State of Hawai‘i
Department of Health
Communicable Disease and
Public Health Nursing Division

Request for Proposals

RFP No. HTH-PHN-1-26
Pilot Project: Integration of Community Health Workers (CHWs) in Hawai‘i Department of Health (DOH) Communicable Disease and Public Health Nursing Division (CDPHND) Service Delivery in Rural Communities

Date Issued
September 2, 2026

Date Due
September 22, 2026

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

September 2, 2026

REQUEST FOR PROPOSALS

PILOT PROJECT: INTEGRATION OF COMMUNITY HEALTH WORKERS (CHWS) IN HAWAIʻI DOH CDPHND SERVICE DELIVERY IN RURAL COMMUNITIES
RFP No. HTH-PHN-1-26

The Department of Health, Communicable Disease and Public Health Nursing Division (CDPHND or the "DIVISION") is requesting proposals from qualified applicants to support the Pilot Project: Integration of Community Health Workers ("CHWs") in Hawaiʻi DOH CDPHND Service Delivery in Rural Communities (the "PROJECT"). The anticipated contract term will be from October 28, 2026 through July 31, 2027. A single contract will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before September 22, 2026, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaiʻi Standard Time (HST), on September 22, 2026, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Communicable Disease and Public Health Nursing Division (CDPHND) will conduct an orientation on September 9, 2026 from 10:00 a.m. to 11:00 a.m. HST, via TEAMS. All prospective applicants are encouraged to attend the orientation. Please email doh.rica@doh.hawaii.gov by September 7, 2026 at 4:30 p.m. HST, for more information.

The deadline for submission of written questions is 4:30 p.m., HST, on September 11, 2026. All written questions will receive a written response from the State on or about September 15, 2026.

Any inquiries and requests regarding this RFP should be directed to Michelle Nakata by e-mail: doh.rica@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 5
THE 5 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL BOUND, THERE (3) SINGLE-SIDED COPIES, AND ONE (1) UNBOUND COPY.

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN *SEPTEMBER 22, 2026,* **and received by the state purchasing agency no later than 10 days from the submittal deadline**.

All Mail-ins

Department of Health
Communicable Disease &
Public Health Nursing Division
1250 Punchbowl St., Rm 423
Honolulu, HI 96813

DOH RFP CONTACT

Michelle E. Nakata
For further information or inquiries:
doh.rica@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawai'i Standard Time (HST),** September 22, 2026. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., September 22, 2026.

Drop-off Sites

Department of Health
Communicable Disease &
Public Health Nursing Division
1250 Punchbowl St., Rm 423
Honolulu, HI 96813

BE ADVISED: All mail-ins postmarked by UPS after September 22, 2026, shall be rejected.

Offerors are advised that recent USPS procedural changes may affect the determination of timely mailed submissions under HRS Chapter 103F. Under HRS §103F-402, a proposal is considered timely if the USPS postmark is dated on or before the submission deadline. However, USPS may now assign a postmark based on the date of processing rather than the date the mail is deposited. Mail sent close to the deadline may therefore receive a later postmark.

Because timeliness is determined solely by the official USPS postmark, offerors are strongly encouraged to mail proposals early to ensure processing occurs before the deadline. The State is not responsible for late postmarks caused by USPS processing schedules.

RFP Table of Contents

Section 1 Administrative Overview

Section 2 - Service Specifications

Section 3 - Proposal Application Instructions

Section 4 – Proposal Evaluation

Section 5 – Attachments

Section 1

Administrative Overview

Section 1
Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	September 2, 2026
Distribution of RFP	September 2, 2026
RFP orientation session	September 9, 2026
Closing date for submission of written questions for written responses	September 11, 2026
State purchasing agency's response to applicants' written questions	September 15, 2026
Discussions with applicant prior to proposal submittal deadline (optional)	TBD
Proposal submittal deadline	September 22, 2026
Discussions with applicant after proposal submittal deadline (optional)	TBD
Final revised proposals (optional)	TBD
Proposal evaluation period	September 24, 2026 - September 25, 2026
Provider selection	September 28, 2026
Notice of statement of findings and decision	September 29, 2026
Approximate contract start date	October 28, 2026

1.2 Website Reference

	Item	Website
1	Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2	RFP website	http://hawaii.gov/spo2/health/rfp103f/
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the "References" tab.
4	General Conditions, AG-103F13	http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5	Forms	http://spo.hawaii.gov Click on the "Forms" tab.
6	Cost Principles	http://spo.hawaii.gov Search: Keywords "Cost Principles"
7	Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8	Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9	Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10	Department of Taxation	http://tax.hawaii.gov
11	Department of Labor and Industrial Relations	http://labor.hawaii.gov
12	Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click "Business Registration"
13	Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14	Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawai'i website at http://hawaii.gov)		

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments*:** Provides applicants with information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health
Communicable Disease & Public Health Nursing Division
1250 Punchbowl St., Rm 423
Honolulu, HI 96813
doh.rica@doh.hawaii.gov

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Michelle E. Nakata
Michelle.E.Nakata@doh.hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date:	**September 9, 2026**	**Time:**	**10:00 a.m. – 11:00 p.m.**
Location:	**Microsoft TEAM**		

Please email Michelle E. Nakata at doh.rica@doh.hawaii.gov by September 7, 2026, 4:30 p.m. HST, for access information.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: **September 11, 2026** **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by**:**

Date: **September 15, 2026**

1.9 Submission of Proposals

A. **Forms/Formats -** Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.

2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.

3. **Table of Contents**. A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPOH-200A)**. Applicant shall submit comprehensive narratives that address all proposal requirements specified in

Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.

B. **Program Specific Requirements**. Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.

C. **Multiple or Alternate Proposals**. Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

D. **Provider Compliance**. All providers shall comply with all laws governing entities doing business in the State.

- Tax Clearance. Pursuant to HRS §103-53, as a prerequisite to entering into contracts of $25,000 or more, providers are required to have a tax clearance from the Hawai'i State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.

- Labor Law Compliance. Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.

- Business Registration**.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently $12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most

recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

E. **Wages Law Compliance**. If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.

F. **Campaign Contributions by State and County Contractors**. HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.

G. **Confidential Information**. If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

***Note that price is not considered confidential and will not be withheld*.**

H. **Proposal Submittal**. All mail-in proposal applications shall be postmarked by the United States Postal Service on or before the submittal deadline. Proposal applications shall be received no later than 4:30 p.m., HST, on September 22, 2026. Proposal applications received after the deadline shall be considered late and rejected. There are no exceptions to this requirement.

1.10 Discussions with Applicants

A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

B. **After Proposal Submittal Deadline.** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

1.12 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

The DIVISION reserves the right to conduct an on-site visit to verify the appropriateness and adequacy of the applicant's proposal before the award of the contract.

1.13 RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

1.16 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,
☐ are required
☒ are not required
to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

The DIVISION also reserves the right to waive minor variances in proposals providing such action is in the best interest of the State. Where the DIVISION may waive minor variances, such waivers shall in no way modify the RFP requirements or excuse an applicant from full compliance with the RFP specifications and other contract requirements if the applicant is awarded the contract.

A proposal may be automatically rejected for any one or more of the following reasons:

(1) Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
(2) Rejection for inadequate accounting system. (HAR §3-141-202)
(3) Late proposals (HAR §3-143-603)
(4) Inadequate response to request for proposals (HAR §3-143-609)
(5) Proposal not responsive (HAR §3-143-610(a)(1))
(6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawai‘i is not liable for any costs incurred prior to the official starting date.

Upon receipt and acceptance of the winning proposal, the DIVISION shall initiate the contracting process. The applicant who has been awarded a contract shall be notified in writing that the DIVISION intends to contract with the applicant. This letter shall serve as notification that the applicant should begin to develop its programs, materials, policies and procedures for the contract. The DIVISION will not reimburse applicants for costs incurred related to services not delivered.

The DIVISION reserves the right to review any applicant's provider contracts or agreements prior to the notification of award of the contract.

The DIVISION reserves the right to review any applicant's PROVIDER contracts or agreements prior to the notification of award of the contract. Upon award of the contract, the applicant shall submit a plan for implementation of services and shall provide progress/performance reports every two (2) weeks beginning two (2) weeks after the notification of contract award. The format to be used shall be approved by the DIVISION. The purpose of the reports is to ensure that the applicant will be ready to provide services as of the implementation date of the contract and that all required elements are in place. If the applicant is not able to demonstrate readiness to implement the contract, the award shall be withdrawn by the DIVISION and the next qualified applicant shall replace the applicant.

After the award of the contract, prior to implementation, an on-site readiness review will be conducted by a team from the DIVISION and will examine the applicant's staffing and provider contracts, fiscal operations, and other areas specified prior to review.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. Only the following matters may be protested:

(1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	**Procurement Officer**
Name: Kenneth Fink, M.D., MGA, MPH	Name: Michelle E. Nakata
Title: Director of Health	Title: RICA Project Officer
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378	Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl St., Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl St., Honolulu, Hawaii 96813

1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawai‘i, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary. Terms of the special conditions may include, but are not limited to, the requirements as outlined in Section 5, Attachment D.

The DIVISION may also be required to make small or major unanticipated modifications to individual contracts. Reasons for such modifications may include, but are not limited to, recommendations made by the DIVISION's technical assistance consultant, national trends, and needs of the Hawai‘i State Department of Health.

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2
Service Specifications

2.1 Introduction

A. Overview, purpose or need

The Hawai‘i State Department of Health (DOH), Communicable Disease and Public Health Nursing Division (CDPHND or “DIVISION”), Public Health Nursing Branch (PHNB) delivers population-based public health nursing services grounded in health equity, social justice, and culturally responsive care. To address systemic access barriers in under-resourced areas, the CDPHND is establishing the Pilot Project: Integration of Community Health Workers (CHWs) in Hawai‘i DOH CDPHND Service Delivery in Rural Communities (the "PROJECT").

The PROJECT operates under a formal Dual-Governance Model that pairs state clinical leadership (DOH PHNB Activity Lead) with contracted administrative management (PROVIDER Administrative Lead). Detailed roles, operational boundaries, and governance protocols are outlined in the Scope of Work section of this RFP.

The primary purpose of this solicitation is to secure a qualified PROVIDER to manage the administrative, logistical, and workforce infrastructure required to employ and deploy 6.0 Full-Time Equivalent (FTE) CHWs and at least a 0.5 FTE Project Manager dedicated to the administration oversight of PROVIDER CHW operations across designated rural communities statewide. By embedding trusted CHWs directly into PHNB section workflows, the PROJECT aims to expand community access to DOH services, improve health outcomes, address social determinants of health (SDOH), and capture operational data to document cost-effectiveness.

Vulnerable and high-risk populations in Hawai‘i’s rural communities face severe health disparities driven by geographic isolation, healthcare provider shortages, limited public transportation, and complex socio-economic challenges. Key community needs driving this pilot include:

1. Rural Service Disparities: Residents in neighbor island rural areas and remote O‘ahu communities experience elevated rates of unmanaged chronic illness, delayed preventive care, and heightened vulnerability during public health emergencies.
2. System Navigation & SDOH Barriers: Underserved individuals—including older adults, unhoused families, and non-English/limited-English proficient residents—frequently struggle to navigate complex medical, social, and financial support networks without dedicated, culturally aligned support.
3. Public Health Nursing Capacity: PHNs require dedicated, non-clinical community team members to execute proactive outreach, deliver evidence-

informed health education, conduct routine follow-ups, and ensure closed-loop referrals, thereby allowing PHNs to operate at the top of their clinical license.

4. Infrastructure & Sustainability Data: There is a critical need to evaluate and document how integrating community-based frontline health workers into state public health infrastructure reduces avoidable emergency department visits, improves health outcomes, and yields long-term healthcare cost savings.

This RFP seeks a single contractor to manage the statewide CHW workforce to ensure consistent program oversight while enabling the DIVISION to assess the operational feasibility of permanent civil service positions in future planning.

B. Planning activities conducted in preparation for this RFP

The DIVISION published a Request for Information (RFI-PHNB-CHW-2026) in August 2026 to seek public input on pilot design, FTE allocations, qualifications, operational feasibility, Key Performance Indicators (KPIs), data tools, and recruitment strategies. Planning efforts explicitly incorporated this dual-governance framework to ensure contractor administrative responsibilities remain separate from, yet fully supportive of, clinical and operational leadership provided by DOH PHNs.

C. Description of the service goals

1. Short-Term Goals:
    a) Rapidly recruit, onboard, and embed 6.0 FTE CHWs and at least a 0.5 FTE Project Manager across designated rural service areas (Maui County, Hawai‘i County, Kaua‘i County, and Honolulu County) within the required activation timeline.
    b) Establish core administrative support systems—including W-2 payroll and 1099 contractor processing, field expense reimbursement protocols, equipment provisioning (laptops, mobile devices), and a DIVISION-aligned performance data tracking system—to support both employee and independent contractor Community Health Worker (CHW) roles as needed.
    c) Establish functional dual-governance workflows with PHNB, aligning the PROVIDER's administrative oversight with the daily operational and clinical direction of DOH PHNs.
    d) Achieve baseline administrative performance standards and capacity-aligned service targets, including direct client encounters, community outreach events, and closed-loop referral follow-ups.
2. Long-Term Goals:
    a) Successfully integrate CHW support into state public health nursing workflows to expand reach and enhance DOH support services in underserved rural communities.

b) Improve healthcare navigation, self-management of chronic conditions, elder care support, and emergency resilience among high-risk and vulnerable rural populations.
c) Capture accurate, high-quality output and outcome data to demonstrate measurable improvements in health access, document cost savings/avoidance, and establish an evidence base for sustainable CHW integration in public health infrastructure.

D. **Description of the target population to be served**

At-risk, underserved, and vulnerable individuals residing in designated rural communities across Hawai‘i, including older adults, individuals with chronic health conditions, unhoused individuals and families, and populations significantly impacted by social determinants of health (SDOH).

E. **Geographic coverage of service**

The PROJECT’s geographic scope of service is established by two core criteria:

1. CMS Agreement: The State’s Rural Health Transformation Program (RHTP) funding agreement with the Centers for Medicare & Medicaid Services (CMS), which defines "rural" as all neighbor island regions and designated rural O‘ahu ZIP codes (96792, 96786, 96795, 96717, 96762, 96731, 96712, and 96791).
2. Departmental Need: Operational priorities of the DOH Public Health Nursing Branch (PHNB) across each county.

The PROJECT supports statewide PHNB operations across all counties, with targeted emphasis on rural populations:

1. Maui County: 2.0 FTE serving Maui County service areas, including Lāna‘i and Moloka‘i.
2. Hawai‘i County service areas:
   a) East Hawai‘i: 1.0 FTE serving North & South Hilo, Hāmākua (Pa‘auilo), Puna, and Ka‘ū (Discovery Harbour, Nā‘ālehu, Pāhala, Waiohinu, and Ocean View).
   b) West Hawai‘i: 1.0 FTE serving North & South Kona, North & South Kohala, Waimea, and Honoka‘a.
3. Kaua‘i County: 1.0 FTE serving Kaua‘i service areas.
4. Honolulu County: 1.0 FTE serving designated rural O‘ahu regions (Wai‘anae and Mākaha).

F. **Probable funding amounts, source, and period of availability**

Probable funding amounts are a total of $658,000.00, inclusive of employing a total of six point zero (6.0) FTE CHWs which may comprise full-time or part-time positions, at least a 0.5 FTE Project Manager to provide administrative oversight of PROVIDER CHW operations, and all direct and indirect expenses.

The source of funding is the Centers for Medicare & Medicaid Services (CMS) of the United States Department of Health and Human Services (HHS) as part of a financial assistance award totaling $188,892,439.75, with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government. Funding associated with this RFP is available for the current fiscal year through July 31, 2027.

Both profit and nonprofit organizations are eligible to apply.

Funding is intended to support the integration of CHWs in DOH CDPHND service delivery, including administration, recruitment, training, coordination, and related CHW operations.

If a PROVIDER materially fails to comply with the terms and conditions of the contract, the DIVISION may, as appropriate:

1. Temporarily withhold reimbursement pending correction of a deficiency or a non-submission of a required report;
2. Disallow all or part of the cost; and/or
3. Restrict, suspend, or terminate the contract.

If additional funds become available for similar services, the DIVISION reserves the right to increase funding amounts, using other available sources, including state or federal grants.

From time to time, the DIVISION may seek external funding opportunities to transform and enhance community health services. PROVIDERS may be asked to participate in these opportunities. Potential funding sources may include, but not limited to, federal, State, county, and private foundations funds.

Competition is encouraged among as many applicants as possible.

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

A. Administrative Performance Standards
B. Performance/Outcome Measures
C. Output Measures
D. Quality of Care/Services
E. Financial Management

2.3 General Requirements

A. **Specific qualifications or requirements, including but not limited to licensure or accreditation**

1. Organizational and Staffing Qualifications
    a. The PROVIDER shall demonstrate sufficient organizational capacity, administrative structure, and qualified staffing to deliver the Pilot Project: Integration of Community Health Workers (CHWs) in Hawai‘i DOH CDPHND Service Delivery In Rural Communities and all activities required under this RFP.

    b. The PROVIDER shall demonstrate sufficient capacity in human resources to accommodate statewide hiring of CHWs in each county.

    c. All personnel participating in the PROJECT shall possess the education, experience, and competencies appropriate to their assigned roles.

2. Experience

    a. The PROVIDER shall have at least three (3) years of verifiable experience supporting CHW workforce implementation.
    b. The PROVIDER shall have at least three (3) years of verifiable experience conducting or organizing training intended for CHWs or similar roles.

3. Physical Business Address

    The PROVIDER shall maintain a physical address in the State of Hawai‘i for the duration of the contract.

4. Federal and State Exclusion Eligibility

    Pursuant to 42 U.S.C. § 1320a-7, 42 C.F.R. § 455.436, 2 C.F.R. § 200.214, HRS § 103D-702, and HAR § 3-126-11, the PROVIDER, including all owners, principals, officers, directors, employees, or agents who will provide goods or services under this solicitation, shall not:

    a. Be debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in covered transactions by any federal or State department or agency;

    b. Be listed on the U.S. Department of Health and Human Services Office of Inspector General’s List of Excluded Individuals/Entities (LEIE);

    c. Be listed as debarred, suspended, or otherwise excluded in the System for Award Management (SAM.gov) or any successor federal exclusion database; and/or

d. Be listed on the State of Hawai‘i Suspension List maintained by the State Procurement Office for violations under HRS Chapter 104 or other applicable statutes.

5. Insurance Requirements

a. In addition to the provisions of the General Conditions No. 1.4, the PROVIDER shall, at its sole cost and expense, procure and maintain throughout the duration of the contract the following insurance coverage to protect against claims for personal injury, death, or property damage arising from or in connection with the performance of services under this contract. This requirement applies to the PROVIDER, and it is the PROVIDER's responsibility to ensure full compliance.

b. The PROVIDER shall obtain and keep in force the following minimum insurance coverage from companies authorized to issue insurance in the State of Hawai‘i (or as permitted under HRS §431:8-301 for non-licensed insurers):

i. General Liability Insurance in the amount of at least ONE MILLION AND NO/100 DOLLARS ($1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and not less than THREE MILLION AND NO/100 DOLLARS ($3,000,000.00) in the aggregate annually.

ii. Automobile Insurance in an amount of at least ONE MILLION AND NO/100 DOLLARS ($1,000,000.00) per accident/occurrence.

c. All insurance coverage shall be primary and non-contributory with respect to any insurance maintained by the State of Hawai‘i and shall apply to all work performed under the contract, including incidental and related services. The PROVIDER shall maintain in effect this liability insurance until the State has certified that the PROVIDER's work under the contract has been completed satisfactorily.

d. The following policy clauses shall be included:

i. Excess Coverage Clause (All policies)

"It is agreed that any insurance maintained by the State of Hawai‘i will apply in excess of, and not contribute with, insurance provided by this policy."

ii. Additional Insured Clause (General Liability and Automobile)

"The State of Hawai‘i and its officers and employees are additional insured with respect to operations performed for the State of Hawai‘i."

e. Procurement of all insurance shall not be construed to limit provider's liability or to fulfill the indemnification provision and requirement of this Contract. Notwithstanding said policy or policies of insurance, the provider shall be liable for the full and total amount of any damage, injury, or loss caused by the provider or the provider's employees, officers, or agents in connection with this Contract.

f. Automobile liability insurance shall include excess coverage for the provider's employees who use their own vehicles in the course of their employment.

g. Certificates of Liability Insurance verifying the required coverage and policy provisions shall be submitted to both the DIVISION's Administrative Services Office prior to or upon contract execution. These certificates shall be attached to and made part of the contract. A sample of a Certificate of Insurance is listed in Section 5, Attachment "H".

h. The PROVIDER shall provide immediate written notice to the State if any policy is cancelled, limited in scope, or not renewed. If a policy expires before the end of the contract term, the PROVIDER shall provide an updated certificate of insurance upon renewal.

i. All applicable policies shall provide a waiver of subrogation in favor of the STATE.

j. The PROVIDER is strongly encouraged to consult with its insurance carrier to ensure compliance with all requirements of this section. Failure to meet these requirements at least two (2) months prior to contract implementation may result in cancellation of the contract award due to noncompliance with insurance requirements.

B. **Secondary purchaser participation**
(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.
There are no planned secondary purchases.

C. **Multiple or alternate proposals**
(Refer to HAR §3-143-605)

☐ Allowed ☒ Unallowed

D. **Single or multiple contracts to be awarded**
(Refer to HAR §3-143-206)

☒ Single ☐ Multiple ☐ Single & Multiple

Criteria for multiple awards: NA

E. **Single or multi-term contracts to be awarded**
(Refer to HAR §3-149-302)

☒ Single term (2 years or less) ☐ Multi-term (more than 2 years)

Contract terms:

Initial term of contract:	Approximately 9 months (ending on July 31, 2027)
Length of each extension:	1 year
Number of possible extensions:	Up to 4 years or 48 months
Maximum length of contract:	4.75 years or 57 months
The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.	
Conditions for extension:	Contract extensions shall be requested in writing and must be executed prior to contract execution.

2.4 Scope of Work

A. **PROVIDER role**

The PROVIDER, in collaboration with the Hawai‘i Department of Health (DOH) Communicable Disease and Public Health Nursing Division (CDPHND or “DIVISION”), shall establish, support, and manage the integration of Community Health Workers (CHWs) into Public Health Nursing Branch (PHNB) service delivery across designated rural communities statewide.

The PROJECT functions under a Dual-Governance Model designed to separate clinical oversight from administrative management while ensuring seamless day-to-day integration in the field:

1. Activity Lead Responsibilities (DOH PHNB):
    a. Clinical Care Integration: Public Health Nurses (PHNs) assign specific non-clinical tasks within client care plans (e.g., home-based intake follow-up, social assessment, barrier identification).
    b. Field Tasking & Local Priorities: Section Supervisors and PHNs direct weekly CHW outreach assignments, identify priority geographic pockets, and determine community event participation based on local public health needs.

c. Case Coordination: Conduct regular case-conferencing sessions with assigned CHWs to review client progress, troubleshoot complex barriers, and adjust outreach plans.

2. Administrative Lead Responsibilities (PROVIDER):
    a. Workforce Management: Maintain single-point employment accountability, including recruitment, hiring, performance evaluation, payroll, and benefits administration.
    b. Logistical & Operational Support: Provide and maintain laptops, cellular phones, reliable mobile data access, and mileage/travel reimbursements.
    c. Core Competency Training: Deliver baseline CHW onboarding, ongoing professional development, state and federal privacy compliance, and data platform training.
    d. Contract Compliance & Data Governance: Monitor output benchmarks, manage contract deliverables, and submit required programmatic and fiscal reports.

B. Dual-Governance Operation Framework & Boundary Controls

1. To prevent dual-management confusion, establish clear operational boundaries, and protect frontline staff capacity, the PROJECT strictly enforces the following governance parameters:
    a) Division of Authority: Operational authority is split strictly between administrative oversight (PROVIDER) and daily clinical/field tasking (DOH PHNB).
    b) Joint Onboarding & Field Readiness: The PROVIDER's Project Manager and DOH PHNB Section Supervisors shall co-design and conduct joint orientation sessions for all newly hired CHWs prior to field deployment to align administrative expectations with section-level workflows.
    c) Conflict Escalation Protocol: Field-level tasking or operational ambiguity shall be resolved through direct consultation between the PROVIDER Project Manager and the DOH PHNB Section Supervisor. Issues regarding personnel conduct, performance management, or employment terms remain strictly under the administrative purview of the PROVIDER.
    d) CHW Administrative Burden Protections: To maximize direct client engagement and prevent burnout, administrative and documentation duties (e.g., timekeeping, reporting, internal logs) shall be streamlined and capped at no more than 15% of total paid working hours (maximum 6.0 hours per week per 1.0 FTE or 3.0 hours per week per 0.5 FTE).

2. Deployed CHWs shall deliver evidence-informed health education, proactive outreach, resource navigation, and follow-up support. Subject matter will be based on community need and may include the following focus areas::
   a) Elder health and healthy aging;
   b) Emergency preparedness and community resilience;
   c) Communicable disease prevention and outbreak response support;
   d) Chronic disease prevention and self-management;
   e) Health promotion, wellness, and healthcare access; and
   f) outreach and care navigation for unhoused individuals and families.

3. For the purposes of this RFP, these are the definitions of the key terms:
   a) Community Event: A planned, organized gathering designed to bring together members of a specific geographic area or shared-interest group to promote connection, education, support, or celebration.
   b) Community Health Worker (CHW): A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. Community health workers facilitate access to professional health and social services and build capacity at the individual and community levels through increasing health knowledge and self-sufficiency with a range of activities such as outreach, engagement, health education, social support, and advocacy.
   c) Direct Encounter: An immediate, face-to-face or real-time interaction between two individuals or parties.
   d) Evidence-Informed Health Education: Providing clear, accurate health information that combines rigorous scientific research with real-world practice to help individuals make well-informed health decisions.
   e) Follow-Up Support: Maintaining ongoing contact with individuals after an initial appointment, service, or referral to track progress, address new barriers, and ensure continuity of care.
   f) Outreach: Actively connecting with individuals and communities—especially those under-resourced or underserved—to raise health awareness, offer resources, and bridge gaps in care.
   g) Public Health Nurse: A registered nurse who works directly within local communities to improve population-level health outcomes by addressing the root causes of poor health and chronic conditions. DOH PHNs deliver family-centered, community-based nursing services—including case management, client advocacy, health screenings, consultation, and disease prevention—while partnering with community agencies to control communicable diseases, respond to public health emergencies, and connect under-resourced individuals to essential care.
   h) Resource Navigation: Guiding and supporting individuals through complex systems to help them identify, access, and connect with necessary medical, social, or financial services.
   i) Social Determinants of Health (SDOH): The conditions in the environments where people are born, live, learn, work, play, worship, and

age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1]

j) Vulnerable Population: A vulnerable population is a group of individuals who are at increased risk for health problems and health disparities.[2]

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

The PROVIDER shall execute all mandatory administrative, operational, and fiscal responsibilities required to support the PROJECT in alignment with the Scope of Work.

1. Recruitment & Personnel Management: Recruit, screen, and maintain 6.0 FTE CHWs and at least a 0.5 FTE Project Manager across designated counties as W-2 employees (or independent contractors), handling all payroll, withholdings, benefits, and background/exclusion checks.

2. Equipment & Logistical Support: Furnish each deployed CHW with laptops, cellular smartphones with active hotspots, field safety equipment, and mileage/travel reimbursement systems.

3. Training & Onboarding: Execute administrative onboarding, state and federal privacy compliance certification, and core competency trainings (Cultural Competency, Chronic/Communicable Disease, and Native Hawaiian Health) prior to field placement.

4. Frontline Peer Support Sessions: Facilitate and release deployed CHWs to attend monthly, peer-led professional support sessions hosted by recognized local CHW professional associations or networks to share field strategies and mitigate burnout.

5. Data System Administration: Deploy, host, and maintain a secure, cloud-based, secured performance tracking platform to capture direct encounters, referrals, and community outreach data.

6. Dual-Governance Alignment: Participate in joint orientation sessions with DOH PHNB Section Supervisors, jointly execute the written Conflict Escalation Protocol, and maintain single-entry documentation tools that cap administrative duties at 15% of CHW working hours.

[1] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved August 19, 2026, from https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

[2] Open Resources for Nursing. (2022). Vulnerable populations. In K. Ernstmeyer & E. Christman (Eds.), Nursing: Mental health and community concepts. Chippewa Valley Technical College. https://www.ncbi.nlm.nih.gov/books/NBK590046/

7. Fiscal & Programmatic Reporting: Submit required monthly expenditure invoices, monthly mobilization reports (Months 1–3), a quarterly progress report (Months 4–6), and a comprehensive 9-Month Final Evaluation Report (Month 9) covering Months 7–9 and overall 9-month program performance.

D. **Management Requirements (minimum and/or mandatory requirements)**

1. Personnel and Staffing

a) The PROVIDER shall employ at least a 0.5 FTE Project Manager dedicated to the administrative oversight of PROVIDER CHW operations, possessing a minimum of three (3) years of verifiable experience coordinating, training, or supervising a Community Health Worker (CHW) or frontline public health workforce. At its discretion, the PROVIDER may allocate additional administrative or support personnel to ensure project delivery, provided all costs remain within the total allocated budget. Additional administrative or support positions are optional and not a requirement of this solicitation.

b) The PROVIDER shall recruit, employ, and deploy a total allocation of 6.0 FTE Community Health Workers (full-time or part-time) across designated rural areas, distributed as Maui County (2.0 FTE), Hawai‘i County (2.0 FTE), Kaua‘i County (1.0 FTE), and Honolulu County (1.0 FTE).

c) The PROVIDER shall prioritize hiring full-time (1.0 FTE) CHWs to align with DIVISION preference; however, part-time (0.5 FTE) arrangements are acceptable when part-time CHW candidates are anticipated to bring specialized skills, complementary expertise, or added operational value to the PHN team.

d) The PROVIDER shall compensate all CHW positions at a mandatory minimum base rate of $28.85 per hour (equivalent to $60,000.00 annually for a 1.0 FTE or $30,000.00 for a 0.5 FTE), prorated to the position's designated FTE for part-time roles, plus standard organizational fringe benefits for W-2 employees.

e) The PROVIDER shall utilize the following minimum qualifications as they seek qualified CHWs:
   i. At least one (1) year of verifiable experience providing community outreach, health education, care coordination, social services, or patient navigation (comparable volunteer experience may be evaluated);
   ii. Demonstrated knowledge of local community resources, social determinants of health (SDOH), and culturally responsive care;
   iii. Basic software proficiency;

iv. A valid driver's license with a clean driving record and access to reliable transportation; and
v. Clear criminal background and motor vehicle record checks prior to field placement.

f) The PROVIDER shall utilize the following preferred qualifications as they seek qualified CHWs:
i. Individuals possessing state-recognized CHW Certification (or completion of an accredited CHW training curriculum),
ii. A high school diploma or higher (or equivalent GED/degree in public health, social work, or human services)
iii. Strong existing ties or lived experience within the target rural service area, and
iv. Bilingual or multilingual fluency in relevant community languages (e.g., Ilocano, Tagalog, Marshallese, Chuukese).

2. **Administrative**

The PROVIDER shall maintain an administrative structure and organizational capacity, including programmatic, financial, accounting, and management information system, sufficient to support all required activities under this RFP.

3. **Quality assurance and evaluation specifications**

The PROVIDER shall establish, implement, and maintain comprehensive quality assurance protocols and evaluation frameworks to ensure high-quality service delivery, strict regulatory compliance, and rigorous monitoring of operational performance across all designated rural service areas.

a) Quality Assurance Specifications
i. Continuous Service Delivery & Vacancy Management: The PROVIDER shall establish proactive recruitment, onboarding, and retention procedures to maintain full 6.0 FTE CHW staffing levels across all island zones. In the event of a CHW vacancy due to resignation or termination, a 45-day grace period per position shall apply to allow for active recruitment and onboarding without impacting contract compliance. In the event of a CHW vacancy, the PROVIDER shall notify DOH PHNB leadership within two (2) business days. For Project Manager vacancies, notice and an active temporary coverage plan shall be submitted within five (5) business days.
ii. Dual-Governance Operational Control: The PROVIDER shall enforce clear operational boundaries under the PROJECT's Dual-Governance Model, maintaining full administrative oversight (HR, payroll, equipment, performance monitoring) while ensuring all daily field tasks, client care plans, and

outreach activities align directly with the clinical guidance of assigned DOH PHNs.

iii. Compliance & Screening Verification: The PROVIDER shall verify and document that all deployed personnel meet established qualification standards, maintain clear criminal and motor vehicle background checks, and strictly adhere to state and federal privacy regulations, including HIPAA.

iv. Field Safety & Equipment Maintenance: The PROVIDER shall maintain routine oversight of all deployed hardware, mobile data connectivity and field safety protocols to ensure CHWs operate securely and effectively in remote communities.

v. Maintain 100% compliance with scheduling and releasing CHWs for monthly peer-support sessions.

b) Evaluation Specifications

i. Standardized Data Infrastructure: The PROVIDER shall utilize a cloud-based, secured tracking system with standardized data collection instruments to capture direct encounter details, community event logs, client demographics, and closed-loop referral milestones in real time.

ii. Public Health Integration Framework: The PROVIDER shall apply an evaluation framework designed to track participant health access improvements, care coordination effectiveness, closed-loop referral resolution rates, and non-clinical integration within public health nursing workflows.

iii. Systematic Reporting & Analytics: The PROVIDER shall compile and submit monthly expenditure and progress reports, quarterly performance reviews, and a final comprehensive 9-month evaluation report. The final report shall synthesize quantitative output/outcome data, cost-reduction metrics, operational lessons learned, and recommendations for long-term program sustainability.

4. **Output and performance/outcome measurements**

The PROVIDER shall capture, track, and report output and outcome data under the PROJECT's Dual-Governance Framework, which formally divides operational responsibilities between the DIVISION and the PROVIDER. Under this framework, DOH Public Health Nurses (PHNs)—as Activity Leads—hold primary clinical and programmatic responsibility for field performance, client care plans, and population-level health outcomes.

The PROVIDER—as Administrative Lead—shall maintain direct accountability for workforce capacity, logistical infrastructure, data tracking systems, and administrative compliance. The PROVIDER shall be evaluated and monitored across two distinct operational domains:

a) PROVIDER Administrative & Operational Performance Standards (Contractual Accountability)

The PROVIDER shall maintain direct accountability for achieving the following administrative, logistical, and workforce performance standards:

i. Workforce Capacity & Deployment: Maintain 100% operational CHW staffing capacity (6.0 FTEs) across assigned rural areas throughout the contract term. In the event of a CHW vacancy due to resignation or termination, a 45-day grace period per position shall apply to allow for active recruitment and onboarding without impacting contract compliance or status.

ii. Vacancy Timeframe:
   I. Fill any vacant CHW position within forty-five (45) calendar days of separation.
   II. Fill any vacant Project Manager position within forty-five (45) calendar days of separation, and submit an active temporary coverage plan to DOH PHNB leadership within five (5) business days of notice.

iii. Data System Availability & Compliance: Host and maintain a cloud-based performance tracking platform with 99% or higher operational uptime, ensuring strict adherence to applicable state and federal data privacy and security standards, secure user access management, and continuous data availability for DOH PHNB staff.

iv. Equipment & Connectivity Maintenance: Continuously furnish 100% of deployed CHWs with functioning laptops, cellular smartphones, active hotspot data plans, and field safety gear, replacing damaged or lost hardware within fourteen (14) business days.

v. Reporting & Fiscal Accuracy: Submit 100% of required monthly expenditure invoices, progress reports, and evaluation reports on or before the 10th calendar day of each designated month with zero material accounting discrepancies.

b) Programmatic Output & Outcome Measures. The following output and outcome measures, including but not limited to those listed below, are jointly tracked by DOH PHNB and the PROVIDER:

i. Direct Individual Encounters: Capture and log direct individual participant interactions in support of a capacity target of 20 direct encounters per 1.0 FTE CHW per month.

ii. Community Outreach & Events: Log CHW participation in section outreach events, supporting a target of at least 2

community events or listening sessions per PHNB section per month.

iii. Referral Outcomes and Closed-Loop Tracking: Track and document referral progress across two distinct milestones:
    i. Initiation Target (CHW Controlled): Support a target of 70% or higher referral follow-up initiation (attempted outreach and status check) within 14 calendar days of initial referral.
    ii. Final Disposition Tracking (External Dependent): Capture final resolution status (e.g., Completed/Connected, Waitlisted/Pending Provider, Client Declined, or Unable to Contact) within 30 to 60 calendar days, accounting for external delays such as provider waitlists and client readiness.

iv. Vulnerable Population: Monitor demographic and social risk data to ensure at least 60% of documented interactions serve high-risk rural residents (e.g., unhoused individuals, low-income elders, or individuals with unmanaged chronic illness).

v. System Evaluation Metrics: PHN feedback evaluating CHW capacity impact to support state public health infrastructure.

5. **Mandatory Experience**

The PROVIDER shall possess the organizational capability, infrastructure, and demonstrated track record necessary to execute all administrative, workforce, and logistical obligations under this RFP. Offerors must meet and document the following mandatory threshold experience requirements:

a) CHW Workforce Employment Experience: Minimum of three (3) years of verifiable organizational experience directly employing, managing, or administratively supporting a Community Health Worker (CHW) workforce or comparable frontline public health workers;
b) CHW Training & Capacity-Building Experience: Minimum of three (3) years of verifiable experience organizing, developing, or delivering competency-based training, professional development, and onboarding programs tailored for CHWs or frontline health workers; and
c) Multi-Island/Rural Operations Track Record: Demonstrated experience managing remote human resources, travel logistics, field expense reimbursements, and IT asset deployment across multi-island or rural geographic service areas.

6. **Coordination of services**

The PROVIDER shall establish and maintain structured coordination protocols with the DIVISION to ensure seamless integration of CHWs into PHNB rural service delivery statewide.

Operational and administrative coordination shall adhere to the following mandatory standards:

a) Dual-Governance Operational Alignment: All deployed CHWs shall function under the Administrative Supervision of the PROVIDER (managing HR, payroll, technology, travel reimbursements, and baseline performance tracking) and the direct Daily Operational Guidance of their assigned DOH Public Health Nurse (PHN). Systemic policy, programmatic standards, and escalation protocols shall follow the established DOH Nursing chain of command (Section Supervisors, Branch Chief, and District Health Officers), but non-assigned DOH or vendor managers shall not issue direct daily tasking to CHWs.
b) DOH Section Integration: The PROVIDER's Project Manager shall establish routine operational communication with DOH PHN Section Supervisors in each county (Maui, Hawai‘i, Kaua‘i, and Honolulu) to align administrative schedules, coordinate field coverage, and support local section priorities.
c) Cross-Agency & Community Collaboration: Under the guidance of DIVISION, the PROVIDER shall ensure CHWs deliver services in a culturally responsive and coordinated manner, collaborating with DOH district health offices and various entities, including but not limited to Federally Qualified Health Centers (FQHCs), rural healthcare providers, schools, and community-based organizations to support closed-loop navigation and eliminate service duplication.

7. **Reporting requirements for program and fiscal data**

a) The PROVIDER shall submit all required reports in the format and by the deadlines prescribed by the DIVISION, and at no additional cost to the DIVISION.

b) The PROVIDER shall submit regular program and fiscal (expenditure) reports as follows:
    i. Monthly Progress Reports (Phase 1/Months 1–3): Submitted monthly for each of the first three (3) months to track:
        I. Administrative performance: Mobilization, hiring milestones, IT setup, and onboarding progress and

II. Program performance: CHW service metrics executed in joint alignment with the PHNB; and
III. Operational narrative: Key accomplishments, identified implementation challenges, and proposed corrective action plans.

ii. Quarterly Progress Reports (Phase 2 / Months 4–6):
I. First Quarterly Report: Covers Months 4, 5, and 6.

iii. Final Evaluation Report (Phase 3 / Month 1–9: Covers all 9 months of activity, synthesizing program outputs, outcome measurements, cost-avoidance data, and operational learnings a
II. Each program report is due by the tenth (10th) calendar day of the month following the reporting period.

iv. Fiscal (expenditure) reports shall be submitted monthly. Each fiscal report is due by the tenth (10^{th}) calendar day of the month following the reporting period.

c) The content and format of reports shall be subject to periodic review and revision by the DIVISION, as deemed necessary.

d) The DIVISION may require the PROVIDER to submit certain reports electronically, in place of written submissions.

C. **Facilities**

Not applicable.

2.5 COMPENSATION AND METHOD OF PAYMENT

A. Pricing structure or pricing methodology to be used.

The Pilot Project: Integration of Community Health Workers (CHWs) in Hawai‘i DOH CDPHND Service Delivery In Rural Communities shall use a cost-reimbursement pricing structure to cover all PROJECT costs.

The cost-reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the PROVIDER for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

B. Units of services and unit rate:

Not applicable.

C. Method of compensation and payment.

Monthly payments shall be made on a cost-reimbursement basis. Invoices must be accompanied by monthly expenditure reports and certified by the PROVIDER as reflecting actual expenditures incurred for the services rendered.

The STATE shall review all expenditure reports, and its preliminary determinations of appropriateness and allowability remain subject to later verification and subsequent audits.

Upon contract execution, the STATE may offer a one-time advance payment of up to $32,900.00 (or 5% of the total contract value), provided the PROVIDER demonstrates financial need to initiate the project. Any advance payment shall be fully recouped by the STATE through equal deductions across the subsequent three (3) payment requests. All other payments shall be invoiced monthly based on actual expenditures incurred in alignment with the approved budget.

The STATE's approval and processing of monthly invoices shall be contingent upon the DIVISION's review and approval of all corresponding program and fiscal reports.

Payment Schedule

Time/Month	Invoice Due Date	Payment/Fiscal Action
Upon contract execution	Upon Contract Execution	Advance payment: $32,900.00 (or 5% of the contracted amount).
Reporting Month 1	Due by the tenth (10th) calendar day of the month following the reporting period.	Recoupment Phase: Total actual expenditures for the reporting month must align with the approved budget. The invoice amount must be reduced by 30% of the initial advance amount (e.g., -$9,870 per month for a $32,900 advance).
Reporting Month 2	Due by the tenth (10th) calendar day of the month following the reporting period.	Recoupment Phase: Total actual expenditures for the reporting month must align with the approved budget. The invoice amount must be reduced by 30% of the initial advance amount (e.g., -$9,870 per month for a $32,900 advance).
Reporting Month 3	Due by the tenth (10th) calendar day of the month following the reporting period.	Recoupment Phase: Total actual expenditures for the reporting month must align with the approved budget. The invoice amount must be reduced by 40% of the initial advance amount

Time/Month	Invoice Due Date	Payment/Fiscal Action
		(e.g., -$13,160 per month for a $32,900 advance).
Reporting Month 4	Due by the tenth (10th) calendar day of the month following the reporting period.	Total actual expenditures for the reporting month must align with the approved budget.
Reporting Month 5	Due by the tenth (10th) calendar day of the month following the reporting period.	Total actual expenditures for the reporting month must align with the approved budget.
Reporting Month 6	Due by the tenth (10th) calendar day of the month following the reporting period.	Total actual expenditures for the reporting month must align with the approved budget.
Reporting Month 7	Due by the tenth (10th) calendar day of the month following the reporting period.	Total actual expenditures for the reporting month must align with the approved budget.
Reporting Month 8	Due by the tenth (10th) calendar day of the month following the reporting period.	Total actual expenditures for the reporting month must align with the approved budget.
Reporting Month 9	Due by the tenth (10th) calendar day of the month following the reporting period.	Total actual expenditures for the reporting month must align with the approved budget.

Section 3

Proposal Application Instructions

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (Refer to Section 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application is comprised of the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

3.2 Experience and Capability

Each section below must be addressed fully and independently. Scores will be based solely on information contained within that section. Applicants are responsible for placing relevant information in the correct sections for evaluation.

A. **Necessary Skills**

The Applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the PROJECT within this RFP.

The Applicant shall provide sufficient detail to allow evaluators to assess their understanding of service requirements and their ability to carry out the proposed services.

The narrative must detail the applicant's capacity to:

1. Recruit, onboard, and retain qualified CHW staff in rural area across Maui, Hawai‘i, Kaua‘i, and Honolulu counties.
2. Provide payroll, benefits administration, field expense reimbursements, and logistical management for remote staff.
3. Maintain hardware (laptops, cellular devices) and manage cloud-based, client tracking systems.
4. Coordinate dual-governance workflows with DOH Public Health Nurses (PHNs) while enforcing boundary controls and administrative protections.

B. **Experience**

The applicant shall describe prior projects and contracts demonstrating mandatory threshold experience:

1. A minimum of three (3) years of verifiable experience employing, managing, or administratively supporting a CHW or frontline public health workforce.
2. A minimum of three (3) years of verifiable experience conducting or organizing competency-based training for CHWs.
3. Proven track record managing remote HR, travel logistics, and equipment deployment across multi-island or rural service areas.
4. Contact details (names, addresses, phone numbers, emails) for verified client references. The State reserves the right to contact references to verify experience.

C. **Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology for the following:

1. Recruitment and vacancy coverage protocols to ensure 100% staffing capacity and fill vacancies within established timeframes.
2. Methods for data collection, validation, and security within the cloud-based secured performance tracking platform.

3. Evaluation frameworks for tracking client navigation, referral resolutions, and non-clinical integration into public health nursing workflows.
4. Procedures for generating monthly, quarterly, and final comprehensive evaluation reports.

D. **Coordination of Services**

The Applicant shall detail its framework for coordinating administrative operations with DIVISION, DOH PHNB Section Supervisors, and external community partners. Narrative must address cross-agency collaboration with DOH district health offices, Federally Qualified Health Centers (FQHCs), and local service providers to support closed-loop referrals and prevent service duplication.

E. **Facilities**

Not applicable.

3.3 Project Organization and Staffing

A. **Staffing**

1. Proposed Staffing

The applicant shall propose a staffing pattern deploying a total of 6.0 FTE Community Health Workers (Maui: 2.0, Hawai‘i: 2.0, Kaua‘i: 1.0, Honolulu: 1.0) and at least a 0.5 FTE Project Manager dedicated to the administrative oversight of PROVIDER CHW operations. Positions may comprise full-time (1.0 FTE) or part-time roles. All CHWs must be compensated at or above the mandatory minimum base rate of $28.85/hour (equivalent to $60,000.00/year for a full-time 1.0 FTE) plus fringe benefits. If part-time roles are proposed, the applicant must describe the strategy and rationale for how part-time schedules will maintain consistent coverage and service delivery. Applicants may, at their discretion, include additional administrative or support roles within their proposed budget structure; however, such additions are purely optional and not a requirement of this solicitation.

2. Staff Qualifications

The applicant shall demonstrate that proposed staff meet all minimum qualifications set in Section 2 (e.g., 1 year outreach experience, driver's license, background clearance). The applicant shall highlight preferred qualifications such as state-recognized CHW certification, bilingual capabilities, and lived experience in target rural areas.

The applicant shall submit a list of key staff positions assigned to this project and their qualifications.

B. **Project Organization**

1. Supervision and Training

   The applicant shall detail its administrative supervision structure, including payroll management, schedule tracking, and equipment maintenance. The narrative must explain how administrative management will integrate with daily operational guidance provided by DOH PHNs under the Dual-Governance Model. The applicant must outline initial onboarding, core competency training plans and protocols to release CHWs for monthly peer-support sessions.

2. Organization Chart

   The applicant shall attach both "Organization-wide" and "Program" organization charts detailing position titles, staff names, supervisory reporting lines, and FTE allocations.

3.4 Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2.1, Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The timeline must be presented as a monthly Gantt chart or detailed schedule specifying key milestones, actionable tasks, responsible staff titles, and target completion dates across the following operational phases:

1. Phase 1: Mobilization, Recruitment & Onboarding (Months 1–3): Procurement of hardware, background checks, hiring 6.0 FTE CHWs and PM, joint orientation with DOH PHNs, HIPAA training, and data tracking setup.
2. Phase 2: Field Deployment & Service Delivery (Months 4–8): Full deployment delivering direct encounters (target: 20 encounters/FTE/month), community outreach events (target: 2 events/section/month), closed-loop referrals, and monthly/quarterly reporting.
3. Phase 3: Evaluation & Closeout (Month 9): Data validation, final encounters, and submission of the 9-Month Final Evaluation Report.

The applicant shall detail protocols for capping CHW administrative duties at 15% of working hours.

The Applicant must detail protocols for co-monitoring clinical outcomes alongside PHNs.

3.5 Financial

A. Pricing Structure

The Applicant shall submit a cost proposal based on a cost-reimbursement pricing structure up to the maximum total funding amount of $658,000.00. The budget must account for 6.0 FTE CHWs, at least 0.5 FTE Project Manager, direct operational costs (e.g., mileage/gasoline, technology, required insurance), and indirect costs (no more than 10% of total direct costs). The Applicant shall submit the required State Procurement Office budget forms:

1. Form SPOH-205 (Proposal Budget)
2. Form SPOH-206A (Budget Justification - Personnel: Salaries & Wages)
3. Form SPOH-206B (Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe)
4. Form SPOH-206C (Budget Justification - Travel: Interisland)
5. Form SPOH-206D (Budget Justification - Travel-Out-of-State)
6. Form SPOH-206E (Budget Justification - Contractual Services - Administrative)
7. Form SPOH-206F (Budget Justification - Contractual Services-Subcontracts)
8. Form SPOH-206H (Budget Justification - Program Activities)
9. Form SPOH-206I (Budget Justification - Equipment Purchases)

The Applicants shall submit a separate cost proposal (budget) sheet structured around standard federal grant categories, divided into direct costs and indirect costs (general operational overhead, capped at 10% of Modified Total Direct Costs [MTDC]). Every direct cost category must include a fully itemized line-item breakdown (detailing individual position salaries, specific travel itineraries, unit quantities, and contractor rates) across the following categories:

1. Personnel (salaries and wages);
2. Fringe benefits;
3. Travel;
4. Equipment (defined as a unit cost of $10,000 or more, not applicable to this PROJECT);
5. Supplies;
6. Contractual/Consultant;
7. Construction (not applicable to this PROJECT); and
8. Other.

All budget forms, instructions and samples are located on the SPO website. Refer to Section 1.2, Websites References for website address. The following budget form(s) shall be submitted with the Proposal Application:

B. **Other Financial Related Materials**

1. Advance Payment Request (if applicable): If requesting a one-time initial advance payment of up to $32,900.00 (5% of $658,000.00), the applicant must submit documentation demonstrating financial need to initiate the project.

2. Accounting System

   The Applicant shall submit:

   a) A cost allocation plan describing how costs are distributed across funding sources not related to the DIVISION.
   b) Copies of Single Audit Reports, financial audits, or compiled financial statements for fiscal years ("FY") 2024 and 2025, or FY 2023 and FY 2024 with explanation, if FY 2025 is not yet available.
   c) Documentation demonstrates adequate cash flow to operate for at least three (3) months without DIVISION payments.
   d) A description of third-party revenue sources, plans to pursue additional revenue, and safeguards to prevent double-billing or retaining overpayments.
   e) A description of the billing/claims process, including how accuracy and timeliness are ensured, how adjustments are processed, and how payments are reconciled and posted.

3.6 Other

A. **Litigation**

The Applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgment.

Section 4

Proposal Evaluation

Section 4
Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories		**Possible Points**
Administrative Requirements		
Proposal Application		**100 Points**
Program Overview	0 points	
Experience and Capability	20 points	
Project Organization and Staffing	15 points	
Service Delivery	55 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		**100 Points**

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. **Administrative Requirements**
2. **Proposal Application Requirements**

- Proposal Application Identification Form (Form SPOH-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

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

1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A.	**Necessary Skills** • Evaluation of demonstrated capacity to manage multi-island CHW operations, administrative supervision, client tracking, and dual-governance alignment	**5**
B.	**Experience** • Verification of at least three (3) years of experience employing CHWs, three (3) years of organizing CHW training, and successful execution of multi-island rural projects.	**5**
C.	**Quality Assurance and Evaluation** • Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.	**5**
D.	**Coordination of Services** • Evaluation of cross-agency collaboration strategies with DOH PHNB, district health offices, FQHCs, and community networks.	**5**
E.	**Facilities** • NA	0

2. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. ***Staffing*** **8**

- Proposed Staffing: Feasibility of the 6.0 FTE CHW and 0.5 FTE PM allocation, compliance with mandatory salary baselines ($60,000/year FTE), full-time hiring priority, and part-time approval protocols. 4
- Staff Qualifications: Alignment of proposed staff with minimum and preferred qualifications. 4

B. ***Project Organization*** **7**

- Supervision and Training: Adequacy of administrative management workflows, joint onboarding protocols, HIPAA/core training, and monthly peer-support release mechanisms. 4
- Organization Chart**:** Clarity and appropriateness of organizational hierarchy and program lines of authority. 3

3. ***Service Delivery (55 Points)***

- Operational Approach & Methodology: Thoroughness and logic of the operational plan to execute activities across the six core focus areas, enforce Dual-Governance boundary controls, and implement single-entry documentation workflows that strictly cap CHW administrative duties at less than 15% of working hours. **20**
- Work Plan & Timetable: Logic, clarity, operational feasibility, and completeness of the monthly Gantt chart spanning Phase 1 through Phase 3. **15**
- Performance & Output Targets: 100% operational CHW staffing capacity (6.0 FTEs) across assigned rural zones, accounting for the 45-day vacancy grace period. **4**
- Performance & Output Targets: Meeting vacancy refilling timeframes (CHW vacancies filled within 45 calendar days; PM vacancies filled within 45 calendar days with coverage plan submitted within 5 business days) **4**
- Performance & Output Targets: Submitting 100% of required monthly/quarterly reports and expenditure invoices on or before the 10th calendar day of each month with zero material accounting discrepancies. **4**
- Performance & Output Targets: Strategy to support targets of 20 direct encounters per 1.0 FTE CHW per month. **2**

• Performance & Output Targets: Strategy to support targets of 2 community outreach events per PHN section per month.	**2**
• Performance & Output Targets: Operational plan to achieve over 70% referral follow-up initiation within 14 calendar days, and capture final resolution status within 30 to 60 calendar day	**2**
• Performance & Output Targets: Strategy to ensure at least 60% of documented interactions serve high-risk/vulnerable rural residents.	**2**

5. ***Financial (10 Points*)**

The STATE will evaluate cost proposals based on a cost-reimbursement pricing structure up to a maximum total funding amount of $658,000.00. Cost proposals will be assessed for overall reasonableness, competitiveness, and completeness, requiring submission of all mandatory state budget forms (SPOH-205, 206A, 206B, 206C, 206D, 206E, 206F, 206H, and 206I) in addition to the non-state cost proposal (budget) sheet structured around standard federal grant categories and divided into direct costs and indirect costs (general operational overhead, capped at 10% of Modified Total Direct Costs [MTDC]).

The Applicant shall develop a cost proposal that aligns with the funding agreement between the STATE and the CMS RHTP. The Applicant shall limit indirect costs to no more than 10%.

The evaluation will verify that proposed personnel costs align with established mandatory wage baselines and that non-personnel expenses—including travel, technology, and indirect costs—are realistic and fully justified. If applicable, initial advance payment requests will be reviewed to ensure they demonstrate clear operational financial need. Additionally, the Applicant's financial management infrastructure will be evaluated to confirm the adequacy of its accounting system to support federal and state cost-reimbursement compliance.

B. **Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

A. Proposal Application Identification Form
B. Proposal Application Checklist
C. Sample Table of Contents
D. Sample Certificate of Liability Insurance
E. Form W-9, Request for Taxpayer Identification Number

Attachment A:

Proposal Application Identification Form

STATE OF HAWAII

STATE PROCUREMENT OFFICE

PROPOSAL APPLICATION IDENTIFICATION FORM

STATE AGENCY ISSUING RFP: _____

RFP NUMBER: _____

RFP TITLE: _____

Check one:

☐ Initial Proposal Application

☐ Final Revised Proposal (Completed Items _____ -_____ only)

1. APPLICANT INFORMATION

Legal Name:

Doing Business As:

Street Address:

Mailing Address:

Contact person for matters involving this application:
Name:

Title:

Phone Number:

Fax Number:

e-mail:

2. BUSINESS INFORMATION

Type of Business Entity *(check one)*:

☐ Non-Profit Corporation ☐ Limited Liability Company ☐ Sole Proprietorship

☐ For-Profit Corporation ☐ Partnership

If applicable, state of incorporation and date incorporated:

State: Date:

3. PROPOSAL INFORMATION

Geographic area(s):

Target group(s):

4. **FUNDING REQUEST**

FY	_____	_____	FY	_____	_____
FY	_____	_____	FY	_____	_____
FY	_____	_____	FY	_____	_____

Grand Total _____

I certify that the information provided above is to the best of my knowledge true and correct.

_____ _____

Authorized Representative Signature *Date Signed*

_____

Name and Title

Attachment B:

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website* Attachment A	**X**	
Proposal Application Checklist	Section 1, RFP	Attachment B	**X**	
Table of Contents	Section 5, RFP	Section 5, RFP Attachment C	**X**	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	**X**	
Provider Compliance	Section 1, RFP	SPO Website*		
Cost Proposal (Budget)			**X**	
SPO-H-205	Section 3, RFP	SPO Website*	**X**	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	**X**	
SPO-H-205B	Section 3, RFP	SPO Website* Special Instructions are in Section 5	**X**	
SPO-H-206A	Section 3, RFP	SPO Website*	**X**	
SPO-H-206B	Section 3, RFP	SPO Website*	**X**	
SPO-H-206C	Section 3, RFP	SPO Website*	**X**	
SPO-H-206D	Section 3, RFP	SPO Website*	**X**	
SPO-H-206E	Section 3, RFP	SPO Website*	**X**	
SPO-H-206F	Section 3, RFP	SPO Website*	**X**	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	**X**	
SPO-H-206I	Section 3, RFP	SPO Website*	**X**	
SPO-H-206J	Section 3, RFP	SPO Website*		
Program Specific Requirements:				
List of key staff positions with staff name and credentials	Section 3, RFP		**X**	
Organization-wide and program-specific charts	Section 3, RFP		**X**	
Single Audit Report/financial audit/compiled financial statements	Section 3, RFP		**X**	
Certificate of Liability Insurance	Section 5, RFP	Attachment D	**X**	
Form W-9, Request for Taxpayer Identification Number	Section 5, RFP	Attachment E	**X**	

*Refer to Section 1.2, Website Reference for website address.

Attachment C:

Sample Table of Contents

Proposal Application
Table of Contents

Attachment D:

Sample Certificate of Liability Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/05/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Honolulu HI 96813 USA	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Philadelphia Indemnity Insurance Company	18058
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

COVERAGES **CERTIFICATE NUMBER: 570085669119** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER X POLICY PRO-JECT LOC OTHER	Y		PHP	07/01/2020	07/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $3,000,000 $3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		PHPK	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: ASO Log No. 21-096
where required by written contract, The State of Hawaii, Department of Health and Human Services, its officers and employees are added as additional insured with respect to operations performed for the State of Hawaii, but only to the extent set forth in the policy provisions.

It is agreed that any insurance maintained by the State of Hawaii will apply in excess of and not contribute with, insurance provided by this policy.

CERTIFICATE HOLDER

State of Hawai'i
Department of Health
1250 Punchbowl Street
Honolulu HI 96813 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Holder Identifier :

Certificate No : 570085669119

AGENCY CUSTOMER ID: 570000074876

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
POLICY NUMBER See Certificate Number:	
CARRIER See Certificate Number: / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

Professional Liability:
Carrier: Philadelphia Indemnity Insurance Co
Policy No.: PHPK2151621
Policy Term: 7/1/2020 - 7/1/2021
Limit: $1,000,000 each incident/ $3,000,000 aggregate limit

Attachment E:

Form W-9, Request for Taxpayer Identification Number

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.