary for the project that are not regularly part of the organization’s staff. Include project specific and administrative services contracts as related to the project. <u>Justification:</u> Explain why these services are being contracted. Include scope of service(s) required.</p>
<p>Equipment - Purchase</p> <p><u>Description:</u> “Equipment” means an article including items of personal property, as distinguished from real property, having a useful life of more than one year and an acquisition cost of \$500 or more per unit. <u>Justification:</u> For each type of equipment requested, provide a description of the item and its relevance to the project, the cost per unit, and the number of units. <u>Note:</u> Equipment purchased with OHA grant funding must continue to be used to benefit the Native Hawaiian community after the term of the OHA grant.</p>
<p>Equipment - Lease/Rental</p> <p><u>Description:</u> Cost of equipment lease or rental as related to the proposed project services. <u>Justification:</u> Provide computations, price quote, narrative description and a justification for each cost under this category.</p>
<p>Food</p> <p><u>Description:</u> Costs of meals or snacks provided as part of the services for clients as specified in Project/Service Delivery. <u>Justification:</u> 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><u>Description:</u> Cost of insurance required as related to provision of proposed services which may include general liability and automobile. <u>Justification:</u> For each type of insurance requested, provide a description of the coverage, cost, and necessity as applicable to provision of proposed services.</p>
<p>Facilities</p> <p><u>Description:</u> Costs may include: lease/rental of office space or other project-related facility; utilities (water/sewer, electricity); or telephone/internet services. <u>Justification:</u> Provide computations, price quote, narrative description and a justification for each cost under this category.</p>
<p>Mileage</p> <p><u>Description:</u> Travel allowance based on staff use of private vehicles for project-related activities. <u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>

Postage, Freight & Delivery
<p><u>Description:</u> Costs of mailing, shipping, or delivery as related to project.</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> Cost 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>
Travel
<p><u>Description:</u> Costs of project-related travel by applicant employees or consultants which may include airfare, vehicle rental, mileage, lodging, or per diem.</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>
Transportation
<p><u>Description:</u> Cost of transportation for participants to project-related services which may include airfare, vehicle rental, gas, mileage, parking fees, etc.</p> <p><u>Justification:</u> Provide computations, a narrative description and a justification for each cost under this category.</p>
Other
<p><u>Description:</u> Enter all other costs not included above.</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 BOT. 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 will be comprised of OHA employees and 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 Compliance with HCE uploaded
3. Match funding ratio met
4. Application Authorization form signed and uploaded
5. All other required OHA forms uploaded

II. Evaluation of Eligible Applications

The application will be worth a total of **100 points**. A response is required for each item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.

The points will be distributed as follows:

<u>Evaluation Categories</u>	<u>Possible Points</u>
Basic Information	0 points
Organization Capacity	15 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 (15 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 (10 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:

- Demonstrates meaningful and prior experience related to providing this or other relevant services.
- Demonstrates meaningful and prior experience related to providing services to the Hawaiian community.

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. 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



Organization Name:

Project Name:

Page Number:

OF

Project Objective	Activity	Time Frame	Staff Responsible

Attachment B. Project Plan Worksheet

Attachment C. Performance Measurement Table



PERFORMANCE MEASUREMENT TABLE
Solicitation: 18-03 Health

Organization: _____

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

Outputs	2018	2019
Total number of participants enrolled in program		
Number of Native Hawaiians enrolled in program		
Number of Native Hawaiians identified as overweight		
Number of Native Hawaiians identified as obese		
Number of Native Hawaiians who completed the program		
Outcomes		
Number of Native Hawaiians who achieved reduction in weight		
Number of Native Hawaiians who achieved reduction in BMI		
Number of Native Hawaiians who improved dietary/eating habits		
Number of Native Hawaiians who improved physical activity		
Number of Native Hawaiians who were identified as obese at intake and at completion of the program are no longer identified as obese		
Number of Native Hawaiians who improved their management of other chronic diseases		

Qualitative Reporting Information
De-identified data
Explanation of why participants dropped-out of program
Summary of participant chronic disease management

Attachment D. Budget Form



BUDGET FORM

Fiscal Year: _____

Organization: _____

Project: _____

<i>Budget Category - Item</i>	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:	\$ -	\$ -	
Total Project Cost:	\$ -	Match %:	0.00%

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 2018	AMOUNT	CONFIRMED/ PENDING?	AWARD PERIOD	NOTES
TOTAL INCOME:	\$ -			

FUNDING SOURCE - FY 2019	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. 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 for snacks 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 participants 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%