



MICHAEL P. VICTORINO  
MAYOR  
MM/lu  
OUR REFERENCE  
YOUR REFERENCE

# POLICE DEPARTMENT RECEIVED

## COUNTY OF MAUI

55 MAHALANI STREET  
WAILUKU, HAWAII 96793  
(808) 244-6400  
FAX (808) 244-6411  
June 3, 2020



2020 JUN -4 AM 9:49  
TIVOLI S. FAAUMU  
CHIEF OF POLICE  
OFFICE OF THE MAYOR  
DEAN M. RICKARD  
DEPUTY CHIEF OF POLICE

Ms. Michele Yoshimura *MY*  
Budget Director, County of Maui  
200 South High Street  
Wailuku, Hawaii 96793

Honorable Michael P. Victorino  
Mayor, County of Maui  
200 South High Street  
Wailuku, Hawaii 96793

For transmittal to:

Honorable Alice Lee, Chair  
and Members of the Maui County Council  
200 South High Street  
Wailuku, Hawaii 96793

Dear Chair Lee and Members:

SUBJECT: OFFICE OF YOUTH SERVICES GRANTS

In accordance with Ordinance No. 4988, Bill 36 (2019) Draft 1 Fiscal Year 2020 Budget, we are hereby transmitting to you a copy of the grant agreement with the State of Hawaii, Department of Human Services, Office of Youth Services for the Positive Outreach Interventions (POI) grant for the period of June 1, 2020 to June 30, 2021 in the amount of \$83,132.00.

Thank you for your attention to this matter. If you have any questions, please feel free to contact our accountant, Lesley Ann Uemae, at ext. 6309.

Sincerely,

*Tivoli S. Faaumu*  
TIVOLI S. FAAUMU  
Chief of Police

APPROVED FOR TRANSMITTAL

*Michael P. Victorino*  
Mayor

*6/4/20*  
Date

OFFICE OF THE  
COUNTY CLERK

2020 JUN -5 AM 9:52

RECEIVED

COUNTY COMMUNICATION NO. 20-319



**STATE OF HAWAI'I  
CONTRACT FOR HEALTH AND HUMAN SERVICES:  
TRANSACTIONS EXEMPT FROM CHAPTER 103F, HRS**

This Contract, executed on the respective dates indicated below, is effective as of

June 1 \_\_\_\_\_, 20<sup>20</sup> \_\_\_\_\_ between the \_\_\_\_\_  
Department of Human Services, Office of Youth Services  
*(Name of the state department, agency board or commission)*

State of Hawai'i ("STATE"), by its Executive Director  
*(Title of person signing for the STATE)*

whose address is: 1010 Richards Street, Suite 314  
Honolulu, Hawai'i 96813-2940

and County of Maui, Maui Police Department  
*(Name of PROVIDER)*

("PROVIDER"), a Government Entity  
*(Legal form of PROVIDER i.e., Corporation, Limited Liability Company, etc.)*

under the laws of the State of Hawai'i whose business street address and taxpayer  
identification numbers are as follows:

Business street address:

55 Mahalani Street

Wailuku, Hawai'i 96793

Mailing address if different than business street address:

Federal employer identification number: 99-6000618

Hawai'i general excise tax number: N/A

I certify that this is a complete,  
true, and accurate copy of the  
original on file in our office.

Marta Chien  
Office of Youth Services

**EXEMPT TRANSACTIONS**  
Page 1 of 6

**RECITALS**

A. This Contract is for a purchase of health and human services that is exempt from the requirements of chapter 103F, Hawai'i Revised Statutes, ("HRS"), because:

- ☒ this Contract is between or among government agencies as provided in Section 103F-101(a)(2), HRS;
- ☐ this Contract is to award grants or subsidies of state funds appropriated by the legislature to a specific organization as provided in section 103F - 101(a)(1), HRS, and section 3-141-503(a)(2), Hawai'i Administrative Rules, or to award subawards and subgrants to specific organizations directed by the funding source as provided in section 3-141-503(a)(1);
- ☐ this Contract is wholly or partly funded from federal sources that conflict with the procedures and requirements established by chapter 103F, HRS, and its implementing regulations;
- ☐ this Contract is wholly or partly funded from federal sources that (1) identifies a target class of beneficiaries, (2) defines the requirements for a provider to be qualified to participate in the federal program, and (3) has the price of the provided health and human services dictated by federal law;
- ☐ this Contract is for an affiliation agreement with hospitals and other health care providers required for University of Hawaii clinical programs;
- ☐ this Contract is for the services of psychiatrists or psychologists in criminal or civil proceedings as required by a court order or by the rules of the court;
- ☐ this Contract is for a transaction covered by a written exemption from the Chief Procurement Officer for the STATE dated \_\_\_\_\_, 20\_\_\_\_\_.

B. The STATE needs the health and human services described in this Contract and its attachments ("Required Services") and the PROVIDER agrees to provide the Required Services.

**EXEMPT TRANSACTIONS**

C. Money is available to fund this Contract pursuant to:

(1) Act 005, 2019 SLH Item F.5. HMS 501,  
(Identify state sources)

in the amount of \$83,132.00, or  
(state funding)

(2) \_\_\_\_\_,  
(Identify federal sources)

in the amount of \_\_\_\_\_, or both.  
(federal funding)

D. The STATE is authorized to enter into this Contract pursuant to:

Section 346-63, Hawai'i Revised Statutes

(Legal authority for Contracts)

E. The undersigned representative of the PROVIDER represents, and the STATE relies upon such representation, that he or she has authority to sign this Contract by virtue of (check any or all that apply):

- ☐ corporate resolutions of the PROVIDER or other authorizing documents such as partnership resolutions;
- ☐ corporate by-laws of the PROVIDER, or other similar operating documents of the PROVIDER, such as a partnership contract or limited liability company operating contract;
- ☐ the PROVIDER is a sole proprietor and as such does not require any authorizing documents to sign this Contract;
- ☒ The PROVIDER is a government entity, and the undersigned representative of the PROVIDER is duly-authorized to execute contracts on behalf of such government entity;
- ☐ other evidence of authority to sign:

F. The PROVIDER has provided a "Certificate of Insurance" to the STATE that shows to the satisfaction of the STATE that the PROVIDER has obtained liability insurance which complies with paragraph 1.4 of the General Conditions of this Contract and with any relevant special condition of this Contract.

G. The PROVIDER produced, and the STATE inspected, a tax clearance certificate as required by section 103-53, HRS.

**EXEMPT TRANSACTIONS**

**Page 3 of 6**

NOW, THEREFORE, in consideration of the promises contained in this Contract, the STATE and the PROVIDER agree as follows:

1. Scope of Services. The PROVIDER shall, in a proper and satisfactory manner as determined by the STATE, provide the Required Services set forth in Attachment "1" to this Contract, which is hereby made a part of this Contract, and the Request for Proposals ("RFP"), and the PROVIDER's Proposal, which are incorporated in this Contract by reference. In the event that there is a conflict among the terms of this Contract, and either the Proposal or the RFP, or both, then the terms of this Contract shall control.
2. Time of Performance. The PROVIDER shall provide the Required Services from June 1 \_\_\_\_\_, 2020, to June 30 \_\_\_\_\_, 2021, as set forth in Attachment "2" to this Contract, which is hereby made a part of this Contract.
3. Compensation. The PROVIDER shall be compensated
 

☒ in a total amount for all required services not to exceed EIGHTY-THREE THOUSAND ONE HUNDRED THIRTY TWO & No/100----- DOLLARS (\$83,132.00), which amount includes all fees and costs incurred and any federal, state and local taxes as set forth in attachment "3" to this Contract, which is hereby made a part of this Contract.  
  
☐ based upon referrals to the PROVIDER from the STATE, payment for each such referral shall be made according to Attachment "3". The STATE shall provide a minimum of \_\_\_\_\_ referrals to the PROVIDER.
4. Reporting Requirements. In addition to whatever other reports may be required elsewhere in this Contract, the PROVIDER shall also submit a Final Project Report, by (date) August 14 \_\_\_\_\_, 2021 \_\_\_\_\_. No amendment to the PROVIDER's Final Project Report shall be considered after (date) August 14 \_\_\_\_\_, 2021 \_\_\_\_\_.
5. Certificate of Exemption from Civil Service. The Certificate of Exemption from Civil Service is attached and made a part of this Contract.
6. Standards of Conduct Declaration. The Standards of Conduct Declaration of the PROVIDER is attached and made a part of this Contract.

7. General and Special Conditions. The General Conditions for Health and Human Services Contracts ("General Conditions") and any Special Conditions are attached hereto and made a part of this Contract. In the event of a conflict between the General Conditions and the Special Conditions, the Special Conditions shall control.
8. Notices. Any written notice required to be given by any party under this Contract shall be (a) delivered personally, or (b) sent by United States first class mail, postage prepaid.

Notice required to be given to the STATE shall be sent to:

Department of Human Services, Office of Youth Services

1010 Richards Street, Suite 314, Honolulu, Hawai'i 96813-2940

Notice to the PROVIDER shall be sent to the mailing address as indicated on page 1. A notice shall be deemed to have been received three (3) days after mailing or at the time of actual receipt, whichever is earlier. The PROVIDER is responsible for notifying the STATE in writing of any change of address.

IN VIEW OF THE ABOVE, the parties execute this Contract by their signatures below.

STATE

By Merton Chinen  
(Signature)

Print Name Merton Chinen

Print Title Executive Director

Date 5/26/2020

FUNDING AGENCY (to be signed by head of funding agency if other than the Contracting Agency)

By \_\_\_\_\_  
(Signature)

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

Date \_\_\_\_\_

CORPORATE SEAL  
(if available)

PROVIDER

By

Tivoli S. Faumu  
(Signature)

Print Name

TIVOLI S. FAUMU

Print Title

CHIEF OF POLICE

Date

5/8/20

APPROVED AS TO FORM:

Melissa Lewis

Deputy Attorney General

EXEMPT TRANSACTIONS

Page 6 of 6

PROVIDER'S ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
 ) SS.  
\_\_\_\_\_ COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before  
me appeared \_\_\_\_\_

and \_\_\_\_\_, to me known, to be the  
person(s) described in and, who, being by me duly sworn, did say that he/she/they is/are the

\_\_\_\_\_ and \_\_\_\_\_  
of \_\_\_\_\_,

the PROVIDER named in the foregoing instrument, and that he/she/they is/are authorized to sign said  
instrument on behalf of the PROVIDER, and acknowledges that he/she/they executed said instrument  
as the free act and deed of the PROVIDER.

(Notary Seal)

By \_\_\_\_\_ (Signature)

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ # Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit \_\_\_\_\_

Doc. Description: \_\_\_\_\_

(Notary Stamp or Seal)

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTARY CERTIFICATION



**CERTIFICATE OF EXEMPTION FROM CIVIL SERVICE**

**1. By Heads of Departments or Agencies as Delegated by the Director of Human Resources Development<sup>1</sup>.**

Pursuant to the delegation of the authority by the Director of Human Resources Development, I certify that the services provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to §76-16, Hawai'i Revised Statutes ("HRS").

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title)

<sup>1</sup> This part of the form may be used by all department heads and others to whom the Director of Human Resources Development (DHRD) has delegated authority to certify §76-16, HRS, civil service exemptions. The specific paragraph(s) of §76-16, HRS, upon which an exemption is based should be noted in the contract file. **NOTE:** Authority to certify exemptions under §§ 76-16(2), 76-16(12), and 76-16(15), HRS, has not been delegated; only the Director of DHRD may certify §§76-16(2), 76-16(12), and 76-16(15) exemptions.

**2. By the Director of Human Resources Development, State of Hawai'i.**

I certify that the services to be provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to §76-16, HRS.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title, if designee of the Director of DHRD)

PROVIDER'S  
STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Agency" means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty per cent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of:

County of Maui, Maui Police Department  
(Name of PROVIDER)

PROVIDER, the undersigned does declare as follows:

1. PROVIDER ☐ is\* ☐ is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-15(a), HRS).
2. PROVIDER has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b), HRS).
3. PROVIDER has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14 (d), HRS).
4. PROVIDER has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-18(b) and (c), HRS).

\* Reminder to agency: If the "is" block is checked and if the Contract involves goods or services of a value in excess of \$10,000, the Contract may not be awarded unless the agency posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84-15(a), HRS).

PROVIDER'S  
STANDARDS OF CONDUCT DECLARATION

PROVIDER understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawai'i Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

PROVIDER

By \_\_\_\_\_  
(Signature)

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

Date \_\_\_\_\_

THIS FORM IS DELETED AND INOPERATIVE



## STATE OF HAWAII

# SCOPE OF SERVICES

The PROVIDER shall, in proper and satisfactory manner, as determined by the STATE, perform all work described in this Scope of Services in strict accordance with the terms and conditions of this Contract.

### **I. Program Overview**

The Positive Outreach Intervention (POI) Project provides counseling and restorative justice activities to juveniles involved in status offenses and/or minor law violations. The goals of the POI Project are to provide immediate intervention for youth offenders, while holding them accountable for their actions and deter further involvement into the Juvenile Justice System. Service areas include the Islands of Maui and Moloka'i.

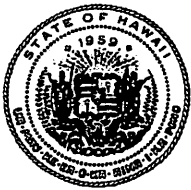
### **II. Program Activities**

The PROVIDER shall:

- A. Provide intervention services to approximately one hundred fifteen (115) juveniles, along with and to their parent(s).
- B. Ensure within the project period, ninety-two (92) youth will successfully complete the program.
- C. Ensure eighty percent (80%) of youth and their families will report satisfaction with the program.
- D. Coordinate efforts between the Judiciary, State of Hawai'i, Family Court of the Second Circuit ("Court"); the Office of the Prosecuting Attorney, County of Maui ("Prosecutor"); the Maui Police Department, County of Maui ("MPD"), and other agencies for the expeditious identification of juvenile offenders, by immediately serving those youth who voluntarily participate in the program.
- E. Provide counseling or referral services to youth who are involved in and admit to their involvement in the offense.

### **III. Administrative Requirements**

- A. The term of the first Contract Budget Period shall be thirteen (13) months from June 1, 2020 to June 30, 2021. During this initial Budget Period and any subsequent and additional options to extend the term of this Contract, the PROVIDER shall refer to the attached Special Conditions, AG 103F14 (10/08), and shall adhere to and be in accordance with any and all, but not limited to, terms and conditions of Item 11, "Administrative Requirements."
- B. The PROVIDER shall meet with the representative of the STATE to discuss the progress of the work, as required herein this Attachment 1, Scope of Services.



## STATE OF HAWAII

# SCOPE OF SERVICES

- C. For the terms of this Contract, the PROVIDER shall utilize the system of process and outcomes evaluation developed by the STATE. The PROVIDER shall refer to attached Special Conditions, AG 103F14 (10/08), and submit any and all reports in accordance with Item 11, "Administrative Requirements."

#### IV. Other Service Requirements

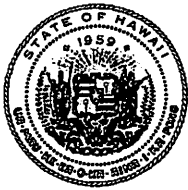
The PROVIDER shall:

- A. Not utilize any youth being serviced under this Contract for any PROVIDER's solicitation, e.g., the release, verbally or in writing and/or in print, of the identification or image, or any background history of a youth for use in any brochures, commercials, or advertising on behalf of or for the benefit of the PROVIDER; and/or for political campaign purposes.
- B. Not charge any youth and/or their families for program services provided under this Contract, without prior written approval of the STATE.
- C. The PROVIDER shall ensure that all staff, employees, volunteers, and/or its subcontractors shall comply with the requirements of the Contract. Upon written request of the STATE, the PROVIDER shall submit within ten (10) working days of the postmarked date on the envelope of the written notification letter, all documentation of compliance by all staff, employees, volunteers, and/or its subcontractor(s) with the all requirements of this Contract.
- D. Provide interpreter services, as specified in Item 10, "Interpreter Services," of the attached Special Conditions, AG103F14 (10/08).
- E. Provide disabilities services, as specified in Item 14, "Americans with Disabilities," of the attached Special Conditions, AG103F14 (10/08).

#### V. Quality Assurance and Evaluation Specifications

This Contract shall be programmatically and fiscally monitored by the STATE in accordance with requirements set forth by Chapter 103F, Hawaii Revised Statutes. In accordance with and reference to Item 12, "Quality Assurance and Evaluation Specifications," of the attached Special Conditions, AG103F14 (10/08), the STATE shall adhere, but is not limited, to the following:

- A. Review programmatic services and reports, including:
  - 1. Outcomes Plan;
  - 2. Performance Targets and Consumer Milestones;
  - 3. Quarterly and Final Program Reports;
  - 4. Other documents submitted to the STATE, and/or
  - 5. All issues applicable and relative to the services provided.





STATE OF HAWAII  
**TIME OF PERFORMANCE**

1. The PROVIDER shall provide the services described in Attachment 1, Scope of Services, from **June 1, 2020 to June 30, 2021**, unless this Contract is sooner terminated.
2. The STATE, at its option, may extend this Contract in writing for two (2) consecutive twenty-four (24) month periods pending the appropriation and availability of funds for each and every fiscal year, and the satisfactory performance of the services, as determined by the STATE, or unless this Contract is sooner terminated.



## STATE OF HAWAII

**COMPENSATION AND PAYMENT SCHEDULE**

1. **SUM TO BE PAID.** In full consideration for the services satisfactorily performed by the PROVIDER under this Contract, the STATE agrees to pay the PROVIDER a total sum of money not to exceed **EIGHTY-THREE THOUSAND ONE HUNDRED THIRTY-TWO AND NO/100 Dollars (\$83,132.00)** for the thirteen (13) month term of this first Contract Budget Period, effective June 1, 2020 through June 30, 2021, subject to the appropriation and availability of funds for each and every fiscal year. The source of funds shall be specified in the Fiscal and Budget Information, Form OYS-039, attached hereto as Exhibit "A-1" and incorporated by reference.
2. **METHOD OF PAYMENT.** Payments shall be made on a cost-reimbursable basis and in accordance with and subject to the following:
  - a. After the end of each month of the first Contract Budget Period and any subsequent annual Contract Budget Periods, the PROVIDER shall submit an original Invoice for costs incurred for the services provided in accordance with the Scope of Services. The monthly Invoice shall be submitted to the STATE no more than thirty (30) calendar days after the end of each month in which services were provided. A final Invoice shall be submitted by the PROVIDER to the STATE no more than forty-five (45) calendar days after the end of the first Contract Budget Period and of any subsequent annual Contract Budget Periods. If the due date falls on a weekend or holiday, the due date shall be the next business day. Invoice, Form OYS-023, is attached hereto as Exhibit "A-2" and is incorporated by reference.
  - b. After the end of each month of the first Contract Budget Period and after the end of each month of each and any subsequent annual Contract Budget Periods, a monthly Expenditure Report of cost incurred is due to the STATE no more than thirty (30) calendar days after the end of each month in which services were provided. A final Expenditure Report is due forty-five (45) calendar days after the end of the first Contract Budget Period and after the end of each and any subsequent annual Contract Budget Periods. If the due date falls on a weekend or holiday, the due date shall be the next business day. All expenditures reported by the PROVIDER shall be subject to review by the STATE. If the STATE determines the expenditures to be reasonable, necessary, and authorized by the Contract, the STATE shall approve them. If the STATE determines any expenditures to be unreasonable, unnecessary, or not authorized by the Contract, the STATE shall deduct those expenditures from the total expenditures reported and shall adjust the payment accordingly. Expenditure Report, Form OYS-210, is attached hereto as Exhibit "A-3" and is incorporated by reference.
  - c. A final reconciliation between the amount paid to the PROVIDER and the total expenditures reported by the PROVIDER to the STATE will be done at the end of first Contract Budget Period and at the end of each and any subsequent annual Contract Budget Periods. If all required reports and documents have been submitted by the PROVIDER, and are accepted by the STATE, any amount due to the PROVIDER shall be paid by the STATE, within thirty (30) calendar days of written notification of and final reconciliation of the first Contract Budget Period and of each and any subsequent annual Contract Budgets. Any amount due to the STATE shall be refunded by the PROVIDER, within thirty (30) calendar days of written notification to the PROVIDER by the STATE. If the due date falls on a weekend or a





## STATE OF HAWAII

**COMPENSATION AND PAYMENT SCHEDULE**

holiday, the due date shall be the next business day. Contract Budget, Form OYS-205, is attached hereto as Exhibit "A-4" and is incorporated by reference.

- d. The PROVIDER shall be paid the total expenditures reported, less any amounts found to be unreasonable or unallowable, subject to audit. If the total allowable expenditures exceed the annual budgeted amount, the PROVIDER shall be paid the maximum amount not to exceed the total of the first Contract Budget amount and the total of each and any subsequent annual Contract Budget amounts.
- e. Any and all line item expenditure(s) that is/are ten percent (10%) below or above the annual prior-approved Contract Budget line item amount(s), and more than FIVE HUNDRED AND NO/100 DOLLARS (\$500.00) shall require an explanation that shall be submitted to the STATE for review and pre-approval of the adjusted line item expenditure(s), and as prior approved of on the expenditure report.

**3. COST PRINCIPLES.** The expenditure reports shall be completed in accordance with the State of Hawai'i, State Procurement Office, Chapter 103F, Hawai'i Revised Statutes (HRS) – Cost Principles, Purchases of Health and Human Services.

**4. BUDGET AND REVISIONS.** Before and by no later than the execution date of the Contract by the PROVIDER, an original Contract Budget shall be submitted to the STATE by the PROVIDER for review and prior approval by the STATE of the first original Contract Budget. For each and any subsequent annual Contract Budget Period thereafter, the PROVIDER shall submit an annual Contract Budget for review and prior approval by the STATE. Each and any subsequent Contract Budgets shall be submitted by the PROVIDER for review and prior approval by the STATE before and by no later than thirty (30) calendar days before the start of each and any annual Contract Budget Periods, and/or before or by the execution date of each and any subsequent Supplemental Contracts.

The PROVIDER will be allowed to submit budget revisions to the prior-approved Budget, anytime up to thirty (30) calendar days prior to the end of each Contract Budget Period, subject to preapproval by the STATE of any revisions. If the due date falls on a weekend or a holiday, the due date shall be the next business day. Should the STATE, at its discretion, not approve a budget revision, the PROVIDER shall make corrections to the request for the revision, until the budget revision is acceptable to and approved of by the STATE. A budget revision is required to be submitted by the PROVIDER for review and approval by the STATE for, but is not limited to, the following situations:

- a. Moving costs between budget categories, i.e., Category "A." Personnel Cost, and/to Category "B." Other Current Expenses.
- b. Revisions of any budget line items that require detailed justification, as indicated by an asterisk on the Contract Budget, Form OYS-205, Exhibit "A-4."



STATE OF HAWAII

**COMPENSATION AND PAYMENT SCHEDULE**

c. Salary increases and any other expenditures that require prior approval in accordance with the Cost Principles.

d. As requested by the STATE.

**5. REFUND PAYMENTS FOR SERVICES NOT AUTHORIZED.** The PROVIDER agrees to refund moneys received from the STATE for any family or individual or unit of service that was not authorized by the STATE. Such refunds shall be made within thirty (30) calendar days of written notification to the PROVIDER by the STATE. If the due date falls on a weekend or a holiday, the due date shall be the next business day. Should the refund not be forthcoming due to a disagreement between both parties, such disputes shall be submitted to the head of the purchasing agency for resolution.

**6. REPORTING PENALTY.** Should the PROVIDER fail to file any of the written Program Reports or Expenditure Reports due to the STATE, on or before the required dates and on required forms, as set forth in the following:

a. Attachment "1," Scope of Services,

b. This Attachment "3," Compensation and Payment Schedule; and

c. The Special Conditions, AG Form 103F14, as attached and incorporated by reference;

the STATE is authorized to withhold funds owed to the PROVIDER, until the reports are submitted to the STATE, and reviewed and deemed acceptable by the STATE.

**7. PAYMENTS IN ACCORDANCE WITH CHAPTER 40, HRS.** All payments shall be made in accordance with and subject to Chapter 40, HRS.

# GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS

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**GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS**

**1. Representations and Conditions Precedent**

**1.1 Contract Subject to the Availability of State and Federal Funds.**

1.1.1 State Funds. This Contract is, at all times, subject to the appropriation and allotment of state funds, and may be terminated without liability to either the PROVIDER or the STATE in the event that state funds are not appropriated or available.

1.1.2 Federal Funds. To the extent that this Contract is funded partly or wholly by federal funds, this Contract is subject to the availability of such federal funds. The portion of this Contract that is to be funded federally shall be deemed severable, and such federally funded portion may be terminated without liability to either the PROVIDER or the STATE in the event that federal funds are not available. In any case, this Contract shall not be construed to obligate the STATE to expend state funds to cover any shortfall created by the unavailability of anticipated federal funds.

**1.2 Representations of the PROVIDER.** As a necessary condition to the formation of this Contract, the PROVIDER makes the representations contained in this paragraph, and the STATE relies upon such representations as a material inducement to entering into this Contract.

1.2.1 Compliance with Laws. As of the date of this Contract, the PROVIDER complies with all federal, state, and county laws, ordinances, codes, rules, and regulations, as the same may be amended from time to time, that in any way affect the PROVIDER's performance of this Contract.

1.2.2 Licensing and Accreditation. As of the date of this Contract, the PROVIDER holds all licenses and accreditations required under applicable federal, state, and county laws, ordinances, codes, rules, and regulations to provide the Required Services under this Contract.

**1.3 Compliance with Laws.** The PROVIDER shall comply with all federal, state, and county laws, ordinances, codes, rules, and regulations, as the same may be amended from time to time, that in any way affect the PROVIDER's performance of this Contract, including but not limited to the laws specifically enumerated in this paragraph:

1.3.1 Smoking Policy. The PROVIDER shall implement and maintain a written smoking policy as required by Chapter 328K, Hawaii Revised Statutes (HRS), or its successor provision:

1.3.2 Drug Free Workplace. The PROVIDER shall implement and maintain a drug free workplace as required by the Drug Free Workplace Act of 1988.

- 1.3.3 Persons with Disabilities. The PROVIDER shall implement and maintain all practices, policies, and procedures required by federal, state, or county law, including but not limited to the Americans with Disabilities Act (42 U.S.C. §12101, et seq.), and the Rehabilitation Act (29 U.S.C. §701, et seq.).
- 1.3.4 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.
- 1.4 Insurance Requirements. The PROVIDER shall obtain from a company authorized by law to issue such insurance in the State of Hawai'i commercial general liability insurance ("liability insurance") in an amount of at least TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) coverage for bodily injury and property damage resulting from the PROVIDER's performance under this Contract. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.
- The liability insurance shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith.
- A certificate of the liability insurance shall be given to the STATE by the PROVIDER. The certificate shall provide that the STATE and its officers and employees are Additional Insureds. The certificate shall provide that the coverages being certified will not be cancelled or materially changed without giving the STATE at least 30 days prior written notice by registered mail.
- Should the "liability insurance" coverages be cancelled before the PROVIDER's work under the Contract is certified by the STATE to have been completed satisfactorily, the PROVIDER shall immediately procure replacement insurance that complies in all respects with the requirements of this section.
- Nothing in the insurance requirements of this Contract shall be construed as limiting the extent of PROVIDER's responsibility for payment of damages resulting from its operations under this Contract, including the PROVIDER's separate and independent duty to defend, indemnify, and hold the STATE and its officers and employees harmless pursuant to other provisions of this Contract.
- 1.5 Notice to Clients. Provided that the term of this Contract is at least one year in duration, within 180 days after the effective date of this Contract, the PROVIDER shall create written procedures for the orderly termination of services to any clients receiving the Required Services under this Contract, and for the transition to services supplied by another provider upon termination of this Contract, regardless of the circumstances of such termination. These procedures shall include, at

the minimum, timely notice to such clients of the termination of this Contract, and appropriate counseling.

- 1.6 Reporting Requirements. The PROVIDER shall submit a Final Project Report to the STATE containing the information specified in this Contract if applicable, or otherwise satisfactory to the STATE, documenting the PROVIDER's overall efforts toward meeting the requirements of this Contract, and listing expenditures actually incurred in the performance of this Contract. The PROVIDER shall return any unexpended funds to the STATE.
- 1.7 Conflicts of Interest. In addition to the Certification provided in the Standards of Conduct Declaration to this Contract, the PROVIDER represents that neither the PROVIDER nor any employee or agent of the PROVIDER, presently has any interest, and promises that no such interest, direct or indirect, shall be acquired, that would or might conflict in any manner or degree with the PROVIDER's performance under this Contract.

## **2. Documents and Files**

### **2.1 Confidentiality of Material.**

2.1.1 Proprietary or Confidential Information. All material given to or made available to the PROVIDER by virtue of this Contract that is identified as proprietary or confidential information shall be safeguarded by the PROVIDER and shall not be disclosed to any individual or organization without the prior written approval of the STATE.

2.1.2 Uniform Information Practices Act. All information, data, or other material provided by the PROVIDER to the STATE shall be subject to the Uniform Information Practices Act, chapter 92F, HRS, and any other applicable law concerning information practices or confidentiality.

2.2 Ownership Rights and Copyright. The STATE shall have complete ownership of all material, both finished and unfinished that is developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract, and all such material shall be considered "works made for hire." All such material shall be delivered to the STATE upon expiration or termination of this Contract. The STATE, in its sole discretion, shall have the exclusive right to copyright any product, concept, or material developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract.

2.3 Records Retention. The PROVIDER and any subcontractors shall maintain the books and records that relate to the Contract, and any cost or pricing data for three (3) years from the date of final payment under the Contract. In the event that any litigation, claim, investigation, audit, or other action involving the records retained under this provision arises, then such records shall be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later. During the period that records are retained under this section, the



PROVIDER and any subcontractors shall allow the STATE free and unrestricted access to such records.

**3. Relationship between Parties**

- 3.1 Coordination of Services by the STATE. The STATE shall coordinate the services to be provided by the PROVIDER in order to complete the performance required in the Contract. The PROVIDER shall maintain communications with the STATE at all stages of the PROVIDER's work, and submit to the STATE for resolution any questions which may arise as to the performance of this Contract.
- 3.2 Subcontracts and Assignments. The PROVIDER may assign or subcontract any of the PROVIDER's duties, obligations, or interests under this Contract, but only if (i) the PROVIDER obtains the prior written consent of the STATE and (ii) the PROVIDER's assignee or subcontractor submits to the STATE a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER's assignee or subcontractor have been paid. Additionally, no assignment by the PROVIDER of the PROVIDER's right to compensation under this Contract shall be effective unless and until the assignment is approved by the Comptroller of the State of Hawai'i, as provided in section 40-58, HRS.
- 3.3 Change of Name. When the PROVIDER asks to change the name in which it holds this Contract, the STATE, shall, upon receipt of a document acceptable or satisfactory to the STATE indicating such change of name such as an amendment to the PROVIDER's articles of incorporation, enter into an amendment to this Contract with the PROVIDER to effect the change of name. Such amendment to this Contract changing the PROVIDER's name shall specifically indicate that no other terms and conditions of this Contract are thereby changed, unless the change of name amendment is incorporated with a modification or amendment to the Contract under paragraph 4.1 of these General Conditions.
- 3.4 Independent Contractor Status and Responsibilities, Including Tax Responsibilities.
- 3.4.1 Independent Contractor. In the performance of services required under this Contract, the PROVIDER is an "independent contractor," with the authority and responsibility to control and direct the performance and details of the work and services required under this Contract; however, the STATE shall have a general right to inspect work in progress to determine whether, in the STATE's opinion, the services are being performed by the PROVIDER in compliance with this Contract.
- 3.4.2 Contracts with Other Individuals and Entities. Unless otherwise provided by special condition, the STATE shall be free to contract with other individuals and entities to provide services similar to those performed by the Provider under this Contract, and the

PROVIDER shall be free to contract to provide services to other individuals or entities while under contract with the STATE.

- 3.4.3 PROVIDER's Employees and Agents. The PROVIDER and the PROVIDER's employees and agents are not by reason of this Contract, agents or employees of the State for any purpose. The PROVIDER and the PROVIDER's employees and agents shall not be entitled to claim or receive from the STATE any vacation, sick leave, retirement, workers' compensation, unemployment insurance, or other benefits provided to state employees. Unless specifically authorized in writing by the STATE, the PROVIDER and the PROVIDER's employees and agents are not authorized to speak on behalf and no statement or admission made by the PROVIDER or the PROVIDER's employees or agents shall be attributed to the STATE, unless specifically adopted by the STATE in writing.
- 3.4.4 PROVIDER's Responsibilities. The PROVIDER shall be responsible for the accuracy, completeness, and adequacy of the PROVIDER's performance under this Contract.

Furthermore, the PROVIDER intentionally, voluntarily, and knowingly assumes the sole and entire liability to the PROVIDER's employees and agents, and to any individual not a party to this Contract, for all loss, damage, or injury caused by the PROVIDER, or the PROVIDER's employees or agents in the course of their employment.

The PROVIDER shall be responsible for payment of all applicable federal, state, and county taxes and fees which may become due and owing by the PROVIDER by reason of this Contract, including but not limited to (i) income taxes, (ii) employment related fees, assessments, and taxes, and (iii) general excise taxes. The PROVIDER also is responsible for obtaining all licenses, permits, and certificates that may be required in order to perform this Contract.

The PROVIDER shall obtain a general excise tax license from the Department of Taxation, State of Hawai'i, in accordance with section 237-9, HRS, and shall comply with all requirements thereof. The PROVIDER shall obtain a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER have been paid and submit the same to the STATE prior to commencing any performance under this Contract. The PROVIDER shall also be solely responsible for meeting all requirements necessary to obtain the tax clearance certificate required for final payment under section 103-53, HRS, and these General Conditions.

The PROVIDER is responsible for securing all employee-related insurance coverage for the PROVIDER and the PROVIDER's employees and agents that is or may be required by law, and for payment of all premiums, costs, and other liabilities associated with securing the insurance coverage.

3.5 Personnel Requirements.

3.5.1 Personnel. The PROVIDER shall secure, at the PROVIDER's own expense, all personnel required to perform this Contract, unless otherwise provided in this Contract.

3.5.2 Requirements. The PROVIDER shall ensure that the PROVIDER's employees or agents are experienced and fully qualified to engage in the activities and perform the services required under this Contract, and that all applicable licensing and operating requirements imposed or required under federal, state, or county law, and all applicable accreditation and other standards of quality generally accepted in the field of the activities of such employees and agents are complied with and satisfied.

4. Modification and Termination of Contract

4.1 Modification of Contract.

4.1.1 In Writing. Any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract permitted by this Contract shall be made by written amendment to this Contract, signed by the PROVIDER and the STATE.

4.1.2 No Oral Modification. No oral modification, alteration, amendment, change, or extension of any term, provision or condition of this Contract shall be permitted.

4.1.3 Tax Clearance. The STATE may, at its discretion, require the PROVIDER to submit to the STATE, prior to the STATE's approval of any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract, a tax clearance from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state and federal law against the PROVIDER have been paid.

4.2 Termination in General. This Contract may be terminated in whole or in part because of a reduction of funds available to pay the PROVIDER, or when, in its sole discretion, the STATE determines (i) that there has been a change in the conditions upon which the need for the Required Services was based, or (ii) that the PROVIDER has failed to provide the Required Services adequately or satisfactorily, or (iii) that other good cause for the whole or partial termination of this Contract exists. Termination under this section shall be made by a written notice sent to the PROVIDER ten (10) working days prior to the termination date that includes a brief statement of the reason for the termination. If the Contract is terminated under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.

- 4.3 Termination for Necessity or Convenience. If the STATE determines, in its sole discretion, that it is necessary or convenient, this Contract may be terminated in whole or in part at the option of the STATE upon ten (10) working days' written notice to the PROVIDER. If the STATE elects to terminate under this paragraph, the PROVIDER shall be entitled to reasonable payment as determined by the STATE for satisfactory services rendered under this Contract up to the time of termination. If the STATE elects to terminate under this section, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.4 Termination by PROVIDER. The PROVIDER may withdraw from this Contract after obtaining the written consent of the STATE. The STATE, upon the PROVIDER's withdrawal, shall determine whether payment is due to the PROVIDER, and the amount that is due. If the STATE consents to a termination under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.5 STATE's Right of Offset. The STATE may offset against any monies or other obligations that STATE owes to the PROVIDER under this Contract, any amounts owed to the State of Hawai'i by the PROVIDER under this Contract, or any other contract, or pursuant to any law or other obligation owed to the State of Hawai'i by the PROVIDER, including but not limited to the payment of any taxes or levies of any kind or nature. The STATE shall notify the PROVIDER in writing of any exercise of its right of offset and the nature and amount of such offset. For purposes of this paragraph, amounts owed to the State of Hawai'i shall not include debts or obligations which have been liquidated by contract with the PROVIDER, and that are covered by an installment payment or other settlement plan approved by the State of Hawai'i, provided, however, that the PROVIDER shall be entitled to such exclusion only to the extent that the PROVIDER is current, and in compliance with, and not delinquent on, any payments, obligations, or duties owed to the State of Hawai'i under such payment or other settlement plan.

## **5. Indemnification**

- 5.1 Indemnification and Defense. The PROVIDER shall defend, indemnify, and hold harmless the State of Hawai'i, the contracting agency, and their officers, employees, and agents from and against any and all liability, loss, damage, cost, expense, including all attorneys' fees, claims, suits, and demands arising out of or in connection with the acts or omissions of the PROVIDER or the PROVIDER's employees, officers, agents, or subcontractors under this Contract. The provisions of this paragraph shall remain in full force and effect notwithstanding the expiration or early termination of this Contract.
- 5.2 Cost of Litigation. In case the STATE shall, without any fault on its part, be made a party to any litigation commenced by or against the PROVIDER in connection with this Contract, the PROVIDER shall pay any cost and expense incurred by or imposed on the STATE, including attorneys' fees.

**6. Publicity**

- 6.1 Acknowledgment of State Support. The PROVIDER shall, in all news releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials relating to the PROVIDER's performance under this Contract, acknowledge the support by the State of Hawai'i and the purchasing agency.
- 6.2 PROVIDER's Publicity Not Related to Contract. The PROVIDER shall not refer to the STATE, or any office, agency, or officer thereof, or any state employee, or to the services or goods, or both provided under this Contract, in any of the PROVIDER's publicity not related to the PROVIDER's performance under this Contract, including but not limited to commercial advertisements, recruiting materials, and solicitations for charitable donations.

**7. Miscellaneous Provisions**

- 7.1 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.
- 7.2 Paragraph Headings. The paragraph headings appearing in this Contract have been inserted for the purpose of convenience and ready reference. They shall not be used to define, limit, or extend the scope or intent of the sections to which they pertain.
- 7.3 Antitrust Claims. The STATE and the PROVIDER recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the purchaser. Therefore, the PROVIDER hereby assigns to the STATE any and all claims for overcharges as to goods and materials purchased in connection with this Contract, except as to overcharges which result from violations commencing after the price is established under this Contract and which are not passed on to the STATE under an escalation clause.
- 7.4 Governing Law. The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, shall be governed by the laws of the State of Hawai'i. Any action at law or in equity to enforce or interpret the provisions of this Contract shall be brought in a state court of competent jurisdiction in Honolulu, Hawai'i.
- 7.5 Conflict between General Conditions and Procurement Rules. In the event of a conflict between the General Conditions and the Procurement Rules or a Procurement Directive, the Procurement Rules or any Procurement Directive in effect on the date this Contract became effective shall control and are hereby incorporated by reference.
- 7.6 Entire Contract. This Contract sets forth all of the contracts, conditions, understandings, promises, warranties, and representations between the STATE and the PROVIDER relative to this Contract. This Contract supersedes all prior agreements, conditions, understandings,

promises, warranties, and representations, which shall have no further force or effect. There are no contracts, conditions, understandings, promises, warranties, or representations, oral or written, express or implied, between the STATE and the PROVIDER other than as set forth or as referred to herein.

- 7.7 Severability. In the event that any provision of this Contract is declared invalid or unenforceable by a court, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this Contract.
- 7.8 Waiver. The failure of the STATE to insist upon the strict compliance with any term, provision, or condition of this Contract shall not constitute or be deemed to constitute a waiver or relinquishment of the STATE's right to enforce the same in accordance with this Contract. The fact that the STATE specifically refers to one provision of the Procurement Rules or one section of the Hawai'i Revised Statutes, and does not include other provisions or statutory sections in this Contract shall not constitute a waiver or relinquishment of the STATE's rights or the PROVIDER's obligations under the Procurement Rules or statutes.
- 7.9 Execution in Counterparts. This Contract may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one instrument.

## **8. Confidentiality of Personal Information**

### **8.1 Definitions.**

8.1.1 Personal Information. "Personal Information" means an individual's first name or first initial and last name in combination with any one or more of the following data elements, when either name or data elements are not encrypted:

- 1) Social Security number;
- 2) Driver's license number or Hawaii identification card number; or
- 3) Account number, credit or debit card number, access code, or password that would permit access to an individual's financial information.

Personal information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.

8.1.2 Technological Safeguards. "Technological safeguards" means the technology and the policy and procedures for use of the technology to protect and control access to personal information.

## 8.2 Confidentiality of Material.

8.2.1 Safeguarding of Material. All material given to or made available to the PROVIDER by the STATE by virtue of this Contract which is identified as personal information, shall be safeguarded by the PROVIDER and shall not be disclosed without the prior written approval of the STATE.

8.2.2 Retention, Use, or Disclosure. PROVIDER agrees not to retain, use, or disclose personal information for any purpose other than as permitted or required by this Contract.

8.2.3 Implementation of Technological Safeguards. PROVIDER agrees to implement appropriate "technological safeguards" that are acceptable to the STATE to reduce the risk of unauthorized access to personal information.

8.2.4 Reporting of Security Breaches. PROVIDER shall report to the STATE in a prompt and complete manner any security breaches involving personal information.

8.2.5 Mitigation of Harmful Effect. PROVIDER agrees to mitigate, to the extent practicable, any harmful effect that is known to PROVIDER because of a use or disclosure of personal information by PROVIDER in violation of the requirements of this paragraph.

8.2.6 Log of Disclosures. PROVIDER shall complete and retain a log of all disclosures made of personal information received from the STATE, or personal information created or received by PROVIDER on behalf of the STATE.

## 8.3 Security Awareness Training and Confidentiality Agreements.

8.3.1 Certification of Completed Training. PROVIDER certifies that all of its employees who will have access to the personal information have completed training on security awareness topics related to protecting personal information.

8.3.2 Certification of Confidentiality Agreements. PROVIDER certifies that confidentiality agreements have been signed by all of its employees who will have access to the personal information acknowledging that:

- 1) The personal information collected, used, or maintained by the PROVIDER will be treated as confidential;
- 2) Access to the personal information will be allowed only as necessary to perform the Contract; and
- 3) Use of the personal information will be restricted to uses consistent with the services subject to this Contract.

8.4 Termination for Cause. In addition to any other remedies provided for by this Contract, if the STATE learns of a material breach by PROVIDER of this paragraph by PROVIDER, the STATE may at its sole discretion:

- 1) Provide an opportunity for the PROVIDER to cure the breach or end the violation; or
- 2) Immediately terminate this Contract.

In either instance, the PROVIDER and the STATE shall follow chapter 487N, HRS, with respect to notification of a security breach of personal information.

8.5 Records Retention.

8.5.1 Destruction of Personal Information. Upon any termination of this Contract, PROVIDER shall, pursuant to chapter 487R, HRS, destroy all copies (paper or electronic form) of personal information received from the STATE.

8.5.2 Maintenance of Files, Books, Records. The PROVIDER and any subcontractors shall maintain the files, books, and records, that relate to the Contract, including any personal information created or received by the PROVIDER on behalf of the STATE, and any cost or pricing data, for three (3) years after the date of final payment under the Contract. The personal information shall continue to be confidential and shall not be disclosed without the prior written approval of the STATE. After the three (3) year retention period has ended, the files, books, and records that contain personal information shall be destroyed pursuant to chapter 487R, HRS.





STATE OF HAWAII  
**SPECIAL CONDITIONS**

1. **Deletion of Contract Pages.** The PROVIDER'S ACKNOWLEDGEMENT, the PROVIDER'S STANDARDS OF CONDUCT DECLARATION, and the CERTIFICATE OF EXEMPTION FROM CIVIL SERVICE are deleted and inoperative.
2. **Deletion of General Conditions.** For purposes of the Contract, the following General Conditions sections are deleted and have no operative effect as between the parties:
  - a. Paragraph 1.4
  - b. Subparagraphs 3, 4, and 5 of 5, of Paragraph 3.4.4
  - c. Paragraph 4.1.3

3. **Confidential Information.** In addition to Paragraph 2.1, Confidentiality of Material, General Conditions, the PROVIDER further agrees to the following:

All information and records about or for the clients served, secured from clients, the STATE, or any other individuals or agencies by the PROVIDER, or prepared by the PROVIDER for the STATE, in satisfaction of this Contract, shall be confidential and shall not be made available to any individual or organization by the PROVIDER without prior written approval of the STATE, subject to provisions of applicable State of Hawai'i and Federal statutes, and State of Hawai'i Administrative Rules. To ensure the confidentiality of all such information and records, the PROVIDER shall immediately notify the STATE when inquiries for information, including subpoenas are made to the PROVIDER. The PROVIDER shall submit copies of all written requests for information, as well as subpoenas, to the STATE.

4. **Maintain Records.** In addition to Paragraph 2.3, Records Retention, General Conditions. The PROVIDER further agrees as follows:

The PROVIDER shall maintain statistical, clinical, and administrative records pertaining to services of this Contract. The records shall be subject at all reasonable times to inspection or review by the STATE or Federal representatives directly connected with the program area under this Contract. All records shall be retained and made accessible for a minimum of six (6) years after the date of submission of the PROVIDER's final report to the STATE; provided that, in the event any litigation, claim, negotiation, investigation, audit, or other action involving the records has been started before the expiration of the six (6)-year period, the PROVIDER shall retain the records until completion of the action and resolution of all issues that arise from it or until the end of the regular six (6)-year retention period, whichever occurs later.

5. **Equipment.** All equipment purchased with contract funds under this Contract including items of personal property, as distinguished from real property, that has an acquisition cost of ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00) or more per item and with an expected life of more than one (1) year, shall remain the property of the STATE. All equipment purchased with contract funds must have prior approval from the STATE before purchase to be allowable. Following the Contract period, all equipment shall be reported in the final fiscal report to the



## STATE OF HAWAII SPECIAL CONDITIONS

STATE. Disposition of said equipment shall be prescribed by the STATE.

6. **Publications.** The PROVIDER shall submit all reports and written publications resulting from this Contract for review, comment, and approval prior to publication. Any publications (written, visual or sound), whether published at the PROVIDER's or STATE's expense, shall contain the following statements (Note: This excludes press releases, newsletters, and issue analyses):

"This project was supported by a Contract from the Office of Youth Services, Department of Human Services, State of Hawai'i (and if applicable, the name and federal award number of a federal grant funding the contract).

"The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Office of Youth Services (and if applicable, the federal grant agency)."

7. **HIPAA.** In this Contract "HIPAA" means the Administrative Simplification provisions of the "Health Insurance Portability and Accountability Act of 1996," Pub. L. No. 104-191. PROVIDER is a "health care provider" under HIPAA. A "covered entity" is a health care provider that transmits information in a standard electronic transaction under 45 CFR Parts 160 and 162. If PROVIDER is or becomes a "covered entity," then PROVIDER must comply with all of the rules adopted to implement HIPAA, including rules for privacy of individually identifiable information, security of electronic protected health information, transactions and code sets, and national employer and provider identifiers. See 45 CFR Parts 160, 162, and 164.
8. **Federal Audit Requirement.** The PROVIDER, when required, shall have an independent certified public accountant conduct a financial and compliance audit in accordance with the guidelines of 2 CFR Part 200 "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards."
9. **Campaign Contributions by State and County PROVIDERS Prohibited.** If awarded a contract in response to this solicitation, offeror agrees to comply with HRS §11-355, which states that campaign contributions are prohibited from a State or County government PROVIDER during the term of the contract if the PROVIDER is paid with funds appropriated by the legislative body between the execution of the contract through the completion of the contract.
10. **Interpreter Services.** The PROVIDER:
- a. Shall provide interpreters for persons with limited English proficiency to ensure equal access to services;
  - b. Shall notify applicants, potential applicants, and recipients of services of their right to free interpreter services;
  - c. Is prohibited from using minors, no one under the age of eighteen (18)-years old, as interpreters; and



**STATE OF HAWAII**  
**SPECIAL CONDITIONS**

- d. Shall submit a quarterly Language Access Reporting Tool ("LART"), Form OYS-051 (Ver. 2/12/19), attached hereto as Exhibit "E" and incorporated by reference provided by the STATE that shall include at a minimum:
  - i. Total number of individuals that required language assistance services;
  - ii. Oral language service utilized, if applicable;
  - iii. Translated documents service utilized, if applicable;
  - iv. Total number of translators utilized; and
  - v. Total interpretation and translation costs.
- e. The quarterly Language Access Reporting Tool (LART), Exhibit "E" shall be submitted to the STATE:
  - i. For the first three of four (3 of 4) quarters of each Contract Budget Period, the LART Reports are due thirty (30) calendar days after the end of each of the first three (3) quarters of each Contract Budget Period. If the due date falls on a weekend or holiday, the due date shall be the next business day.
  - ii. For the final fourth (4<sup>th</sup>) quarter of each Contract Budget Period, the LART Reports are due forty-five (45) calendar days after the end of the last fourth (4<sup>th</sup>) quarter of each Contract Budget Period. If the due date falls on a weekend or holiday, the due date shall be the next business day.

**11. Administrative Requirements.** The PROVIDER shall:

- a. Ensure that all staff, including volunteers, in positions that necessitate direct involvement or close proximity to youths does not have a criminal history or background that poses a risk to youths. The PROVIDER shall conduct employment and reference checks on all employees, including volunteers. In addition, the PROVIDER shall conduct criminal history record checks (State and FBI Criminal History Check, Sex Offender Registry, and the Child Abuse and Neglect Registry Clearance), as allowed or required by statutes or rules, for any person who is employed or volunteers in a position that necessitates close proximity to children or adolescents. The PROVIDER shall maintain documentation of criminal history record checks in the employee's, prospective employee's, or volunteer's personnel file, and shall make that documentation available for review by the STATE, upon request. The PROVIDER shall conduct annual criminal history record checks, except for the FBI fingerprint check. If any check required by this paragraph:
  - i. Reveals that an employee, prospective employee, or volunteer of the PROVIDER or of a subcontractor has been convicted of an offense for which incarceration is a sentencing option; or



## STATE OF HAWAII

### SPECIAL CONDITIONS

- ii. Raises cause for concern that an employee, prospective employee, or volunteer of the PROVIDER or of a subcontractor may pose a risk to the health, safety, or well-being of youth receiving direct services by that employee, prospective employee, or volunteer,

the PROVIDER shall immediately notify the STATE, orally and in writing, and shall discuss the matter with the STATE. The PROVIDER shall take action to resolve the matter, as specified by the STATE. To resolve the issue, the STATE may require the PROVIDER or a subcontractor to refuse employment to an applicant for employment, terminate the employment of an employee, or terminate the services of a volunteer.

- b. Ensure that employees are trained and knowledgeable in working with and understanding the programmatic, security issues and concerns regarding the targeted youth [population prior to providing direct services to youth and families.
- c. Meet with the STATE to discuss any aspect of this Contract.
- d. For the term of this Contract, the PROVIDER shall utilize the system of process and outcomes evaluation developed by the STATE. Until such time that the PROVIDER receives notice that the reporting forms and requirements have been amended, the PROVIDER shall:
  - i. Specify and submit to the STATE the numerical targets and milestones on Performance Plan, Form 4-1 (11/17), attached hereto as Exhibit "B" and incorporated by reference, no later than thirty (30) calendar days after execution of this Contract. If the due date falls on a weekend or holiday, the due date shall be the next business day.
  - ii. Submit to the STATE as a quarterly Program Report, the Performance Report, Form 10, attached hereto as Exhibit "C" and incorporated by reference. The quarterly Performance Reports are due thirty (30) calendar days after the end of each of the first three (3) quarters of the Contract Budget Period. If the due date falls on a weekend or holiday, the due date shall be the next business day.
  - iii. Submit to the STATE as the final Program Report for each Contract Budget Period, the Performance Report, Form 10, attached hereto as Exhibit "C." The final Program Report for each Contract Budget Period is due forty-five (45) calendar days after the end of the last fourth (4<sup>th</sup>) quarter of each Contract Budget Period. If the due date falls on a weekend or holiday, the due date shall be the next business day.
  - iv. Use appropriate computer hardware and software to record, monitor and report various data. All data, or client management database system, shall be submitted to the STATE in signed hardcopy form. Copies shall be clearly labeled with the PROVIDER's name, Contract number, and the quarter for which the data are being submitted.



## STATE OF HAWAII SPECIAL CONDITIONS

- e. Submit to the STATE prior to the execution date of this Contract, a completed STATE Administrative Assurances, Form 5 (Revised 11/2017), attached hereto as Exhibit "D" and incorporated by reference, and which shall be due by and no later than the start date of the Contract.
- f. Submit monthly Invoices on STATE forms, due no more than thirty (30) calendar days after the end of each month in which services were provided. If the due date falls on a weekend or holiday, the due date shall be the next business day.
- g. Submit monthly Expenditure Reports on STATE forms, due no more than thirty (30) calendar days after the end of each month in which services were provided. If the due date falls on a weekend or holiday, the due date shall be the next business day.
- h. Submit a final monthly Invoice and a final monthly Expenditure Reports on STATE forms, due no more than forty-five (45) calendar days after the end of the last month in which services were provided for each Contract Budget Period. If the due date falls on a weekend or holiday, the due date shall be the next business day.
- i. Submit any additional reports, amended forms, or information that the STATE may require or request within ten (10) business/working days of notification.

12. **Quality Assurance and Evaluation Specifications.** This Contract shall be monitored by the STATE in accordance with requirements set forth by Chapter 103F, Hawai'i Revised Statutes. Contract monitoring shall include but may not be limited to:

- a. Review program services and reports, including but not limited to, outcomes plan, performance measures, quarterly reports, and other documents submitted to the STATE.
- b. Review and approve of the budget and/or budget amendments, budget revisions, invoices, and expenditure reports, as deemed appropriate by the STATE.
- c. Periodic site visits to review major program service areas, such as staff qualification, organization, and effectiveness; outcomes planning, implementation, and evaluation; collaboration efforts; file maintenance and record keeping; facility accessibility, suitability, and safety; transportation and other liability issues; and consumer satisfaction.
- d. Access by the STATE to all of the PROVIDER's materials, files, and documents relating to the provision of services. In addition, the STATE may, at its discretion, observe individual, group, and educational sessions conducted by the PROVIDER.
- e. Review of the system of evaluation. The PROVIDER shall maintain for the term of the Contract the system of evaluation developed by the STATE, including the use of evaluation tools and reporting forms. In addition, the PROVIDER shall take corrective actions the STATE deems necessary in light of the evaluation plan.



## STATE OF HAWAII SPECIAL CONDITIONS

13. **Civil Rights Awareness.** The PROVIDER shall access the website (by highlighting and depressing "Ctrl" and "left-clicking" mouse simultaneously) on the following blue highlighted link: <http://humanservices.hawaii.gov/civil-rights-corner/> to complete this required training and download any handouts. Additionally, Training Modules "1" and "2" shall be completed on a yearly basis by all employees whose salaries are paid by this contract. A signed and dated Training Confirmation Certificate shall be kept in the employee's personnel file for three (3) years from the training completion date.
14. **Americans with Disabilities.** The PROVIDER:
- a. Shall ensure that their facilities are accessible;
  - b. Shall provide appropriate auxiliary aids and services to qualified individuals with a disability to ensure effective communication;
  - c. Shall make reasonable modifications to policies and procedures in a manner that permits effective communication and participation in their programs and services;
  - d. Shall notify applicants, potential applicants, and recipients of services of their right to accommodations and/or reasonable modifications;
  - e. Shall use qualified interpreters from the list published by the State of Hawai'i, Disability and Communication Access Board (DCAB), which may be obtained from their website (by highlighting and depressing "Ctrl" and "left-clicking" mouse simultaneously) on following blue highlighted link: <https://health.hawaii.gov/dcab/communication-access/>.
  - f. Is not required to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden. In these instances, the PROVIDER shall immediately notify the STATE, orally and in writing, of any such issues and shall discuss the matter with the STATE.
  - g. Shall submit a quarterly American with Disabilities (ADA) Report, Form OYS-052 Ver. 2/2020, attached hereto as Exhibit "F" and incorporated by reference.
    - i. The ADA Report, Form OYS-052 Ver. 2/2020, provided by the STATE shall include at a minimum:
      - 1) Total number of individuals that received auxiliary aid or service;
      - 2) Total number of individuals that required a reasonable modification;
      - 3) The nature of these aids and services provided; and
      - 4) Information regarding any denial of accommodations and/or reasonable modifications.
    - ii. The ADA Report, Form OYS-052 Ver. 2/2020, shall be submitted to the STATE and due, as follows:



**STATE OF HAWAII**  
**SPECIAL CONDITIONS**

- 1) For the first three of four (3 of 4) quarters of each Contract Budget Period, the LART Reports are due thirty (30) calendar days after the end of each of the first three (3) quarters of each Contract Budget Period. If the due date falls on a weekend or holiday, the due date shall be the next business day.
- 2) For the final fourth (4th) quarter of each Contract Budget Period, the LART Reports are due forty-five (45) calendar days after the end of the last fourth (4th) quarter of each Contract Budget Period. If the due date falls on a weekend or holiday, the due date shall be the next business day.

**FISCAL AND BUDGET INFORMATION**

		Original Contract Period		Supplemental (Contract Period) No.		Supplemental (Contract Period) No.		Total
		Budget Period 1		Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	
Time of Performance	From:	6/1/2020	6/1/2021					
	To:	5/31/2021	6/30/2021					
State General Funds		\$ 76,737	\$ 6,395					\$ 83,132
Total State General Funds		\$ 76,737	\$ 6,395	\$ -	\$ -	\$ -	\$ -	\$ 83,132

## Federal Funds                      CFDA

DHHS, Social Services Block Grant, Title XX	93.667							
DOJ, OJJDP, Title II Formula Grant	16.540							
DOJ, OJJDP, JABG Grant	16.523							
DOJ, OJJDP, JABG Grant*	16.523							
DOJ, OJJDP, Title V Grant	16.548							
Total Federal Funds		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Grand Total		\$ 76,737	\$ 6,395	\$ -	\$ -	\$ -	\$ -	\$ 83,132
-------------	--	-----------	----------	------	------	------	------	-----------



# INVOICE

Contract Number:  
 Organization Name:  
 Address:  
 City, State, Zip Code:

Service Name: \_\_\_\_\_  
 Budget Amount: \_\_\_\_\_ Budget Period: \_\_\_\_\_ to \_\_\_\_\_

<b>Mail to:</b> Office of Youth Services 1010 Richards Street, Room 314 Honolulu, Hawaii 96813-2940	<b>For:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A. Cost reimbursement  <input type="checkbox"/> B. Units delivered  <input type="checkbox"/> C. Final payment *         </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> </div>
--	--

\* Hawaii Compliance Express certificate may be required.

## AMOUNT OF PAYMENT REQUESTED

Description	No. of units	Rate per unit	Total
A. Reimbursable cost:	n/a		
B. Units delivered:	_____ x _____		\$ _____
C. Final payment:	_____ x _____		\$ _____
<b>Total Requested:</b>			\$ _____

<b>Payment requested is for the month(s) of:</b>			
_____ January	_____ April	_____ July	_____ October
_____ February	_____ May	_____ August	_____ November
_____ March	_____ June	_____ September	_____ December
<b>OR</b> <b>Payment requested is for the period:</b> From: _____ To: _____			

**Certification: "I certify that the information presented on this invoice is true and correct in all material aspects to the best of my knowledge."**

Signature of Authorized Representative	Date
Print Name and Title	Agency Contact Person and Title
Telephone Number	Email address

<b>OYS USE ONLY</b>	
PO number: _____	PO complete: _____ incomplete: _____
Date services rec'd: _____	
Date invoice rec'd: _____	Date sent to FIS: _____
"I certify the satisfactory receipt of goods and services." <div style="float: right; border-top: 1px solid black; width: 200px; text-align: center; font-size: small;">Authorized Signature</div>	

## EXPENDITURE REPORT - PAGE 2

**ORG: 0**

**CONTRACT #: 0**

**PERIOD: 0**

[illegible]

# CONTRACT BUDGET

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

Contract No.: \_\_\_\_\_

Budget period: \_\_\_\_\_

BUDGET CATEGORIES		Total RFP Budget (a)	Total Contract Budget (b)	(c)
<b>A. PERSONNEL COST</b>				
*	1 Salaries		0.00	
*	2 Payroll Taxes & Assessments		0.00	
*	3 Fringe Benefits		0.00	
<b>TOTAL PERSONNEL COST</b>		<b>0.00</b>	<b>0.00</b>	
<b>B. OTHER CURRENT EXPENSES</b>				
	1 Supplies			
	2 Postage, Freight & Delivery			
	3 Telephone			
	4 Publication & Printing			
	5 Mileage			
*	6 Airfare		0.00	
*	7 Subsistence/Per Diem		0.00	
*	8 Taxi / Bus Fare / Rent-A-Car		0.00	
	9 Lease/Rental of Space			
	10 Lease/Rental of Equipment			
	11 Lease / Rental of Motor Vehicle			
	12 Utilities			
	13 Repair & Maintenance			
	14 Insurance			
*	15 Contractual Services - Admin		0.00	
*	16 Contractual Services - Subcontracts		0.00	
*	17 Depreciation		0.00	
*	18		0.00	
*	19		0.00	
*	20		0.00	
*	21		0.00	
*	22		#REF!	
*	23		#REF!	
<b>TOTAL OTHER CURRENT EXPENSES</b>		<b>0.00</b>	<b>#REF!</b>	
<b>GRAND TOTAL (A+B)</b>		<b>\$ -</b>	<b>#REF!</b>	
For Official Use Only		Budget Prepared By:		
		<div style="display: flex; justify-content: space-between;"> <span>Print Name</span> <span>Telephone</span> </div>		
<div style="display: flex; justify-content: space-between;"> <span>Signature of Program Reviewer</span> <span>Date</span> </div>		<div style="display: flex; justify-content: space-between;"> <span>Signature of Authorized Official</span> <span>Date</span> </div>		
		Print Name and Title of Authorized Official		

## CONTRACT BUDGET

Organization: \_\_\_\_\_ 0

Contract No.: \_\_\_\_\_ 0

Budget Period: \_\_\_\_\_ 0

POSITION NO.	POSITION TITLE	FULL TIME EQUIVALEN T to the Organizatio n	ANNUAL SALARY Including Budgeted Salary Increase  (A)	% OF TIME BUDGETED to the Contract  (B)	TOTAL SALARY BUDGETED to the Contract  (AxB)	Information Regarding Salary Increases		
						Effective Date	Increase Amount Per Month	Reason for Increase
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
					0.00			
<b>TOTAL:</b>					<b>0.00</b>			
<b>JUSTIFICATION/COMMENTS:</b>								

## CONTRACT BUDGET

Organization: \_\_\_\_\_ 0

Contract No.: \_\_\_\_\_ 0

Budget Period: \_\_\_\_\_ 0

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>			
Social Security			\$ -
Unemployment Insurance (Federal)			\$ -
Unemployment Insurance (State)			\$ -
Worker's Compensation			\$ -
Temporary Disability Insurance			\$ -
SUBTOTAL:			\$ -
<b>FRINGE BENEFITS:</b>			
Health Insurance			\$ -
Retirement			\$ -
			\$ -
SUBTOTAL:			\$ -
TOTAL:			\$ -
<b>JUSTIFICATION/COMMENTS:</b>			

## CONTRACT BUDGET

Organization: \_\_\_\_\_ 0

Contract No. \_\_\_\_\_ 0

Budget Period: \_\_\_\_\_ 0

### TRAVEL

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
<b>TOTAL:</b>			-	-	-	-
<b>Justification / Comments</b>						

## CONTRACT BUDGET

Organization:	_____	0
Contract No.	_____	0
Budget Period:	_____	0

**CONTRACTUAL SERVICES - ADMIN**

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
<b>TOTAL:</b>	\$ -		

## CONTRACTUAL SERVICES - SUBCONTRACTS

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
<b>TOTAL:</b>	\$ -		



\*Release = No Shows, Released for Misconducts, Dropouts, Transferees/Referrals. Do Not Release Youths Who Complete the Program.  
#Carryovers = Numbers of Youth Carried Over from the Previous OYS Budget Period ***Under this Contract***.  
To add additional Performance Targets and unlock restricted editing, use password OYS.

## Performance Plan

<b>PT #2</b>	<b>Performance Target from Scope of Services:</b>													
<b>Type (See Target Type Codes):</b>			<b>1st</b>		<b>2nd</b>		<b>3rd</b>		<b>4th</b>		<b>One Year</b>			
<b>Milestones</b>		<b>Sources of Verification</b>	<b>#Carryovers</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>Year Goal</b>	<b>YTD Actual</b>	<b>*Releases To Date</b>
a.	Milestone (Registration):													
b.	Milestone:													
c.	Milestone:													
c	Milestone:													
d.	Milestone (Last Milestone Is Achieving the Performance Target):													

\*Release = No Shows, Released for Misconducts, Dropouts, Transferees/Referrals. Do Not Release Youths Who Complete the Program.

#Carryovers = Numbers of Youth Carried Over from the Previous OYS Budget Period ***Under this Contract.***

To add additional Performance Targets and unlock restricted editing, use password OYS.

## Performance Plan

<b>PT #2</b>	<b>Performance Target from Scope of Services:</b>													
<b>Type (See Target Type Codes):</b>			<b>1st</b>		<b>2nd</b>		<b>3rd</b>		<b>4th</b>		<b>One Year</b>			
	<b>Milestones</b>	<b>Sources of Verification</b>	<b>#Carryovers</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>Year Goal</b>	<b>YTD Actual</b>	<b>*Releases To Date</b>
a.	Milestone (Registration):													
b.	Milestone:													
c.	Milestone:													
c	Milestone:													
d.	Milestone (Last Milestone Is Achieving the Performance Target):													

\*Release = No Shows, Released for Misconducts, Dropouts, Transferees/Referrals. Do Not Release Youths Who Complete the Program.

#Carryovers = Numbers of Youth Carried Over from the Previous OYS Budget Period ***Under this Contract.***

To add additional Performance Targets and unlock restricted editing, use password OYS.

## Performance Plan

<b>PT#</b>	<b>Performance Target from Scope of Services:</b>													
<b>Type (See Target Type Codes):</b>			<b>1st</b>		<b>2nd</b>		<b>3rd</b>		<b>4th</b>		<b>One Year</b>			
<b>Milestones</b>		<b>Sources of Verification</b>	<b>#Carryovers</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>	<b>A</b>	<b>Year Goal</b>	<b>YTD Actual</b>	<b>*Releases To Date</b>
a.	Milestone (Registration):													
b.	Milestone:													
c.	Milestone:													
c	Milestone:													
d.	Milestone (Last Milestone Is Achieving the Performance Target):													

\*Release = No Shows, Released for Misconducts, Dropouts, Transferees/Referrals. Do Not Release Youths Who Complete the Program.

#Carryovers = Numbers of Youth Carried Over from the Previous OYS Budget Period ***Under this Contract***.

To add additional Performance Targets and unlock restricted editing, use password OYS.

### **\*\*REPORTING PENALTY\*\***

Should the PROVIDER fail to file any of the written program or expenditure reports with the STATE on or before the required dates as set forth in the Scope of Services and this Attachment, the STATE is authorized to withhold funds owed to the PROVIDER until the reports are submitted, reviewed, and deemed acceptable by the STATE.

Office of Youth Services  
**PERFORMANCE REPORT**

**Instructions:**




- Submit one report for All Direct Service Targets described in OYS Form 4-1, "Performance Plan" (Revised 11/2017)
- Mail a signed Original to the Office of Youth Services, 1010 Richards Street, Suite 314, Honolulu, HI 96813.
- This form is to be used to report cumulatively. Additional narrative information may be added to each subsequent report after the initial reporting period.

	↓ This document is submitted as:	Date Submitted	Prepared by (Signature)	Date Approved	Approved by (Signature)
<b>Provider Name:</b>	<input type="checkbox"/> Budget Period Quarterly Narrative Report for the months of: <input type="checkbox"/> JAS (Due by October 31) <input type="checkbox"/> OND (Due by January 31) <input type="checkbox"/> JFM (Due by April 30) <input type="checkbox"/> AMJ (Due by June 30)				
<b>Contract Number:</b> DHS-20-OYS-040					
<b>Contract Start Date:</b> Click here to enter a date. <b>Contract End Date:</b> Click here to enter a date.	<input type="checkbox"/> Final Quarter Report				
<b>Extended To:</b> Click here to enter a date. <b>Further Extended To:</b> Click here to enter a date.		OYS Approval Date: Approved by:			

**NARRATIVE REPORT**

Fill-in answers after each question. Add additional narrative paragraphs each quarter, labeling the narrative by quarters (i.e., JAS, OND, JFM, AMJ, etc).

During the past reporting period:

1. What were the major accomplishments towards achieving the performance targets established for this program? What activities proved to be especially effective?  

2. Which risk factors and protective factors were addressed and to what degree were the respective factors reduced or enhanced? (See below for target risk and protective factors).  

3. In reviewing the Scope of Services for this program, which components have been successfully implemented or achieved in the program services? Which components have been difficult to implement, and why?  


## CONTRACT BUDGET

Organization: \_\_\_\_\_ 0

Contract No.: \_\_\_\_\_ 0

Budget Period: \_\_\_\_\_ 0

### DEPRECIATION

ITEM PLEASE IDENTIFY EACH ASSET. DO NOT GROUP BY ASSET TITLE.	ACQUISITION DATE	ACQUISITION COST	USEFUL LIFE	METHOD OF DEPRECIATION	PREVIOUS DEPRECIATION TAKEN	DEPRECIATION EXPENSE	% ALLOCATED	DEPRECIATION ALLOCATED
<b>Total:</b>								\$ -
<b>JUSTIFICATION/COMMENTS:</b>								

## CONTRACT BUDGET

C

C

C

**O**

DESCRIPTION	TOTAL BUDGETED	JUSTIFICATION / COMMENTS
TOTAL:	\$ -	

## CONTRACT BUDGET

Organization: \_\_\_\_\_ 0

Contract No. \_\_\_\_\_ 0

Budget Period: \_\_\_\_\_ 0

0

DESCRIPTION	TOTAL BUDGETED	JUSTIFICATION / COMMENTS
<b>TOTAL:</b>	<b>\$ -</b>	



## CONTRACT BUDGET

Organization: \_\_\_\_\_ 0

Contract No. \_\_\_\_\_ 0

Budget Period: \_\_\_\_\_ 0

0

DESCRIPTION	TOTAL BUDGETED	JUSTIFICATION / COMMENTS
<b>TOTAL:</b>	\$ -	

0

DESCRIPTION	TOTAL BUDGETED	JUSTIFICATION / COMMENTS
<b>TOTAL:</b>	\$ -	

**Office of Youth Services  
PERFORMANCE PLAN**

	Service Area for This Contract (Check One):	Date Submitted	Prepared By (Signature)	Date Approved	Approved By (Signature)
PROVIDER: _____	<input type="checkbox"/> Attendant Care <input type="checkbox"/> Intensive Monitoring <input type="checkbox"/> HYCF Aftercare <input type="checkbox"/> Project-Based Cultural <input type="checkbox"/> Non-School Hours <input type="checkbox"/> Outreach & Advocacy <input type="checkbox"/> Family Support				
Contract Number: <b>DHS-20-OYS- 040</b>					
Contract Start Date: <a href="#">Click here to enter a date.</a>					
Contract End Date: <a href="#">Click here to enter a date.</a>	<input type="checkbox"/> Positive Youth Development <input type="checkbox"/> Residential Emergency Shelter <input type="checkbox"/> Residential Intensive <input type="checkbox"/> Residential Intensive/ILP <input type="checkbox"/> Residential ILP <input type="checkbox"/> Truancy Prevention <input type="checkbox"/> Other: _____	OYS Approval Date: Approved by: _____			

**Target Group Description**

Target Type Codes (Use to Code Targets on the Following Pages)	Risk Level Targeted (Check One or More)	Regions Targeted (Check One or More)
<b>Risk Factors</b>		
<b>RF1</b> Reduce Delinquency (Including All Status Offense)	<input type="checkbox"/> <b>Risk Level I</b> • At-risk for violence, substance abuse, and/or criminal activity due to geographic, ethnic, or socioeconomic factors.	<input type="checkbox"/> Statewide (All Islands)  <input type="checkbox"/> Oahu (All) <input type="checkbox"/> Oahu: Central <input type="checkbox"/> Oahu: Honolulu <input type="checkbox"/> Oahu: Leeward <input type="checkbox"/> Oahu: Windward  <input type="checkbox"/> Hawaii (All) <input type="checkbox"/> Hawaii: East <input type="checkbox"/> Hawaii: West  <input type="checkbox"/> Kauai (All)
<b>RF2</b> Reduce Arrests		
<b>RF3</b> Reduce Disproportionate Minority Contact (DMC)		
<b>RF4</b> Reduce Substance Use, Abuse		
<b>RF5</b> Reduce Anger, Violence		
<b>RF6</b> Reduce Gang Activity	<input type="checkbox"/> <b>Risk Level II</b> Any One of the Following: • Status offender: Chronically truant, runaway. • Involved in gangs, violence, or substance abuse. • Experiencing serious family problems. • Abused and/or neglected.	<input type="checkbox"/> Maui (All) <input type="checkbox"/> Maui: Lanai <input type="checkbox"/> Maui: Molokai
<b>RF7</b> Reduce Risk for Pregnancy		
<b>RF8</b> Reduce Alienation		
<b>Protective Factors</b>		
<b>PF1</b> Increase Accountability and Independent Living Skills	<input type="checkbox"/> <b>Risk Level III</b> Any One of the Following: • Any characteristic of Level II, but also has immediate need for food, shelter, clothing, and/or medical treatment. • Involved in felony activity. • Court adjudicated. • At-risk for out-of-home placement. • At-risk for secure confinement.	
<b>PF2</b> Improve Family Relationships		
<b>PF3</b> Increase Connectedness with Community		
<b>PF4</b> Increase Cultural Awareness, Appreciation		
<b>PF5</b> Improve Self-Image, Self-Esteem	<input type="checkbox"/> <b>Risk Level IV</b> • Chronic serious offender requiring secure confinement for safety of public and/or of self.	
<b>PF6</b> Increase Pro-social Behavior and Social Competency		
<b>PF7</b> Increase Health, Physical Competencies		
<b>PF8</b> Increase Educational Competency (Improve GPA, Attendance)		
<b>PF9</b> Increase Vocational Competency (Career Exploration, Job Training)		
<b>PF10</b> Increase Family, Community Support of Youth's Program		
<b>Major Life Domains Targeted</b>		
<b>D1</b> Individual		
<b>D2</b> Peer		
<b>D3</b> Family		

D4	Community		
----	-----------	--	--

## Performance Plan

### Instructions:

1. Referencing the Scope of Services, fill in performance target information, including sources of verification (i.e., "Youth Self-Reports", "Grades.")
2. Fill in projections (P) for number of youth expected to achieve each milestone in each quarter. SUBMIT THIS PLAN TO OYS within thirty (30) calendar days of contract execution.
3. Each quarter fill in actual (A) number of youth achieving each milestone. This tool is intended to help you track and submit the Performance Report (Form 10) every quarter. DO NOT SUBMIT TO OYS, BUT KEEP ON FILE.

Performance Target & Milestones													
PT #1	Performance Target from Scope of Services:												
Type (See Target Type Codes):		1st			2nd		3rd		4th		One Year		
Milestones	Sources of Verification	#Carryovers	P	A	P	A	P	A	P	A	Year Goal	YTD Actual	*Releases To Date
a. Milestone (Registration):													
b. Milestone:													
c. Milestone:													
c. Milestone:													
d. Milestone (Last Milestone Is Achieving the Performance Target):													

Office of Youth Services  
**PERFORMANCE REPORT**

4. What challenges did the program face during this reporting period? How were these issues resolved? If not resolved, what are the plans for resolving these issues?



5. Please provide other comments or observations that will help the OYS understand the progress of this contract at this time.



**ADDENDUM FOR THE FINAL QUARTER OF EACH BUDGET PERIOD**

6. Identify which performance targets were achieved and which were not. If performance targets were not achieved, provide a probable explanation for why not.



7. Please describe any curriculum model or program activity that proved to be consistently effective.



8. What changes, if any, do you anticipate making to the program design and implementation plan? How can OYS help you with program design or implementation?



Office of Youth Services  
**PERFORMANCE REPORT**

	TARGET TYPE CODES		MAJOR LIFE DOMAINS TARGETED
	<b>Risk Factors</b>		
<b>RF1</b>	Reduce Delinquency (Including All Status Offense)	<b>D1</b>	Individual
<b>RF2</b>	Reduce Arrests	<b>D2</b>	Peer
<b>RF3</b>	Reduce Disproportionate Minority Contact (DMC)	<b>D3</b>	Family
<b>RF4</b>	Reduce Substance Use, Abuse	<b>D4</b>	Community
<b>RF5</b>	Reduce Anger, Violence		
<b>RF6</b>	Reduce Gang Activity		
<b>RF7</b>	Reduce Risk for Pregnancy		
<b>RF8</b>	Reduce Alienation		
	<b>Protective Factors</b>		
<b>PF1</b>	Increase Accountability and Independent Living Skills		
<b>PF2</b>	Improve Family Relationships		
<b>PF3</b>	Increase Connectedness with Community		
<b>PF4</b>	Increase Cultural Awareness, Appreciation		
<b>PF5</b>	Improve Self-Image, Self-Esteem		
<b>PF6</b>	Increase Pro-social Behaviors and Social Competency		
<b>PF7</b>	Increase Health, Physical Competencies		
<b>PF8</b>	Increase Educational Competence (Improve GPA, Attendance)		
<b>PF9</b>	Increase Vocational Competence (Career Exploration, Job Training)		
<b>PF10</b>	Increase Family, Community Support of Youth's Program		

**QUARTERLY PERFORMANCE REPORTS FOR SUBMISSION TO OYS MUST INCLUDE:**

- ☐ Form 10 Performance Report (This Narrative Report)
- ☐ Form 10 Performance Report (Targets)
- ☐ Form 10 Performance Report (Age and Gender Data Report)
- ☐ Form 10 Performance Report (Ethnicity and Gender Data Report)
- ☐ Form OYS-051 Limited English Proficiency Report (LEP)

Provider:

Contract No: DHS-20-OYS-040

Reporting Quarter:

☐ JAS ☐ OND ☐ JFM ☐ AMJ

Budget Period:

☐ FY 2019 ☐ FY 2020 ☐ FY 2021 ☐ FY 2022 ☐ FY 2023

**Instructions:** Reference Form 4-1 Performance Plan to report on the Performance Targets. Fill in the blue highlighted cells for the performance targets at the "Start of Reporting Period." Each quarter, update the blue highlighted cells under "End of Reporting Period." To unprotect document use password: OYS

	Target Type (Form 4-1)	Performance Target	Start of Reporting Period			End of Reporting Period		
			Number of Youth Participating	Number of Youth _ (Milestone)	Percent of Youth _____	Number of Youth Participating	Number of Youth (Milestone)	Percent of Youth _____
1		_____ (%) program participants will						
		_____	0	0	#DIV/0!	0	0	#DIV/0!
2		_____ (%) program participants will						
		_____	0	0	#DIV/0!	0	0	#DIV/0!
3		_____ (%) program participants will						
		_____	0	0	#DIV/0!	0	0	#DIV/0!
4		_____ (%) program participants will						
		_____	0	0	#DIV/0!	0	0	#DIV/0!
5		_____ (%) program participants will						
		_____	0	0	#DIV/0!	0	0	#DIV/0!

# AGE-GENDER

Contract No.: DHS-20-OYS-040  
 Date Submitted: \_\_\_\_\_

## Instructions:

Check the quarters for which data are being reported.

For the initial report, fill in the carryover columns, then the columns that cover the initial reporting period for the contract. For example, if the contract began in January, fill in 3rd (JFM).

For subsequent quarters, fill in the unduplicated count of new registrants. Year-To-Date cumulative totals are automatically calculated (formulas are locked).

Fill in only the blue highlighted cells. All other cells are locked. To unlock, password is OYS.

Print, then mail to the assigned Program Specialist at The Office of Youth Services, 1010 Richards Street, Suite 314, Honolulu, HI 96813. Worksheet is set to print at 8.5 X 11" landscape.

Age	CARRYOVER		<input type="checkbox"/> JAS		<input type="checkbox"/> OND		<input type="checkbox"/> JFM		<input type="checkbox"/> AMJ		Year-To-Date				Age
	M Carried Over from Previous Fiscal Year	F Carried Over from Previous Fiscal Year	M New Regs	F New Regs	M New Regs	F New Regs	M New Regs	F New Regs	M New Regs	F New Regs	M New Regs YTD	F New Regs YTD	M Served YTD	F Served YTD	
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
19+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19+
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL



# ETHNICITY-GENDER

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>Contract No.: DHS-20-OYS-040</b>																
2	<b>Date Submitted:</b>																
3																	
4	<b>Instructions:</b>																
5	Check the quarters for which data are being reported.																
6	For the initial report, fill in the carryover columns, then the columns that cover the initial reporting period for the contract. For example, if the contract began in January, fill in 3rd (JFM).																
7	For subsequent quarters, fill in the unduplicated count of new registrants. Year-To-Date cumulative totals are automatically calculated (formulas locked).																
8	Fill in only the blue highlighted cells. All other cells are locked. To unlock, use password OYS.																
9	Print, then mail to the assigned Program Specialist at The Office of Youth Services, 1010 Richards Street, Suite 314, Honolulu, HI 96813. Worksheet is set to print at 8.5 X 11" landscape.																
10																	
11		CARRYOVER		<input type="checkbox"/> JAS		<input type="checkbox"/> OND		<input type="checkbox"/> JFM		<input type="checkbox"/> AMJ		Year-To-Date					
12	Ethnicity	M Carried Over from Previous Budget Period	F Carried Over from Previous Budget Period	M New Regs	F New Regs	M New Regs	F New Regs	M New Regs	F New Regs	M New Regs	F New Regs	M New Regs YTD	F New Regs YTD	M Served YTD	F Served YTD	Ethnicity	
13	American Indian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	American Indian	
14	Black	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Black	
15	Cambodian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Cambodian	
16	Caucasian (Not Portuguese)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Caucasian (Not Portuguese)	
17	Chinese	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Chinese	
18	Filipino	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Filipino	
19	Hawaiian (Full, Part)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Hawaiian (Full, Part)	
20	Japanese	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Japanese	
21	Korean	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Korean	
22	Laotian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Laotian	
23	Marshallese	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Marshallese	
24	Miconesian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Miconesian	
25	Mixed (Not Hawaiian)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mixed (Not Hawaiian)	
26	Other Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Other Asian	
27	Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Other Pacific Islander	
28	Portuguese	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Portuguese	
29	Puerto Rican, Hispanic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Puerto Rican, Hispanic	
30	Samoan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Samoan	
31	Tongan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Tongan	
32	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Unknown	
33	Vietnamese	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Vietnamese	
34	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Other	
35	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL	

**The Office of Youth Services**  
**ADMINISTRATIVE ASSURANCES**  
 (Revised 11/2017)

<b>Provider:</b>	<b>Contract Period:</b> to
<b>Contract Number:</b> DHS- 20 -OYS- 040	

**Instructions:** Please complete the Administrative Assurances form and send it to the Office of Youth Services (1010 Richards Street, Suite 314, Honolulu, Hawaii 96813) within *30 calendar days* of contract start date. This form must be submitted annually for each contract period. If the Provider has subcontractors under this contract, each subcontractor must also submit the Administrative Assurance form. The Office of Youth Services may require the Provider to produce documents and other evidence, as requested, to verify the information contained herein.

<b>CIVIL RIGHTS ASSURANCES</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Written policies and procedures prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age, disability, or Limited English Proficiency (LEP) are posted and displayed in waiting and rest areas in all buildings and on file.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policies ensuring the security of confidential staff and client records have been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
All direct service administrative and program staff (check one):			
<input type="checkbox"/> Have received training in Civil Rights issues, in particular sexual orientation and LEP issues.			
<input type="checkbox"/> Are scheduled to receive training in Civil Rights issues, in particular sexual orientation and LEP issues.			

<b>ORGANIZATIONAL ASSURANCES</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Written policies prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age or disability are posted and on file.	<input type="checkbox"/>	<input type="checkbox"/>	
A current organizational chart delineating the organization's lines of authority and supervision is on file.	<input type="checkbox"/>	<input type="checkbox"/>	
A list of the current Board of Directors and minutes of the meetings are maintained on file.	<input type="checkbox"/>	<input type="checkbox"/>	
The Board of Directors regularly receives operations reports.	<input type="checkbox"/>	<input type="checkbox"/>	
A written smoking policy has been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
A written drug free work place policy has been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
A Quality Assurance Plan has been implemented. The plan includes:			
a. A written policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
b. A staff person or committee assigned to monitor Quality Assurance.	<input type="checkbox"/>	<input type="checkbox"/>	

**The Office of Youth Services**  
**ADMINISTRATIVE ASSURANCES**  
(Revised 11/2017)

c. An annual consumer satisfaction survey of recent and current clients.	<input type="checkbox"/>	<input type="checkbox"/>	
d. An annual community satisfaction survey of agencies and/or community members collaborating with the Provider.	<input type="checkbox"/>	<input type="checkbox"/>	
e. A utilization review process to assess the degree to which the services are accessed by the community.	<input type="checkbox"/>	<input type="checkbox"/>	
f. An annual program performance review.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Staff participation in the agency evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	
A policy or procedure to ensure that all printed information supported or funded by this contract clearly acknowledges the Office of Youth Services as the funding agency has been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
Written approval from the Office of Youth Services giving approval to hire subcontractor(s) is on file.	<input type="checkbox"/>	<input type="checkbox"/>	
If transportation services are provided, written policies and procedures have been implemented to ensure that all vehicles used (agency-owned and privately-owned) meet the State's safety standards and are in good working condition.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policies and procedures have been implemented to ensure that youth are not charged any fees for program services.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policies and procedures have been implemented to ensure that youth are not used for solicitation or for political campaigning purposes.	<input type="checkbox"/>	<input type="checkbox"/>	

<b>PERSONNEL ASSURANCES</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Written personnel policies and procedures are implemented, updated, and accessible to all staff.	<input type="checkbox"/>	<input type="checkbox"/>	
The current job description for each staff member includes the required minimum qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	
All staff meets the minimum qualifications for respective positions.	<input type="checkbox"/>	<input type="checkbox"/>	
Each staff person has receives compensation information that describes:			
a. Salary range for each position.	<input type="checkbox"/>	<input type="checkbox"/>	
b. How salary increases are earned.	<input type="checkbox"/>	<input type="checkbox"/>	
c. The fringe benefits.	<input type="checkbox"/>	<input type="checkbox"/>	
All staff, including volunteers, in positions that necessitate direct involvement or close proximity to youth, do not have a criminal history or background that poses a risk to youth, and are subject to criminal history record checks (State and FBI Criminal History Check, Sex Offender Registry, and the Child Abuse and Neglect Registry Clearance), as allowed by statutes or rules, and to meet the standards covered under the Prison Rape Elimination Act (PREA). Maintain documentation of	<input type="checkbox"/>	<input type="checkbox"/>	

**The Office of Youth Services**  
**ADMINISTRATIVE ASSURANCES**  
(Revised 11/2017)

criminal history record checks in the employee/volunteer's personnel file. Criminal history record checks, except for the FBI fingerprint check, are conducted annually.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policies and procedures for staff training describe:			
a. An assessment of training needs.	<input type="checkbox"/>	<input type="checkbox"/>	
b. A staff development and training plan (including working with LGBT youth to assure safety and civil rights) that identifies opportunities for continuing education and/or in-service training.	<input type="checkbox"/>	<input type="checkbox"/>	
Probation evaluations of all new employees are conducted.	<input type="checkbox"/>	<input type="checkbox"/>	
Annual performance evaluations of employees are conducted.	<input type="checkbox"/>	<input type="checkbox"/>	
Employees are given the opportunity to participate in the evaluation of their performances.	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel records are maintained in a confidential manner.	<input type="checkbox"/>	<input type="checkbox"/>	
Exit interviews are conducted with all staff leaving the organization.	<input type="checkbox"/>	<input type="checkbox"/>	

<b>CLIENT SERVICES ASSURANCES</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Policies and procedures for serving clients provide details for:			
a. Assuring clear admission/discharge criteria.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Obtaining consent from parent(s)/guardian(s) to provide services to the clients.	<input type="checkbox"/>	<input type="checkbox"/>	
c. Maintaining the confidentiality of the clients.	<input type="checkbox"/>	<input type="checkbox"/>	
d. Developing, implementing and monitoring an individualized service plan.	<input type="checkbox"/>	<input type="checkbox"/>	
e. Obtaining consent to release information.	<input type="checkbox"/>	<input type="checkbox"/>	
f. Acknowledging the rights and responsibilities of the clients.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Informing clients how to file complaints and grievances with the Provider.	<input type="checkbox"/>	<input type="checkbox"/>	
h. Maintaining progress notes.	<input type="checkbox"/>	<input type="checkbox"/>	
i. Providing follow-up services after discharge.	<input type="checkbox"/>	<input type="checkbox"/>	

I, Click here to enter text., a duly authorized representative for Click here to enter text., hereby affirm that the information contained herein is true and factual to the best of my knowledge. Further, the information contained herein can be supported by documents or other information that the agency has on file, and the Office of Youth Services may review such information as requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

The Office of Youth Services  
**ADMINISTRATIVE ASSURANCES**  
 (Revised 11/2017)

**STANDARDS FOR FACILITIES AT WHICH DIRECT SERVICES ARE PROVIDED**  
 (Please complete one form per Facility)

Name of Facility	Address of Facility	Telephone Number	Name of Staff Overseeing Facility

Please indicate the status of each standard as appropriate.

STANDARDS	Yes	No	Comments
The facility meets all OSHA standards as may be applicable. Please indicate the date of the last OSHA inspection if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
The facility meets all ADA standards that may be applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
The facility and furnishings are clean and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	
The facility has sufficient space to provide services without overcrowding.	<input type="checkbox"/>	<input type="checkbox"/>	
A fire inspection is conducted regularly, if appropriate. Please indicate the date of the last fire inspection.	<input type="checkbox"/>	<input type="checkbox"/>	Inspection Date: <a href="#">Click here to enter a date.</a>
Fire extinguishers are available and are not obstructed or obscured from view.	<input type="checkbox"/>	<input type="checkbox"/>	
A diagrammed fire escape plan is clearly visible and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits are easy to locate and are not obstructed from access.	<input type="checkbox"/>	<input type="checkbox"/>	
A sanitation inspection is conducted regularly, if appropriate. Please indicate the date of the last sanitation inspection.	<input type="checkbox"/>	<input type="checkbox"/>	Inspection Date: <a href="#">Click here to enter a date.</a>
The facility meets all applicable operating licensing/certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	

I, [Click here to enter text.](#), a duly authorized representative for [Click here to enter text.](#), hereby affirm that the information contained herein is true and factual to the best of my knowledge. Further, the information contained herein can be supported by documents or other information that the agency has on file, and the Office of Youth Services may review such information as requested.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Representative Signature

# LANGUAGE ACCESS REPORTING TOOL

## LEP Services by Language

Provider: \_\_\_\_\_  
 Contract Number: DHS-20-OYS-040  
 Contact Person: \_\_\_\_\_

Reporting Qtr: ☐ JAS ☐ QND ☐ JFM ☐ AMJ  
 Budget Period: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructions: Report the number of encounters required this quarter for oral interpretation and the number of translated documents for individuals with limited English proficiency. Report expenditures incurred for the LEP services reported. Note: The grey cells auto calculate and formatting on this report are password protected. To uprotect document, use password "OYS".

1	2	3						4		5					6
Language	# of Oral Language Encounters	Oral Language Service Utilized (#)						Translated Documents (#)		Translator Used (#)					Totals (Columns 2 & 4)
		Bilingual Staff (Provides Direct Services in Another Language)	Community Volunteer	In-Person Contracted Interpreter (Agency)	In-Person Contracted Interpreter (Independent)	Telephone Interpreter	Other (including sight Translation)	# of Documents Translated Upon Request	# of Vital Documents Translated	Staff	Contracted (Agency) Translation Services	Contracted (Independent) Translation Services	Community Volunteer	Other # Only (Specify on Separate Sheet)	
Cantonese															0
Chuukese															0
Hawaiian															0
Ilokano															0
Japanese															0
Korean															0
Kosraean															0
LEP Hearing Impaired															0
Mandarin															0
Marshallese															0
Portuguese															0
Samoan															0
Spanish															0
Tagalog															0
Thai															0
Tongan															0
Vietnamese															0
Visayan (Cebuano)															0
Other Total # *															0
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

\*Specify Type of Other Language on a Separate Sheet

### Expenditures:

Interpretation Total \$0.00 Translation Total \$0.00 Interpretation & Translation Total \$0.00

# AMERICANS WITH DISABILITIES (ADA) REPORT

Instructions: Please fill out with whole numbers or "0s", as appropriate. Submit with quarterly program reports.

PROVIDER: \_\_\_\_\_

CONTRACT NUMBER: DHS-20-OYS-040

## REPORT FOR THE PERIOD (CHECK ONE):


Carry over from  
previous year.











☐ JAS

☐ QND

☐ JFM

☐ AMJ

FACILITY ACCESS 		YOUTH	PARENTS/ CAREGIVERS	YOUTH	PARENTS/ CAREGIVERS	YOUTH	PARENTS/ CAREGIVERS	YOUTH	PARENTS/ CAREGIVERS	TOTAL
Number of individuals who use a wheelchair.		0	0	0	0	0	0	0	0	0
Number of individuals using other mobility aids.		0	0	0	0	0	0	0	0	0
Number complaints received regarding lack of physical facility access.		0	0	0	0	0	0	0	0	0

ACCOMMODATIONS & REASONABLE MODIFICATIONS		YOUTH	PARENTS/ CAREGIVERS	YOUTH	PARENTS/ CAREGIVERS	YOUTH	PARENTS/ CAREGIVERS	YOUTH	PARENTS/ CAREGIVERS	TOTAL
Number of requests received for auxiliary aids assistive technology devices or services?		0	0	0	0	0	0	0	0	0
Number of occasions individuals were provided auxiliary aids, assistive technology devices or services?		0	0	0	0	0	0	0	0	0
Number of Individuals By Type of Auxiliary Aid, Assistive Technology Device or Service Provided:										0
In-person sign language interpreter 		0	0	0	0	0	0	0	0	0
Video Remote Interpreting Services (VRI) 		0	0	0	0	0	0	0	0	0
Computer Aided Real-Time Transcription (CART) 		0	0	0	0	0	0	0	0	0
Note Taker 		0	0	0	0	0	0	0	0	0
Assistive Listening Device 		0	0	0	0	0	0	0	0	0
Open or Closed Captioning 		0	0	0	0	0	0	0	0	0
Taped or Audio Recorded Text 		0	0	0	0	0	0	0	0	0
Magnification Device 		0	0	0	0	0	0	0	0	0
Large Print Materials 		0	0	0	0	0	0	0	0	0
Braille Materials 		0	0	0	0	0	0	0	0	0
Other:		0	0	0	0	0	0	0	0	0
Number of reasonable modifications to policies or procedures, etc. provided.		0	0	0	0	0	0	0	0	0
Number of complaints received regarding youth not receiving requested or needed aids, devices or services.		0	0	0	0	0	0	0	0	0