| House District46   | IE TWENTY-NINTH LEGISLATURE   | 1 41                          |  |  |  |  |  |  |  |
|--|---|-------------------------------|--|--|--|--|--|--|--|
| Senate District 22   | APPLICATION FOR GRANTS PTER 42F, HAWAII REVISED STATUTES  | Log No:                       |  |  |  |  |  |  |  |
| CRAP   | FIER 42F, NAVALI REVISED STATUTES   | For Legislature's Use Only    |  |  |  |  |  |  |  |
| Type of Grant Request:   |   | <u> </u>                      |  |  |  |  |  |  |  |
| Type of Grant Hogada.  |   |                               |  |  |  |  |  |  |  |
| GRANT REQUEST - OPERATING  | G GRANT REQUEST – CAPITAL   |                               |  |  |  |  |  |  |  |
| "Grant" means an award of state funds by the legislature permit the community to benefit from those activities.  | "Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities. |                               |  |  |  |  |  |  |  |
| "Recipient" means any organization or person receiving a grant.  |   |                               |  |  |  |  |  |  |  |
| STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST   | T (LEAVE BLANK IF UNKNOWN):   |                               |  |  |  |  |  |  |  |
| STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN):   |   |                               |  |  |  |  |  |  |  |
| 1. APPLICANT INFORMATION:  | 2. CONTACT PERSON FOR MATTERS INVOLVING   | 7 THIS APPLICATION:           |  |  |  |  |  |  |  |
| Legal Name of Requesting Organization or Individual: ALEA Bridge   | Name "PHIL" AUGUSTUS ACOSTA   |                               |  |  |  |  |  |  |  |
|  | Title Executive Director  | 20000A000000000               |  |  |  |  |  |  |  |
| Street Address:<br>219 Crest Avenue, Wahiawa HI 96786  | Phone # (808) 391-3571  |                               |  |  |  |  |  |  |  |
| Mailing Address:   | Fax # <u>NA</u>   | Fax# NA                       |  |  |  |  |  |  |  |
| P.O. Box 893573, Militani HI 96789   | E-mail pacosta@aleabridge.org   | E-mail pacosta@aleabridge.org |  |  |  |  |  |  |  |
|  |   |                               |  |  |  |  |  |  |  |
| 3. TYPE OF BUSINESS ENTITY:  | 6. DESCRIPTIVE TITLE OF APPLICANT'S REQUE   | ST                            |  |  |  |  |  |  |  |
| Non profit Corporation Incorporated in  ☐ For profit Corporation Incorporated in  ☐ Limited Liability Company  ☐ Sole Proprietorship/Individual  ☐ Other   |   |                               |  |  |  |  |  |  |  |
|  |   |                               |  |  |  |  |  |  |  |
| 4. FEDERAL TAX   | 7. AMOUNT OF STATE FUNDS REQUESTED:   |                               |  |  |  |  |  |  |  |
| 5. STATE TAX ID  | FISCAL YEAR 2018: \$1,875,000   |                               |  |  |  |  |  |  |  |
|  |   |                               |  |  |  |  |  |  |  |
| 8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:  NEW SERVICE (PRESENTLY DOES NOT EXIST)  EXISTING SERVICE (PRESENTLY IN OPERATION)  AT THE TIME OF THIS REQUEST:  STATE  FEDERAL  COUNTY  PRIVATE/OTHER  STATE  FEDERAL  PRIVATE/OTHER |   |                               |  |  |  |  |  |  |  |

"PHIL" AUGUSTUS ACOSTA, EXECUTIVE DIRECTOR NAME & TITLE



TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE

AUTHCELLED SIGNATURE

1/20/17 DATE SIGNED

# **Application for Grants**

If any item is not applicable to the request, the applicant should enter "not applicable".

## I. Background and Summary

## 1. A brief description of the applicant's background;

ALEA Bridge (AB) is an all-volunteer, non-profit organization whose mission is to serve as the bridge that connects those in need to the resources and assistance necessary to rebuild a life of Hope, Purpose and Success. AB was founded in January 2016 to address the lack of services in Central Oahu and the North Shore. AB is committed to community outreach and revitalization, with a focus on the homelessness issues plaguing these severely underserved communities. The organization takes a grassroots approach to addressing these issues and coordinates services with partner agencies and organizations, as well as identify solutions where there are gaps in service, to assist Hawaii's currently homeless individuals, at-risk youths, families, seniors, and Veterans.

Since its inception, and despite the lack of government funding, AB has made significant improvements in the community through constant engagement with the homeless population, and increased awareness among the residents. We have invested over 6500 volunteer hours and implemented the following:

- Joint Outreach Engagements build trust and working relationships with homeless population through constant and assertive engagements; Daytime, Evening, and Weekends with various volunteer groups and partner agencies
- Service Fairs in conjunction with existing food bank distributions; in collaboration with agencies offering outreach, employment, housing, benefit entitlement and other services; 1<sup>st</sup> Tuesday and 3<sup>rd</sup> Wednesday of the month
- Community Outreach Engagements special community events throughout the year
  - o February 2016 Love Thy Neighbor
  - o April 2016 Faith, Hope, and Love
  - o May 2016 Jamathon Fitness Fundraiser
  - o June 2016 Community Cleanup

<sup>&</sup>lt;sup>1</sup> Refer to Appendix J for details (Current Program Outcomes)

- o July 2016 Feed The Soul Community Food Drive and Food Truck Rally
- Aug Nov 2016 various mini events throughout the year with multiple organizations to include Every Community Offering Service (ECOS Project), Hoala School, Inspire Church Health Outreach Team (iHOT), New Hope Central Oahu (NHCO), Wahiawa Community Church of the Nazarene (WCC), Wahiawa Community Based Development Organization (WCBDO)
- o Dec 2016 'Iliahi, Wahiawa's Giving Tree
- Employment and Housing Readiness assistance in obtaining identification and other required documentation;
   completion of VI-SPDAT (Vulnerability Index, Service Prioritization Data-Assisted Tool) assessment, scoring, and reporting
- Connection and Direct Placement into Supportive Services 32 active cases
- Referral and Placement into Housing 14 active cases

Prior to establishing our operations, contracted service providers were providing outreach and supportive services in Wahiawa, 4-5 time per month. In the past 6 months, and despite the lack of government funding, we have continued to thrive and ramped up our operations to offer various services from Mililani, Wahiawa, and the North Shore. Up to 5 times per week!

ALEA Bridge – Enhanced Outreach Schedule\* Region 5 (Mililani, Wahiawa, North Shore)

| Sunday | Monday  | Tuesday                              | Wednesday   | Thursday                            | Friday  | Saturday                          |
|--------|---|--------------------------------------|---|-------------------------------------|---|-----------------------------------|
| Week 1 | Mililani/Wahia<br>wa/ North<br>Shore Street<br>Outreach | Service Fair<br>@NLBC                | Mililani/Wahia<br>wa/ North<br>Shore Street<br>Outreach | Evening<br>Outreach w/<br>Third Day |   |                                   |
| Week 2 | Mililanl/Wahia<br>wa/ North<br>Shore Street<br>Outreach | Community<br>Yardwork/<br>Employment | Mllilani/Wahia<br>wa/ North<br>Shore Street<br>Outreach |                                     | Milliani/Wahia<br>wa/ North<br>Shore Street<br>Outreach | Weekend<br>Outreach w/<br>Inspire |
| Week 3 |   | Mililani/Wahia<br>wa/ North          | Service Fair<br>@STN                                    | Evening Outreach w/                 | Mililani/Wahia<br>wa/ North                             |                                   |

|        |                | Shore Street | Third Day      | Shore Street   |             |
|--------|----------------|--------------|----------------|----------------|-------------|
|        |                | Outreach     |                | Outreach       |             |
| Week 4 | Mililani/Wahia | Community    | Mililani/Wahia | Mililani/Wahia | Weekend     |
|        | wa/ North      | Yardwork/    | wa/ North      | wa/ North      | Outreach w/ |
| 0.0000 | Shore Street   | Employment   | Shore Street   | Shore Street   | Inspire     |
|        | Outreach       |              | Outreach       | Outreach       |             |
|        |                |              |                |                |             |

<sup>\*</sup>Current schedule subject to change

As an emerging NPO in the social services sector, AB has the passion, work ethic and relevant experience and has continually produced positive results for the community. This is evident in various quantitative outcomes highlighted in Appendix (?), and through qualitative measures as evidenced by the increase in awareness and involvement throughout the community. AB brings fresh ideas and has taken a collaborative approach from the very beginning, spearheading the formation of the Wahiawa Homeless Alliance (WHA), a self-governed Action committee that represents a cross-section of the Wahiawa community. The WHA is an independent, action-oriented planning committee comprised of a cross-section of the community. AB currently facilitates the Alliance meetings on the 3<sup>rd</sup> Tuesday of each month, and leads project-based community initiatives, to include the very successful community cleanup in Jun 2016 where we collected over 10 tons of trash with the help of over 120 volunteers, including our homeless neighbors. This event was sponsored by the WCBDO and Matson Hawaii, and coordinated by AB.<sup>2</sup>

Often, we are asked "What is the meaning of ALEA?" The word "alea" has several meanings in different languages:

Hebrew - to ascend

Arabic – lofty, sublime

Swahili - exalted

Hawaiian ('ale'a) - sweet voiced

"ALEA" (ah LEE uh) is also an acronym for our Founder's children (Alyssa, Leila, Emalani, Austin) who area a significant part of the motivation in starting up the organization

"Bridge" is integral to our core mission, which is to connect those in need with the assistance needed to rebuild a life of Hope, Purpose, and Success. We aim to be the bridge between the people that need the help, and the community that wants to help. A bridge between the various agencies in services provider community, to facilitate the integration of resources to Break the Cycle, and Reverse the Trend of homelessness

<sup>&</sup>lt;sup>2</sup> Refer to Appendix H for details (Wahiawa Homeless Alliance)

## 2. The goals and objectives related to the request;

The Wahiawa Hale o Maluhia (HoM) Project is a multi-phase, community-based initiative that will establish a Resource and Navigation Center (hereafter "Center") to service the Central Oahu and North Shore communities. According to the Hawaiian dictionary, the word "maluhia" is described as "peace, quiet, security, tranquility, serenity, safety and stillness," a safe have needed for the most vulnerable within our community. The Center will offer interim/bridge housing with critical, onsite, wraparound supportive services. AB and its partners, Wahiawa Center for Community Health (Wahiawa Health), and Aloha United Way (AUW) will follow a Housing First/Housing for Health approach, in alignment with Partners in Care (PIC), Oahu's Continuum of Care (COC), and the State of Hawaii's priorities and strategic framework on homelessness. The Center will provide a safe and stable environment with low barriers to entry, a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing. Appropriate supportive services will be provided to promote readiness, housing stability and retention.

Key program components of this initiative include Intensive Community Outreach, Personalized Service Planning, Collaborative Case Management, and an emphasis on rapid transition to long-term housing. The critical factor, which will determine the continued success of this project, is the establishment of a Comprehensive Community Support System that utilizes the existing resources in the community to supplement the host of available service at the Center. This follows evidence-based industry best practice as demonstrated by multiple high-performing COCs throughout the United States.

Planned onsite resources will include 20+ beds and/or micro-units, a Hygiene center & community Laundry facility, Mailbox services, Personal storage space, Counseling & Training center, and a community-based outpatient clinic. In addition, partner agencies can be co-located to create a Navigation Hub, where these Service Providers will be able to collaborate and conduct Intakes & Assessments, Care Coordination & Counseling, Employment Readiness & Placement, Housing Readiness & Placement, ongoing Case Management. This will be the common entry point for clients to receive immediate care and long-term assistance. This is aligned to the PIC strategy and initiative of establishing a Coordinated Entry System (CES).

The Wahiawa HoM Project is a direct response to the needs and expressed concerns of the residents of these affected communities. Establishing the Center addresses the unique challenges of the under-served and unsheltered population in the area, and will lay the foundation for long-term solutions to the following:

- Lack of direct services, facilities & coordination of care
- Barriers to accessing community resources and supportive services

- Inadequate income and employment opportunities to address homeless prevention, poverty prevention, and over-reliance on long-term government assistance
- Options for affordable housing & alternative housing solutions

## Desired Program Goals & Objectives

## **Direct Client Impact**

- Provide crisis intervention & harm reduction to reduce trauma
- Options for emergency, bridge, transitional, permanent housing options
- Conduct Needs Assessment leading to Personalized Care Plan
- · Referral/placement into supportive services, public assistance programs, community resources
- Continuity of Care and ongoing Case Management

## **Community Impact**

## Improved Services

- Current outreach 3-4 times per month → Increase outreach and access to services to 7 days a week, year-round3
- Develop Volunteer Incentive & Training Programs
- Establish Awareness & Marketing Campaign
- Expand program to neighboring communities

### Break the Cycle (new/additional services)

- Community Outreach Program
- Youth Engagement & Services
- Homeless Prevention

## Reverse the Trend (ongoing efforts, mid/long-term goals)

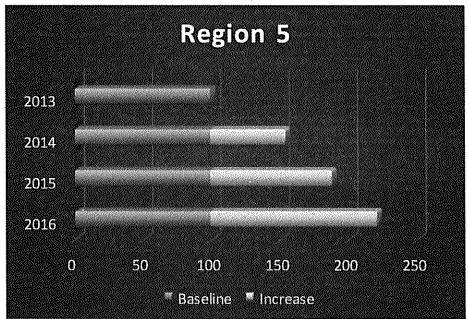
- 100% connection to appropriate programs & services
- Reduce the increase rate of newly homeless
- Immediate transition from Unsheltered to "Housed"
- Personal Improvement Plans → Goal setting
- Employment/Career tracks → Education & Training plan
- Long-term housing goals → Permanent housing, Alternative housing options

<sup>&</sup>lt;sup>3</sup> Refer to Appendix A for details (Operations – Schedule of Services)

## 3. The public purpose and need to be served;

The Central Oahu and North Shore communities have experienced one of the largest increase in the unsheltered homeless population in the State of Hawaii...a staggering 123% increase since 2013! A major factor in this trend is the lack of dedicated services, accessible facilities, and direct funding for Wahiawa and the surrounding communities. With the imminent closing of the Lighthouse Service Center, the closest facilities that residents in this area can utilize are in Kalaeloa, which is 20 miles away, and Kaka'ako, which is 30 miles away. A few contracted agencies are currently providing homeless services in this area, 3-4 times per month.





```
2013 (99 individuals) → baseline
2014 (154 individuals) → 55.6% increase
2015 (188 individuals) → 22.1% increase
2016 (221 individuals) → 17.6% increase
2017 (TBD after PIT 2017)
```

A preliminary survey of the area, conducted recently, indicates the following:

- 150 200 unsheltered homeless in the Wahiawa/Whitmore Village areas alone\*
- Large "hidden" homeless population on the North Shore, living in their vehicles, "working' on farms & private land, beach campers & couch surfers. This is estimated at 150+ individuals\*
- "Local" homeless, with family ties to the community, including formerly incarcerated individuals, runaway and homeless youth (RHY)
- Over 90% with substance abuse issues (self-reported or suspected); drug of choice is Crystal Meth, with a growing number of Heroin users
  - \*ALEA Bridge leading the Point-In-Time 2017 activities, to include planning, training, surveying, and quality assurance for Region 5 (Mililani, Wahiawa, North Shore). Outcomes will provide a more comprehensive and accurate count of the homeless population, identify their specific challenges, and confirm the critical need for the HoM facility and services.

Hereafter, all individuals, families, youths, seniors, and Veterans that are unsheltered, or living in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus stop, transit station, airport, beach, camping grounds, or makeshift tents & structures), shall be referred to as "homeless."

AB, along with members of the WHA, conducted a community assessment and survey between October – December 2016. The purpose of the survey was to gather input regarding the issues of homelessness from the residents and homeless of Mililani, Wahiawa, North Shore and surrounding areas. Surveys were taken at various community events to include the Neighborhood Board meeting, civic club meetings, community events, shopping centers, transit center, and online. Results of the survey is to be used in developing strategic plans and proposals to Federal, State, and City agencies for appropriate services and resources to address the needs and concerns of the community. The overall results indicated the following:

- 92% indicated a problem of homelessness that needs to be addressed
- 76% indicated there are not enough services for the at-risk and homeless in the community

- 86% would support the creation of a Resource and Navigation Center
- 76% of the respondents live or work in Central Oahu<sup>4</sup>

The Wahiawa HoM Project directly addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Whitmore Village, and Poamoho Camp; from Mokuleia, Waialua, Haleiwa, and Sunset towards Kahuku, encompassing nearly one-third of the entire Island of Oahu. Failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could create generational impacts to the residents, thus exacerbating the homeless crisis statewide. This project also aims to revitalize, maintain, and preserve resources in the community affected by the increase in homelessness such as the pristine neighborhoods of Mililani, recreational areas surrounding Lake Wilson, the historic grounds of Kukaniloko, and key tourism hotspots throughout the North Shore.

The Wahiawa HoM project brings critical resources to the underserved areas of Central Oahu and the North Shore. The lack of direct services, dedicated facilities, long-term and comprehensive solutions have led to the growing homeless crisis, and the situation will continue to worsen in the coming years This bold and innovative approach is needed, now, to properly address the unique situation in these affected communities.

As an active & contributing member of PIC, AB is aligned with the objectives and guiding principles of cross-sector collaboration, community-based solutions, housing subsidy, landlord engagement, and focus on certain subpopulations that are most vulnerable to include:

Unsheltered homeless

Chronically homeless

Runaway and Homeless Youth (RHY)

Homeless with substance abuse, severe and persistent mental illness

This project also follows the State of Hawaii's strategic framework on homelessness, with the goal of rapid placement into permanent housing. We have successfully engaged the residents and leaders in the community, and have gained the trust and respect of the clients that we aim to serve. Our focus on the specific at-risk and homeless populations of Central Oahu and the North Shore will ensure the level and quality of service required that will lead to success in these unique communities.

## 4. Describe the target population to be served

<sup>&</sup>lt;sup>4</sup> Refer to Appendix C for details (Community Assessment Results)

Wahiawa is a small rural community located in the middle of Central Oahu, with a rich and proud history in agriculture, and was once the focal point of the vibrant pineapple industry on Oahu. In the past few years, the Wahiawa community has experienced one of the largest increase of homeless population in Hawaii. According to the 2016 Point-In-Time (PIT) count conducted in Jan 2016, there were 221 unsheltered homeless individuals in Region 5. This shows a 17.5% increase from 2015, and a staggering 123% increase from 2013. A preliminary survey of the area indicates the following:

- 66.3% males, 33.7% females
- 6.7% Seniors (over 60), 6.3% Veterans, 1.8% Minors
- 31.1% Filipino ethnicity, 29.3% Part Native Hawaiian, 14% Caucasian, 10.4% Asian 4.3% African- American, 3.7% Hispanic, 38.4% are of mixed descent (self-reported)
- Less than 20% have full or part-time employment; approximately 60% report additional income from other sources
- More than 90% self-report (or are suspected) of drug use

Mililani Town was once voted as one of the Top Cities in America, and Mililani Mauka is a sought-after neighborhood for affluent families with a very active Neighborhood Board. Although Mililani currently has a fairly small homeless population (less than 40), the area does have a high percentage of homeless that are young adults/parenting youth, young families with toddlers and small children. Our contacts and volunteers from multiple faith-based organizations have reported a growing population that frequent the City parks, transit stations, and shopping centers. A significant amount have "local" ties to friends and families. Many were born and raised nearby, and have expressed their desire to remain in the community.

The North Shore community has traditionally been difficult to service due to the large geographic area. Many of the homeless are transient and move throughout various encampments. A significant amount are very mobile; they work and engage in various activities throughout the day, then park and sleep in their cars in the evenings. Many families are hidden and unaccounted for since they are "camped" on private properties which are not easily accessible; they live in makeshift structures, particularly in the Waialua and Sunset Beach areas. An accurate count has not been established for this area. Initial reports from IHS (Institute for Human Services) and Honolulu Police Department (HPD)/District 2 Community Policing Team (CPT) and the Beach Task Force estimates this population to exceed 150. A growing concern for the community is the RHY population. We are continually working with our partner service providers and homeless liaisons to identify this developing atrisk population.

The annual homeless Point-In-Time Count is scheduled for January 23-27, 2017. AB is taking the lead for the entire Region 5, and is coordinating the planning, training, surveying activities, and quality assurance measures along with volunteers from the offices of our elected officials, HPD, Department of Veteran Affairs (VA), other service providers, multiple faith-based organizations, civic clubs, and community residents. Together, we will work to conduct a safe, successful, and comprehensive

count of the homeless, and most vulnerable people in our communities. This will set a true baseline for the community, facilitate data-assisted decision-making, leading to appropriate and actionable long-term solutions, such as the Wahiawa HoM Project.

Altogether, there are over 62,000 residents in these neighborhoods, with a demographic breakdown as follows:

Racial and Ethnic Diversity. The racial/ethnic groups report themselves as White (43.5%), Asian (34%), Two or More races (19%), Hispanic (17%), Black or African American (11%), and Native Hawaiian and Other Pacific Islander (9%). (US Census Bureau, 2015). In recent years, there has also been an increase of limited English proficient Micronesian immigrants to the area.

Population and Age. Minors (18 and under) in the region make up 24.1% and seniors (65 and older) make up over 17% of the population (US Census Bureau), 2015.

Poverty. A total of 44% of Wahiawa's population are at or below 200% of poverty (U.S. Census Bureaus, 2010).

Out of this population, there is an estimated 350-400 unsheltered homeless individuals, youths, and families, representing the 4<sup>th</sup> largest concentration in the State. Many are chronically homeless, living unsheltered for many years. This program will also aim to provide preventive and diversion services to the large, low-income population who are highly vulnerable, who may lack the resources and support network to maintain their primary residence, and are at imminent risk of homelessness (hereafter "atrisk").

### Describe the geographic coverage. 5.

The Wahiawa HoM Project will provide services to the at-risk and homeless populations throughout the island of Oahu, with a concentration on the areas that include Senate Districts 18, 22 & 23, House District 36, 37, 45, 46 & 47, and City Council District 2 & 9. Specifically, this comprises of the neighborhoods in Mililani, Mililani Mauka, Waikalani, Launani Valley, Wheeler Airfield and Schofield Barracks, Wahiawa, Whitmore Village, Poamoho, Helemano, Mokuleia, Waialua, Haleiwa, Pupukea, and Sunset Beach. For the purposes of this application, this geographic area will be referred to as Central Oahu and North Shore.

## II. Service Summary and Outcomes

1. Describe the scope of work, tasks and responsibilities;

Scope of Work:

This GIA request is for Phase I of the Wahiawa HoM Project, specifically for the acquisition, design/planning/permitting, initial renovation and construction of the Navigation Center. Establishing the Center will allow AB and its partners to meet the stated goals and objectives in Section 1.2. above. The Center will be a hub for integrated supportive services, which are necessary in the transition process for those who are currently homeless, and critical prevention and diversion measures for those at-risk.

Each service provides a unique offering that fills a specific need for all prospective consumers of the Center. These services will be provided by agencies with requisite and extensive experience providing specific services for the homeless. Plans are in place to accommodate service providers for the following:<sup>5</sup>

- Homeless Outreach & Linkage to Social Services
- Community Based Outpatient Clinic
- Behavioral Health Counseling Services
- Medicare/Medicaid, Healthcare & Insurance, Entitlement Benefits Consultation
- Housing Assistance, Realty, Rental and Property Management Services

<sup>&</sup>lt;sup>5</sup> Refer to Appendix B for details (Letters and Testimonies of Support)

The proposed Navigation Center will be located on 95 S. Kamehameha Highway, Parcel Number 730020340000 (hereafter "property"). It is a 10,394 sq. ft. commercial property with 17 parking stalls and a total of 5,200 sq. ft. of useable interior office space. Currently, there are no tenants operating within the property. A signed Letter of Intent to Purchase has been presented to the property owner, 50th State Properties, LLC.6

The property is a 2-story structure that was built in 1975 with masonry walls and frame. The parking area and exterior of the building are in good condition, requiring only minor improvements. The interior is in fair condition, and some cleanup and renovation have been started but is unfinished. The electrical wiring for the building was updated in 2003. There are currently 6 existing units that are separately metered, and 3 bathroom facilities. Below are the intended plans for repurposing the existing space:

| Floor  | Unit | Phase  | Details  |
|--|------|--|--|
| 1si  | 1    | 1  | 1300 sf total  |
|  |      | ann the control  | Administrative & Program operations for AB   |
|  |      | m semsylandyksydniad kyriadisky  | Reception area, Office, Conference Room, Bathroom,<br>Kitchenette/Break Room           |
| 1 st   | 2    |  | 1300 sf total  |
|  |      | n) prisidente de destado de destado de la constante de la cons | Reception area, Office, Conference Room/Exam Room,<br>Bathroom, Kitchenette/Break Room |
|  |      | fammi frammöri (-) frammöri (-) fram   | *Potential outpatient clinic or field office for partner service provider              |
| 2 <sup>nd</sup>  | 3    | 11   | 650 sf total   |
| dent and a second  |      | moral management from the management of the control | Reception area, open workspace/retail floor, small office/exam room/storage            |
| A Community of the same of the |      | re for facility and the state of the state o | *Potential retail space or field office for partner service provider                   |
| 2 <sup>nd</sup>  | 4    |  | 650 sf total   |
|  | A 5  |  | Reception area, open workspace/retail floor, small                                     |

<sup>&</sup>lt;sup>6</sup> Refer to Appendix K (Letter of Intent to Purchase)

|                 |                    |   | office/exam room/storage   |
|-----------------|--------------------|---|--|
|                 |                    |   | *Potential retail space or field office for partner service provider         |
| 2 <sup>nd</sup> | 5                  | l | 650 sf total   |
|                 |                    |   | Open space to accommodate 4-6 beds & personal storage                        |
|                 |                    |   | *Temporary housing for HoM program consumers (until completion of Phase III) |
| 2 <sup>nd</sup> | 6                  |   | 650 sf total   |
|                 |                    |   | Open space to accommodate 4-6 beds & personal                                |
|                 |                    |   | *Temporary housing for HoM program consumers (until completion of Phase III) |
| 2 <sup>nd</sup> | Bathroom 1 (Men)   | I | (1) Sink   |
|                 | *one at either end |   | (1) Toilet   |
|                 |                    |   | (1) Shower   |
| 2 <sup>nd</sup> | Bathroom 2         | 1 | (1) Sink   |
|                 | (Women)            |   | (1) Toilet   |
|                 | *one at either end |   | (1) Shower   |

# Tasks:7

Design, Planning & Permitting - complete the final layout of the floorplan & interior design. Inspection & assessment of the existing mechanical, ventilation, plumbing, fire protection, electrical, communications (phone/IT), and structural improvements. Facilitate permit processing, complete & submit construction documents, bid review, cost proposal evaluation, and contract award.

Demolition & Construction - partial removal, repair and/or replacement of existing HVAC/ventilation, plumbing, electrical, ceiling, flooring, windows and exterior doors. Framed interior walls, interior doors, fixtures, lighting, rough finish and paint.

Landscaping & Exterior Improvements - power washing, exterior paint, minor landscaping & aesthetic improvements.

<sup>&</sup>lt;sup>7</sup> Refer to Appendix E for details (Draft Project Framework & Facilities Plan)

## Responsibilities (Construction Committee):

Phil Acosta, Executive Director - provide overall project management and oversight of the renovations, contracts and progress of the project. Review and approve additional work and change orders as needed. Facilitate communication and convene weekly status meetings.

Joseph Acosta, Director of Operations & Outreach Services – provide onsite supervision as Facilities Manager. Coordinate the work of the Construction Committee and ensures that the operational needs and requirements of the partner agencies and intended consumers of the Navigation Center are met. Will provide overall Quality Control for the project.

Aloha United Way - manage procurement and ensure funds are expended on a timely basis and approve invoice payments. Accounting procedures will follow internal AUW processes and applicable County, State and Federal regulations. Will attend monthly status meetings with the Construction Committee, prepare and submit budget and progress reports. A bookkeeper will be hired to track financial data, invoices and the activities of all contracted services.

Cutting Edge Construction, Construction Project Management/Special Projects Coordinator - oversee the construction project and work closely with the general contractor, and all other contracted personnel to ensure the project stays within the stated scope, schedule, and budget constraints.

E.P. Conceptual Design, Architectural design, planning & drafting services - prepare required documentation for permitting per DPP requirements.

General Contractor (TBD) - will have the authority to hire and direct all subcontractors and staff retained for the project, and participate in the weekly status meetings. General Contractor will prepare a detailed schedule for the project in logical steps and budget time required to obtain necessary permits and meet program deadlines.

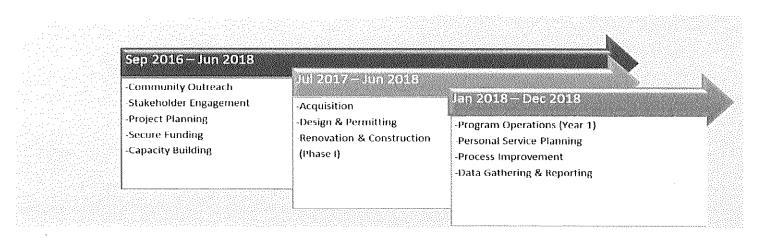
### Additional roles:

Rena Takushi, Program Manager - ensures that the needs and requirements of the target consumers of the Navigation Center and HoM residents are met; in alignment with City/State/Federal guidelines and industry best practice.

Barbara Beppu, Office Administrator – maintain office services and functions, assist in payroll, HR. purchasing/invoice/payables, contract administration; manage communications, meeting schedules, and other clerical functions; volunteer coordinator

Property Manager (TBD) – create a marketing plan, engage and negotiate terms with prospective tenants, draft up lease documents, rent collection, manage repair & maintenance requests, handle complaints and various legal issues to include eviction.

## 2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;



| Description                    | Start Date   | End Date | Duration      |
|--------------------------------|--|----------|---------------|
| <project start=""></project>   | Sep 2016   | an annua | At. Pasts.    |
| *Activities below are unfunded | THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR | de da de | dia dia manga |
| Project Planning               | Sep 2016   | Jun 2017 | 36 weeks      |
| Community Assessment           | Nov 2016   | Dec 2016 | 8 weeks       |

| May 2016   | Feb 2017   | 12 weeks   |
|--|--|--|
| Para de la constanta de la con |  |  |
| Dec 2016   | Jun 2017   | 24 weeks   |
| Jun 2017   | Dec 2018   | 72 weeks   |
| of do un   |  |  |
| Jun 2017   | Jul 2017   | 8 weeks  |
| oren naan hann hann hann hann hann hann ha   |  |  |
| Jul 2017   | Sep 2017   | 12 weeks   |
| Sep 2017   | AD-1000 Ed.  | и при  |
| Sep 2017   | Jun 2018   | 40 weeks   |
| Dec 2017   | <b>30 € 10</b>   | ***  |
| Mar 2018   | Ala cas de-  |  |
| Jun 2018   | T 4 T  | We day an  |
| Jan 2018   | Dec 2018   | 48 weeks   |
| Jan 2018   | Sep 2018   | 36 weeks   |
| (Conjuntation of Conjuntation  | operannustrina   | Andrew Commence  |
|  | THE CONTRACT OF THE CONTRACT O |  |
| Mar 2018   |  |  |
| Mar 2018   | Jun 2018   | 16 weeks   |
|  | ** American American   | **************************************   |
|  | Jun 2017  Jul 2017  Sep 2017  Sep 2017  Dec 2017  Mar 2018  Jun 2018  Jan 2018  Jan 2018   | Dec 2016       Jun 2017         Jun 2017       Dec 2018             Jun 2017       Jul 2017         Sep 2017          Sep 2017       Jun 2018         Dec 2017          Mar 2018          Jan 2018       Dec 2018         Jan 2018       Sep 2018         Mar 2018 |

 <sup>&</sup>lt;sup>8</sup> Refer to Appendix D for details (Program Budget)
 <sup>9</sup> Refer to Appendix A for details (Program Operations)

| Q2 Report   | Jun 2018   |  | m 4-m   |
|---|--|--|---|
| Strategic & Marketing Plan  | Jul 2018   | a w m  | 90 EU W   |
| Employer & Landlord Engagements   | Aug 2018   | Nov 2018   | 16 weeks  |
| Volunteer Training Program  | Anna (1777)  |  | 1100 miles 1 |
| Q3 Report   | Sep 2018   | th do do   | al descrip  |
| Sustainability Plan <sup>10</sup>                                       | Sep 2018   | ***  |   |
| Q4 Report   | Dec 2018   | ***  |   |
| <project closeout=""></project>   | - on m   |  | -17 Th 17   |
| Data Gathering & Reporting  | Dec 2018   | Dec 2018   | 4 weeks   |
| Lessons Learned   | Jan 2019   | Jan 2019   | 4 weeks   |
| Process Improvement Plan  | TAXABATA AND AND AND AND AND AND AND AND AND AN  |  |   |
| <phase ii=""> - separate project plans and funding application</phase>  | Jul 2018   | Jun 2019   | 48 weeks  |
| Build-out of Navigation Center (Unit 2, 3, 4)                           | e proprieto (pro glava de anti-  | ·  |   |
| Planning for Resource Center (410 Olive Ave.)                           |  | ansome and the second  |   |
| <phase iii=""> - separate project plans and funding application</phase> | Jan 2019   | Dec 2019   | 48 weeks  |
| Acquisition, Design & Construction of Resource Center — City CIP        |  | dicipione and an analysis of the state of th |   |
| Year 2 Operations   | Parking and the second  | something of the state of the s |   |
| <phase iv=""> - separate project plans and funding application</phase>  | Jul 2019   | Dec 2020   | 72 weeks  |
| Build-out of Resource Center (Laundry Facility & Training Center)       | Vanov Valoria de la Carta de l | Notice procedures:   |   |

<sup>&</sup>lt;sup>10</sup> Refer to Appendix G for details (Social Enterprise Framework)

Year 3 Operations

### 3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results;

## Quality Assurance and Evaluation – Construction Project

Develop a construction project plan with work schedule, cost estimates (labor, materials, contingency fund), contract management, quality & safety considerations; Construction Project Manager & Executive Director to develop, monitor, and revise/update as needed.

## Communications & Progress Monitoring:

Daily project supervision by Director of Operations; interaction and communications with Architectural Designer, General Contractor, and Construction Project Manager; proactively address issues to ensure progress.

Weekly status meeting between Executive Director, Director of Operations, Construction Project Manager, General Contractor to monitor progress, address issues, recommend & approve change orders.

Monthly status meeting and reporting on project status (completion of deliverables, manage/adjust schedule & resources), budget, and compliance. To include Executive Director, Construction Project Manager, Accounting & Grant Management staff (AUW).

Quarterly internal audit/process evaluation to ensure compliance, quality outcomes, and facilitate process improvement.

Quality Assurance and Evaluation – Program and Operations<sup>11</sup>

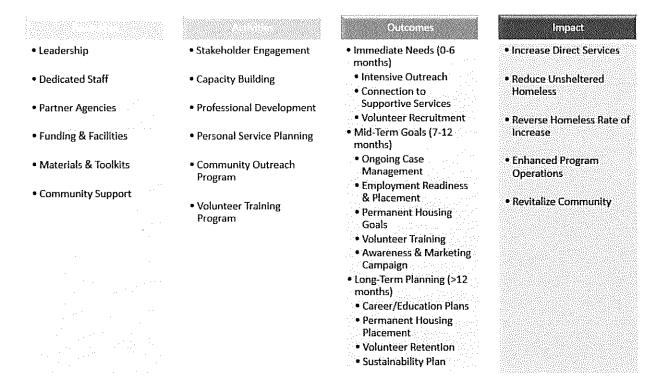
<sup>11</sup> Refer to Appendix F for details (Project Metrics)

\*Note: Logic Model below will be used to track the progress and effectiveness of the Wahiawa HoM Program and Operations, but is not within the scope of this GIA request (Capital Improvement Project – Acquisition, Design, Planning & Construction). It is provided to illustrate the correlation of available resources and the program outcomes and overall community impact.

# HōM Program Logic Model

What are we proposing?  $\rightarrow$  Resources and Activities

What are our intended results → Outcomes and Impact



The Logic Model is an organization and design tool, created to identify the broad goals for the program, and determine the flow of activities supporting the desired outcomes. Visually, it shows the required resources and actionable steps that form the overall strategy. It will be used as the foundation for program evaluation; to monitor progress of the activities, and measuring

success. As the HoM project matures and evolves, the array of services will increase, and the activities and outcomes will change accordingly.

## 4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency).

The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

## Measures of effectiveness – Construction Project<sup>12</sup>

Cost management & variance - starts with a good project estimate; manage/reduce/avoid cost-overruns; potential and realized cost-savings; includes the successful management of contracts, invoices.

Schedule management & variance – managing the construction timeline and avoiding delays; includes successfully managing delays and ability to multitask, run concurrent activities, and bring the project back online.

Utilization of resources – this includes both contracted as well as volunteers and in-kind services.

Productivity, Efficiency, & Quality of work – successfully meeting and exceeding project deliverables with minimal waste on time and materials; can also be measured with the satisfaction level of construction committee, workforce, and target consumer.

Safety factors – taking the necessary precautionary steps to avoid/minimize incidents onsite.

Risk Management – adequate planning and implementation of mitigation strategies.

Measures of effectiveness – Program Operations 13

<sup>12</sup> Refer to Appendix E (Draft Project Framework & Facilities Plan)

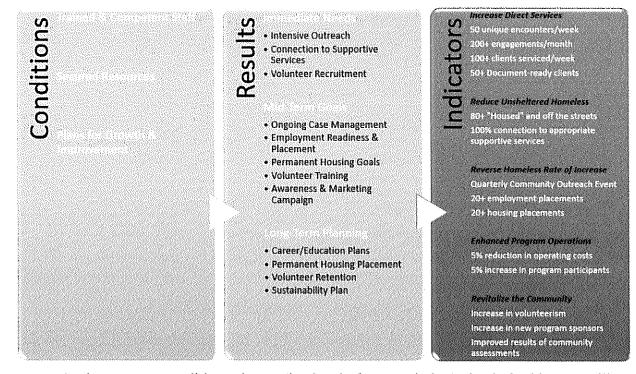
<sup>&</sup>lt;sup>13</sup> Refer to Appendix F for details (Project Metrics)

\*Note: the Logic Model below will be used to track the progress and effectiveness of the Wahiawa HoM Program and Operations, but is not within the scope of this GIA request (Capital Improvement Project – Acquisition, Design, Planning & Construction). It is provided to illustrate the correlation of the program conditions, intended results, and key performance indicators.

## Performance Indicators

How are we going to monitor progress?

How do we determine program success?



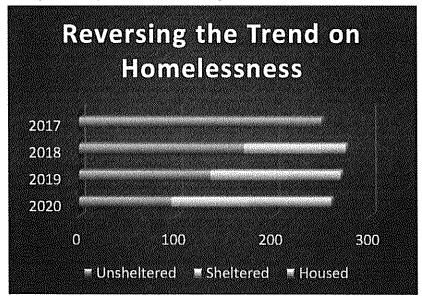
As the program conditions change (i.e. level of appropriation), the desired impact will remain the same, but specific metrics within the KPIs may adjust accordingly to reflect the change (e.g. number/percentage of sheltered & housed individuals). Additional metrics may include the following<sup>14</sup>:

<sup>14</sup> Refer to Appendix F for details (Project Metrics)

- Client referrals & placement (employment, supportive programs & services, permanent housing)
- Program enrollment, retention/recidivism rate
- Volunteer recruitment & retention
- Cost/Schedule management
- Resource utilization
- Quality of Service
- Participant Feedback (clients, volunteers, sponsors, partners, funders)

We project the following 4-year trend, as a result of the Wahiawa HoM Project implementation:

Projected 4-year trend for Region 5



2017 (250+ total, all Unsheltered) → baseline 2018 (275 total, 105 housed/sheltered, 170 Unsheltered) 2019 (270 total, 135 housed/sheltered, 135 Unsheltered) 2020 (265 total, 165 housed/sheltered, 95 Unsheltered)

Key metrics to track the progress and effectiveness of the program: 15

<sup>15</sup> Refer to Appendix E for details (Project Metrics)

- 1. The reduced rate of newly homeless. This is a direct result of the Community Outreach Programs, education and information sharing with the public regarding available resources at the Center. Also, direct services provided to the at-risk population, opportunities for employment, better pay, and affordable rental units will have a direct effect.
- 2. Decrease of the unsheltered and chronically homeless individuals living on the streets, bushes, parks, beaches, encampments, abandoned buildings, substandard/makeshift structures, etc. This is the direct result of the Intensive Outreach efforts of ALEA Bridge and its partner agencies. With dedicated resources and staffing, we can increase encounters and engagements, offer onsite amenities which are critical, newly available services, that has never been accessible to the community. This includes clean emergency beds, hygiene facility (sinks, showers, toilets with running water) facility, laundry facility, mailbox services, storage space, and kitchen/meal preparation services.
- 3. Increase of housed and/or sheltered individuals. The program's focus on rapid placement to long-term housing and landlord engagement will make a significant effect on this metric. Navigators, Program Specialists, and Case Managers will help our clients make a progression from the streets to bridge housing (HoM facility), and eventually towards transitional housing (TH), or permanent housing (PH)/permanent supportive housing (PSH),

### III. Financial

## **Budget**

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request. 16

## **BUDGET REQUEST BY SOURCE OF FUNDS**

Period: July 1, 2017 to June 30, 2018

Applicant: ALEA Bridge

| BUDGET<br>CATEGORIES |  | Total State<br>Funds<br>Requested | Total Federal<br>Funds<br>Requested | Total County<br>Funds<br>Requested | Total Private/Other Funds Requested |
|----------------------|--|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
|                      |  | (a)                               | (b)                                 | (c)                                | (d)                                 |
| A.                   | PERSONNEL COST                                   |                                   |                                     |                                    |                                     |
|                      | 1. Salaries                                      | 48,750                            | 150,000                             | 52,000                             | 275,000                             |
|                      | 2. Payroll Taxes & Assessments                   | 4,875                             | 15,000                              |                                    | 27,000                              |
|                      | 3. Fringe Benefits                               | 9,750                             | 35,000                              |                                    | 45,750                              |
|                      | TOTAL PERSONNEL COST                             | 63,375                            | 200,000                             | 52,000                             | 347,750                             |
| В.                   | OTHER CURRENT EXPENSES  1. Airfare, Inter-Island | NA                                |                                     |                                    |                                     |
|                      | 2. Insurance                                     |                                   |                                     |                                    | 3,350                               |
|                      | 3. Lease/Rental of Equipment                     |                                   |                                     |                                    | 18,625                              |
|                      | 4. Lease/Rental of Space                         |                                   |                                     | 12,000                             | 17,250                              |
|                      | 5. Staff Training                                |                                   |                                     | 10,000                             | 6,000                               |
|                      | 6. Supplies (Office)                             | 6,500                             |                                     | 3,000                              | 19,200                              |
|                      | 7. Telecommunication                             |                                   |                                     | 3,000                              | 5,400                               |

<sup>&</sup>lt;sup>16</sup> Refer to Appendix K for details (GIA Worksheets)

| , o : ne bobole :  |  | £,314,013 | Name and Title (Pleas  | se type or pant) |  |                  |
|--------------------|--|-----------|------------------------|------------------|--|------------------|
| TOTAL BUDGET       |  | 2,914,813 | Executive Director     |                  | **                                     |                  |
|                    | (d) Total Private/Other Funds Requested            | 704,813   | Signature of Authorize | ed Official      | Date                                   |                  |
|                    | Requested  | 135,000   |                        |                  |  |                  |
|                    | Requested (c) Total County Funds                   | 200,000   |                        |                  |  |                  |
|                    | (b) Total Federal Funds                            | 000 000   | Name (Please type or   | print)           | Phone                                  |                  |
|                    | (a) Total State Funds Requested                    | 1,875,000 | "Phil" Augustus Acost  | a                | (808) 391-3571                         |                  |
| SOURCES OF FUNDING |  |           | Budget Prepared        | I Ву:            |  |                  |
| TOTAL (A+B+C+D+E)  |  | 1,875,000 | 200,000                | 135,000          |  | 704,813          |
| E.                 | CAPITAL  | 1,805,125 |                        |                  |  |                  |
| D.                 | MOTOR VEHICLE PURCHASES                            |           |                        | ,,,,,-           |  |                  |
| C.                 | EQUIPMENT PURCHASES                                |           |                        |                  |  |                  |
|                    | TOTAL OTHER CURRENT EXPENSES                       | 6,500     |                        | 83,000           |  | 357,063          |
|                    | 20   |           |                        |                  |  |                  |
|                    | 19   |           |                        |                  |  |                  |
|                    | 18   |           |                        |                  |  |                  |
|                    | 16. Other equipment (landscaping)                  |           |                        |                  |  | 5,000            |
|                    | 15. FI&M   |           |                        |                  |  | 9,313            |
|                    | 14. Community Engagement Events                    |           |                        | 22,000           |  | 15,000           |
|                    | 13. Professional Services                          |           |                        | 6,000<br>3,000   |  | 17,400<br>15,525 |
|                    | 11. Program Supplies (Outreach) 12. Transportation |           |                        | 3,600            |  | 5,400            |
|                    | 10. IT   |           |                        | 2,400            |  | 24,000           |
|                    | 9. Client Stipends                                 |           |                        | 15,000           | ************************************** | 192,000          |
|                    | 8. Utilities                                       | `         |                        | 3,000            |  | 3,600            |

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2018.

| Quarter 1   | Quarter 2 | Quarter 3 | Quarter 4 | Total Grant |
|-------------|-----------|-----------|-----------|-------------|
| \$1,700,000 | \$150,000 | \$12,500  | \$12,500  | \$1,875,000 |

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2018.<sup>17</sup>

Projected Program Funding - Phase I & II

| Project Name/<br>Program Function            | Funder  | Amount<br>Requested | Due Date   | Award Date      | Start Date | Status               | Amount<br>Awarded |
|--|---|---------------------|------------|-----------------|------------|----------------------|-------------------|
| AB Budget                                    | NA  | \$3,345,813         | NA         | NA              | NA         | NA NA                | NA                |
| Volunteer Incentive<br>Program               | Women's Fund Hawaii                               | \$5,000             | 9/30/2016  | 11/18/2016      | 12/5/2016  | Not awarded          | O                 |
| Iliahi                                       | Awesome Foundation                                | \$1,000             | 12/9/2016  | 12/15/2016      | 12/18/2016 | Awarded              | 1000              |
| Exit 8 (Community Sponsorship)               | Atherton Foundation                               | \$81,000            | 10/3/2016  | 12/20/2016      | 1/2/2017   | Not awarded          | 0                 |
| State Homeless<br>Outreach (Region 3 &<br>5) | State DHS/HPO<br>Joint proposal with IHS,<br>CHOW | \$209,000           | 12/5/2016  | 12/21/2016      | 2/1/2017   | IHS not awarded      | 0                 |
| State Homeless<br>Outreach (Region 5)        | Subcontract with USVets                           | \$160,000           | NA         | 12/30/2016      | 2/1/2017   | Negotiations ongoing | 160000            |
| Community Outreach<br>Program                | City GIA  | \$125,000           | 11/14/2016 | Apr-May<br>2017 | 10/1/2017  | Evaluations ongoing  |                   |

<sup>&</sup>lt;sup>17</sup> Refer to Appendix D for details (Program Budget & Funding)

| The Wahiawa HoM<br>Project (Housing)            | ОНА   | \$265,000   | 12/16/2016 | 5/1/2017  | 7/1/2017  | Pending evaluation                      |
|---|---|-------------|------------|-----------|-----------|---|
| STEP Program (Income/Employment)                | ОНА   | \$302,000   | 12/16/2016 | 5/1/2017  | 7/1/2017  | Pending evaluation                      |
| Feed The Soul                                   | City OED  | \$10,000    | 12/16/2016 | TBD       | 7/30/2017 | Evaluations ongoing                     |
| HoM (Staffing)                                  | VA/H-PACT   | \$200,000   | TBD        | TBD       | TBD       | Application submitted                   |
| HoM (Facility<br>Acquisition &<br>Construction) | State GIA (CIP)   | \$1,875,000 | 1/20/2017  | 5/1/2017  | 7/1/2017  | Application<br>Pending                  |
| HoM (Facility)                                  | City CIP  | \$1,875,000 | NA         | TBD       | TBD       | Request pending                         |
| Exit 8 (Community Sponsorship)                  | Atherton Foundation                                       | \$81,000    | 4/7/2017   | 6/23/2017 | 7/3/2017  | Application not started                 |
| HoM (Facility)                                  | Weinberg Foundation                                       | \$250,000   | TBD        | TBD       | TBD       | Application not started                 |
| HoM (Operations)                                | Hawaii Tourism<br>Authority                               | \$50,000    | TBD        | TBD       | TBD       | Application not started                 |
| AB (Capacity<br>Building)                       | HEI Foundation  | \$100,000   | TBD        | TBD       | TBD       | Application not started                 |
| AB (Planning Funds)                             | City CDBG   | \$50,000    | TBD        | TBD       | TBD       | Application not started                 |
| HoM (Operations)                                | In-Kind Services<br>(Partner Service<br>Providers)        | \$108,000   | TBD        | TBD       | TBD       | MOUs pending HoM Implementation         |
| HoM (Facility-<br>construction)                 | In-Kind Services<br>(HomeAid Hawaii)                      | \$312,000   | TBD        | TBD       | TBD       | Application is pending site acquisition |
| AB (Operations)                                 | Anticipated Income/Revenue                                | \$84,000    | NA         | NA        | 7/1/2017  | Pending HoM implementation              |
| AB (Operations)                                 | (Other) Private<br>Foundations,<br>Fundraising, Donations |             | TBD        | TBD       | TBD       | Pending Board discussion                |

Funds Requested (to date)

\$3,233,000

Awarded

\$161,000

**Total Funds** Requested (Anticipated)

\$6,143,000

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

NA

5. The applicant shall provide a listing of all federal, state, and county government contracts and grants it has been and will be receiving for program funding. (Refer to table above, Section III. 2.)

City GIA – Operations (DCS) - \$125,000

City GIA – (OED) - \$10,000

State Homeless Outreach Program (Sub-contract) - \$160,000

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2016. 18

# **ALEA Bridge Statement of Activity** For the year ending December 31, 2016

|                         |  | 2016             |        |  |
|-------------------------|--|------------------|--------|--|
| Revenues<br>Contributed |  |                  |        |  |
|                         | Grant Revenue                            | \$<br>-          |        |  |
|                         | Rev: Contributions -Monetary             | \$<br>7,598.78   |        |  |
|                         | Rev: Contributions in kind - Furn./Equip | \$<br>1,400.00   |        |  |
|                         | Rev: Contributions in kind-goods         | \$<br>21,715.00  |        |  |
|                         | Rev: Contributions in kind-<br>services  | \$<br>_10,150.00 |        |  |
|                         | Contributed Donations                    | \$<br>40,i       | 863.78 |  |
| Earned                  |  |                  |        |  |
|                         | Fundraiser Income                        | \$<br>4,734.85   |        |  |
|                         | Merchandise sales                        | \$<br>20.00      |        |  |
|                         | Interest income                          | \$               |        |  |

<sup>&</sup>lt;sup>18</sup> Refer to Appendix I (ALEA Bridge Financial Statements)

| Earned Operating Revenue   | \$<br>_4,754.85  |                 |
|--|--|-----------------|
| Total Operating Revenue  |  | \$<br>45,618.63 |
| Operating Expenses Program Expenses Outreach Event Expenses Client services expense Volunteer expenses Donations in kind- Goods Donations in kind-services Salary expenses | \$ 4,995.94 \$ 2,418.91 \$ 678.25 \$ 17,695.00 \$ 10,150.00 \$ |                 |
| Total Program Expenses   | **************************************                         | \$<br>35,938.10 |
| Fundraiser Expenses  |  | \$<br>712.86    |
| Administrative Expenses  |  |                 |
| Marketing expense  | \$<br>2,076.61   |                 |
| Office expense   | \$<br>211.27   |                 |
| Software expense   | \$<br>187.51<br>\$   |                 |
| Insurance expense  | 623.40<br>\$   |                 |
| Tax expense  | 5<br>162.64<br>\$  |                 |
| Interest expense   | -  |                 |
| Business expenses  | \$   |                 |

Meeting expenses

Grant writing expense

**Business Registration expense** 

Donations in kind - Furn/equip

**Utilities Expense** 

**Total Administrative Expenses** 

**Total Operating Expenses** 

**Increase in Net Assets** 

| 399.19   |           |
|----------|-----------|
| \$       |           |
| 827.21   |           |
| \$       |           |
| 123.25   |           |
| \$       |           |
| 1,015.00 |           |
| \$       |           |
| -        |           |
| \$       |           |
| -        |           |
|          | \$        |
|          | 5,626.08  |
|          | \$        |
|          | 42,277.04 |

3,341.59

#### IV. **Experience and Capability**

#### A. **Necessary Skills and Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

Members of the AB Staff and Leadership Team have outstanding experience in the Healthcare, Behavioral health, Social services, local, State & Federal Government programs. More importantly, all are extremely passionate about serving the at-risk and homeless population. Key knowledge and experience worth noting:

Joseph Acosta has over 11 years of experience in the Military with deployments to the Middle East. He also served in the Honolulu Police Department for 16 years, with specialized training with the Narcotics and Vice Divisions, and assigned to the DEA Task Force. His knowledge and experience is a critical component to the Outreach activities, as many of the homeless are battling issues with substance abuse. In his last 3 years with HPD, he gained a deep understanding of the issues in the community and built a strong working relationship with the residents. Specifically, it was his experience working directly with the at-risk (runaway youth, victims of domestic violence) and homeless population in the area, and genuine passion to help the less fortunate that served as the inspiration and motivation to form AB. Joseph resigned from HPD in March 2016 to devote his time and energy, on an unpaid, full-time basis, to make a significant impact in the homelessness issues affecting the Central Oahu communities by taking a lead role in the organization's outreach efforts.

Phil Acosta has over 22 years of combined experience in Project Management, including the Hawaii State Government, particularly with the Dept of Education and Dept of Human Services. His experience in managing multiple projects of varying size and scope is important in implementing the programs and activities of AB. The rapport and working

relationships that he has built with key stakeholders in the City and State, and leaders from partner agencies, will be instrumental as AB works to secure resources, build its capacity, and implement project plans to address the issues in Central Oahu. Since May 2016, Phil has volunteered full-time and taken a lead role in developing and establishing a strategic plan to achieve the organization's mission and objectives, facilitating its growth and advancement.

Ray Alan Man brings to the organization a wealth of knowledge through his personal life experiences. As someone that is formerly homeless, and currently recovering with his past addictions, his insight is a critical part of our outreach efforts, contributing greatly to our success in connecting with our clients. In addition to his work with the Board, Ray has started up a group with his family & friends focused on nighttime outreach and feeding the homeless in Metro Honolulu. It's his way to give back while remaining focused on his own path to recovery.

Marissa Acosta has significant past and present work experience in Psychiatric and Mental Health at the Department of Veteran Affairs, Behavioral Health Services at Helping Hands Hawaii and Kahi Mohala, working with the homeless, those suffering from mental illness and substance abuse, and the low-income population. This includes both outpatient primary care and community based outreach.

Perfecto and Desiree Acosta - Independent, Licensed Contractors, specializing in Residential and Commercial property renovation & construction. They will be volunteering their time and resources during the multiple construction phases of this project.

## Program Development

Arceli Rebollido (Programs Director, Filipino Community Center) - received her Bachelors of Science in Computer Engineering. She has been with the Center since July 2005 and been directly involved with many of the programs and events conducted at the Center in various capacities such as a committee member, event organizer and community liaison. Her extensive knowledge in developing community-based programs will be an important factor in our efforts towards capacity building.

## Staff Development

Dennis Jinnohara (DoD HR Specialist, Ret.) – Dennis is a retired civil servant with over 30 years of wide ranging human resources experience. He has worked at the operational and staff positions in strategic planning, regulatory development, labor relations, project management, leadership development, career management, program development, and employee development. Besides his involvement with ALEA Bridge, he currently

actively volunteers with the Senior Medicare Patrol, the State Health Insurance Program, AARP, Mililani Aikido Club, and Mililani Uka Elementary School as a reading tutor.

We also have a strong volunteer base that has extensive experience working with low-income, at-risk, and homeless families & individuals, through their past work and volunteer experience in the Healthcare field and other Non-Profit Organizations. We plan to utilize all this knowledge and experience by hiring and promoting from within the organization.

ALEA Bridge is an active member of Partners In Care (PIC), Oahu's Continuum of Care (CoC). This is composed of representatives of organizations from nonprofit homeless providers, government and private business stakeholders. AB contributes as a general member and through the efforts of the Data and Planning Committees. AB also participates in the Hawaii Interagency Council on Homelessness (HICH), a coalition

composed of state department directors, federal agency representatives, and community leaders, tasked with providing solutions to end homelessness and strengthen the continuity of efforts across future administrations. AB aligns its overall strategies with the framework that PIC, City & County, State, and Federal government have established and prioritized. This includes directed outreach to the Unsheltered homeless, coordinated entry system (CES), and communitybased solutions. Our initiatives are appropriately modified and implemented at the micro level to address the specific needs and concerns of the Central Oahu communities and its residents.

On an operational level, AB has training experience with various Outreach teams on the field to include IHS, Kalihi-Palama Health Center (KPHC), along with collaboration with Hope, Inc., US Vets, Waikiki Health Center's Care-A-Van (CAV). We have received training from PHOCUSED and the HMIS (Homeless Management Information System) Administrator, on the common tools and methods used by agencies within the COC. We also participate

in the bi-weekly Case Conferencing calls and meetings, to share information, status, and collaborate on a care plan and next steps to transition into permanent housing

Through a series of Joint Outreach Engagements, ALEA Bridge have reached out to key stakeholders in the community, including the Legislators, Business organizations, Faith-based leaders, other Non-profit agencies, Residents and the homeless population. To date, ALEA Bridge has hosted four (5) major community events, in addition to the (almost) daily and evening outreach activities to the encampments throughout Wahiawa, Whitmore Village, Mililani, and North Shore. The organization, its volunteers, and partner agencies throughout the community continue to provide food, clothing donations, assistance in obtaining various forms of identification, assistance with employment and housing placement, along with referrals to existing programs and service providers throughout the island. This has resulted in over eighty (80) client files, several dozen Intakes

and Assessments, a growing "By-Name" list (BNL) of homeless individuals, and building a reputation within the community as the lead agency on homelessness and community outreach. All this, despite being unfunded.

As a part of this project and overall strategies of AB, we will expand our efforts on the following:

Daytime, Evening, Weekend Outreach

Community Outreach & Informational Events

Hosting community Service Fairs

Participation in Job Fairs & similar events

Opportunities for employment, volunteerism, and community service for our homeless clients

In addition, we have plans to implement the following new programs:

Volunteer Incentive Program (Recruitment, Training, Retention)

Community Sponsorship Program

Community Outreach Program & Special Events

Awareness & Marketing campaign

#### B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

Much of our work is conducted out in the field, so our requirements at this time are minimal (i.e. Administrative functions, training/meeting rooms, secure location for client files, donations). AB currently utilizes various "scattered sites" consisting of several donated community resources where we conduct official ALEA Bridge business:

# 219 Crest Ave, Wahiawa HI

- Administrative space for monthly Board meetings, strategic meetings and events planning
- Staff workspaces, base location to store and access client files, access to phone, fax, computer, printer, Internet, HMIS
  database
- Newly established food pantry

# 1116 Whitmore Avenue, Whitmore Village HI

• Conference room for meetings and trainings for larger groups

• Available, secured space for confidential counseling and client engagement

# 91-2126 Old Fort Weaver Road, Ewa Beach HI

- Donation Center
- Alternate site for daily operations with dedicated spaces for staff, client engagement & storage; shared meeting rooms

One of the objectives of the Wahiawa HoM project, and particularly this GIA (CIP) request, is to establish the Resource and Navigation Center. The Center would provide a consistent base of operations which is a major barrier to accessing services in this community. This would allow AB to consolidate its Administrative staff, Program operations, and community resources in a central location (Phase I). And this would also facilitate the co-location of various partner agencies and their complementary services to create a "Navigation Hub." These plans are beyond the scope of this request and will be completed in Phase II, with a separate funding allocation/request from various sources.

With guidance from Councilmember Ernie Martin and the City's Office of Housing, we are also, concurrently, drafting up plans to establish the Resource Center. This portion of the Center would offer various onsite resources and amenities to include:

- Reception & Processing Area
- Exam rooms/Private Counseling
- Conference Room for large meetings
- 20+ beds/semi-private units (both emergency and bridge housing)
- Hygiene Facility (sinks, toilets, showers, indoor plumbing, clean, fresh water, hot running water)
- Laundry Facility (washer, dryer, supplies & equipment)
- Employment & Educational Training Center (w/ access to computers and the Internet)
- Mailbox Services (essential for receiving and processing personal documents, enrollment to critical medical and general assistance programs)
- Dining & meal prep areas
- Personal Storage Space
- Transportation Services

We have identified the adjacent property (410 Olive Ave.) as the potential site for the Resource Center, and have engaged the owners in preliminary discussions through the Property Manager. These plans are beyond the scope of this request and will be

completed in Phase III & IV, with a separate funding allocation/request from various sources, to include the City and County of Honolulu Department of Community Services.

# V. Personnel: Project Organization and Staffing

# A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

The Wahiawa HoM Project is truly a comprehensive approach, embracing cross-sector collaboration. We aim to leverage existing and emerging community resources by developing the following partnerships:

ALEA Bridge - Community Outreach, Project Management, Case Management, Program Operations

Wahiawa Center for Community Health – a Federally Qualified Health Center (FQHC) – Designation as a Health Care Provider for the Homeless and Underserved populations, Primary Care, Behavioral Health services

**Aloha United Way** – Administrative Support, Program & Grants Management, leverage Community Assistance Initiatives (AUW 211, Safety Net, Poverty Prevention)

\*Note: ALEA Bridge (AB) and Aloha United Way (AUW) have entered into an agreement for the Wahiawa Hom Project, to foster social innovation and advance the emergence of community-based solutions. AUW will assume a "fiscal sponsor" role to provide administrative services, financial oversight, and management of grant-related activities to include reporting. This will allow AB, an emerging NPO, to implement its community initiatives, deliver results more quickly and efficiently as it build up its own administrative capacity. Draft terms are highlighted below; final details of the partnership to be negotiated.

| Task<br>Description | Date      | Aloha United Way  | ALEA Bridge   | Notes   |
|---------------------|-----------|---|---|---|
| Grant application   | 1/20/17   | Review, provide feedback, approve   | Compile application package to include narrative, budget, worksheets and accompanying documents | AUW to review if there are critical parts missing regarding its role in the HoM project |
| Post award          | June 2017 | Facilitate contract negotiations with expending State agency (and grant monitor/program officer) to | ?   | Who/how should the cash award<br>be received?<br>1. To AUW → disburse to AB as          |

|                           |  | include terms of contract, reporting, and deliverables  |   | requested?   |
|---------------------------|--|---|---|--|
| Construction Project      | Aug 2017 – July 2018   | Attend monthly Construction<br>Committee meetings and/or<br>provide financial reports   | Implement project plans and provide direct project supervision Responsible for generating required plans & documentation required for permitting Facilitate daily, weekly, and monthly planning/status meetings |  |
| Invoices and<br>Payables  | Aug 2017 – Jul 2018  | POC:<br>Accountant<br>Office Administrator  | POC:<br>Executive Director<br>Office Administrator  | Depends on details/terms of<br>award<br>All transactions to follow AUW<br>practice and/or State-mandated<br>requirements |
| Quarterly Reports         | Pending award/<br>program start date<br>Sep 2017<br>Dec 2017<br>Mar 2018<br>Jun 2018 | Establish timelines for the reports<br>Review & provide corrections<br>Ensure timely submission of<br>accurate and comprehensive<br>reports | Prepare reports per terms of contract, submit to AUW Facilitate periodic performance evaluation   | Use AUW forms/templates? State technical requirements to be determined at post award meeting/negotiations                |
| Annual Reports            | Jun 2018   | Establish timelines for the reports<br>Review & provide corrections<br>Ensure timely submission of<br>accurate and comprehensive<br>reports | Prepare reports per terms of contract, submit to AUW Facilitate project closeout  | Use AUW forms/templates? State technical requirements to be determined at post award meeting/negotiations                |
| Staffing                  | Jun 2017 – Jun 2018  | 1 FTE Provide finance, bookkeeping, grant management services & reporting Technical Assistance  | Exec Dir – Project oversight Dir of Ops – Facility Mgr. Special Projects Dir – Construction PM Program Mgr.   | AB staff will not be funded through this GIA request   |
| Program<br>Implementation | Year I<br>Jan 2017 – Dec 2018  |   |   | Beyond the scope of GIA request?   |

# Other key partnerships in development:

- Area Legislators & Elected Officials
- Partners in Care
- Private Landowners (DLNR, Dole, OHA)
- IHS (Employment Specialists, Housing Programs & Services, Mentoring & Capacity Building)
- Honolulu Police Department/D2 Community Policing Team (CPT), Beach Task Force
- Department of Veteran Affairs (Homeless Program, H-PACT)
- US Army (Schofield Barracks & Wheeler Airfield)
- Wahiawa Homeless Alliance (e.g. Wahiawa Community & Business Association, Wahiawa-Waialua Rotary Club, 'Olelo Community Media Center, multiple Faith-based organizations)<sup>19</sup>
  - Employment Opportunities
  - o Housing options within the community
  - Program Sponsorship & Support
  - o Community & Civic Engagement
  - o Connection with faith-based organizations, support programs & services

# Specific initiatives evolving from these partnerships include:

- Public Health Nurse Office /Department of Health provide immediate/emergency medical services, assessments, education, referrals, etc.; Integral part of the Wahiawa Mini Service Fairs and other ongoing community-based initiatives
- WCBDO collaboration of efforts and partnerships to provide employment & economic development
  opportunities, with a focus on revitalizing the recreational areas surrounding Lake Wilson, affected by the
  homeless encampments, as a valuable community resource
- Project Management Institute, Honolulu Chapter (PMI HNL) professional volunteer team of experienced Project/Program Managers
- HPD, District 2 Community Policing Team & Beach Task Force working together to address known issues
  and concentration of homeless individuals, and identify solutions to the problems impacting the community
- Dept. of Veteran Affairs supplement outreach, case management, and direct services from professionals who are dedicated to helping those who have served, along with their families
- Local employers (Dole Plantation, Star Protection Agency, private businesses, homeowners)

<sup>&</sup>lt;sup>19</sup> Refer to Wahiawa Homeless Alliance Charter to additional details (Appendix ?)

- Referral to supportive services (i.e. Salvation Army Adult Rehabilitation Center, Hope Inc. Inpatient & Residential Behavioral Health Services, Mental Health Kokua, Hale Kipa/Youth Outreach Services)
- Inspire Church (Waikele and Mililani) joint weekend Outreach operations
- Third Day Sanctuary joint evening Outreach operations
- New Hope Central Oahu collaborating on youth outreach and community sponsorship programs
- 'Olelo Community Media active partner facilitating communication, awareness, and community engagement
- Latter-Day Saints developing ideas for various community service opportunities
- North Shore News/Friends of Mokuleia planned beach cleanup in March 2017
- Homeless residents in the encampments throughout Wahiawa & the North Shore actively engaged in the solutions planning, implementation, and volunteers at various community events

# Primary personnel and positions assigned to the program will include:

# Executive Director - "Phil" Augustus Acosta, MBA, PMP

Extensive experience in IT & Program Management (US Department of Defense, State of Hawaii Department of Human Services, Department of Education), managing multiple multi-million & multi-year, enterprise-wide projects. Phil will shift his responsibilities from heading the Board of Directors towards directly managing the agency as the Executive Director. Specifically, he will provide leadership in Program Development and Management, Strategic Planning and Implementation, Community Engagement, and facilitate the growth and advancement of the organization and its programs.

# Director of Operations & Outreach Services - Joseph I. Acosta

With 11 years in the military, and 16 years with HPD, Joe has the requisite experience working with the at-risk, low income, mentally ill, substance abusers, victims of domestic violence, at-risk/runaway/homeless youth, and the homeless. His intimate knowledge of the communities in Mililani, Wahiawa, North Shore, areas of concentration, and target population provides ALEA Bridge a unique advantage from other service providers. Joe will be shifting his position to the Director of Operations, and provide direct supervision of the Outreach Team, Volunteers, and program participants. In addition, he will take the lead in our homeless prevention & diversion initiatives for the at-risk population.

# Program Manager – Rena Nalani Takushi, MSW, LCSW

Ms. Takushi holds a Masters degree in Social Work and has experience in wrap-around services, case management, program management, grant writing, policy, advocacy and research. She has worked on the West coast serving as a coordinator and community stakeholder in developing school-based health centers. Currently, she works at the Veterans Affairs in the Homeless Patient Aligned Care Team, providing medical outreach to the most disparate communities including the Leeward Coast, Wahiawa, North Shore and Haleiwa areas. In addition, Ms. Takushi is an Adjunct Instructor at UH Manoa, teaching Community and Organizations for graduate-level social work students. She will be coordinating the overall implementation of the grant and program activities.

# Additional Program staffing (to be hired pending grant & service contract awards):

Outreach Workers & Resource Navigators

Case Managers & Data Specialists

**Employment & Housing Specialists** 

Onsite Administrative & Support Staff

Security Personnel

AB will also work to secure supplemental services through the donation of In-Kind services and establishing Memorandums of Agreement (MOUs) with partner service providers. These will include:

**Housing Navigators** 

**Behavioral Specialists** 

Mental Health Specialists

**Employment Specialists** 

**Vocational Trainers** 

**Business Planners** 

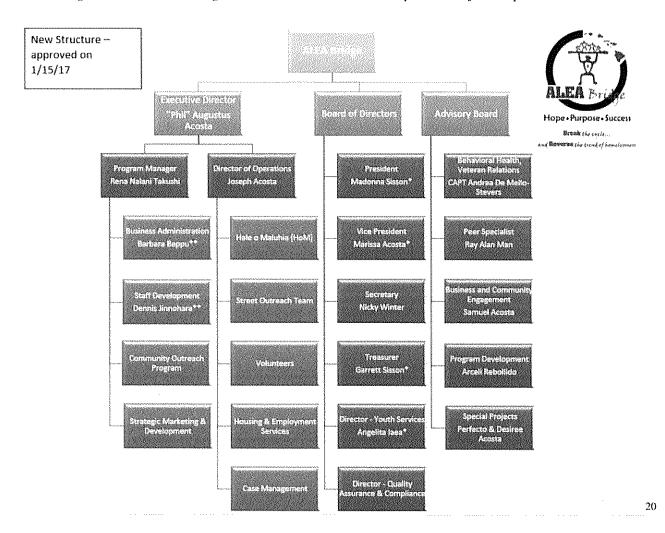
**Grant Administrators** 

Program Sponsors & Mentors

This is a mutually beneficial arrangement as it facilitates a more efficient and cost-effective process for coordinated service delivery, reduced operating costs through shared resources, increase communications and collaboration with data sharing, and improved program outcomes and contract fulfillment.

# B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.



<sup>&</sup>lt;sup>20</sup> Refer to ALEA Bridge Leadership Team for additional details (Appendix ?)

# C. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

NA – all AB staff are 100% volunteers at this time. Projected salaries & compensation is included in Appendix D.<sup>21</sup>

<sup>&</sup>lt;sup>21</sup> Refer to Appendix D for details (Program Budget & Funding)

# VI. Other

# A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

NA

# B. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

Executive Director - MBA, PMP

Program Manager - MSW, LCSW

President - CRNA

Vice-President - RN, MSN, MHA

Treasurer - Licensed Realtor

Construction Project Manager – Licensed Independent Contractor (B, C)

Applicant: ALEA Bridge

# C. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

NA

# D. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2017-18 the activity funded by the grant if the grant of this application is:

(1) Received by the applicant for fiscal year 2017-18, but

AB is pursuing other sources of funding to supplement this GIA request.<sup>22</sup>

(2) Not received by the applicant thereafter.

AB has established a Social Enterprise Framework as part of its Sustainability Plan<sup>23</sup>

<sup>&</sup>lt;sup>22</sup> Refer to Appendix D for details (Program Budget & Funding)

<sup>&</sup>lt;sup>23</sup> Refer to Appendix G for details (Social Enterprise Framework)

# E. Certificate of Good Standing (If the Applicant is an Organization)<sup>24</sup>

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2016.



#### Department of Commerce and Consumer Affairs

#### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

ALEA BRIDGE

was incorporated under the laws of Hawaii on 01/20/2016; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affaira, at Honolulu, Hawaii.

Dated: January 20, 2017

Oxeant Choal Call

Director of Commerce and Consumer Affairs

To their the sustemicity of this certificate, please with this; ?/Ato. chawais qov/documents/authorsticate, horst
Authorization Code, 276358 (DGS )PDF 347848D3

Rev 12/2/16

<sup>&</sup>lt;sup>24</sup> Refer to Appendix M for details (Additional Documents – COGS, CVC, IRS)

# **BUDGET REQUEST BY SOURCE OF FUNDS**

Period: July 1, 2017 to June 30, 2018

App ALEA Bridge

| UDGET<br>ATEGORIES              | Total State<br>Funds Requested<br>(a)   | Total Federal<br>Funds Requested<br>(b) | Total County<br>Funds Requested<br>(c)       | Total Private/Other<br>Funds Requested<br>(d) |
|---------------------------------|---|---|--|---|
| PERSONNEL COST                  |   |   |  |   |
| 1. Salaries                     | 48,750  |   | 52,000                                       | 275,000                                       |
|                                 |   |   |  | 27,000  |
| Fringe Benefits                 |   |   |  | 45,750  |
| TOTAL PERSONNEL COST            | 63,375  | 200,000                                 | 52,000                                       | 347,750                                       |
| OTHER CURRENT EXPENSES          |   |   |  |   |
| Airfare, Inter-Island           | NA  |   |  |   |
| 2. Insurance                    |   |   | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 3,350   |
| Lease/Rental of Equipment       |   |   |  | 18,625  |
|                                 |   |   | 12,000                                       | 17,250  |
|                                 |   |   |  | 6,000   |
|                                 | 6,500   |   |  | 19,200  |
|                                 |   |   |  | 5,400   |
|                                 |   |   |  | 3,600   |
|                                 |   |   |  | 192,000                                       |
|                                 |   |   |  | 24,000  |
|                                 |   |   |  | 5,400   |
|                                 |   |   |  | 17,400  |
|                                 |   |   |  | 15,525  |
|                                 |   |   | 22,000                                       | 15,000  |
|                                 |   |   |  | 9,313<br>5,000                                |
|                                 |   |   |  | 5,000   |
|                                 |   |   |  |   |
|                                 |   |   |  |   |
|                                 |   | ····                                    |  |   |
|                                 | 6,500   |   | 83,000                                       | 357,063                                       |
| EQUIPMENT PURCHASES             |   |   |  |   |
|                                 |   |   |  |   |
|                                 | 1 805 125   |   |  |   |
|                                 |   | 200 000                                 | 135,000                                      | 704,813                                       |
| TAL (A+D+C+D+E)                 | 1,875,000   |   | ·  | 704,013                                       |
| URCES OF FUNDING                |   | g                                       | -1.  |   |
| (a) Total State Funds Requested | 1,875,000   | "Phil" Augustus Acosta                  |  | (808) 391-3571                                |
|                                 | 200,000   | Name (Please type or p                  | rint)  | Phone   |
|                                 |   |   |  |   |
|                                 |   | Signature of Authorized                 | Official                                     | Date  |
| .,                              | ,   | Executive Director                      |  |   |
| TAL BUDGET                      | 2,914,813   | Name and Title (Please                  |  |   |
|                                 | PERSONNEL COST  1. Salaries  2. Payroll Taxes & Assessments  3. Fringe Benefits  TOTAL PERSONNEL COST  OTHER CURRENT EXPENSES  1. Airfare, Inter-Island  2. Insurance  3. Lease/Rental of Equipment  4. Lease/Rental of Space  5. Staff Training  6. Supplies (Office)  7. Telecommunication  8. Utilities  9. Client Stipends  10. IT  11. Program Supplies (Outreach)  12. Transportation  13. Professional Services  14. Community Engagement Events  15. R&M  16. Other equipment (landscaping)  17  18  19  20  TOTAL OTHER CURRENT EXPENSES  EQUIPMENT PURCHASES  MOTOR VEHICLE PURCHASES  CAPITAL  TAL (A+B+C+D+E)  URCES OF FUNDING | (a)                                     | PERSONNEL COST                               | Column  |

# **BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**

Period: July 1, 2017 to June 30, 2018

Applicant: ALEA Bridge

| POSITION TITLE                               | FULL TIME<br>EQUIVALENT | ANNUAL SALARY<br>A | % OF TIME ALLOCATED TO GRANT REQUEST B | TOTAL<br>STATE FUNDS<br>REQUESTED<br>(A x B) |
|--|-------------------------|--------------------|--|--|
| Project Manager                              | 0.25                    | \$78,000.00        | 25.00%                                 | \$ 19,500.00                                 |
| Accountant                                   | 0.25                    | \$78,000.00        | 25.00%                                 | \$ 19,500.00                                 |
| Grant Administrator                          | 0.25                    | \$58,500.00        | 25.00%                                 | \$ 14,625.00                                 |
| Office Administrator                         | 0.25                    | \$39,000.00        | 25.00%                                 | \$ 9,750.00                                  |
| Executive Director/Project Manager           | 0.25                    | \$78,000.00        | 0.00%                                  | \$ -   |
| Director of Operations/Facilities Manager    | 0.5                     | \$65,000.00        | 0.00%                                  | \$ -   |
| Special Projects Coordinator/Construction PM | 0.5                     | \$65,000.00        | 0.00%                                  | \$ -   |
| Office Administrator                         | 0.25                    | \$39,000.00        | 0.00%                                  | \$ -   |
|  |                         |                    |  | \$ -   |
|  |                         |                    |  | \$ -   |
| TOTAL:                                       |                         |                    |  | 63,375.00                                    |

# JUSTIFICATION/COMMENTS:

Line #8-11: AUW positions allocated to this project. Salaries based on estimates. Actual compensation may vary on current pay rate of personnel assigned Line #12-15: AB positions; salaries to be funded through other sources

# **BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES**

Period: July 1, 2017 to June 30, 2018

Applicant: ALEA Bridge

|    | DESCRIPTION<br>EQUIPMENT | NO. OF | COST PER | TOTAL<br>COST | TOTAL<br>BUDGETED |
|----|--------------------------|--------|----------|---------------|-------------------|
| NA |                          |        |          | \$ -          |                   |
|    |                          |        |          | \$ -          |                   |
|    |                          |        |          | \$ -          |                   |
|    |                          |        |          | \$ -          |                   |
|    |                          |        |          | \$ -          |                   |
|    | TOTAL                    |        |          |               |                   |

JUSTIFICATION/COMMENTS:

No purchase or lease of equipment through this GIA request

|    | DESCRIPTION      | NO. OF   | COST PER | TOTAL | TOTAL    |
|----|------------------|----------|----------|-------|----------|
|    | OF MOTOR VEHICLE | VEHICLES | VEHICLE  | COST  | BUDGETED |
| NA |                  |          |          | \$ -  |          |
|    |                  |          |          | \$ -  |          |
|    |                  |          |          | \$ -  |          |
|    |                  |          |          | \$ -  |          |
|    |                  |          |          | \$ -  |          |
|    | тот              | AL:      |          |       |          |

JUSTIFICATION/COMMENTS:

No purchase or lease of vehicles through this GIA request

# **BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2017 to June 30, 2018

Applicant: ALEA Bridge

|                           | FUNDI         | NG AMOUNT RI             | EQUESTED              |                                      |              |              |
|---------------------------|---------------|--------------------------|-----------------------|--------------------------------------|--------------|--------------|
| i                         |               | STATE FUNDS<br>REQUESTED | OF<br>FUNDS REQUESTED | FUNDING REQUIRED IN SUCCEEDING YEARS |              |              |
|                           | FY: 2015-2016 | FY: 2016-2017            | FY:2017-2018          | FY:2017-2018                         | FY:2018-2019 | FY:2019-2020 |
| PLANS                     | NA            | NA                       | 12500                 | 25000                                | 25000        | NA           |
| LAND/PROPERTY ACQUISITION | NA            | NA                       | 1600000               | 0                                    | 1200000      | NA           |
| DESIGN                    | NA            | NA                       | 12500                 | 25000                                | 50000        | NA           |
| CONSTRUCTION              | NA            | NA                       | 250000                | 250000                               | 500000       | NA           |
| EQUIPMENT                 | NA            | NA                       | 0                     | 0                                    | 100000       | NA           |
| TOTAL:                    | NA            | NA                       | 1,875,000             | 300,000                              | 1,875,000    | NA           |

JUSTIFICATION/COMMENTS:

Column E, FY2017-18: State GIA (CIP)

Column F, FY2017-18: City Planning Funds (CDBG); Weinberg Foundation

Column G, FY2018-19: City CIP

# **GOVERNMENT CONTRACTS AND / OR GRANTS**

Applicant: ALEA Bridge Contracts Total: 1,332,000

|    | CONTRACT DESCRIPTION                   | EFFECTIVE<br>DATES  | AGENCY   | GOVERNMENT E   | CONTRACT<br>VALUE  |
|----|--|---|--|--|--|
| 1  | State Homeless Outreach (Subcontract)* | 2/1/2017  | DHS/HPO  | State of Hawaii  | 430,000  |
| 2  | City GIA (Operations)*                 | 10/1/2017   | DCS  | C&C of Honolulu  | 125,000  |
| 3  | Housing*                               | 7/1/2017  | OHA  | State of Hawaii  | 265,000  |
| 4  | Income*                                | 7/1/2017  | OHA  | State of Hawaii  | 302,000  |
| 5  | City GIA (Special Events)*             | 7/1/2017  | OED  | C&C of Honolulu  | 10,000   |
| 6  | Staffing/Operations*                   | TBD   | VA   | US Dept. of the V  | 200,000  |
| 7  |  |   |  |  | r  |
| 8  |  | \$ 10.7 × 7.5 | A NA LINNS AND THE WAY TO A TATABUTANT AND REFER AND MINISTER AND MINI |  | PONTANIA (All Control of the Control |
| 9  | *Pending award                         | \$ 0000000000 Lancon Areas and an area and a construction of the control of the co | ***************************************  | **************************************   |  |
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| 29 |  |   | 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1  |  | V/V/V/V/V  |
| 30 |  |   |  |  |  |

# DECLARATION STATEMENT OF APPLICANTS FOR GRANTS PURSUANT TO CHAPTER 42F, HAWAI'I REVISED STATUTES

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103. Hawai'i Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

| ALEA Bridge                                |                    |
|--|--------------------|
| (Typed Name of Individual or Organization) |                    |
|  |                    |
|  | 1/20/17            |
| (Signature)                                | (Date)             |
|  |                    |
| "Phil" Augustus Acosta,                    | Executive Director |
| (Typed Name)                               | (Title)            |
|  |                    |

Appendix A – Operations

Appendix B – Letters & Testimonials of Support

Appendix C – Community Assessment Results

Appendix D - Program Budget & Funding

Appendix E – Draft Project Framework & Facilities Plan

Appendix F – Project Metrics

Appendix G – Social Enterprise Framework

Appendix H – Wahiawa Homeless Alliance

Appendix I – ALEA Bridge Financial Statements

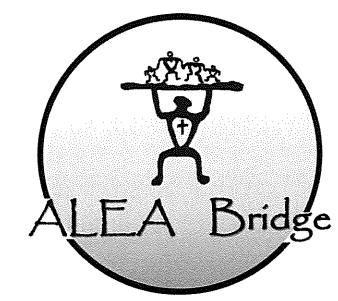
Appendix J – Current Program Outcomes

Appendix K – Letter of Intent to Purchase

Appendix L – Other Documents (COGS, CVC, IRS)

# APPENDIX A OPERATIONS

# ALEA Bridge Operations Manual



Hope \* Purpose \* Success

# ALEA Bridge Operations Manual

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#### Mission and Vision

ALEA Bridge (AB) s a non-profit organization whose mission is to serve as the bridge that connects those in need to the resources and assistance necessary to rebuild a life of Hope, Purpose and Success. AB is committed to community outreach and revitalization, with a focus on the homelessness issues plaguing the severely underserved communities of Central Oahu.

# **Target Population**

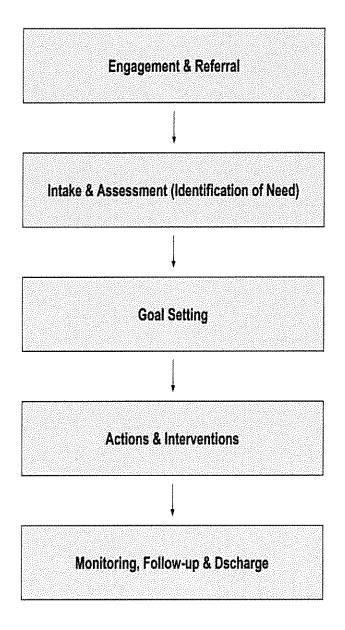
The organization takes a grassroots approach to addressing the issues of homelessness and assisting Hawaii's currently homeless individuals, along with at-risk youths, families, seniors, and veterans.

## System Overview and Workflow

To illustrate how AB functions, the following overview provides a brief description of the path a client would follow from an initial contact through outreach or referral to permanent housing placement.

- Step 1: Engagement and Referral To ensure accessibility to clients in need, AB provides access to services from regularly scheduled outreaches and service fairs at local food banks conveniently located within the Central Oahu area. Clients may also initiate a request for services directly through phone, AB website and email. Referrals from other service providers and the Honolulu Police Department are also a common avenue to connect with AB.
- Step 2: Intake and Assessment The client's housing, health and other support service needs, and review of existing community service links are indentified. The assessment is completed using the AB intake forms and Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). The assessment is transferred to and generated in the Homeless Management Information System (HMIS) for all clients identified as a match for Permanent Supportive Housing.

- Step 3: Goal Setting and Personal Service Planning This includes working collaboratively with the client to explore available options and develop a strategy to support the client to meet these needs and to achieve desired goals. Personal service planning is client-centered and highlights the client's strengths not weaknesses.
- Step 4: Actions and Interventions An agreement between the client and AB will be made on the actions that will be taken by the client and pursued by the AB service provider. These actions are to respond directly to the client's goals and aspirations. Interventions are further explained in the Program Activities portion of this manual.
- Step 5: Monitoring, Follow-up and Discharge Regular review of the Personal Service Plan with the client will take place to identify progress on goal areas. Follow-up continues with new or revised goals and actions identified over time or discharge of the client if goals are met or if the client declines further services through AB.



## **Program Activities**

# 1. Housing First (HF) Approach and Housing-Focused Case Management

- The goals of the HF approach are to help homeless individuals and families access permanent housing as rapidly as possible by assisting with quickly locating and accessing housing options and connecting them to services and supports that will support housing stabilization. This includes but is not limited to:
  - > Developing personal housing plans
  - Obtaining needed documents for the housing application process
  - > Obtaining income through public benefits and employment
  - ➤ Identifying and locating suitable housing options and providing support through the housing location and access processes
  - Connecting to community services and supports to promote stability and prevent returns to homelessness
- AB will complete an initial assessment and Personal Service Plan including a housing plan within 30 days of engagement, update the assessment and plan at least every month, ensure that goals are client-centered, specific and measurable. Plans indicate who is responsible for indicated action steps and when those action steps will occur and must outline steps to secure permanent housing as quickly as possible and address barriers to accessing housing and achieving housing stability.
- AB will attempt to provide case management services to all clients at least 2 times per month (including at least one face-to-face contact). Case management services shall be flexible in response to client needs and preferences offering a menu of meeting times, locations and services.
- Case notes must document contact attempts, services provided, including activities aimed at assisting clients to meet their personal and housing plan goals,

and efforts to help clients to establish linkages to other service providers, community resources, and support from friends and family.

- AB shall collect, maintain, and update records of available mainstream and community resources for program participants. This includes community resources that can reduce burdens on income including employment opportunities, food banks, thrift stores, low income utility programs, and others.
- AB shall provide and/or assist clients to connect to services to address health, mental health, addiction, and legal needs
- AB shall assist clients to connect to appropriate on-going services in advance of planned discharges. This includes, as necessary, providing a warm handoff to other service providers.
- AB shall maintain a discharge summary that includes reason for discharge, location of new residence, an assessment of ongoing service needs, and identification of service providers to whom referrals were provided.
- AB shall make at least monthly attempts to contact discharged clients to assess on-going service needs and connect them to appropriate services as necessary for at least three months post discharge and a follow-up contact upon 6-months after discharge.

# 2. Low Barrier to Entry

• AB will not require abstinence from substances, completion of or compliance with treatment, or participation in services nor reject applicants based on credit, rental history, criminal history, or other factors that might indicate a lack of "housing readiness." AB shall consider criminal history and other factors on a case- by- case basis as necessary to ensure the safety of clients and staff.

# 3. Community Integration and Recovery

AB will provide services that are recovery-based and designed to help clients to gain control of their own lives, define their personal values, preferences, visions for the future, establish meaningful individual short and long-term goals, and build hope.

# 4. Personal Service Planning

ALEA Bridge's (AB) outreach service providers are often the first point of contact for homeless or at-risk individuals in Central Oahu and surrounding areas. They respond to the immediate needs of the homeless, addressing food, shelter and security. At the same time, AB outreach service providers are part of the housing and services continuum in which their function is to act as a bridge to stable housing and support services such as health care, addictions treatment, or employment programs. Personal service planning allows AB to identify and help prioritize clients' needs and the support services and linkages that would be most beneficial for them.

# Personal service planning includes:

- Assessing an individual's current situation, needs and goals
- Exploring available options and developing a strategy to support an individual to meet these needs and to achieve desired goals
- Referrals to appropriate services or resources such as medical services, mental health services, alcohol and drug treatment services, employment programs and life skills training
- Assistance and referral for obtaining appropriate housing
- Assistance in accessing income assistance, pension benefits, disability benefits,
   obtaining an identification card and/or a bank account
- Advocacy and legal services support
- Linkages and referrals to support services

Personal service planning allows AB outreach service providers to have an early opportunity to assist clients to plan for positive steps forward. It is a tool to facilitate the client's progress toward greater independence and reintegration into the community. In many ways, it is an empowering activity that enables clients to see and pursue opportunities that help them to achieve their goals.

AB strives to create effective personal service plans that produce success by:

- Building effective relationships based on respect and trust
- Being client-centered
- Working with clients' strengths
- Working collaboratively with the client
- Using available community resources and services.

Goals that will be addressed during personal service planning include:

- Safety and harm reduction Addressing ongoing safety issues where the client is potentially at-risk or there is the risk of possible harm to others
- Housing Finding appropriate housing, addressing barriers and putting in place
   necessary supports to allow people to maintain their housing
- Health and hygiene How well clients look after themselves taking care of
  physical health, dealing with acute and chronic health issues, dental care,
  medication management, keeping clean, dealing with stress, and knowing how to
  keep feeling well
- Mental health management Managing symptoms, addressing medication issues and building a satisfying and meaningful life, which is not limited by the client's mental health issues
- Addiction issues Managing and addressing addictive behaviors, such as drug or alcohol misuse, or other addictions, such as gambling
- Social, spiritual and cultural connections Developing or reconnecting to positive relationships in the client's life
- Financial, legal and identification Working to resolve issues related to a client's source of income, obtaining identification and addressing other legal matters

- Life skills Being able to live more independently, or look after dependents —
   access to food resources or clothing, shopping and cooking, parenting skills,
   housekeeping, and managing money
- Training and employment Considering opportunities for personal capacity building through education, training, employment or volunteer work

# 5. Outreach and Engagement Services

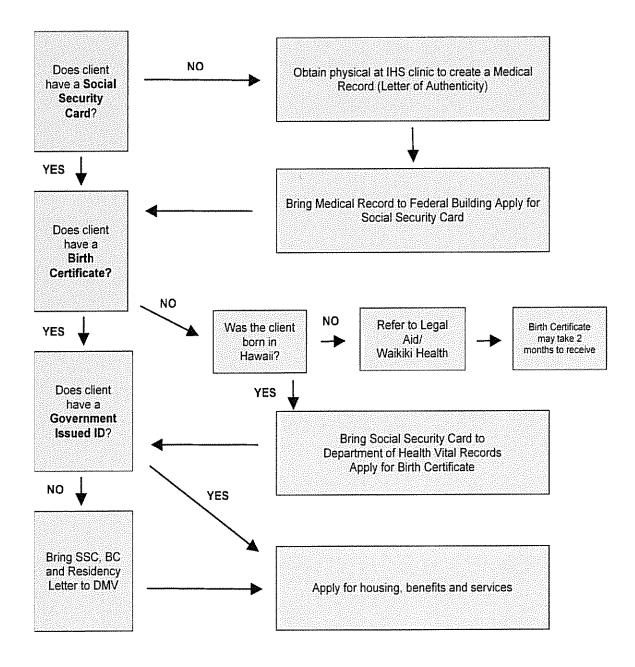
- AB shall establish a thorough process to identify patterns of unsheltered homelessness in the community and coordinate regularly with other service providers, community resources, and homeless and formerly homeless people to identify unsheltered homeless people.
- AB shall use a comprehensive canvassing strategy conducted at times and in locations sufficient to identify unsheltered homeless people throughout the assigned geographic area.
- AB shall complete a VI-SPDAT on each homeless individual and/or Family
  encountered. AB shall enter the VI-SPDAT into HMIS and assist in maintaining a
  current by-name list that includes all sheltered and unsheltered homeless people.

# 6. Legal Services

 AB shall provide legal and financial assistance to obtain to the following vital documents: Birth Certificate, Marriage Certificate, and/or Death Certificate, Social Security Card, and State Identification

(see Document Workflow)

# Documents Workflow



#### 7. Coordination of Services

AB will demonstrate the capability to coordinate services and resources with other agencies in the community and participate in their local Continuum of Care (CoC), and Point-In-Time Count, assist in maintaining a current by-name list that includes all sheltered and unsheltered by their CoC and comply with all CoC written standards, policies, and procedures.

# 8. Personnel and Training

- AB shall ensure that staff, volunteers, and contracted personnel meet the education, work experience, and training qualifications necessary to provide the contracted service activities.
- AB shall submit and implement a training plan for staff and contracted personnel who have direct contact with clients.
  - > Agency orientation, including, but is not limited to, policy and procedures addressing:
    - Screening
    - Intake and assessment
    - Service planning
    - Discharge planning
    - Documentation requirements
    - Confidentiality and ethics
    - Disaster preparedness
  - Community resources
  - Supports and services
  - ➤ Homeless Management Information System (HMS)
  - > Trauma-informed care

# 9. Data & Continuous Quality Improvement

- AB shall collect and enter all required client level data using the HMIS. Data entry should be completed within 72 hours of activity or service.
- AB shall track and report outcome data at least quarterly and use that data to provide continuous quality improvement efforts aimed at strengthening outcomes.



# **Outreach Contact/Encounter Form**

| Last Name*   | First Name*                    |                                 |  |  |
|--|--------------------------------|---------------------------------|--|--|
| Encounter Date*  | Alias                          |                                 |  |  |
| Project (Program)*   |                                |                                 |  |  |
| Case Worker  |                                |                                 |  |  |
| Service Type: (Self Populates in HMIS)   |                                |                                 |  |  |
| <ul> <li>Use this form for recording services and referrals</li> <li>Use Outreach Entry/Assessment form for new clie of homelessness, etc.)</li> </ul> |                                |                                 |  |  |
| <b>Location Type*</b> □ Place Not Meant for Habitation □ S   | ervice Setting, Non-Residentia | al Service Setting, Residential |  |  |
| PIT Region   |                                |                                 |  |  |
| ☐ Oahu - Region 1: Downtown Honolulu: Salt Lake  | o Piikoi Street 🔲 Kaua         | ai - Region 2: South            |  |  |
| ☐ Oahu – Region 2: East Honolulu: Piikoi Street to F   | awaii Kai, 🔲 Kaua              | ai - Region 3: South Central    |  |  |
| including Waikiki  | ☐ Kaua                         | ni - Region 4: East             |  |  |
| ☐ Oahu – Region 3: Ewa: Aiea to Kapolei  | ☐ Kaua                         | ni - Region 5: North            |  |  |
| ☐ Oahu – Region 4: Kaneohe to Waimanalo  | ☐ Haw                          | aii - Region 1: Kohala          |  |  |
| ☐ Oahu – Region 5: Wahiawa to North Shore  |                                | ☐ Hawaii - Region 2: Honokaa    |  |  |
| ☐ Oahu – Region 6: Upper Windward: Kahaluu to Ka   | huku 🗆 Haw                     | aii - Region 3: Laupahoehoe     |  |  |
| ☐ Oahu – Region 7: Waianae Coast   |                                | aii - Region 4: Hilo            |  |  |
| ☐ Maui – Region 1: Central Maui  |                                | ☐ Hawaii - Region 5: Waiakea    |  |  |
| ☐ Maui – Region 2: Lower Waiehu  |                                | ☐ Hawaii - Region 6: Keaau      |  |  |
| ☐ Maui – Region 3: Up Country  |                                | aii - Region 7: Pahoa           |  |  |
| ☐ Maui – Region 4: Lahaina   |                                | aii - Region 8: Kau             |  |  |
| ☐ Maui – Region 5: Kihei   |                                | aii - Region 9: Konawaena       |  |  |
| ☐ Maui – Region 6: Hana  | ☐ Haw                          | aii - Region 10: Kealakehe      |  |  |
| ☐ Kauai - Region 1: West   |                                |                                 |  |  |
| Location of Encounter*   |                                | мо                              |  |  |
| Where did you sleep last night?*   |                                | ***                             |  |  |
| Encounter Zip Code*  |                                | 1444                            |  |  |
| Milestones/Outcomes Achieved During this Encounter   |                                |                                 |  |  |
| ☐ Attended psychiatric appointment(s)  | ☐ Entered vocational tra       | aining program                  |  |  |
| ☐ Began case management services ☐ Establish   |                                | I                               |  |  |
| ☐ Began domestic violence services   | ☐ Moved into emergend          | ey housing                      |  |  |
| ☐ Began medications for mental illness   | ☐ Moved into permaner          | <del>-</del>                    |  |  |
| ☐ Benefits: Obtained GA/TANF   | ☐ Moved into permaner          |                                 |  |  |
| ☐ Benefits: Obtained medical insurance   | ☐ Moved into transition        | -                               |  |  |
| ☐ Benefits: Obtained SNAP (Food Stamps)  | ☐ Obtained employmen           |                                 |  |  |
| ☐ Birth certificate/ID obtained  | ☐ Other:                       |                                 |  |  |
| ☐ Entered detox/substance abuse treatment  |                                |                                 |  |  |

Notes:



#### Services and Referrals Provided During Contact/Encounter **SERVICES** ☐ Phone □ Other ☐ Face-To-Face ☐ Internet A. Services Provided ☐ Primary healthcare services ☐ Food/meal provided ☐ Benefits application assistance ☐ Representative payee ☐ Budgeting assistance ☐ Housing placement assistance ☐ Translation services ☐ Hygiene supplies ☐ Client Advocacy ☐ Transportation ☐ Crisis management services ☐ ID assistance given ☐ Mail pick-up Service ☐ Other: ☐ Employment assistance ☐ Phone ☐ Other ☐ Face-To-Face □ Internet **B.** Counseling Services Provided: ☐ Family counseling ☐ Shelter/housing counseling ☐ Crisis intervention counseling ☐ Substance use treatment - service ☐ Domestic violence counseling ☐ Health education/life-style ☐ Employment/vocational counseling ☐ Mental health services ☐ Other: REFERRALS C. Health Referrals: ☐ Family planning ☐ Substance use treatment ☐ Acute/urgent care ☐ TB screening ☐ HIV/Hepatitis support ☐ AMHD eligibility screening ☐ Mental health professional ☐ Other: ☐ Crisis intervention ☐ Primary health services ☐ Dental/vision D. Social Services Referrals: ☐ GA/TANF benefits ☐ Social security card ☐ Clothing ☐ Social security disability (SSDI) ☐ Education/Vocational training ☐ ID assistance ☐ Transitional shelter ☐ Legal ☐ Emergency shelter ☐ Transportation/bus pass ☐ Medical benefits/insurance ☐ Employment ☐ Veterans assistance ☐ Permanent housing ☐ Food/meal

Notes:

☐ Other:



| Agency:  |   |   | Project Entry Date:   |  |   |  |
|--|---|---|---|--|---|--|
| Project:   |   |   | Case Worker:  |  |   |  |
| Hawaii HMIS  | Add New Clien                             | t: Identifying  |   |  |   |  |
| Name Quality*:   | ☐ Full name                               | ☐ Partial, street/code nam  | e 🗆 Client doesn  |  | <ul><li>☐ Client refused</li><li>☐ Data Not Collected</li></ul>   |  |
| First Name*:   |   |   | Last Name*:_  |  |   |  |
| Middle Name:_  |   |   | Suffix  | ······································ | Deceased Date   |  |
| Birth Date*:   |   | ☐ Full DOB ☐ Partial (MM/YY) ☐ C  |   |  | tefused or Collected Age:   |  |
| Social Security#   | *•  | ☐ Full ☐ Client   | ☐ Partial Doesn't Know  | ☐ Client R ☐ Data No                   | tefused<br>ot Collected   |  |
| Gender*  |   | ransgender Male to Female ransgender Female to Male   | ☐ Client Doesn't id<br>female or transgend<br>☐ Client Doesn't K        | ered                                   |   |  |
| Citizenship<br>Status  | ☐ U.S. Citizen☐ Eligible Non-Citize       | Citizen or Swains Islan   | Non-Citizen   |  | Refused   |  |
| Primary<br>Language*   | ☐ Chuukese ☐ English ☐ Ilocano ☐ Japanese | <ul><li>☐ Korean</li><li>☐ Marshallese</li><li>☐ Spanish</li><li>☐ Tagalog</li><li>☐ Vietnamese</li></ul> | If Non-US Citizen  □ Chuuk-Micro □ Kosrae-Micro □ Marshall Isla □ Palau | onesia<br>onesia                       | <ul> <li>□ Pohnpei-Micronesia</li> <li>□ Yap-Micronesia</li> <li>□ Client Doesn't Know</li> <li>□ Client Refused</li> <li>□ Data Not Collected</li> </ul> |  |
| Relations to<br>HOH*   |   | ☐ Other Relative ☐ Other Non-Relative ☐ Unknown   | Veteran Sta<br>□ No<br>□Yes   |  | ☐ Client Doesn't Know☐ Client Refused☐ Data Not Collected☐  |  |
| Race* (Multiple may be Selected)  ☐ American Indian or Alaska Native ☐ White ☐ Asian ☐ Client D.K. ☐ Black/African American ☐ Refused ☐ Native Hawaiian/Other Pacific ☐ Not collected Islander |   | □ Non-Hispanic or Latino □ Hispanic or Latino □ Client Refu   |   |  |   |  |
| If Asian Chose  ☐ Asian Ind ☐ Chinese/T  | ian □ Ja                                  | lipino ☐ Vietnamese panese ☐ Other Asian orean  |   |  |   |  |
| If Native Hawa  ☐ Hawaiian  ☐ Guamanian/   | □м  | arshallese ☐ Samoan<br>Cicronesian ☐ Other Pacif  | ☐ Tongan<br>ic Islander   |  |   |  |



| Hawaii HMIS Add New Client  | t: Identifying (Continued  | <b>d</b> )  |   |
|---|--|---|---|
| What race do you identify with me  ☐ American India/Alaskan Native ☐ Asian Indian ☐ Black/African American ☐ Chinese/Taiwanese ☐ Filipino   | ost?*  ☐ Guamanian/Chamorro ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Marshallese   | <ul> <li>☐ Micronesian</li> <li>☐ Other Pacific Islander</li> <li>☐ Other Asian</li> <li>☐ Portuguese</li> <li>☐ Samoan</li> </ul>  | ☐ Tongan ☐ Vietnamese ☐ White ☐ Client doesn't know ☐ Client refused ☐ Data not collected               |
| Contact Information   |  |   |   |
| Address*:   |  |   |   |
| Zip Code*:  |  | Apt. Number:  |   |
| City:   |  |   |   |
| Country*:   |  | ···   |   |
| Cell Phone:   |  |   |   |
| □ Primary □ Secondary   |  | ☐ Primary ☐   | ☐ Secondary ☐ Tertiary  |
| Email Address:  |  | Work Phone:   |   |
| Confirm Email Address:  |  | □ Primary □   | ] Secondary □ Tertiary  |
| Other Information - CONSEN  Was Consent given to share data?  Date of Consent:  Add Family Member   | :□Yes□No   |   |   |
| If more than one adult in househ  | old, complete additional adul  | t entry form; if child, complete  | child form  |
| Hawaii Enrollment Add/Edit  |  |   |   |
| Enrollment Entry Date*:   |  |   |   |
| Program*:   |  |   | Name of Outreach Program)   |
| Case Manager:   | I  | Provider*:  |   |
| <b>Question: Type of Encounter</b>  |  |   |   |
| ☐ Initial Client Engagement  case plan — In HMIS, this op  • Continue to pages 3-6 to co  • After completing pages 3-  ☐ Client Engaged (Update to  • Continue to pages 3-6 to co | Form to record services and re<br>(initial interactive client relationallows you to complete collect all data for new client of the counter Form an assessment/intake)  Industry or complete client information in the counter form assessment into the counter information in the counter in t | eferrals provided during outrea<br>tionship results in a deliberate<br>an entry assessment or to view<br>enrolled in program<br>orm to record services and refe<br>rmation for an HMIS during a | ch client assessment or beginning /edit the entry assessment) rrals provided during outreach. ssessment |
| <ul> <li>After completing pages 3-</li> </ul>   | 6, go to Contact/Encounter Fo  | orm to record services and refe   | rrals provided during outreach.   |



| <b>HUD Universal Data</b>  |   |                 | and the second seco |            |   |  |
|--|---|-----------------|--|------------|---|--|
| Client location*(provide   | r) (Self Populates in HM  | MIS)            | Contin   | uum of     | Care Code: Self F                                       | Populates in HMIS)   |
| Disabling Condition*   | □ No □ Yes □  | ☐ Client doesn' | t know   | □ Clie     | nt refused 🛚 Dat  | ta not collected   |
| LIVING SITUATION   |   |                 |  |            |   |  |
| Type of Residence*   |   |                 |  |            |   |  |
| HOMELESS SITUATION   |   |                 |  |            | ent, with ongoing h                                     |  |
| emergency shelter voi  | cluding hotel or motel pa<br>icher<br>ibitation - unsheltered, li |                 | as: a  | CoC pro    |   | homeless persons (such<br>programs; or HOPWA PH)<br>sing subsidy |
| street, beach, park, et  | c.  |                 |  |            |   | ing housing subsidy  |
| ☐ Safe Haven ☐ Interim Housing   |   |                 | ☐ Stayi:<br>hous   |            | ing in a family men                                     | nber's room, apartment or  |
| INSTITUATIONAL SITUA  ☐ Foster care home or fo  ☐ Hospital or residentia       |   | ychiatric)      | ☐ Trans  | -          | ousing for homeles                                      | om, apartment or house<br>is persons (including                  |
| ☐ Jail, prison or juvenile   | detention facility  | -               | □ Renta  | al by clie | nt, with VASH sub                                       | sidy   |
| ☐ Long-term care facilit☐ Psychiatric hospital o                               |   |                 |  | lential pr | nt, with GPD TIP s<br>oject or halfway ho               | subsidy<br>ouse with no homeless                                 |
| TRANSITIONAL AND PE  | •   |                 | □ Clien  | t doesn't  | know  |  |
| ☐ Hotel or motel paid for  | or without emergency she  | lter voucher    | □ Clien  | t refused  | l   |  |
| ☐ Owned by client, no c  | = -   |                 | □ Data   | not colle  | cted  |  |
| Length of Stay in the Pri  | or Living Situation*  |                 |  |            |   |  |
| ☐ One night or less  |   | ☐ One year or   | ·longer  |            |   |  |
| ☐ Two to six nights  |   | ☐ Client does   | n't know   |            |   |  |
| ☐ One week or more, b  | at less than one month  | ☐ Client refus  | ed   |            |   |  |
| ☐ One month or more, I   | out less than 90 days   | ☐ Data not co   | llected  |            |   |  |
| ☐ 90 days or more, but   | less than one year  |                 |  |            |   |  |
| Approximate date homel   | essness started*  |                 |  |            |   |  |
| (Regardless of where th<br>Number of times the cli<br>ES, or SH in the past th | ent has been on the str   |                 | or SH in t   | he past    | months homeless<br>three years*<br>(This is the 1st mor | on the streets, in ES,   |
| □ Never in 3 years   | ☐ Four or more times  | <b>4</b>        | □ 2  | □ 6        | □ 10  | ,  |
| ☐ One time   | ☐ Client doesn't know   | V               | □ 3  | <b>7</b>   |   | ☐ Client doesn't know  |
| ☐ Two times  | ☐ Client refused  |                 | □ 4  | □ 8        | □ 12  | ☐ Client refused   |
| ☐ Three times  | ☐ Data not collected  |                 | □ 5  | □ 9        | ☐ More than 12  | ☐ Data not collected   |
| Chronically Homeless (Self-Populates in  | HMIS when client meet   | ts HUD's criter | ia for <b>disal</b>  | vility sta | tus and length of i                                     | homelessness)  |

See Hawaii HMIS website and supplemental training material for more information about the definition of chronic homelessness and how to determine length of homelessness.



| HUD Program Data   |   |
|--|---|
| Housing Status*  □ Category 1: Homeless □ Category 2: At imminent risk of losing housing □ Category 3: Homeless only under other federal statute □ Category 4: Fleeing domestic violence   | ☐ At-risk of homelessness ☐ Stably housed ☐ Client doesn't know ☐ Client refused ☐ Data not collected   |
| Domestic violence - Domestic violence victim/survivor*   |   |
| □ No □ Yes □ Client doesn't know  Domestic violence victim/survivor — If yes, when exp □ Within the past three months □ Three to six months (excluding six months exactly) □ From six months to one year (excluding one year exact □ One year ago or more  Are your currently fleeing?* □ No □ Yes □ Client doesn't know | ☐ Client Refused ☐ Data not collected  perience occurred* ☐ Client doesn't know ☐ Client refused  |
|  |   |
| Non-Cash Benefits from Any Sources*(Received non-cash  □ No □ Yes □ Client doesn't know  If yes, please mark all that are applicable: □ SNAP (Food Stamps) □ WIC-Nutrition for Women, Infants, Children □ Other source: □ Other TANF-Funded Services   | h benefits in the past 30 days; expect to receive them again next month?  ☐ Client Refused ☐ Data not collected  ☐ Section 8, Public Housing, Other Ongoing Rental Assistance ☐ TANF Child Care Services ☐ TANF Transportation Services ☐ Temporary Rental Assistance |
| Health Insurance* Are you covered by health insurance?   |   |
| □ No □ Yes □ Client doesn't know   | ☐ Client Refused ☐ Data not collected   |
| Disabling Condition  |   |
| Substance Abuse* (If "NO" selected, skip to Mental I   | Health)   |
| □ No □ Alcohol Abuse   | ☐ Drug Abuse  |
| ☐ Both Alcohol and Drug Abuse ☐ Client doesn't kr  | now ☐ Client Refused ☐ Data not collected   |
| a) Expected to be of long-continued and indefinite de ☐No ☐Yes ☐ Client doesn't kr   | uration and substantially impairs ability to live independently?  now □ Client Refused □ Data not collected   |
| b) Documentation of the disability and severity on F   | ile: □ No □Yes  |
| c) Currently receiving services/treatment for this co  □No □Yes □ Client doesn't kr  | now ☐ Client Refused ☐ Data not collected   |
| Mental Health Problem* (If "NO" selected, skip to D  □No □Yes □ Client doesn't kr  |   |
|  | uration and substantially impairs ability to live independently?  |
| □No □Yes □ Client doesn't kr   |   |
| b) Documentation of the disability and severity on F   |   |
| c) Currently receiving services/treatment for this co  |   |
| □No □Yes □ Client doesn't kr   |   |
| Developmental Disability* (If "NO" selected, skip to   |   |
| □No □Yes □ Client doesn't kr   |   |
|  | uration and substantially impairs ability to live independently?  |
| □No □Yes □ Client doesn't kr   |   |
| b) Documentation of the disability and severity on F   |   |
| c) Currently receiving services/treatment for this co  □No □Yes □ Client doesn't kr  |   |
|  |   |



Hawaii HMIS
Serving Honolulu, Maui, Kauai and Hawaii Counties

### **OUTREACH – Adult Entry / Assessment Form**

| HUD | Program | Data - | (Con | tinued) |
|-----|---------|--------|------|---------|
|-----|---------|--------|------|---------|

| Chronic Health Condit  | ion* (If "NO" selected, skip to HIV  | V / AIDS)  |  |
|--|--|--|--|
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| a) Expected to be of lo  | ong-continued and indefinite durati  | ion and substantially imp  | pairs ability to live independently?   |
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| b) Documentation of t  | he disability and severity on File:  | □ No □Yes  |  |
| c) Currently receiving   | services/treatment for this conditi  | on?  |  |
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| HIV / AIDS* (If "NO":  | selected, skip to Physical Disability  | )  |  |
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| a) Expected to be of lo  | ng-continued and indefinite durati   | ion and substantially imp  |  |
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| b) Documentation of t  | he disability and severity on File:  | □ No □Yes  |  |
| c) Currently receiving   | services/treatment for this conditi  | on?  |  |
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| Physical Disability* (If   | "NO" selected, skip to Health Insur  | rance Assessment)  |  |
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| a) Expected to be of lo  | ng-continued and indefinite durati   | on and substantially imp   | pairs ability to live independently?   |
| □No □Yes   | ☐ Client doesn't know  | ☐ Client Refused   | ☐ Data not collected   |
| b) Documentation of t  | he disability and severity on File:  | □No □Yes   |  |
| c) Currently receiving   | services/treatment for this conditi  | on?  |  |
|  | ☐ Client doesn't know  |  | ☐ Data not collected   |
| □No □Yes   | Li Cheff doesn't know  | ☐ Client Refused   | El Data not conected   |
| Health Insurance Assess  | sment (if yes to health insurand   | ce)  |  |
| Health Insurance Assess  | sment (if yes to health insurand   | ce)<br>Jealth Insurance through C  | Cobra  |
| Health Insurance Assess  ☐ Medicaid ☐ Medicare   | sment (if yes to health insurand<br>□ H<br>□ S   | ce)  Mealth Insurance through Coltate Health Insurance for A   | Cobra  |
| Health Insurance Assess  ☐ Medicaid ☐ Medicare ☐ State Children's H  | sment (if yes to health insurance ☐ H ☐ S Gealth Insurance ☐ P   | ce)  Mealth Insurance through Contact Health Insurance for Aniversity in the contact in the cont | Cobra<br>Adults  |
| Health Insurance Assess  ☐ Medicaid ☐ Medicare ☐ State Children's H ☐ VA-Veteran's Adu   | sment (if yes to health insurant   | ce)  Jealth Insurance through Contact Health Insurance for Andrew Insurance  Trivate Insurance  Trivate Health Services Programment  | Cobra<br>Adults  |
| Health Insurance Assess  ☐ Medicaid ☐ Medicare ☐ State Children's H  | sment (if yes to health insurant   | ce)  Mealth Insurance through Contact Health Insurance for Aniversity in the contact in the cont | Cobra<br>Adults  |
| Health Insurance Assess  ☐ Medicaid ☐ Medicare ☐ State Children's H ☐ VA-Veteran's Adm   | sment (if yes to health insurance  | ce)  Jealth Insurance through Contact Health Insurance for Andrew Insurance  Trivate Insurance  Trivate Health Services Programment  | Cobra<br>Adults  |
| Health Insurance Assess  ☐ Medicaid ☐ Medicare ☐ State Children's H ☐ VA-Veteran's Adn ☐ Employer-Provide  | sment (if yes to health insurance  | ce)  Jealth Insurance through Contact Health Insurance for Andrew Insurance  Jean Health Services Programmer  Jean Health Services P | Cobra<br>Adults  |
| Health Insurance Assess  Medicaid  Medicare  State Children's H  VA-Veteran's Adn Employer-Provide  HUD Financial Assessm  | sment (if yes to health insurance  | tee)  Health Insurance through Contact Health Insurance for Andrew Insurance and Insurance Programmer Insurance Programmer Insurance Ins | Cobra<br>Adults<br>gram<br>I Maui 🛘 Oahu   |
| Health Insurance Assess  Medicaid Medicare State Children's H VA-Veteran's Add Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*   | sment (if yes to health insurance  | dealth Insurance through Contact Health Insurance for Antivate Insurance andian Health Services Programmer  The Kauai Contact Know Client Research   | Cobra<br>Adults<br>gram<br>I Maui 🛘 Oahu   |
| Health Insurance Assess  Medicaid Medicare State Children's H VA-Veteran's Add Employer-Provide  HUD Financial Assessm  Area Median Income* Income from Any Source* Please check all resource  | sment (if yes to health insurance  | Tealth Insurance through Contact Health Insurance through Contact Health Insurance for Antivate Insurance and Insurance Progression of the Insurance Insuran | Cobra Adults gram  |
| Health Insurance Assess  Medicaid  Medicare  State Children's H  VA-Veteran's Adn Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*  Please check all resource Income Type   | sment (if yes to health insurance  | Tealth Insurance through Contact Health Insurance through Contact Health Insurance for Arrivate Insurance and Insurance Progression of the Insurance Insuran | Cobra Adults  gram   |
| Health Insurance Assess  Medicaid Medicare State Children's H VA-Veteran's Add Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*  Please check all resource Income Type Unemployment   | sment (if yes to health insurance  ealth Insurance  ministration Medical Services  d Health Insurance  US 2012  Big Islan  US 2012  Big Islan  No Yes  Client does  es and enter the amount per MONT  Amount  \$   | Tealth Insurance through Contate Health Insurance for Antivate Insurance andian Health Services Programmer Industrial Contact Contact Insurance Industrial Contact Insurance Industrial Contact Income Type  Retirement from Social  | Cobra Adults  gram  Description:  Amount Security:  Sec |
| Health Insurance Assess  Medicaid  Medicare  State Children's H  VA-Veteran's Adn Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*  Please check all resource Income Type Unemployment Earned Income (emplo   | sment (if yes to health insurance  | dealth Insurance through Contate Health Insurance for Arrivate Insurance andian Health Services Programmer    Manager     | Cobra Adults  gram   |
| Health Insurance Assess  Medicaid Medicare State Children's H VA-Veteran's Add Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*  Please check all resource Income Type Unemployment   | sment (if yes to health insurance  | dealth Insurance through Contact Health Insurance for An invate Insurance andian Health Services Programmer Income Type  Retirement from Social VA Non-Service Disable Pension or Retirement   | Cobra Adults  gram  Dahu  Gused Data not collected  Amount  I Security:  Spility Pension  Security:  Security: |
| Health Insurance Assess  ☐ Medicaid ☐ Medicare ☐ State Children's H ☐ VA-Veteran's Adr ☐ Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*  Please check all resource Income Type ☐ Unemployment ☐ Earned Income (emplo ☐ SSI: ☐ SSDI:                                       | sment (if yes to health insurance  ealth Insurance  ministration Medical Services  d Health Insurance  US 2012  Big Islan  No Yes Client does  s and enter the amount per MONT  Amount  S  yment):  \$ \$ \$ \$ \$ \$  | Itale Health Insurance through Contact Health Insurance for Arrivate Insurance andian Health Services Programmed    Ind  | Cobra Adults  gram  Gram  Gram  Gram  Data not collected  Amount  Security:  Solity Pension  Income (job):  S  |
| Health Insurance Assess  Medicaid  Medicare  State Children's H  VA-Veteran's Adn Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*  Please check all resource Income Type Unemployment Earned Income (emplo SSI: SSDI: SSDI: VA Service Disability Private Disability Insur | sment (if yes to health insurance  ealth Insurance  ministration Medical Services d Health Insurance  DUS 2012 Dig Islan  US 2012 Dig Islan  No Yes Client does sand enter the amount per MONT  Amount  S  yment):  \$ \$ \$ Compensation: \$ \$ Compensation: \$ \$ \$ Compensation: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | dealth Insurance through Contate Health Insurance for Anivate Insurance andian Health Services Prograther  Manager Man | Cobra Adults  gram  Dahu  Gused Data not collected  Amount  Security:  Solity Pension Income (job):  Susal Support:  |
| Health Insurance Assess  Medicaid Medicare State Children's H VA-Veteran's Add Employer-Provide  HUD Financial Assessm  Area Median Income*  Income from Any Source*  Please check all resource Income Type Unemployment Earned Income (emplo SSI: SSDI: VA Service Disability Private Disability Insur          | sment (if yes to health insurance  ealth Insurance  ministration Medical Services  d Health Insurance  D US 2012  Big Islan  No Yes Client does  s and enter the amount per MONT  Amount  \$  yment):  \$  \$  Compensation: \$  \$  Compensation: \$  \$  \$  \$  \$  Compensation: \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$        | dealth Insurance through Contate Health Insurance for Anivate Insurance andian Health Services Prograther  Manager Man | Cobra Adults  gram   Dahu  Gused  Data not collected  Amount  Security:  Solity Pension  Income (job):  Susal Support:  Suppor |



#### Hawaii Specific Assessment

| <u>Hawaii Residence Information</u>  |  |   |  |
|--|--|---|--|
| Did you arrive in Hawaii du  |  |   |  |
| □No □Yes   |  | Client Refused  |  |
| If yes, how long have you be   | en in Hawaii? # of months:_  | If in Haw   | aii less than one month, # of days:  |
| How long have you lived in l   | Hawaii over your lifetime?*   #  | of years:   |  |
| Before your 18th birthday, we Check all that apply.  | vere you placed in an out of hom   | e placement and/o   |  |
| ☐ Foster Care  | ☐ Juvenile Home  | □ No  | ☐ Client doesn't know  |
| ☐ Group Home   | ☐ Homeless   |   | ☐ Client refused   |
| Personal Information   |  |   |  |
| Marital Status*:   |  |   |  |
| ☐ Single/never married   | ☐ Married  | ☐ Widowed   | ☐ Client refused   |
| ☐ Living with partner  | ☐ Separated/divorced   | ☐ Other   |  |
| What is your current crimin  | al justice status*   |   |  |
| ☐ Parole   | ☐ Formerly in system & c   | completed requireme   | ents   |
| ☐ Probation  | ☐ Drug court   |   | ☐ Client refused   |
| ☐ Supervised release   | □ None   |   | ☐ Data not collected   |
|  | Other  | XMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |
|  |  |   |  |
| Zip code of last permanent add  If currently working, # hours w  |  | □ client doesn't l  | Code: ☐ Full or Partial  |
| If currently working, # hours w  | orked in past week?  | □ client doesn't l  |  |
| If currently working, # hours w  | vorked in past week?   | □ client doesn't l  |  |
| If currently working, # hours we Referral Information* (How we □ Aloha United Way  | re you referred to this agency?)  ☐ Homeless services agency   | □ client doesn't k  | know □ Client refused  |
| If currently working, # hours we Referral Information* (How we ☐ Aloha United Way  | re you referred to this agency?)  ☐ Homeless services agency ☐ Hospital  | □ client doesn't k □ Self □ VA  | cnow □ Client refused □ Client doesn't know  |
| If currently working, # hours we Referral Information* (How we ☐ Aloha United Way ☐ Criminal justice   | re you referred to this agency?)  ☐ Homeless services agency ☐ Hospital  | □ client doesn't l  | cnow □ Client refused □ Client doesn't know  |
| If currently working, # hours we Referral Information* (How we ☐ Aloha United Way ☐ Criminal justice  If homeless service agency,  | orked in past week?  | □ client doesn't k □ Self □ VA  | Client refused  Client doesn't know  |
| If currently working, # hours we Referral Information* (How we   | worked in past week?   | □ client doesn't k □ Self □ VA  problems – check a  | Client refused  ☐ Client doesn't know  |
| If currently working, # hours we Referral Information* (How we ☐ Aloha United Way ☐ Criminal justice  If homeless service agency,  Medical Information* (Do you hour) ☐ Asthma   | re you referred to this agency?)  Homeless services agency Hospital Other which one?*  have any of the following medical Emphysema   | ☐ client doesn't l  | Client refused  ☐ Client doesn't know  ☐ that apply) ☐ Liver disease, cirrhosis, Hep C   |
| If currently working, # hours we teferral Information* (How we ☐ Aloha United Way ☐ Criminal justice  If homeless service agency,  Medical Information* (Do you I) ☐ Asthma ☐ Back/Spinal impairment   | worked in past week?   | ☐ client doesn't k ☐ Self ☐ VA  | Client refused  Client doesn't know  Client doesn't know  Uthat apply)  Liver disease, cirrhosis, Hep C  Other medical problems      |
| If currently working, # hours we deferral Information* (How we ☐ Aloha United Way ☐ Criminal justice  If homeless service agency,  Medical Information* (Do you hour) ☐ Asthma ☐ Back/Spinal impairment ☐ Cancer   | re you referred to this agency?)  Homeless services agency Hospital Other which one?*  have any of the following medical Emphysema   | ☐ client doesn't k ☐ Self ☐ VA  | Client refused  ☐ Client doesn't know  ☐ that apply) ☐ Liver disease, cirrhosis, Hep C   |
| If currently working, # hours we Referral Information* (How we   | re you referred to this agency?)  Homeless services agency Hospital Other which one?*  Emphysema Heart disease, high BP, Kidney, renal disease   | ☐ client doesn't lead of the self ☐ VA     Description  | Client refused  Client doesn't know  Client doesn't know  Uthat apply)  Liver disease, cirrhosis, Hep C  Other medical problems      |
| If currently working, # hours we Referral Information* (How we ☐ Aloha United Way ☐ Criminal justice  If homeless service agency,  Medical Information* (Do you I) ☐ Asthma ☐ Back/Spinal impairment ☐ Cancer ☐ Diabetes   | worked in past week?   | ☐ client doesn't lead of the self ☐ VA     Description  | Client refused  Client doesn't know  Client doesn't know  Uthat apply)  Liver disease, cirrhosis, Hep C  Other medical problems      |
| If currently working, # hours we Referral Information* (How we ☐ Aloha United Way ☐ Criminal justice  If homeless service agency,  Medical Information* (Do you H) ☐ Asthma ☐ Back/Spinal impairment ☐ Cancer ☐ Diabetes Medical Insurer:  Emergency Services  | worked in past week?   | ☐ client doesn't k ☐ Self ☐ VA  problems – check a ☐ Stroke history ☐   | Client refused  Client doesn't know  Client doesn't know  Uthat apply  Liver disease, cirrhosis, Hep C  Other medical problems  None |
| If currently working, # hours we Referral Information* (How we Aloha United Way Criminal justice  If homeless service agency,  Medical Information* (Do you had Back/Spinal impairment Cancer Diabetes Medical Insurer:  Emergency Services How many times in the past   | worked in past week?   | ☐ client doesn't k ☐ Self ☐ VA  problems – check a ☐ Stroke history ☐   | Client refused  Client doesn't know  Client doesn't know  Uthat apply  Liver disease, cirrhosis, Hep C  Other medical problems  None |
| If currently working, # hours we Referral Information* (How we Aloha United Way Criminal justice  If homeless service agency,  Medical Information* (Do you has been been been been been been been bee   | re you referred to this agency?)  Homeless services agency Hospital Other which one?* Emphysema Heart disease, high BP, Kidney, renal disease  | ☐ client doesn't lead of the composition of the co | Client refused  Client doesn't know  Client doesn't know  Uthat apply  Liver disease, cirrhosis, Hep C  Other medical problems  None |
| If currently working, # hours we Referral Information* (How we Aloha United Way Criminal justice  If homeless service agency,  Medical Information* (Do you had be ack/Spinal impairment Cancer Diabetes Medical Insurer:  Emergency Services How many times in the past Hospital emergency room Other hospital services (m  | re you referred to this agency?)  Homeless services agency Hospital Other which one?*  Heart disease, high BP, Kidney, renal disease  12 months have you used the formedical or psychiatric) # of time medical or psychiatric) # of time | ☐ Self ☐ VA   Problems – check a  Stroke history  Illowing emergency st used: stroked:  | Client refused  Client doesn't know  Client doesn't know  Uthat apply  Liver disease, cirrhosis, Hep C  Other medical problems  None |
| If currently working, # hours we Referral Information* (How we Aloha United Way Criminal justice  If homeless service agency,  Medical Information* (Do you has been added as a service agency).  Asthma Back/Spinal impairment Cancer Diabetes Medical Insurer:  Emergency Services How many times in the past Hospital emergency room Other hospital services (m 911/ambulance emergency | re you referred to this agency?)  Homeless services agency Hospital Other which one?* Emphysema Heart disease, high BP, Kidney, renal disease  | ☐ Self ☐ VA   Problems – check a  Stroke history  Blowing emergency es used: es used: es used:  | Client refused  Client doesn't know  Client doesn't know  Uthat apply  Liver disease, cirrhosis, Hep C  Other medical problems  None |

| Serving Honolulu, Maui, Kauai and Hawaii Count           |  |  | ld Entry/Assessment  |
|--|--|--|--|
| Agency:  | -  |  |  |
| Project:   | Case   | · Worker:  |  |
| Add HMIS Family Member                                   | de la maria de la companya de la maria   | DESCRIPTION OF THE PROPERTY OF | mpojapojanski naka i stravnom oz soci stom osni josepa jamijanska od kanego pem je sekom od umon osnosnom om o   |
|  | Mid  |  |  |
| Name Quality* First Name*:                               | en-umarray   | Last*  |  |
| ☐ Full name ☐ Partial, street/code name ☐ Client refused |  |  |  |
| ☐ Client doesn't know ☐ Data Not Collected               |  | ☐ Partial (DD/YY)  |  |
| LI Chent doesn't know Li Data Not Collected              | ☐ Partial (MM/YY)  | ☐ Client Doesn't K   | now Data Not Collected   |
| Gender*  | Social Security#*_   |  |  |
| ☐ Male ☐ Female  | □ Full   | ☐ Client Doesn't Kn  | ow Data Not Collected  |
| ☐ Transgender Male to Female                             | ☐ Partial  | ☐ Client Refused   |  |
| ☐ Transgender Female to Male                             | ** *   | N.   |  |
| ☐ Does not identify as male, female or transgendered     | Primary Language   |  |  |
| ☐ Client doesn't know                                    | ☐ Chinese  | ☐ Japanese   |  |
| ☐ Client Refused   | ☐ Chuukese   | ☐ Korean   |  |
| ☐ Data Not Collected                                     | ☐ English  | ☐ Marshallese  | ☐ Vietnamese   |
| Ethnicity* (Select One)   Client Doesn't Know            | ☐ Ilocano  | Other  |  |
| □ Non-Hispanic or Latino □ Client Refused                |  |  |  |
| ☐ Hispanic or Latino ☐ Data Not Collected                | Citizenship Statu  | ş  | m t i i i i i Ni a Cinima  |
| <b>:</b>   | ☐ U.S. Citizen   | -  | ☐ Ineligible Non-Citizen   |
| Race* (Multiple may be Selected)                         | ☐ Eligible Non   | -Citizen   | ☐ Undocumented   |
| ☐ American Indian or Alaska Native                       | ☐ Non-US Citi  |  | ☐ Client Doesn't Know  |
| ☐ Asian  |  | l (American Samoa  | ☐ Client Refused   |
| ☐ Black/African American                                 | or Swains Islan  | •  | ☐ Data Not Collected   |
| ☐ Native Hawaiian/Other Pacific Islander                 | If Non-US Citiz  | en COFA*   | ☐ Pohnpeí-Micronesia   |
| ☐ White  |  | uk-Micronesia  | ☐ Yap-Micronesia   |
| ☐ Client Doesn't Know                                    |  | rae-Micronesia   | ☐ Client Doesn't Know  |
| ☐ Client Refused   |  | shall Islands  | ☐ Client Refused   |
| Other  | □ Pala   |  | ☐ Data Not Collected   |
| ☐ Data Not collected                                     |  |  |  |
| If Asian Chosen Above* ☐ Filipino ☐ Vietname             | ese  |  |  |
| ☐ Asian Indian ☐ ☐ Other Asi                             | ian  |  |  |
| ☐ Chinese/Taiwanese ☐ Korean                             |  |  |  |
| If Native Hawaiian/Other Pacific Islander chosen abo     |  |  |  |
| 1000   | moan   Ton   | ="   |  |
| ☐ Guamanian/Chamorro ☐ Micronesian ☐ Ot                  | her Pacific Islander_  |  |  |
| <b>Relations to HOH*</b> □ Child □ Step-child □          | Grandchild □ Fo  | ster-child   | ☐ Other Non-Relative   |
| Other Information - CONSENT                              | WARDS TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE  | NOTICE TO THE SECOND COMMENT OF THE PROPERTY OF THE SECOND COMMENT OF THE SECOND COMMENT OF THE SECOND COMMENT   | NOSQUILINIA CANDOS DE L'ARRESTE |
| Was Consent given to share data? : □Yes □No              | (Use HM  | IIS Consent Form)  |  |
| Date of Consent:   | COLONIA DE LA CO |  |  |
| Hawaii Enrollment Add/Edit                               |  |  |  |
| Enrollment Entry Date*:                                  | Program*:  |  |  |



| Hawaii HMIS                                       |
|---|
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| JD Prograi         | m Data -                                     | Child              |                    |  |                                  | TENNISHEN TO THE TOTAL THE |   |
|--------------------|--|--------------------|--------------------|--|----------------------------------|--|---|
| <u>alth Insura</u> | ı <u>nce</u> * Are                           | you covered by     | health ins         | urance?                                    |                                  |  |   |
| □ No               | □ Yes  | ☐ Client does      | n't know           | ☐ Client Refuse                            | d 🛮 Data                         | not collected  |   |
| abling Con         | <u>idition</u>                               |                    |                    |  |                                  |  |   |
| Substance          | Abuse*                                       | (If "NO" selec     | ted, skip to       | Mental Health)                             |                                  |  |   |
| □No                |  |                    | ☐ Alcoho           | ol Abuse                                   | □ Drug A                         | buse   |   |
| □ Both A           | Alcohol ar                                   | nd Drug Abuse      | ☐ Client           | doesn't know                               | ☐ Client                         | Refused  | ☐ Data not collected                                    |
| a) Expec           | cted to be                                   | of long-continu    | ed and in          | definite duration                          | and substa                       | ntially impai  | rs ability to live independently?                       |
| □No                | □Yes   |                    | ☐ Client           | doesn't know                               | ☐ Client                         | Refused  | ☐ Data not collected                                    |
| b) Docui           | mentatior                                    | of the disabili    | ty and seve        | erity on File:                             | □ No 〔                           | ∃Yes   |   |
|                    |  |                    |                    | or this condition?                         | •                                |  |   |
| □No                | □Yes   |                    |                    | doesn't know                               | □ Client                         | Refused  | ☐ Data not collected                                    |
|                    |  |                    |                    |  |                                  |  |   |
| Mental Ho          | <u>ealth Pro</u>                             | blem* (If "NO      | <u>" selected.</u> | skip to Developn                           | nental Disa                      | bility)  |   |
| $\square$ No       |  |                    |                    | doesn't know                               | □ Client                         |  | ☐ Data not collected                                    |
| a) Expec           | eted to be                                   | of long-continu    |                    |  |                                  |  | rs ability to live independently?                       |
| □No                | □Yes   |                    | ☐ Client           | doesn't know                               | ☐ Client                         | Refused  | ☐ Data not collected                                    |
| b) Docui           | mentation                                    | of the disabili    | ty and seve        | erity on File:                             |                                  | ∃Yes   |   |
| c) Curre           | ently rece                                   | iving services/t   | reatment f         | or this condition?                         |                                  |  |   |
| □No                | □Yes   |                    | □ Client           | doesn't know                               | ☐ Client                         | Refused  | ☐ Data not collected                                    |
|                    |  |                    |                    |  |                                  |  |   |
|                    |  | ability* (If "NO   |                    | l, skip to Chronic                         |                                  |  |   |
| □No                | □Yes   |                    |                    | doesn't know                               | □ Client                         |  | ☐ Data not collected                                    |
| -                  |  | of long-continu    |                    |  |                                  |  | rs ability to live independently?                       |
| □No                | □Yes   |                    |                    | doesn't know                               | ☐ Client                         |  | ☐ Data not collected                                    |
|                    |  | of the disabilit   | -                  |  |                                  | ∃Yes   |   |
|                    | -  | iving services/t   |                    | or this condition?                         |                                  |  |   |
| □No                | □Yes   |                    | ☐ Client           | doesn't know                               | ☐ Client                         | Refused  | ☐ Data not collected                                    |
| C                  |  | 34.4 de /15.03     | 100                |  | A FIDO                           |  |   |
|                    |  | ndition* (II "N    |                    | ed, skip to HIV / A                        |                                  | ) - C  | ☐ Data not collected                                    |
| □No                | □Yes   | n *                |                    | doesn't know                               | ☐ Client I                       |  |   |
| · =                |  | of long-continu    |                    | doesn't know                               | a <b>na substa</b><br>□ Client □ |  | rs ability to live independently?  □ Data not collected |
| □No                | □Yes   | 0.8 31 1 11        |                    |  |                                  |  | Li Data not conected                                    |
|                    |  | of the disabilit   | -                  |  |                                  | ∃Yes   |   |
| *                  | -  | iving services/ti  |                    | o <b>r this condition?</b><br>doesn't know |                                  | Tabaaad  | ☐ Data not collected                                    |
| □No                | □Yes   |                    | LI CHENT           | LOESH I KNOW                               | ☐ Client 1                       | Kerusea  | Data not conected                                       |
| HIV / AID          | 15 × (16 %)                                  | O" selected, sk    | in to Phys         | ical Disability)                           |                                  |  |   |
| □No                | <u>/                                    </u> |                    |                    | doesn't know                               | □ Client                         | Refused  | ☐ Data not collected                                    |
|                    |  |                    |                    |  |                                  |  | rs ability to live independently?                       |
| a) Expec<br>□No    | □Yes   | or long-commit     |                    | doesn't know                               | Client l                         |  | ☐ Data not collected                                    |
|                    |  | of the disabilit   |                    |  |                                  | JYes   |   |
|                    |  |                    | -                  | or this condition?                         |                                  | .u 1 6-3   |   |
|                    | nuy rece<br>□Yes                             | iving sei vices/ti |                    | doesn't know                               | □ Client l                       | Refused  | ☐ Data not collected                                    |
| Loui TU            | book & W-17                                  |                    |                    |  |                                  |  |   |

#### **OUTREACH - Child Entry/Assessment**

| HUD I  | Progran  | n Data – Cl    | nild (Continued)                 |               | ****************** |                |                                      | necuna |
|--|----------|----------------|----------------------------------|---------------|--------------------|----------------|--------------------------------------|--------|
| Ph   | ysical D | isability* (İ  | f "NO" selected, skip to Health  | Insurance     | Asses              | ssment)        |                                      |        |
|  | □No      | □Yes           | ☐ Client doesn't kı              | now $\square$ | Clie               | ent Refused    | ☐ Data not collected                 |        |
| ε  | a) Expec | ted to be of l | ong-continued and indefinite d   | uration and   | l sub              | stantially in  | pairs ability to live independently? |        |
|  | □No      | □Yes           | ☐ Client doesn't kı              | now $\square$ | Clie               | ent Refused    | ☐ Data not collected                 |        |
| ł  | ) Docun  | nentation of   | the disability and severity on F | ile: 🗆        | No                 | □Yes           |                                      |        |
| C  | c) Curre | ntly receivin  | g services/treatment for this co | ndition?      |                    |                |                                      |        |
|  | □No      | □Yes           | ☐ Client doesn't ki              | now 🗆         | Clie               | ent Refused    | ☐ Data not collected                 |        |
| Healtl   | h Insur  | ance Asses     | ssment (if yes to health inst    | urance)       |                    |                |                                      |        |
| <del>199-1-1991   199-1991</del> | □ Med    | licaid         |                                  | ☐ Health      | nsura              | ance through   | Cobra                                |        |
|  | □ Med    | licare         |                                  | ☐ State H     | alth               | Insurance for  | Adults                               |        |
|  | ☐ State  | e Children's 1 | Health Insurance                 | ☐ Private     | nsur               | ance           |                                      |        |
|  | □ VA-    | -Veteran's Ac  | Iministration Medical Services   | 🗆 Indian F    | lealth             | h Services Pro | ogram                                |        |
|  |          | oloyer-Provid  | ed Health Insurance              | □ Other _     | ***************    |                |                                      |        |

#### VI-SPDAT V2 (Family)

| Identifying                             |                  | <b>*****************</b> |                   |                    |                       |              |
|---|------------------|--------------------------|-------------------|--------------------|-----------------------|--------------|
| First Name*:                            |                  | Last Name *: Nickname    |                   |                    |                       |              |
| Client has nickname                     |                  |                          |                   |                    |                       |              |
| Birth Date*:                            |                  | ☐ Full DOB               |                   | ☐ Partial (MM/YY)  | ☐ Partial             | (DD/YY)      |
| Age:                                    |                  |                          | nt doesn't know   | ☐ Refused          | ☐ Data no             | ot collected |
| Gender*                                 |                  | Social S                 | Security#*:       |                    |                       |              |
|   |                  |                          | =                 |                    |                       |              |
| ☐ Female                                |                  |                          | Partial           |                    |                       |              |
| ☐ Transgender Mal                       | e to Female      |                          | Client doesn't kn | ow                 |                       |              |
| ☐ Transgender Fen                       |                  |                          | Refused           | V                  |                       |              |
| ☐ Client Refused                        | iare to iviare   |                          | Data Not Collecte | ed                 |                       |              |
| ☐ Other                                 |                  |                          |                   |                    |                       |              |
| Which VI SPDAT wou                      | <br>ıld you like |                          |                   |                    |                       |              |
| to fill out for this clien              | •                | Citizen                  | iship Status      |                    |                       |              |
| ☐ Family                                | •                | U.S.                     |                   | □ U.S. National    | □ Undocun             | nented       |
| Li Lamny                                |                  |                          | ble Non-Citizen   | (American Samoa or | ☐ Client do           |              |
|   |                  | ~                        | US Citizen COF.   | Ö : 1.1 15         | ☐ Client ref          |              |
|   |                  | LJ NOU-                  | OD CRIZEII COL    | ☐ Ineligible Non-  | ☐ Data Not            |              |
|   |                  |                          |                   | Citizen            | laced have the second |              |
| Language in which cli-<br>him/herself * | ent is best al   | ole to expr              | tess              | Has client ever se | erved in the U        | S Military?* |
| ☐ Chinese                               | ☐ Japanese       | 2                        | □ Tagalog         |                    | Yes □ No □            | _            |
| □ Chuukese                              | □ Korean         |                          | ☐ Vietnamese      |                    |                       |              |
| □ English                               | ☐ Marshal        |                          | ☐ Other           |                    |                       |              |
|   | ☐ Spanish        |                          |                   |                    |                       |              |
|   | _ opanish        |                          |                   |                    |                       |              |
| Sharing                                 |                  |                          |                   |                    |                       |              |
| Relationship to Head of Ho              | usehold* 🛭       | Self (H                  | of H)             |                    |                       |              |
| Sharing* □ Shared □ N                   | ot Shared        |                          |                   |                    |                       |              |
| Add Family Member (Cl                   | ildren)          | -                        |                   |                    |                       |              |
| First Name*:                            |                  | Last Nan                 | ne *:             | Birth Date*:       | Age:                  | Gender*:     |
| 1)                                      |                  |                          |                   |                    |                       |              |
| Relationship to Head of H               | ousehold*        | Social Sec               | eurity#*:         | ☐ Full DOB         |                       | ☐ Male       |
| □ Child □ Grandchi                      |                  |                          | ·                 | ☐ Partial (MM/Y    | Ύ)                    | ☐ Female     |
| ☐ Step Child ☐ Other No                 | n-Relative       |                          | ☐ Partial         | ☐ Partial (DD/Y)   | Y)                    | □Trans M-F   |
| ☐ Foster Child ☐ Unknown                |                  |                          | oesn't know       | ☐ Client doesn't   | know                  | □Trans F-M   |
|   |                  | ☐ Refused                |                   | □ Client refused   |                       | ☐ Refused    |
|   |                  | □ Data No                | t Collected       | ☐ Data Not Colle   | ected                 | ☐ Other      |



| Add Family M   | lember (Children) - C             | Jonanuea  |   | ************************************** |   |  |
|--|-----------------------------------|---|---|--|---|--|
| First Name*:   |                                   | Last Name *:  | Birth Date*:  | Age:                                   | Gender*:  |  |
|  | Head of Household*                | Social Security#*:  | ☐ Full DOB ☐ Partial (MM/YY)  |  | ☐ Male ☐ Female   |  |
| ☐ Step Child ☐ Other Non-Relative ☐ Foster Child ☐ Unknown |                                   | ☐ Full ☐ Partial ☐ Client doesn't know ☐ Refused ☐ Data Not Collected   | ☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected |  | ☐Trans M-F<br>☐Trans F-M<br>☐ Refused<br>☐ Other          |  |
| First Name*:   |                                   | Last Name *:  | Birth Date*:  | Age:                                   | Gender*:  |  |
|  | Head of Household*                | Social Security#*:  | ☐ Full DOB<br>☐ Partial (MM/YY)   |  | ☐ Male ☐ Female   |  |
| ☐ Step Child ☐ Other Non-Relative ☐ Foster Child ☐ Unknown |                                   | ☐ Full ☐ Partial ☐ Client doesn't know ☐ Refused ☐ Data Not Collected   | ☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected |  | ☐Trans M-F ☐Trans F-M ☐ Refused ☐ Other                   |  |
| First Name*:   |                                   | Last Name *:  | Birth Date*:  | Age:                                   | Gender*:  |  |
|  | Head of Household*                | Social Security#*:  | □ Full DOB □ Partial (MM/YY)  |  | ☐ Male ☐ Female   |  |
| ☐ Step Child ☐ Other Non-Relative ☐ Foster Child ☐ Unknown |                                   | ☐ Full ☐ Partial ☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client doesn't know ☐ Refused ☐ Client refused ☐ Data Not Collected ☐ Data Not Collected |   |  | □Trans M-F □Trans F-M □ Refused □ Other                   |  |
| First Name*: 5)  |                                   | Last Name *:  | Birth Date*:  | Age:                                   | Gender*:  |  |
|  | o Head of Household*              | Social Security#*:  | ☐ Full DOB ☐ Partial (MM/YY)  |  | ☐ Male ☐ Female ☐ Trans M-F ☐ Trans F-M ☐ Refused ☐ Other |  |
| ☐ Step Child ☐ Foster Child                                | ☐ Other Non-Relative<br>☐ Unknown | ☐ Full ☐ Partial ☐ Client doesn't know ☐ Refused ☐ Data Not Collected   | ☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected |  |   |  |

| V | I-SI | PD/ | ١T | V2 | : (F | an | 1i | ly | ) |
|---|------|-----|----|----|------|----|----|----|---|
|---|------|-----|----|----|------|----|----|----|---|

| VI SPDAT Enrollment Add/Edit   |  |   |
|--|--|---|
| Program Entry Date*: Program (County)*:  Restricted Information*   General Information/Consent                                     |  | Provider*:  |
| Family Or Individual* (HMIS Self Popul   | ates) I  | nterviewer's Name*:   |
| Survey Date and Time*:   |  | ☐ Staff  Position*: ☐ Team ☐ Volunteer  |
| Interview location*:   |  | Has Consented to Participate*: ☐ Yes ☐ No   |
| Is there a second parent currently part household? * ☐ Yes ☐ No  | of the S   | econd Parent's Name*:   |
| 1. How many children under the age of 18 are currently with you?*  3. Is any member of the family currently pregnant?*  A. Housing | ☐ Answered ☐ Refused ☐ Yes ☐ No ☐ Refused        | 2. How many children under the age of 18 ☐ Answered are not currently with your family, but you ☐ Refused have reason to believe they will be joining you when you get housed?*     |
| 5. Where do you and your family sleep m  Shelters Transitional Housing Safe Haven  | ost frequently?*  ☐ Outdoors  ☐ Refused  ☐ Other |   |
| 6. How long has it been since you and your family lived in permanent stable housing (in months)?*                                  | ☐ Answered ☐ Refused                             | 7. In the last three years, how many times ☐ Answered have you and your family been ☐ Refused homeless?*  |
| B. Risks   |  | and an aniona in your family.   |
| For 8a-8d In the past six months, how 8a. received health care at an emergency department/room?*                                   | ☐ Answered                                       | <b>8b.</b> taken an ambulance to the hospital?* ☐ Answered ☐ Refused  |
| 8c. been hospitalized as an inpatient?*  | ☐ Answered☐ Refused                              | 8d. used a crisis service, including sexual ☐ Answered assault crisis, mental health crisis, ☐ Refused family/intimate violence, distress centers and suicide prevention hotlines?* |

#### B. Risks (Continued)

| For 8e and 8f In the past six months, h  | ow many times              | have you or anyone in your family:   |
|--|----------------------------|--|
| <b>8e.</b> talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?*                      | ☐ Answered ☐ Refused       | 8f. stayed 1 or more nights in a holding ☐ Answered cell, jail or prison, whether that was a ☐ Refused short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?* |
| <b>9.</b> Have you or anyone in your family been attacked or beaten up since they've become homeless?*   | ☐ Yes<br>☐ No<br>☐ Refused | 10. Have you or anyone in your family ☐ Yes threatened to or tried to harm themself or ☐ No anyone else in the last year?* ☐ Refused   |
| 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?*             | ☐ Yes<br>☐ No<br>☐ Refused | 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, rundrugs for someone, have unprotected sex ☐ Refused  |
| 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?*   | ☐ Yes<br>☐ No<br>☐ Refused | with someone they don't know, share a needle, or anything like that?*  |
| C. Socialization   | <del></del>                |  |
| 14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?*   | ☐ Yes<br>☐ No<br>☐ Refused | 15. Do you or anyone in your family get ☐ Yes any money from the government, a ☐ No pension, an inheritance, working under the ☐ Refused table, a regular job, or anything like that?*                         |
| <b>16.</b> Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?*  | ☐ Yes<br>☐ No<br>☐ Refused | 17. Is everyone in your family currently ☐ Yes able to take care of basic needs like bathing, changing clothes, using a ☐ Refused  |
| 18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?* | ☐ Yes<br>☐ No<br>☐ Refused | restroom, getting food and clean water and other things like that?*  |
| D. Wellness  |                            |  |
| 19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?*  | ☐ Yes<br>☐ No<br>☐ Refused | 20. Do you or anyone in your family have ☐ Yes any chronic health issues with your liver, ☐ No kidneys, stomach, lungs or heart?* ☐ Refused  |
| 21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?*   | ☐ Yes<br>☐ No<br>☐ Refused | 22. Does anyone in your family have any ☐ Yes physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?*               |

#### VI-SPDAT V2 (Family)

Hawaii HMIS
Serving Honolulu, Maui, Kauai and Hawaii Counties

| D. Wellness (Continued)  |   |  |      |  |  |  |
|--|---|--|------|--|--|--|
| 23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?*   | ☐ Yes ☐ No ☐ Refused                      | 24. Has drinking or drug use by you or<br>anyone in your family led your family to<br>being kicked out of an apartment or<br>program where you were staying in the<br>past?*   | □ No |  |  |  |
| 25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?*  | ☐ Yes<br>☐ No<br>☐ Refused                | 26a. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a mental health issue or concern?*                                     |      |  |  |  |
| <b>26b.</b> Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a past head injury?*  | ☐ Yes<br>☐ No<br>☐ Refused                | 26c. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a learning disability, developmental disability, or other impairment?* |      |  |  |  |
| 27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?*  | ☐ Yes<br>☐ No<br>☐ Refused                | 28. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?*   |      |  |  |  |
| 29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?*  | ☐ Yes<br>☐ No<br>☐ Refused                | 30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?*  |      |  |  |  |
| 31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?*    |   |  |      |  |  |  |
| <b>E. Family Unit</b> 32. Are there any children that have been removed from the family by a child protection service within the last 180 days?*   | ☐ Yes<br>☐ No<br>☐ Refused                | 33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?*  |      |  |  |  |
| 34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?*  36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?* | ☐ Yes ☐ No ☐ Refused ☐ Yes ☐ No ☐ Refused | 35. Has any child in the family experienced abuse or trauma in the last 180 days?*   |      |  |  |  |
|  |   |  |      |  |  |  |

| Serving Honolulu, Maui, Kauai and Hawaii Counties  |  |   |  |   | VI-SPDAT V2 (Family)  |
|--|--|---|--|---|---|
| E. Family Unit (C  | ontinued)  |   |  |   |   |
| 37. Have the member changed in the last I like divorce, your ki with you, someone I service or incarceratin, or anything like the  | □ No child   |   | lren c   | anticipate any other adults or ☐ Yes oming to live with you within ☐ No st 180 days of being housed?* ☐ Refused |   |
| 39. Do you have two activities each week outings to the park, visiting other family movie, or anything I   | ☐ No days ☐ Refused time cl is res   |   | 40a. After school, or on weekends or days when there isn't school, is the total me children spend each day where there is no interaction with you or another responsible adult 3 or more hours per day for children aged 13 or older?*  40a. After school, or on weekends or Yes |   |   |
| 40b. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult 2 or more hours per day for children aged 12 or older?*  Additional Follow-Up Questions |  | ☐ Yes<br>☐ No<br>☐ Refuse                 | l<br>ed get  | hours<br>youn<br>tting t  | on a typical day helping their on a typical day helping their of serious sibling(s) with things like ready for school, helping with making them dinner, bathing them, or anything like that?* |
| Additional Follows   | -Op Questions  |   |  |   |   |
| Survey Region*   |  |   | •  |   |   |
| <ul><li>☐ Kohala</li><li>☐ Honokaa</li><li>☐ Laupahoehoe</li></ul>   | ☐ Zone 1: Hanapepe<br>Waimea, Kekaha<br>☐ Zone 2: Koloa; Po                      |   | ☐ Central Mat ☐ Lower Waie ☐ Lahaina   |   | ☐ Downtown Honolulu - Salt Lake to<br>Piikoi St<br>☐ East Honolulu: Piikoi St. to Hawaii Kai,<br>Waikiki  |
| □ Hilo □ Waiakea □ Keaau □ Pahoa □ Kau □ Konawaena   | ☐ Zone 3: Lihue<br>☐ Zone 4: Anahola, ☐<br>☐ Zone 5: Haena, Ha<br>Kilauea, Anini | ***                                       | ☐ Kihei<br>☐ Hana  |   | ☐ Ewa - Aiea to Kapolei ☐ Windward: Kaneohe to Waimanalo ☐ Upper Windward Kahaluu to Kahuku ☐ North - Wahiawa to North Shore ☐ Waianae Coast  |
| ☐ Kealakehe  | Other  |   |  |   |   |
| Where do you usua  | illy go for healthcare o   | or when yo                                | ou're not feeling  | g well  | ?*  |
| ☐ Hospitals:   | For Oahu Only, plea  ☐ Castle Medical Ce  ☐ Kaiser Medical Ce                    | nter                                      | olulu/Moanalua   |   | Kapiolani/Pali Momi Medical Center<br>Straub Clinic and Hospital<br>Queens Medical Center   |
| ☐ Clinics:   | For Oahu Only, plea  ☐ Kalihi Palama Hea  ☐ Waianae Coast Co                     | alth Center                               |  |   | Waikiki Health Center Waimanalo Health Center   |
| □VA  |  | -   |  |   |   |
| ☐ Other:   | Specify:   | D-44-00-40-000-00-00-00-00-00-00-00-00-00 |  |   |   |

☐ Does Not Go For Care

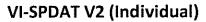




| Whose did was live i  | orior to          | 10.5.                     | T Vanai                      | ULIC Mainland (Stata)                                |
|---|-------------------|---------------------------|------------------------------|--|
| Where did you live  <br>becoming homeless?  |                   | ] Oahu<br>] Hawaii Island | □ Kauai<br>□ Molokai         | ☐ U.S. Mainland (State) ☐ Other                      |
| occoming nomerous.  |                   | J riawan isiand<br>] Maui | □ Lanai                      | Li Othet   |
|   |                   |                           | Lanai                        |  |
| Have you or anyone<br>U.S. military?*   | in your nousei    | ioia servea in the        | □ Yes □ No                   |  |
| Which war/war   |                   | f Era (August 1991 -      |                              | ☐ World War II (September 1940 – J                   |
| era?*   |                   | m (May 1975 – July        |                              | 1947)  |
| ,   |                   | a (August 1964 – Ap       |                              | ☐ Post September 11, 2001 (Septemb 11, 2001 -Present |
|   |                   | orean and Vietnam V       | Var (Feb 1955–               | ☐ Afghanistan/Iraq                                   |
|   | July 1964)        | : (June 1950 – Janua      | ry 1055)                     | ☐ Don't know   |
|   |                   | WII and Korean Wa         | -                            | ☐ Won't answer                                       |
|   | May 1950)         | TYPE GISTE ENGINEER TYPE  | . (                          | ☐ Other  |
| What was your   | ☐ Honorable       |                           |                              |  |
| discharge status?*  | ☐ General uno     | ler honorable             |                              | ☐ Uncharacterized                                    |
| -   |                   | than honorable con-       | ditions                      | ☐ Client doesn't know                                |
|   | ☐ Bad conduc      |                           |                              | ☐ Client Refused                                     |
|   | ☐ Dishonorab      | le                        |                              | ☐ Data not collected                                 |
| What kind of insura   | nce do you hav    | e?* □ Medicaid            | ☐ Medicare                   | ☐ Private Insurance                                  |
|   |                   | □VA                       |                              | □ None   |
| ·   |                   | Other                     |                              |  |
| Surveyor: Is this clie  | ent a verified u  | ser of emergency se       |                              | (es □ No □ Client doesn't know                       |
|   |                   |                           | □ R                          | Refused  |
| Surveyor: Is the clie   |                   | equent user of high       | level                        |  |
| nental health servic  | es (MH-1)?*       |                           | □R                           | Refused   Data Not Collected                         |
| s there a phone nur<br>eave you a message   |                   | neone can safely ge       | t in touch with              | you or   |
| s there an email wh<br>with you or leave a r  |                   |                           |                              |  |
| On a regular day, w   | here is it easies | t to find you?            |                              |  |
| What time of day is  ☐ Specific Time  |                   | ☐ Morning (a              | 8 am – Noon)<br>(Noon – 4pm) | ☐ Evening (4 – 8 pm) ☐ Night (8 pm – 12 pm)          |
| Ok, I'd like to take your picture so that it is easier to fin<br>you and confirm your identity in the future.<br>May I do so? |                   |                           | ind                          | □ No int doesn't know                                |

#### VI-SPDAT V2 (Individual)

| Identifying  |   |  | 01:155:1 <u>41: 11:141</u>                          |  |  |
|--|---|--|---|--|--|
| First Name*:   |   |  | _ Last Na   | ıme *:                                 |  |
| Client has nicknam   | ие <b>—</b>   |  | Nicknan   | ne                                     |  |
| Birth Date*:   |   | ☐ Full DOB                                     | ☐ Partial   | (MM/YY)                                | ☐ Partial (DD/YY)  |
| Age:   |   | ☐ Client doesn't know                          |   |  | ☐ Data not collected   |
|  |   |  |   |  |  |
| Gender*  |   | Social Security                                | y#*:  |  |  |
| ☐ Male   |   |  |   |  |  |
| ☐ Female   |   | ☐ Partial                                      |   |  |  |
| ☐ Transgender N  |   | ☐ Client do                                    | esn't know  |  |  |
| ☐ Transgender F  |   | ☐ Refused                                      |   |  |  |
| ☐ Client Refused   |   | ☐ Data Not                                     | Collected   |  |  |
| ☐ Other  |   |  |   |  |  |
| Which VI SPDAT   | would you like to   | 6N   |   |  |  |
| out for this client*   | · ·   | Citizenship St                                 | atus  |  |  |
| ☐ Individual   | •   | ☐ U.S. Citizen                                 |   | ☐ U.S. National                        | ☐ Undocumented   |
| ☐ Youth  |   | ☐ Eligible Non-                                | Citizen   | (American Samoa or                     | ☐ Client doesn't know  |
| a Contra   |   | □ Non-US Citiz                                 |   | Swains Island)                         | ☐ Client refused   |
|  |   | <b>—</b> 1.01. 05 0.11.                        |   | ☐ Ineligible Non-                      | ☐ Data Not Collected   |
|  |   |  |   | Citizen                                |  |
| Language in which  | h client is best able   | to express                                     |   |  |  |
| him/herself *  |   | •  | 1   | Has client ever serve                  | d in the US Military?*   |
| ☐ Chinese  | ☐ Japanese  | ☐ Tagalog                                      |   | □ Yes □ No                             | □ Refused  |
| ☐ Chuukese   | ☐ Korean  | □ Vietnamese                                   |   |  |  |
| □ English  | ☐ Marshallese   | ☐ Other  |   |  |  |
| □ Ilocano  | ☐ Spanish   |  |   |  |  |
|  |   |  |   |  |  |
| Sharing  |   |  |   |  |  |
| Relationship to Head of  | f Household*  |  |   |  |  |
| □ Self (H of H)  |   |  |   |  |  |
|  |   |  |   |  |  |
| Sharing* ☐ Shared  | i □ Not Share   | d  |   |  |  |
| W.T.W. CUTSURS A. P.S. W.S   | 4 A 1 1/15 1*4  |  |   |  |  |
| VI SPDAT Enrollmei   | nt Add/Edit   |  |   |  |  |
| Program Entry D  | ate*:   |  |   |  |  |
| Program (County  |   |  | Provide   | r*:                                    |  |
| i rogram (County   | · / •   | CHILDRAN AND AND AND AND AND AND AND AND AND A |   | ************************************** | on any order to the state of th |
| Restricted Informatio  | on* □ Shared  | ☐ Not Shared                                   |   |  |  |
| net fill forestatet telestat telestat och en sikke konstruktion och social sikke sikke sikke sikke sikke sikke<br>Till sikke sikke telestat telestat telestat och sikke si | ZSKI I SKONK SKI I KOMEN KOMINI VII SKAPAN KANA KANA KANA KANA KANA KANA KANA |  | \$1 <del>111</del> 11111111111111111111111111111111 |  |  |



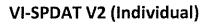


| VI SPDAT Enrollment -  |   |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| Family Or Individual* (HMIS Self Populate  | s)  | HOH Age* (HMIS Self Populates)  ☐ Staff   |  |  |  |  |  |
| Interviewer's Name*:   | discharge was a second of the |   | olunteer   |  |  |  |  |
| Interview location*:   |   | Survey Date and Time*:  |  |  |  |  |  |
| <b>Has Consented to Participate*:</b> □ Yes □  | No  |   |  |  |  |  |  |
| A. History of Housing and Homelessne   | 2SS   |   | NACONIC SEMBOLO CONTROL CONTROL SE |  |  |  |  |
| 1. Where do you sleep most frequently?*  ☐ Shelters ☐ Transitional Housing ☐ Safe Haven  | ☐ Outdoors ☐ Refused ☐ Other  |   |  |  |  |  |  |
| 2. How long has it been since you lived in permanent stable housing (in months)?*  | ☐ Answered ☐ Refused  | 3. In the past three years, how many times have you homeless?*  | ☐ Answered ☐ Refused   |  |  |  |  |
| B. Risks   |   |   |  |  |  |  |  |
| In the past six months, how many times ha  | ve you:   |   |  |  |  |  |  |
| 4a. Received health care at an emergency department/room?*   | ☐ Answered ☐ Refused  | <b>4b.</b> Taken an ambulance to the hospital?*:  | ☐ Answered ☐ Refused   |  |  |  |  |
| 4c. Been hospitalized as an inpatient?*  | ☐ Answered ☐ Refused  | 4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*                              | ☐ Answered ☐ Refused   |  |  |  |  |
| <b>4e.</b> Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?* | ☐ Answered  | 4f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?* | ☐ Answered ☐ Refused   |  |  |  |  |
| 5. Have you been attacked or beaten up sinc becoming homeless?*  | e □ Yes<br>□ No<br>□ Refused  | 6. Have you threatened to or tried to harm yourself or anyone else in the last year?*   | ☐ Yes<br>☐ No<br>☐ Refused   |  |  |  |  |
| 7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live?*                   | t □ Yes □ No □ Refused  | 8. Does anybody force or trick you to do things that you do not want to do?*  | ☐ Yes<br>☐ No<br>☐ Refused   |  |  |  |  |

| Hawaii HMIS Serving Honolulu, Maui, Kauai and Hawaii  | VI-SPDAT V2 (Individual)                               |   |  |  |
|---|--|---|--|--|
| 9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?* | □ Yes<br>□ No<br>□ Refused                             |   |  |  |
| C. Socialization and Daily Functioning  | 4) consequence (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) |   | oppijilijani jedinahidi il iki pozovojoji pravpa pidnik poljenja adali libitation at |  |
| 10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?*   | ☐ Yes<br>☐ No<br>☐ Refused                             | 11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?*                                      | ☐ Yes ☐ No ☐ Refused   |  |
| 12. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?*   | □ Yes<br>□ No<br>□ Refused                             | 13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?*            | ☐ Yes ☐ No ☐ Refused   |  |
| 14. Is your homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?*                           | □ Yes<br>□ No<br>□ Refused                             |   |  |  |
| D. Wellness   |  |   |  |  |
| 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?*   | □ Yes<br>□ No<br>□ Refused                             | 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*   | ☐ Yes<br>☐ No<br>☐ Refused   |  |
| 17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?*   | □ Yes<br>□ No<br>□ Refused                             | 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?*        | ☐ Yes ☐ No ☐ Refused   |  |
| 19. When you are sick or not feeling well, do you avoid getting help?*  | □ Yes<br>□ No<br>□ Refused                             | <b>20.</b> FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?*  | ☐ Yes<br>☐ No<br>☐ Refused   |  |
| <b>21.</b> Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?*  | □ Yes<br>□ No<br>□ Refused                             | 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?*   | ☐ Yes<br>☐ No<br>☐ Refused   |  |
| 23a. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a mental health issue or concern?*               | □ Yes<br>□ No<br>□ Refused                             | 23b. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a past head injury?* | ☐ Yes ☐ No ☐ Refused   |  |

#### VI-SPDAT V2 (Individual)

| Wellness (Continue   | <b>d</b> )                             |               |   |   |   |   |               |
|--|--|---------------|---|---|---|---|---------------|
| your housing, or beer  |  | □ Ye<br>□ No  |   | <b>24.</b> Do you have any mental health or brain issues that would make it hard  |   |   | □ Yes<br>□ No |
| apartment, shelter pro<br>you were staying, bed<br>disability, developme<br>impairment?*                                     |  | □ Refused for |   | 101 y   | ou i                                    | to live independently because you'd need help?* | □ Refused     |
| <b>25.</b> Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?* |  | 1110          |   | 26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?* |   | ☐ Yes<br>☐ No<br>☐ Refused                      |               |
|  | of abuse, or by any<br>e experienced?* | □ Ye          |   |   |   |   |               |
| Survey Region*   | op Questions                           |               | 100 A |   |   |   |               |
| ☐ Kohala   | ☐ Zone 1: Hanapepe,                    |               | ☐ Central   | Maui  |   | ☐ Downtown Honolulu - Sal                       | t Lake to     |
| ☐ Honokaa  | Waimea, Kekaha                         |               | □ Lower '   | Waieh   | u                                       | Piikoi St                                       |               |
| ☐ Laupahoehoe  | ☐ Zone 2: Koloa; Poipu                 |               | ☐ Lahaina   | ì   |   | ☐ East Honolulu: Piikoi St. te                  | o Hawaii Kai, |
| □ Hilo   | ☐ Zone 3: Lihue                        |               | □ Kihei   |   |   | Waikiki   |               |
| ☐ Waiakea  | ☐ Zone 4: Anahola, Kaj                 | oaa           | □ Hana  |   |   | ☐ Ewa - Aiea to Kapolei                         |               |
| ☐ Keaau  | ☐ Zone 5: Haena, Hana                  |               |   |   |   | ☐ Windward: Kaneohe to Wa                       | aimanalo      |
| ☐ Pahoa  | Kilauea, Anini                         |               |   |   |   | ☐ Upper Windward Kahaluu                        | to Kahuku     |
| ☐ Kau  |  |               |   |   |   | □ North - Wahiawa to North                      | Shore         |
| ☐ Konawaena  |  |               |   |   |   | ☐ Waianae Coast                                 |               |
| ☐ Kealakehe  | ☐ Other                                |               |   |   | *************************************** |   |               |
| Where do you usual   | ly go for healthcare or w              | vhen yo       | ou're not fe  | eling v   | vell'                                   | ?*  |               |
| ☐ Hospitals:   | For Oahu Only, please                  |               |   |   |   | Kapiolani/Pali Momi Medical                     | Center        |
|  | ☐ Castle Medical Cente                 | r             |   |   |   | Queens Medical Center                           |               |
|  | ☐ Kaiser Medical Cente                 | r Hono        | lulu/Moana  | lua   |   | Straub Clinic and Hospital                      |               |
| ☐ Clinics:   | For Oahu Only, please                  | select        |   |   | Π,                                      | Waikiki Health Center                           |               |
| LI CIMICS.   | ☐ Kalihi Palama Health                 |               | -   |   |   | Waimanalo Health Center                         |               |
|  | ☐ Waianae Coast Comp                   |               |   | <sup>'</sup> enter  |   |   |               |
| □VA  | - Walanae Coast Comp                   | i enensi      | i i o i iouiiii C   | -VIIIVI   |   |   |               |
|  | :                                      |               |   |   |   |   |               |
|  | pecify:                                |               |   |   |   |   |               |
| ☐ Does Not Go F  | or Care                                |               |   |   |   |   |               |





| Additional Follow-Up Questions (Continued)  |  |  |  |   |  |                              |   |               |  |
|---|--|--|--|---|--|------------------------------|---|---------------|--|
| Where did you live p<br>becoming homeless?  |  | □ Oahı □ Haw □ Mau                           | vaii Island  |   | ☐ U.S. Mainland (State)  |                              |   |               |  |
| Have you or anyone U.S. military?*  | in your hous   | ehold se                                     | erved in the   | □ Yes                                   | s □ No   |                              |   |               |  |
| Which war/war<br>era?*  | ☐ Post Vietram F☐ Uietnam F☐ Between IJuly 1964)☐ Korean W   | nam (Ma<br>Era (Aug<br>Korean a<br>'ar (June | August 1991 – ly 1975 – July gust 1964 – Api and Vietnam W le 1950 – Januar and Korean War | 1991)<br>ril 1975<br>ar (Feb<br>y 1955) | )<br>1955–   | 1947)  ☐ Post 11, 200 ☐ Afgh | 't answer                                   | ·             |  |
| What was your discharge status?*  | <ul> <li>☐ Honorable</li> <li>☐ General under honorable</li> <li>☐ Under other than honorable conditions</li> <li>☐ Bad conduct</li> <li>☐ Dishonorable</li> </ul> |  |  |   | <ul> <li>☐ Uncharacterized</li> <li>☐ Client doesn't know</li> <li>☐ Client Refused</li> <li>☐ Data not collected</li> </ul> |                              |   |               |  |
| What kind of insura   | nce do you h   | ave?*  | ☐ Medicaid<br>☐ VA<br>Other  | □Ме                                     | dicare   | □ Priva<br>□ None            | ate Insurance                               |               |  |
| Surveyor: Is this clie  | ent a verified   | user of                                      | ******   | vices?                                  | <sup>⊭</sup> □ Ye  | s 🗆 No                       | ☐ Client doesn't know☐ Refused☐ Data Not Co | ~<br>nllastad |  |
| Surveyor: Is the clie<br>mental health service  |  | frequen                                      | t user of high   | level                                   | □Y€  | es 🗆 No                      | ☐ Client doesn't know ☐ Refused Data Not Co |               |  |
| Is there a phone nun<br>leave you a message   |  | omeone                                       | can safely get   | in touc                                 | h with y   | ou or                        |   |               |  |
| Is there an email wh<br>with you or leave a r   |  |  |  | 1                                       |  |                              |   |               |  |
| On a regular day, w   | here is it easi  | est to fir                                   | nd you?  |   |  |                              |   |               |  |
| What time of day is it easiest to do so?  ☐ Specific Time ☐ Morning (8 am - N ☐ Afternoon (Noon -                         |  |  |  |   |  |                              | ning (4 – 8 pm)<br>t (8 pm – 12 pm)         |               |  |
| Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future.  May I do so? |  |  |  | nd                                      | □ Refus  | t doesn't                    |   |               |  |



SCHEDULE OF SERVICES



#### Wahiawa - Current Outreach Schedule of Contracted Service Providers\*

| Sunday Monday | Tuesday | Wednesday                                      | Thursday | Friday | Saturday |
|---------------|---------|--|----------|--------|----------|
| Week 1        |         | Street Outreach (Service Provider #1)          |          |        |          |
| Week 2        | c       | Community-Based Services (Service Provider #2) |          |        |          |
| Week 3        |         | Street Outreach (Service Provider #1)          |          |        |          |
| Week 4        |         | Street Outreach (Service Provider #3)          |          |        |          |

<sup>\*</sup>Encounters approximately 4 times per MONTH. Schedule subject to change

#### **ALEA Bridge – Current Outreach Schedule\***

Mililani, Wahiawa (100% Volunteer Hours)

| Sunday | Monday                               | Tuesday                              | Wednesday                            | Thursday                                      | Friday  | Saturday   |
|--------|--------------------------------------|--------------------------------------|--------------------------------------|---|---|--|
| Week 1 | Mililani/Wahiawa/<br>Street Outreach | Joint Service Fair<br>@NLBC          | Mililani/Wahiawa/<br>Street Outreach | Joint Evening Outreach w/ Third Day Sanctuary |   |  |
| Week 2 | Mililani/Wahiawa/<br>Street Outreach | Community Yardwork/<br>Employment    | Mililani/Wahiawa/<br>Street Outreach |   | Milliani/Wahiawa/<br>Street Outreach                | Joint Weekend<br>Outreach w/ Inspire<br>Health Outreach Team |
| Week 3 |                                      | Mililani/Wahiawa/<br>Street Outreach | Joint Service Fair @STN              | Joint Evening Outreach w/ Third Day Sanctuary | Mililani/Wahiawa/<br>North Shore Street<br>Outreach |  |
| Week 4 | Mililani/Wahiawa/<br>Street Outreach | Community Yardwork/<br>Employment    | Mililani/Wahiawa/<br>Street Outreach |   | Mililani/Wahiawa/<br>Street Outreach                | Joint Weekend<br>Outreach w/ Inspire<br>Health Outreach Team |

<sup>\*</sup>Encounters at least 4-5 times per WEEK. Schedule subject to change

Outreach includes street & encampment encounters, engagement, counseling, follow-up with forms/paperwork/appointments



#### ALEA Bridge – Enhanced Outreach & Onsite Services\*

#### Region 5 (Mililani, Wahiawa, Whitmore Village, North Shore)

| Sunday                       | Monday  | Tuesday                                      | Wednesday  | Thursday   | Friday  | Saturday                         |
|------------------------------|---|--|--|--|---|----------------------------------|
| HoM 24-hr onsh               | HoM 24-hr onsite services   | HoM 24-hr onsite services                    | HoM 24-hr onsite services                                | HoM 24-hr onsite services                                    | HoM 24-hr onsite services   | HoM 24-hr onsite services        |
| week 1                       | AM – Outreach Team<br>Planning & Coordination   | AM - Service Fair @NLBC                      | Office Hours (All Day)                                   | AM – Office Hours  | AM – Office Hours   | AM - Weekend Outreach            |
| HoM 24-hr onsi               | PM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach<br>HoM 24-hr onsite services   | PM – Office Hours  HoM 24-hr onsite services | HoM 24-hr onsite services                                | PM – Evening Outreach w/<br>TDS<br>HoM 24-hr onsite services | PM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach<br>HoM 24-hr onsite services | HoM 24-hr onsite services        |
| services**<br>Week 2         | AM – Outreach Team  | AM - Community                               | Office Hours (All Day)                                   | AM – Office Hours  | AM Office Hours   | AM - Weekend Outreach            |
| VI-EL 2                      | Planning & Coordination   | Yardwork/ Employment                         | Office riours (All Day)                                  | AW - Office hours  | AIVI - Office Hours   | w/iHOT                           |
|                              | PM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach  | PM – Office Hours                            |  | PM — Evening Outreach  | PM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach                              |                                  |
| HoM 24-hr onsi<br>services** | SECULATION OF THE PROPERTY OF | HoM 24-hr onsite services                    | HoM 24-hr onsite services                                | HoM 24-hr onsite services                                    | HoM 24-hr onsite services   | HoM 24-hr onsite services        |
| Week 3                       | AM – Outreach Team<br>Planning & Coordination   | Office Hours (All Day)                       | AM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach | AM – Office Hours  | AM – Office Hours   | AM - Weekend Outreach            |
|                              | PM — Millilani/Wahiawa<br>/North Shore Street<br>Outreach   |  | PM – Service Fair @STN                                   | PM – Evening Outreach w/<br>TDS                              | PM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach                              |                                  |
| HoM 24-hr onsi<br>services** | HoM 24-hr onsite services   | HoM 24-hr onsite services                    | HoM 24-hr onsite services                                | HoM 24-hr onsite services                                    | HoM 24-hr onsite services   | HoM 24-hr onsite services        |
| Week 4                       | AM – Outreach Team<br>Planning & Coordination   | AM - Community<br>Yardwork/ Employment       | AM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach | AM – Office Hours  | AM – Office Hours   | AM - Weekend Outreach<br>w/ iHOT |
|                              | PM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach  | PM – Office Hours                            | PM – Service Fair @NS                                    | PM — Evening Outreach  | PM – Mililani/Wahiawa<br>/North Shore Street<br>Outreach                              |                                  |

<sup>\*</sup>Encounters 7 days a week; services available 24 hours. Schedule subject to change, pending State Homeless Outreach Program contract award

Office Hours – Phone/Hotline duty, HMIS data entry, Partner Service provider follow-up, Planning meetings, other duties as required

Outreach includes street & encampment encounters, engagement, counseling, follow-up with forms/paperwork/appointments, client appointments/transport, case management

<sup>\*\*</sup>Based on funding availability and implementation of proposed Hale o Maluhia (HoM) Resource and Navigation Center



COMMUNITY OUTREACH PROGRAM



### **Community Outreach Program**

#### Volunteer Training - Sample Agenda

| Day 1 (8am – 12pm) | Topic                           | Details | Trainer/Lead     |
|--------------------|---------------------------------|---------|------------------|
| 8:00 am            | Breakfast                       | NA      | NA               |
| 8:15 am            | Overview of Training<br>Program |         | ALEA Bridge      |
| 8:30 am            | Client Engagement               |         | IHS              |
| 9:00 am            | Motivational Interviewing       |         | КРНС             |
| 9:30 am            | Break                           | NA      | NA               |
| 9:40 am            | Resource Mapping                |         | PIC/AUW          |
| 10:00 am           | Safety Precautions              |         | HPD (D2)         |
| 10;30 am           | First Aid                       |         | VA               |
|                    |                                 |         | (Marissa Acosta) |
| 12:00 pm           | End of Day 1                    | NA      | NA               |

| Day 2 (9am-1pm) | Topic                                | Details | Trainer/Lead   |
|-----------------|--------------------------------------|---------|----------------|
| 9:00 am         | Confidentiality                      |         | ALEA Bridge    |
| 9:15 am         | HMIS Forms Encounter Intake VI-SPDAT |         | PHOCUSED       |
| 10:15 am        | Break                                | NA      | NA NA          |
| 10:25 am        | HMIS Data Entry                      |         | СРС            |
| 11:30 am        | Case Management                      | 1-2-12  | WHC/Care-A-Van |
| 12:00 pm        | Lunch                                | NA      | NA             |
| 12:30 pm        | Certification &<br>Recognition       |         | PIC            |
| 1:00 pm         | End of Day 2                         | NA      | NA             |

#### Appendix B

## Letters of Support

City and County of Honolulu, Office of Councilmember Ernie Martin

Partners in Care, Oahu's Continuum of Care

Department of Veteran Affairs, Homeless Program

The Wahiawa Center for Community Health

Dole Food Company Hawaii

'Olelo Community Media

The Institute for Human Services (IHS)

Catholic Charities Hawaii

Community Health Outreach Work (CHOW Project)

Kalihi-Palama Health Center (KPHC)

Waikiki Health

Ms. Kathleen Pahinui (Chair – Neighborhood Board (NB27) – North Shore)

Mrs. Martha J. Albin, Wahiawa Resident

Tamura Enterprises

**Premier Benefit Consultants** 

Inspire Church, Health Outreach Team

New Life Body of Christ Christian Church

Wahiawa Community Based Development Organization

Third Day Sanctuary

Dr. Joslyn Sato, Director of Academic Outreach (Project Management Institute, Honolulu Chapter)

Wahiawa Community Church of the Nazarene

Draft Resolution from Neighborhood Board #26 (Mililani, Waipio, Melemanu)

Testimonials from the Homeless/Residentially Challenged Persons (RCP) of the Wahiawa Community



CITY AND COUNTY OF HONOLULU 530 SOUTH KING STREET, ROOM 202 HONOLULU, HAWAII 96813-3065 TELEPHONE: (808) 768-5010 • FAX: (808) 768-5011

ERNEST Y. MARTIN
COUNCILMEMBER
HONOLULU CITY COUNCIL
DISTRICT 2
TELEPHONE: (808)768-5002
FAX: (808) 768-1222
EMAIL: emartin@honolulu.gov

January 13, 2017

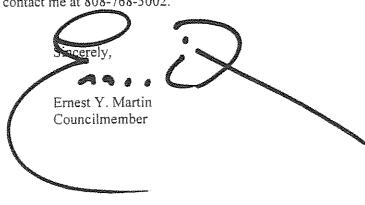
RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

#### Dear Mr Acosta:

This letter is in strong support for the development of a homeless resource and navigation center to serve the Central Oahu and North Shore communities. As the Councilmember representing these communities, I have serious concerns about the dramatic increase in the unsheltered homeless population, specifically in Wahiawa which has experienced the largest increase since 2013. The establishment of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center will greatly assist in providing critical homeless services to the Central Oahu and North Shore communities. Due to changing demographics and economic challenges, Wahiawa is now one of the most impoverished areas on the entire island of Oahu and was recently designated a Medically Underserved Population which highlights the challenges facing the area and the very real concern for not only identified homeless but also hidden homeless individuals living without the security of permanent housing solutions.

The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. It is my understanding that ALEA Bridge and its partners will follow a Housing First/Housing for Health approach. The program will also provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs and substance abuse treatment, with the goal of rapid placement into permanent housing. The availability of these programs and resources in the community will most surely have a positive impact in working to address the needs of the growing at-risk and homeless populations in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa and Kahuku which encompasses nearly one-third of the entire Island of Oahu.

I look forward to continued discussions with ALEA Bridge and its partners in their efforts and again provide my strong support for the development of the Hale o Maluhia project. Thank you for your consideration. Should there be any further questions please feel free to contact me at 808-768-5002.





#### PARTNERS IN CARE

#### Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

January 13, 2017

"Phil" Augustus I. Acosta ALEA Bridge - President pacosta@aleabridge.org

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

Partners in Care (PIC), Oahu's Continuum of Care (CoC), is pleased to support ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

We know that the Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

The program addresses the concerns of the residents and the needs of the growing at-risk and homeless populations in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. There is a critical need in this region and the program addresses the enormous impact of homelessness on the health, welfare, and economic development of these communities.

ALEA Bridge has participated as an active member of PIC, a coalition composed of representatives of organizations from nonprofit homeless providers, government stakeholders, private businesses, community advocates, law enforcement, and homeless and formerly homeless persons. PIC's mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses. PIC is grateful that ALEA Bridge maintains a prominent role on several committees and workgroups, and is taking a leading regional role in the 2017 Point-in-Time count.

With partners like ALEA Bridge, together we can end homelessness on Oahu.

Sincerely yours,

Viec Chair of PIC's Executive Board

Jen Masch

Director of Partners in Care



# DEPARTMENT OF VETERANS AFFAIRS PACIFIC ISLANDS HEALTH CARE SYSTEM Spark M. Matsunaga Medical Center 459 Patterson Road Honolulu HI 96819-1522

In Reply Refer 459

January 17, 2017

SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Phil Acosta,

The Veterans Affairs (VA) is pleased to offer strong support of ALEA Bridge's proposal to establish the Hale o Malu'hia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central O'ahu and North Shore communities. According to the Hawaiian dictionary, the word malu'hia is described as "peace, quiet, security, tranquility, serenity, safety, and stillness," a safe haven needed for the most vulnerable homeless population in Hawaii.

The VA has worked closely with ALEA Bridge on complex homeless cases involving urgent medical attention, case management, and wraparound services integrating health, mental health and housing solutions. The VA has first-hand experience of the lack of, or nonexistent resources for the unsheltered homeless population in the Wahiawa, Waialua and North Shore areas. An increase trend for these rural areas is expected to grow over time. The VA utilizes the Housing First model and our aim is to end homelessness for veterans who have served our country. The VA supports the idea of HoM in meeting the needs of the community, while offering warm supportive assistance for individuals and families to transition from unsheltered to sheltered living. If ALEA Bridge is awarded, the VA will continue to work alongside on complex cases, sharing our strengths to build solid case management together. The VA is unable to provide any financial commitment to the development of HoM. However, veterans residing in the Central Oahu area reported that they were "born and raised here" and do not want to leave their beloved community, which will disrupt their connection to strong social support and sense of place. The VA has supported ALEA Bridge in the past with capacity-building efforts, referrals to other VA programs (SSVF and HUD-VASH), and sharing of other community-based resources that have similar goals and vision.



# Draft Resolution from Neighborhood Board (NB25) Mililani, Waipio, Melemanu Pending Board Approval

SUPPORTING THE GIA REQUEST OF ALEA BRIDGE TO ESTABLISH HALE O MALUHIA

Whereas, the homeless population of Central Oahu and the North Shore is increasing; and

Whereas, ALEA Bridge is taking the lead for the Point in Time activities in Region 5 (Central Oahu and North Shore) which should produce a more comprehensive and accurate count; and,

Whereas, services for the homeless in Region 5 (including Mililani) are woefully inadequate; and,

Whereas ALEA Bridge is an organization promoting community outreach to the Central Oahu and North Shore communities; and,

Whereas ALEA Bridge has been diligently working to establish "Hale O Maluhia", a Resource and Navigation Center to provide services for the at risk and homeless populations in Region 5; and,

Whereas, ALEA Bridge has secured partners such as the Wahiawa Center for Community Health, the Wahiawa Homeless Alliance, Aloha United Way, IHS, The VA, HPD and Partners in Care; and,

Whereas a Grant in Aid Proposal will be presented to the 29<sup>th</sup> legislature to provide funds to begin work on the Resource and Navigation Center; and, Whereas such a Center would benefit not only Mililani, but all of Central Oahu and the North Shore:

Now therefore: The Mililani, Waipio ,Melemanu Neighborhood Board No. 25 resolves to support the GIA proposal of ALEA Bridge, and asks the Members of the 29<sup>th</sup> Legislature to approve this request in the new budget;

Be it further resolved that copies of this resolution be provided to all members of the Hawaii House and Senate, House Finance and Senate Ways and Means, The Members of the Honolulu City Council, and the Honolulu Star Advertiser. ML



Artificaco

P. O. Box 860339 Wahiawa HI, 96786 www.wahiawahealth.org 808-591-0000

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> Executive Director Bev Harbin

January 5, 2017

Phil Augustus I. Acosta ALEA Bridge - President

RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

The Wahiawa Center for Community Health (Wahiawa Health) is pleased to offer support and funding of ALEA Bridge's proposal for the Hale o Maluhia (HoM) program, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of facilities, services and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographical area extending from Milliani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. Failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

As a community health center that serves all from Mililani, Wahiawa, Waialua and Kunia, it is part of our mission to serve those that find themselves homeless. We are applying for our Homeless Health Care designation and the ALEA Bridge is an important part of our ability to deliver services to the homeless. ALEA Bridge is a member of our Board of Directors and guides our plans and programs to provide access and a continuum of care.

Their understanding of this substantial area and the homeless crisis coupled with the ongoing collaboration with Wahiawa Health will be a strong resource for the State of Hawaii in our quest to end homeless in our island state.

Very Respectfully,

Bev Harbin

Executive Director Wahiawa Health



January 17, 2017

Mr. Phil Acosta Alea Bridge

RE:

SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta:

Dole Food Company Hawaii is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, focusing on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the community and the needs of the growing at-risk and homeless population in the geographic area extending from Milliani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. Failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities.

As a major land owner in Wahiawa and Waialua, Dole Hawaii has first hand experience of the impact due to the increase in Oahu's homeless population. Homeless encampments on Dole property continue to be a challenge for the company and the community. Our efforts to eliminate illegal trespass on our lands and remove these camps have been futile as the campers have no other place to relocate but to another parcel of Dole property.

Alea Bridge has provided Dole Hawaii with assistance on numerous homeless sweeps by providing outreach and liaison services for the camp inhabitants. We look forward to a continued partnership toward resolving our homeless crisis on Oahu. Dole Food Company Hawaii fully supports Alea Bridge's proposal of the Hale o Maluhia project.

Sincerely

Daniel X. Nellis

General Manager



Date: January 12, 2017

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

'Ōlelo Community Media is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

'Ōlelo's mission is to strengthen our island voices and advance community engagement through innovative media. We provide access to training, equipment and distribution (via cable television and internet) for O'ahu residents to share their non-commercial messages via the medium of video. Community media operators in general and Olelo in particular, catalyze the best kind of community engagement. In recent years we have aired approximately 5,000 hours of original programming per year, more than 3,000 hours of which are locally produced.

In addition to providing media training and resources to ALEA Bridge, 'Ōlelo's Wahiawa Community Media Center has actively participated in the planning and execution of projects to serve the homeless population in and around Wahiawa. I, and several other Olelo employees, personally volunteered to help clean up the homeless encampment beneath the Karsten Thot Bridge last year. That experience made an indelible impression, and brought home the plight of the homeless like nothing else could. It was a stark reminder of the dire conditions that the homeless population experiences, and the severe challenges that the non-urban homeless face.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, including Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

Very Respectfully,

Community Media Services Director

gdavis@olelo.org

237-2179



#### THE INSTITUTE FOR HUMAN SERVICES, INC.

#### Ending The Cycle Of Homelessness

Jan. 17, 2017

#### Women & Family Shelter Business Office 546 Ka'aahi Street Honolulu, HI 96817 Phone 808.447.2800 Fax 808.845.7190

Men's Shelter 350 Sumner Street Honolulu, HI 96817 Phone 808.447.2900 Fax 808.537.2697

#### Housing & Employment 916 Ka'amahu Place A Honolulu, HI 96817 Phone 808.447.2887 Fax 808.841.7976

www.1HShawaii.org

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# RE: SUPPORT FOR CENTRAL OAHU HOMELESS RESOURCE AND NAVIGATION CENTER

Aloha Mr. Acosta,

IHS, The Institute for Human Services, Inc. is pleased to offer support for ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced a large increase in unsheltered homeless persons since 2013. A major barrier to effectively addressing the homelessness in this rural community has been the lack of a consistent base of operations that would provide a reliable and widely known place where help can be accessed.

The HoM Resource and Navigation Center will offer such a site for services with intensive outreach, case management, and interim/bridge housing in the form of a small emergency shelter. We understand that ALEA Bridge intends to embrace a Housing First approach to services which presents low barriers to housing and finding permanent housing for Individuals and families as quickly as possible.

This requires a wide array of service and community partners which ALEA Bridge has done an excellent job of assembling. This program addresses the concerns of Wahiawa residents and the needs of the growing at-risk and homeless population in this vast geographic area that could encompass Millani, Wahiawa, Waialua, Haleiwa, and Kahuku- essentially one-third of the entire Island of Oahu.

ALEA Bridge has taken the initiative to establish themselves as a new non-[profit organization focused on providing homeless services in the context of community development and engagement. As such, we heartily support their efforts as they mirror our values and approach to homeless solutions. When they first came to IHS seeking to partner, they opened themselves to learning about existing services and how they could be a significant change maker in addressing Wahiawa homelessness.

We endorse their passion and their effort and have been partnering over the last year providing technical assistance for a broad array of homeless services, receiving referrals into our shelter and housing programs. They respond to requests for targeted outreach in the Wahiawa North Shore area and have become an integral part of the homeless outreach network for Oahu.

We hope you will see fit to support ALEA Bridge in their mission to be the local homeless services provider for Central and North Oahu with funding for a base of operations.

Very Respectfully,

Couri mercul

Connie Mitchell Executive Director



#### CATHOLIC CHARITIES HAWAI'I

**Date: January 17, 2017** 

RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

Catholic Charities Hawaii is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

Currently, Catholic Charities Hawaii's Supportive Services for Veteran Families Program (SSVF) works in partnership with Alea Bridge to provide services to the homeless. Because our SSVF program does not employ an outreach worker, we rely heavily on providers to send us referrals. Since Alea Bridge's inception, they have been our primary referral source for the Central Oahu and North Shore areas. Prior to Alea Bridge referrals, we rarely received referrals to our SSVF program from this geographical region on the island. Alea Bridge has given us the opportunity to attend their monthly resource fairs which has also been helpful for us to engage with Veterans in need in the Central Oahu/North Shore area.

Should Alea Bridge receive funding for the HoM, we would be a resource for the homeless persons they serve. Catholic Charities Hawaii has numerous housing programs that assist the homeless. All of our housing programs are aimed at moving households into permanent housing and/or providing homeless prevention assistance. We could work in conjunction with Alea Bridge to identify those in need, determine eligibility, and complete intake and enrollment into our housing programs. A collaboration would greatly assist the homeless families in the Central/North Shore regions obtain permanent housing.

Very Respectfully,

h of no

Rona Fukumoto

Division Administrator of Housing Assistance and Referral Programs (HARP), Catholic Charities Hawaii 808-527-4704, rfukumoto@catholiccharitieshawaii.org



#### Community Health Outreach Work

677 Ala Moana Blvd., Suite 226 Honolulu, HI 96813 Phone (808) 853-3292 • Fax (808) 853-3274

January 17, 2017

Phil Acosta ALEA Bridge

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

On behalf of the Community Health Outreach Work (CHOW Project), I am pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities. The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities.

For over 20 years the CHOW Project, has been working to improve the lives of men, women and families and communities adversely affected by drug use, through a participant-centered harm reduction approach. CHOW works to reduce drug-related harms such as but not limited to HIV, hepatitis B and C, homelessness and overdose. CHOW works supports the optimal health and well-being of people affected by drug use throughout the State of Hawaii. CHOW conducts outreach on all parts of Oahu and has seen the huge increase in homelessness in the area HoM is proposing to serve.

The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health,

welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

We strongly hope that you receive funding this program for the most important issue facing Central and North Oahu today.

Sincerely,

Heather Lusk Executive Director

Community Health Outreach Work Project (CHOW)



January 17, 2017

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta:

Kalihi-Palama Health Center is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless service to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The Hom Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

The program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire island of Oahu. We agree that this initiative would significantly improve the health, welfare, and economic development of these communities. If we can provide any additional information, please feel free to contact me at (808) 791-6376.

Respectfully,

Leslie Uyehara, Director

Health Care for the Homeless Project

Uyehare

Kalihi-Palama Health Center



277 Ohua Avenue • Honolulu, Hawaii 96815

January 13, 2017

Dear Mr. Acosta:

Waikiki Health supports the partnership of ALEA bridge and the Center for Community Health in their establishment of a HoM Resource and Navigation Center.

As Hawaii's only FQHC that receives federal (HRSA) funds to provide medical services to homeless individuals (330h), we are acutely knowledgeable regarding the increase in homelessness in the Wahiawa and North Shore communities, having served these communities for the past few decades.

We applaud the partnership and support of community agencies in the pursuit of housing, improved health and quality of life.

Sincerely;

Sheila Beckham, RD, MPH

Chief Executive Officer

#### Kathleen M. Pahinui 67-237 Kaui St. Waialua, HI 96791

January 19, 2017

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta:

As a member of the North Shore community and someone who has worked with homeless providers for many years, I support ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The North Shore will benefit as many of the homeless move from one community to the other - this serves no one and does not provide these community members with the help they need. This program will address the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. Many of the activities for homeless are focused on Honolulu, this leaves a large area not served - many, if not most of the homeless in these communities are actually from these areas. Born and raised. They deserve our help as much as those in town.

Failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide. I respectfully ask for your support for this initiative as the benefits to everyone will be great.

Mahalo,

Kathleen M. Pahinui

20 Hoe Way Wahiawa, HI 96786 January 17, 2017

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

As a resident of Wahiawa, I, Martha Albin, am pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

I have been helping to feed the homeless at Blaisdell Park for over a year now and after attending a Saturday seminar on the homeless sponsored by the IHS, the idea was thrown out that perhaps just feeding the homeless and providing toiletries, blankets, and towels was not enough. Why not hire the homeless? At the time I was considering hiring someone to help with my yard work and I was put in contact with Phil Acosta. Since October, 2016, Joe Acosta has been bringing two homeless men to my home who mow my yard, weed whack and also pull weeds and help me wash windows. They come every two weeks for two hours and I am extremely pleased with the work that they do since I was recently diagnosed with AFib and could not continue doing all the work myself. I willing pay them for their excellent work. I am willing to help in continuing to bring more resources and much needed affordable housing for the homeless in the Central Oahu and North Shore communities.

Aloha,

Martha J. Albin

martha J. allin



#### TAMURA ENTERPRISES, INC.

440 Kilani Avenue, Wahiawa, HI 96786
Telephone: 808.622.4117 | Facsimile: 808.621.4923
www.tamurasfinewine.com | www.tamurasmarket.com



January 12, 2017

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

Tamura's Market, Wahiawa, is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

Very Respectfully,

Mike Mita Director of Operations Tamura's Wahiawa

PH.: 808-622-4117



#### 1221 Kapiolani Blvd., PH 30 Honolulu, HI 96814 (808) 478-1137

1/18/2017

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

Premier Benefit Consultants (PBC) is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities. Our main purpose is to be a resource for healthcare (Medicare and Medicaid) assistance.

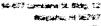
The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

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For most Medicare members, trying to understand benefits and information provided by Social Security Administration or Department of Human Services can get complicated. Premier Benefit Consultants specializes in educating and assisting Hawaii's Kupuna and low-income members in making informed decisions about their Medicare coverage. We represent 4 out of the 6 companies in Hawaii that offers Medicare Advantage Plans including HMSA, United Healthcare, Ohana Health Plan and Humana. We will support ALEA Bridge and its partners to assist Medicare and/or Medicaid recipients at no cost. We look forward to working with you and your partners.

Very Respectfully,

Leilani U. Soliven, Healthcare Insurance Consultant









Inspirechurch

Fantsary 13, 2017:

RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta.

We have had the honor of working closely with you and ALEA Bridge on multiple projects in 2016 including homseless outreaches (in Wahiawa, Mililani, Waipahu and Pearl City), fundraising and the recent holiday outreach celebrations with our homeless neighbors in Pearl City and Wahiawa. Through these interactions, we know that the heart of ALEA Bridge is selfless and caring.

The Inspire Health Outreach Team of Inspire Church is pleased to offer support for ALEA Bridge's proposal for the Hale o Malukia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oalso and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interimbridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health. Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Militani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oabu. We agree that failure to support such an initiative would have enormous ramifications on the health, welfare, and economic development of these communities. This could also create generational impacts on the residents, thus exacerbating the homeless crisis statewide.

We look forward to continuing to partner with ALEA Bridge on the Point-In-Time homeless count in the opcoming weeks and look to the future with anxicipation to see how we can help with the HoM project. As we continue with our faith-based community outreach in this neighborhood, we plan to spread the word about this project and know that we will find opportunities to provide manpower and know-how in our areas of expertise to allow this project to flourish and help loosen the grip of hopelessness on the hearts of our homeless friends. We are thankful for the opportunity to recognize and support ALEA Bridge and the HoM project.

With Faith and Aloha.

Neal Shimoda MD

Inspire Health Outreach Team

heal &. Swander had

Inspire Church

#### NEW LIFE BODY OF CHRIST CHRISTIAN CHURCH 74 S. KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786

(808) 622-6650

FAX: (808) 622-7502



Sadie Lasell Secretary (808) 622-6650 nlbcadmin1@holmail.com

Bishop Michael A, Henderson Senior Pastor (808) 778-5011 nlbchurricane@hotmail.com

January 6, 2017

# RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

New Life Body of Christ Christian Church is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

Our ministry has supported the clean-up efforts of the houseless encampments. We have also assisted with identifying the number and location of the houseless population in our community. We participated in the food drive event held at Ka'ala Elementary School in which all funds were raised for the ALEA Bridge project. On the first Tuesday of each month, our ministry partners with ALEA Bridge during the operation hours of our food bank ministry and they provide a variety of information to our clients to include employment opportunities. We believe that these services are vital in support of our houseless Ohana and community.

Very Respectfully,

Bishop Michael A. Henderson

Senior Pastor (808) 622-6650

nlbchurricane@hotmail.com

"Therefore if any man be in Christ, he is a new creature; old things are passed away; behold all things are become new"



# WAHAWA

#### Community Based Development Organization (WCBDO)

PO Box 861191, Wahiawa HI 96786

info@wahiawaCBDO.org

**BOARD OF DIRECTORS** 

Darin Uesugi President

Yukio Kitagawa 1st Vice President

Lisa Gomes Treasurer

Jack Kampfer Recording Secretary

Elizabeth Smithe Corresponding Secretary

Renee Kamisugi Director

Alex Kanamu Director

Alan Leigh Director Dear Mr. Acosta,

The Wahiawa Community Development Organization (WCBDO) is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities. The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

WCBDO works to improve the economic conditions in Wahiawa, with the goals of improving opportunities for residents and revitalizing our neighborhoods. As a Neighborhood Revitalization Strategy Area (NRSA) on Oahu, the CBDO believes that any efforts to change the trajectory of homelessness in our community is vital to the well-being of all residents. As a member of the Wahiawa Homeless Alliance, we have worked hand-in-hand with ALEA Bridge, and we whole-heartedly support its efforts to create the HoM Resource and Navigation Center. We ask for your consideration for a desperately needed support that will directly impact he most vulnerable of our neighbors.

Very Respectfully,

Darin Uesugi Board President

Wahiawa Community Based

**Development Organization** 

THIRD DAY SANCTUARY
Pastor James Pineda
94-143 Hulahe Street
Waipahu, HI 96797
(808) 551-5668 / (808) 683-6505

January 16, 2017

RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

Third Day Sanctuary is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing atrisk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities.

This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

Because homeless is lack of safety, basic life needs and are unprotected by the support of the government, they are at risk of victimization, abuse and being targeted by the passersby, criminal justice involvement and death. Research shows that there is a huge percentage of homeless youth that have experienced physical abuse. Without a safe place to stay young people suffer and remain disconnected from education, the workforce, community involvement and struggle to enter adulthood.

A full and inclusive shelter would allow for the continuation of critically needed services and safety for our brothers and sisters especially for the youths who runaway, are thrown out or are exiting other systems of care and become disconnected from families.

The longer these brothers and sisters especially the children languish alone and without guidance and without a safe haven, protection or access to basic life needs, the risk of mental health deterioration, victimization, criminal justice involvement, and lifetime homelessness increases. A safe place to sleep, eat, grow and develop is vital for our less fortunate brothers and sisters and for these young people to enter adulthood prepared, educated and able to support themselves as adults.

We believe ALEA Bridge proposed project homeless resource and navigation center to serve the central Oahu and North Shore community will greatly benefit our community and I'am writing to express our full support. Third Day Sanctuary will support through our Outreach. Which we currently have it held 1st / 4th Thursday and 3rd Saturday of every month. We are all in every avenue to help our community be a better living resource through the compassion and love that every individual deserves.

Thank you for your leadership on behalf of all homeless, adult, youth and families. May Gods will be done on earth as it is in heaven.

Very Respectfully,

Schior Pastor James Pineda

(808) 551-5668

thirddaysanctuary@gmail,com

#### RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL DAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

Dr. Joslyn Sato, Wahlawa Resident & Director of Academic Outreach, Project Management Institute - Honolulu Chapter is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance (WHA), and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

This program addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. We agree that failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could also create generational impacts to the residents, thus exacerbating the homeless crisis statewide.

Working with ALEA Bridge as a member of the WHA, I have learned about the Homeless issues in our community and the challenges and barriers preventing our small Community from receiving and offering effective services to meet the current. homeless situation, preventing homelessness, and improving the community. Though ALEA Bridge has made significant strives in the services they offer, the need for Hale o Maluhia will allow their organization to fully achieve its mission and purpose.

Lam confident that ALEA Bridge, if given the opportunity and financial support, will help the Wahiawa community and State of Hawai'i service the homeless and achieve effective callaborative solutions for sustainable support. Through several Wahiawo Homeless Alliance initiatives, professional project management practices and approaches were used to efficiently plan and execute community projects that leveraged collaborative partnerships among various Wahiawa businesses, organizations, non-profits, and faith-based groups. Therefore, allowing our community to optimize resources to achieve project-based actions. This success proves ALEA Bridge will ensure to take action, while managing resources and scope to ensure project and program success.

As a Wahiawa resident, I look forward to the improvement of our community as well as the success of ALEA Bridge and the planned Hale o Maluhia project. And I thank you and ALEA Bridge for pursuing this mission and having the passion to service the homeless and improve my hometown, Wahlawa.

Very Respectfully,

Mr pala Dr. Joslyn T.P. Sato, PM

Director of Academic Outreach, PMI Honolulu Chapter Wahiawa Resident

#### Wahiawa Community Church of the Nazarene 1805 California Ave. Wahiawa HI 96786 808-621-6629 nazkine.com

Date:1/20/17

RE: SUPPORT FOR A HOMELESS RESOURCE AND NAVIGATION CENTER TO SERVE THE CENTRAL OAHU AND NORTH SHORE COMMUNITIES

Dear Mr. Acosta,

The Wahiawa Community Church of the Nazarene is pleased to offer support of ALEA Bridge's proposal for the Hale o Maluhia (HoM) project, a Resource and Navigation Center to provide critical homeless services to the Central Oahu and North Shore communities.

The Wahiawa community has experienced the largest increase in the unsheltered homeless population since 2013. A major factor in this trend is the lack of services, facilities, and direct funding for Wahiawa and the surrounding communities. The HoM Resource and Navigation Center will offer intensive outreach, case management, and interim/bridge housing with critical wraparound supportive services onsite. We understand that ALEA Bridge and its partners, to include Wahiawa Center for Community Health, Aloha United Way, member agencies of the Wahiawa Homeless Alliance, and other service providers, will follow a Housing First/Housing for Health approach. This will provide a safe and stable environment with low barriers to entry, with a focus on physical/behavioral health needs, and substance abuse treatment, with the goal of rapid placement into permanent housing.

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We have worked closely with ALEA Bridge on several projects to help the homeless in Wahiawa. We believe they have the conviction and the expertise to manage a resource center in the community of Wahiawa. Furthermore, we desperately need a resource center in Wahiawa in order to address the serious needs of the homeless population in central Oahu.

WCC strongly supports the following statement by ALEA Bridge:

"The Wahiawa HoM Project addresses the concerns of the residents and the needs of the growing at-risk and homeless population in this vast geographic area extending from Mililani to Wahiawa, Waialua, Haleiwa, and Kahuku, encompassing nearly one-third of the entire Island of Oahu. Failure to support such an initiative would have enormous ramifications to the health, welfare, and economic development of these communities. This could create generational impacts to the residents, thus exacerbating the homeless crisis statewide. This project also aims to revitalize, maintain, and preserve resources in the community affected by the increase in homelessness such as the historic grounds of Kukaniloko, recreational areas surrounding Lake Wilson, and key tourism hotspots throughout the North Shore."

WCC will continue to collaborate and provide volunteer support to ALEA Bridge when and wherever we can. We have been working with ALEA Bridge on the Wahiawa Homeless Alliance and have seen some positive impacts within the homeless community as a result.

Very Respectfully,

Rev. John E. Miller

# Neighborhood Commission Office

### DRAFT Resolution from Neighborhood Board #25

(Mililani, Waipio, Melemanu) - Pending Board Vote and Approval

# RESOLUTION IN SUPPORT OF THE GRANT-IN-REQUEST OF ALEA BRIDGE TO ESTABISH THE "HALE O MALUHI," A RESOURCE AND NAVIGATION CENTER SERVING THE HOMELESS

WHEREAS, the homeless population of Central Oahu and the North Shore is increasing; and

**WHEREAS**, services for the homeless in Region 5 (including Mililani) are woefully inadequate; and

WHEREAS, ALEA Bridge is an organization promoting community outreach to the Central Oahu and North Shore communities; and

WHEREAS, ALEA Bridge is taking the lead for the Point-in-Time activities in Region 5 (Central Oahu and North Shore) which should produce a more comprehensive and accurate count of the area homeless; and

**WHEREAS**, ALEA Bridge has been working diligently to establish "Hale O Maluhia," a Resource and Navigation Center, to provide services for the at risk and homeless populations in Region 5; and

WHEREAS, ALEA Bridge has secured partners such as the Wahiawa Center for Community Health, the Wahiawa Homeless Alliance, Aloha United Way, the Institute for human Services, the Veterans Administration, the Honolulu Police Department, and Partners-in-Care; and

**WHEREAS**, a Grant-in-Aid Proposal will be presented to the 29<sup>th</sup> Hawaii State Legislature requesting funds to initiate work on the Resource and Navigation Center; and

WHEREAS, such a Center would benefit not only Mililani, but all of Central Oahu and the North Shore; and now therefore,

**BE IT RESOLVED** that Mililani/Waipio/Melemanu Neighborhood Board No. 25 strongly supports the Grant-In-Aid proposal of ALEA Bridge and implores the Members of the 29<sup>th</sup> Hawaii State Legislature to approve this request in the new budget; and

**BE IT FURTHER RESOLVED** that copies of this resolution be transmitted to all members of the State of Hawaii House and Senate, the House Finance and Senate Ways and Means committees, the Mayor and members of the Honolulu City Council, and the *Honolulu Star Advertiser*.

(This draft will be presented to the Mililani/Waipio/Melemanu Neighborhood Board No. 25 for their consideration and adoption at their next regularly scheduled meeting which will take place on January 25, 2017)

PO Box 893573 Mililani, HI 96789

A 501(c)(3) Nonprofit
Organization
EIN #



info@aleabridge.org

(808) 492-2214

www.aleabridge.org

#### Client Testimonials

"Hi, my name is Miriam. Joe's been helping us out a lot out here. I was one of the first people that he met. He does a good job with us. Anything we need, he's always there. He takes us to get our IDs, all our personal stuff. Clothes, food, anything we need, he's always there for us. Always. I hope that you guys can see the good in Joe because he's good with everybody, all of us here at the bush. Me and Jolynne was one of the first people that he met out here and we was kind of skeptical at first, but so far he kept his word us. He's going through a lot of trials and tribulations right now, but he's doing really well. Really, really well, so I hope you guys know that the funding would help him, would help us and try and eliminate the homeless population out here, but again Joe's been very good to us, especially us. Whenever we need him, he's always there whether he's sick or not. He takes us when we need to go places. As for me, personal speaking, I really love Joe. He's a good, good man and I hope that you guys find it in your guys' heart to help him. Thank you."

#### ~ Miriam Hanawahine

"Hello, this is Linda Dickman. First of all, I'd like to thank Joseph and his brother for all the help. Joseph is doing really good work with me and others and I really want to thank him and his great idea to have stopped his state job and to work with the homeless. He does real good working with me. He transports me wherever. He helps me out in other ways and his brother was so kind to have gotten something for me that I needed and his brother is pushing...I'm not sure for what and I heard they lost the contract. I hope they can get the contract back next session or time or whenever because it would really do a lot of us homeless people good. Those who are willing to work with him, it is such a good and pleasure feeling of all the stuff Joseph Acosta does for me as well as a lot of others. I just want to honor the two, Joseph and his brother, as well as the senate or senators who are getting involved and trying to push with things for Joseph and his brother, Joseph Acosta, for all the greatness Joseph is doing and I really do appreciate it.

I really don't have much more to say, only that Joseph's done a really, really, super, super great job with me. Not only me, with others he's helping also and I really do appreciate the help. I really do appreciate whatever he can and he does for me as well as other and I really do hope his organization gets acknowledged, so he can continue moving...not moving on, but continue trying to get more and more clients and more and more people off the streets. The way I see it, he's done a really good job because he's gotten several off the streets already and he works really well with me and I really do appreciate him and his brother's help because a couple weeks ago, I needed something. Joseph's brother was able to get it and Joseph went and picked it up for me and brought it to me at the shelter.

I cannot thank Joseph nor his brother any more for doing that for me and now other things I need, Joseph really gets things done and brings it to me as soon as he can and I really, really appreciate the help Joseph Acosta does for me as well as others. So I really hope they can get his organization going and things can get...hopefully as soon as possible he gets acknowledged through the organization and the help and everything they need, can get going with the help of the senate or senators and whoever else's approval. I would really appreciate that because he is such a help. Like I say, not only to me, but to other and I really appreciate his help of what he does for me, so I really want to acknowledge Joseph Acosta and his brother very much for all that they do for me as well as others.

I want to thank you very much and I really hope he gets what he's wanting because he is super, super helpful, Joseph Acosta. So I really hope he can get the contract as soon as possible. It would really, really help him as well as others. I ask of you, please, please to try and have someone push for it, so he can have a contract again. I would really, really appreciate that and I'm not just saying this. Because he really does help out others a lot. At times, more than he has to or should, but he still does it. I have to give a lot of appraisal [sic] to Joseph and his brother and I'm so happy I was...I got in touch with him through a good friend of mine and if it wasn't for her, I would have never met Joseph Acosta and got the help he does, so I would really appreciate...him and his brother, Joseph and his brother needs to get praise for all the goodness they're doing, hard work and everything. I want to thank you very much and I hope it'll be a great year. Bye. I thank you very much and bye."

#### ~ Linda Dickman

"Hello. My name is Orlando Apilando. I've been homeless here for about three years and ALEA Bridge has done a lot for me. It kept me alive, I'll tell you that and their support, their concerns means a whole lot to me and why I'm still around and he's still around. Joe has done a lot for me, the brother, Phillip, and the organization. Real warm-hearted, helping people who really makes a difference. I am very, very comfortable with them and I'm very, very happy or pleased the way they've been treating the homeless here. Not only for myself here, but everywhere. Good things I hear about them, that's really no surprise. Thanks you very much. Bye."

~ Orlando Apilando

"Hello, my name is Wendell Kawelo. I've been homeless for five years already. I'm with the nonprofit, ALEA Bridge and they help me a lot. Thank you. "

~ Wendell Kawelo

"Hi. My name is Donnalynn Kaimi. I'm 58 years old and I am homeless living at Karsten-Thot Bridge in Wahiawa, Hawaii and I'm asking for funding to be allocated to specifically ALEA Bridge and their members. I was incarcerated for the past four years and maxed on my term, May 13, 2016 and I decided not to reach out to my family or friends and came out and pretty much got the same space that I had in the bushes of Karsten-Thot Bridge. Pretty much the same space that I had before I went into prison. The financial challenges in paying rent in Hawaii is just outrageous and enormous and I decided that I wanted to do this on my own. However, living homeless is not an easy task.

Okay, let's begin by, first of all, so I've never heard of any agency ever coming out and helping us, but I've experienced for the past six and a half months amazing, amazing blessings from this ALEA Bridge and their members, particularly Joe Acosta and his brother, Phil. I met with new homeless people that spoke highly of Mr. Acosta, who's with the ALEA Bridge. He helped fund through his personal finances the cost and fees to obtain my Hawaii state ID. He would use his car, his personal car to take me into Honolulu to get my physical so that I can get to the Department of Health who, in turn, would take that physical and ask personal questions about mother and father, sisters and brothers, etc. to be sure that I am who I am and finally get my birth certificate from there.

Again, I personally witnessed Mr. Joe Acosta pulling money out of his pocket to pay for this and without funding, he will never get reimbursed. Just a footnote, I sat in the backseat with three, not two, not one, but three car seats, baby car seats, so he has toddlers at home and he doesn't ask too much out of the homeless. He doesn't make a date for you to meet him at a parking lot in Tamura's or something and if you don't show up, he doesn't take it personal. He's so humble. I myself cannot believe he used to be a police officer, I cannot.

Anyway, so I got to meet this wonderful man who is a googolplex of everything that I could ever want, I can ask him and he will do everything in his power to get it. I would like to get the lower bridge of my teeth fixed and he knows of a program that would do it for free. I mean he does his research, he does what is needed to help us to feel more confident in going out there and applying for jobs and being able to smile and say, "Yes, I'm homeless, but I have a good support system out there." Prior to this, there was nothing like this back then.

Okay, from the Department of Health, Joe Acosta would drive all the way to Kapolei and now I'm getting my social security card. It takes hours to do this, there's a lot of people and he has so much patience. You'll never see him sweat or throw a fit or nothing. I mean he's just very humble and everything is whenever we're ready to do it and he's just willing to be there for us. Okay, so from there, there was a waiting period from two to three weeks to wait for the physical card to come in, the original card and from there, he was there when I was ready to get my ID and, again, I witnessed Mr. Acosta pulling money out of his pocket to pay for the enormous fees to get a Hawaii state ID. What was kind of neat was as soon as we walked in, I felt comfortable because they knew him. The clerks knew him, they called him by his first name. They kind of said, "He brings a lot of people through here." Can you imagine how many people this man helped and paid for out-of-pocket expenses for us to get our IDs? From what I understand, he even helped those who wanted to get their driver license as well.

Let me talk about the June 2016 massive cleanup that they had that has never been done in Hawaii before. ALEA Bridge coordinated and arranged and let me tell you, this cleanup, it was well put together. They brought in two Matson containers. Prior to the scheduled cleanup, Joe would come with very, very expensive garbage bags, huge garbage bags, cases of them and at our own time, we can go ahead and start doing cleanup and start piling up the garbage and the garbage bags. When the massive cleanup was scheduled, there were 25 other churches, over 100 people that helped cleanup everything. There was one area next to me that was at least six-feet deep in garbage that took the whole four hours to get to the bottom of it. These members kept their smile, they kept us thirst-quenched with water. They were just everything, everything was just so well put together.

Again, ALEA Bridge is the one that coordinated this with 25 other churches in the community. Over 100 people came to help us do this cleanup. Today, we have a designated area where we can put all our garbage and the City & County of Honolulu will come back up the garbage once and sometimes twice a month. Prior to this, that has never happened. That cleanup itself has brought unity between the homeless community and the members of ALEA Bridge. Camaraderie is also very, very important between the homeless and the community and that cleanup was a Godsend thanks to ALEA Bridge.

There was a Christmas party that touched my heart because I never thought that I would even receive a gift. I mean they put on a big party at the District Park in Wahiawa just for the homeless. The music, the caroling, the jumping booths for the kids and the food, it was just amazing. Again, well organized. We made out a wish list and we got to wish for three gifts and each homeless person that did that got a gift that night. Nobody has done that. Nobody does that. That really touched my heart. To come out of prison and have that kind of community outreach through one brand new organization, ALEA Bridge. Every second and fourth Sunday of the month, every month, ALEA Bridge is out in the community, homeless community, giving out food, bottled water, medicine, Band-Aids, whatever we need. They even take care of our pets and bought my cat flea medicine that I would not be able to afford. I received that help just yesterday with a few members.

I would like to see some kind of funding allocated to this nonprofit organization, ALEA Bridge, and I pray and hope that through my testimony and I'm willing to give a personal one if needed, anything I can do to help, I would like to see that this particular organization be funded so that they can continue to help us not only with the food outreach, but also the housing and to get us out of this homelessness and the only way they can do that is through funding from the government. Again, my name is Donnalynn Kaimi and I'm 58 years old and I'm homeless in Wahiawa, living at Karsten-Thot Bridge. Thank you."

~ Donnalynn Kaimi

#### Officers & Board of Directors

"Phil" Augustus Acosta

Executive Director

Joseph Acosta
Director of Operations / Founder

Madonna Sisson President



Marissa Acosta Vice President

Garrett Sisson
Treasurer

Nicky Winter Secretary

Angelica laea Director

# **APPENDIX C**

COMMUNITY ASSESSMENT RESULTS

## **Community Assessment & Survey Results - Summary**

| # | Question   | Yes | No  | Unanswered/<br>Unsure | Total | % positive |
|---|--|-----|-----|-----------------------|-------|------------|
| 1 | Have you noticed an increase in the number of homeless individuals in the Central Oahu areas?  | 241 | 29  | 5                     | 275   | 87.6%      |
| 2 | Do you think we have a problem of homelessness in Central Oahu that needs to be addressed?   | 254 | 13  | 8                     | 275   | 92.4%      |
| 3 | Do you think we have enough services for the at-risk and homeless individuals in Central Oahu?   | 51  | 208 | 16                    | 275   | 75.6%      |
| 4 | Do you think there are enough programs to educate our youth about substance abuse prevention?  | 62  | 196 | 17                    | 275   | 71.3%      |
| 5 | Do you think more affordable housing and jobs can help alleviate the problems of homelessness?   | 235 | 25  | 15                    | 275   | 85.5%      |
| 6 | Would you support the creation of a Resource and Navigation Center (interim housing, up to 90 days, with onsite supportive services) in Wahiawa to benefit the at-risk and homeless individuals in Central Oahu? | I   | 13  | 24                    | 265   | 86.0%      |
| 7 | If a Resource and Navigation Center is established, would you consider volunteering your time to help the at-risk and homeless population?   | 175 | 71  | 29                    | 275   | 63.6%      |
| 8 | Do you live or work in Central Oahu?   | 210 | 51  | 14                    | 275   | 76.4%      |

Prioritize the following programs and services based on what you feel is most critical in addressing the homelessness issues in the Central Oahu communities:

|                           | Raw Score | Rank |
|---------------------------|-----------|------|
| Affordable Housing        | 11        | 3rd  |
| Employment Opportunities  | 13        | 4th  |
| Homeless Prevention       | 20        | 5th  |
| Physical & Mental Health  | 10        | 2nd  |
| Substance Abuse Treatment | 6         | 1st  |

| Survey Ri | esults - Community                        | as of 10/28/1 | 6  |                   |       |            |
|-----------|---|---------------|----|-------------------|-------|------------|
| #         | Question                                  | Yes           | No | Unanswered/Unsure | Total | % positive |
| 1         | Increase in homeless in C.O.?             | 84            | 11 | 3                 | 98    | 85.7%      |
| 2         | Homelessness problem in C.O.?             | 89            | 4  | 5                 | 98    | 90.8%      |
| 3         | Enough homeless services?                 | 15            | 76 | 7                 | 98    | 77.6%      |
| 4         | Enough services for youth and substance a |               | 72 | 8                 | 98    | 73.5%      |
| 5         | Increase in housing and jobs?             | 83            | 10 | 5                 | 98    | 84.7%      |
| 6         | Support for RNC?                          | 84            | 4  | 10                | 98    | 85.7%      |
| 7         | Volunteer at RNC?                         | 61            | 27 | 10                | 98    | 62.2%      |
| 8         | Live or work in C.O.?                     | 70            | 20 | 8                 | 98    | 71.4%      |
| · ·       | Program/Service                           | Rank          |    |                   |       |            |
| 9         | Affordable Housing                        | 4             |    |                   |       |            |
|           | Employment Opportunities                  | 3             |    |                   |       |            |
|           | Homeless Prevention                       | 5             |    |                   |       |            |
|           | Physical & Mental Health                  | 2             |    |                   |       |            |
|           | Substance Abuse Treatment                 | 1             |    |                   |       |            |
|           | Substance Abuse Treatment                 | *             |    |                   |       |            |
| Survey R  | esults - Community                        | as of 11/19/1 | 6  |                   |       |            |
| #         | Question                                  | Yes           | No | Unanswered/Unsure | Total | % positive |
| 1         | Increase in homeless in C.O.?             | 93            | 12 | 2                 | 107   | 86.9%      |
| 2         | Homelessness problem in C.O.?             | 97            | 8  | 2                 | 107   | 90.7%      |
| 3         | Enough homeless services?                 | 28            | 71 | 8                 | 107   | 66.4%      |
| 4         | Enough services for youth and substance a | ı <b>b</b> 33 | 72 | 2                 | 107   | 67.3%      |
| 5         | Increase in housing and jobs?             | 94            | 4  | 9                 | 107   | 87.9%      |
| 6         | Support for RNC?                          | 91            | 4  | 12                | 107   | 85.0%      |
| 7         | Volunteer at RNC?                         | 66            | 26 | 15                | 107   | 61.7%      |
| 8         | Live or work in C.O.?                     | 83            | 18 | 6                 | 107   | 77.6%      |
| Ŭ         | Program/Service                           | Rank          |    |                   |       |            |
| 9         | Affordable Housing                        | 3             |    |                   |       |            |
| .,        | Employment Opportunities                  | 4             |    |                   |       |            |
|           | Homeless Prevention                       | 5             |    |                   |       |            |
|           | Physical & Mental Health                  | 2             |    |                   |       |            |
|           | Substance Abuse Treatment                 | 1             |    |                   |       |            |
|           | Substance Abuse Treatment                 |               |    |                   |       |            |
| Survey R  | esults - Community                        | as of 11/26/1 | 6  |                   |       |            |
| #         | Question                                  | Yes           | No | Unanswered/Unsure | Total | % positive |
| 1         | Increase in homeless in C.O.?             | 36            | 2  | 0                 | 38    | 94.7%      |
| 2         | Homelessness problem in C.O.?             | 36            | 1  | 1                 | 38    | 94.7%      |
| 3         | Enough homeless services?                 | 6             | 31 | 1                 | 38    | 81.6%      |
| 4         | Enough services for youth and substance a | ab 7          | 26 | 5                 | 38    | 68.4%      |
| 5         | Increase in housing and jobs?             | 31            | 6  | 1                 | 38    | 81.6%      |
| 6         | Support for RNC?                          | 22            | 4  | 2                 | 28    | 78.6%      |
| 7         | Volunteer at RNC?                         | 23            | 11 | 4                 | 38    | 60.5%      |
| 8         | Live or work in C.O.?                     | 32            | 6  | 0                 | 38    | 84.2%      |
|           | Program/Service                           | Rank          |    |                   |       |            |
| 9         | Affordable Housing                        | 1             |    |                   |       |            |
| -         | Employment Opportunities                  | 2             |    |                   |       |            |
|           |   |               |    |                   |       |            |

| Homeless Prevention       | 5 |
|---------------------------|---|
| Physical & Mental Health  | 4 |
| Substance Abuse Treatment | 3 |

| Survey R | esults                                     | Online |    |            |       |            |
|----------|--|--------|----|------------|-------|------------|
| #        | Question                                   | Yes    | No | Unanswered | Total | % positive |
| 1        | Increase in homeless in C.O.?              | 28     | 4  | 0          | 32    | 87.5%      |
| 2        | Homelessness problem in C.O.?              | 32     | 0  | 0          | 32    | 100.0%     |
| 3        | Enough homeless services?                  | 2      | 30 | 0          | 32    | 93.8%      |
| 4        | Enough services for youth and substance ab | 4      | 26 | 2          | 32    | 81.3%      |
| 5        | Increase in housing and jobs?              | 27     | 5  | 0          | 32    | 84.4%      |
| 6        | Support for RNC?                           | 31     | 1  | 0          | 32    | 96.9%      |
| 7        | Volunteer at RNC?                          | 25     | 7  | 0          | 32    | 78.1%      |
| 8        | Live or work in C.O.?                      | 25     | 7  | 0          | 32    | 78.1%      |
|          | Program/Service                            | Rank   |    |            |       |            |
| 9        | Affordable Housing                         | 3      |    |            |       |            |
|          | Employment Opportunities                   | 4      |    |            |       |            |
|          | Homeless Prevention                        | 5      |    |            |       |            |
|          | Physical & Mental Health                   | 2      |    |            |       |            |
|          | Substance Abuse Treatment                  | 1      |    |            |       |            |

| #        | Question:                      | Employment | Health Insurance | Housing          | Substance Abuse |           |                               |
|----------|--------------------------------|------------|------------------|------------------|-----------------|-----------|-------------------------------|
| 1        | Do you need assistance with    |            |                  |                  |                 |           | ·                             |
| <u>.</u> | the following:                 | 20         | 9                | 12               | 3               |           | Check all that apply          |
|          |                                |            |                  |                  |                 |           |                               |
|          |                                | Yes        | No               | No answer/Unsure | Total           | %Positive | Comments                      |
| 2        | Enough services in Central     |            |                  |                  |                 |           |                               |
|          | Oahu?                          | 11         | 21               | 1                | 33              | 63.6%     |                               |
| 3        | Would you utilize the services |            |                  |                  |                 |           |                               |
| 3        | of the RNC (HoM)?              | 20         | 11               | 2                | 33              | 60.6%     |                               |
|          | Would you stay at the RNC      |            |                  |                  |                 |           | Only if I'm with my boyfriend |
| 4        | (HoM)?                         | 18         | 13               | 2                | 33              | 54.5%     | Not if it's at Barber's Point |

Reasons for NOT staying at RNC (HoM):

Being homeless

Comfortable on the street til housing

There's no reason not to use it. If it is right now, I'm on it.

Not being in control of self doing

I would only consider if it is in Central Oahu area

I have dogs, inconvenient

Need a place for my kids

Wanting a place I can do alone and having people knocking at my door. A chance to start over \_\_\_\_ without supervision and rules like a one time deal though when needed I will inform in regards

Strict rules and regulations

God set me in a position where I am to be actively in field of homeless in Wahiawa to help them. And I know the Holy Spirit set us cause I had a voucher and was denied from 15 units





www.aleabridge.org

P.O. Box 893573, Mililani HI 96789

info@aleabridge.org

#### Community Assessment and Survey

ALEA Bridge, along with members of the Wahiawa Homeless Alliance, is conducting a community assessment and survey to gather input regarding the issues of homelessness from the residents of Mililani, Wahiawa, North Shore and surrounding areas. Results of the survey will be used in developing strategic plans and proposals to Federal, State, and City agencies for appropriate services and resources to address the needs and concerns of the community.

Instructions: Please circle Yes or No for Questions (1-8):

| 1. Have you noticed an increase in the num  | nber of homeless individu   | uals in the Central Oahu areas?    | Yes or No   |
|---|-----------------------------|------------------------------------|---|
| 2. Do you think we have a problem of hom  | elessness in Central Oah    | u that needs to be addressed?      | Yes or No   |
| 3. Do you think we have enough services a   | vailable for the at-risk an | d homeless individuals in Central  | Oahu? Yes or No   |
| 4. Do you think there are enough programs   | s to educate our youth al   | oout substance abuse prevention?   | ? Yes or No   |
| 5. Do you think more affordable housing a   | nd jobs can help alleviate  | the problem of homelessness?       | Yes or No   |
| 6. Would you support the creation of a Reswith onsite supportive services) in Wahiaw  |                             |                                    |   |
| 7. If a Resource and Navigation Center is enhomeless population? Yes or No            | stablished, would you co    | nsider volunteering your time to h | nelp the at-risk and  |
| 8. Do you live or work in Central Oahu?   | Yes or No                   |                                    |   |
| 9. Prioritize the following programs and se issues in the Central Oahu communities (1 |                             |                                    | the homelessness  |
| Affordable housing options  | Physic                      | al & mental health services        |   |
| Employment opportunities  | Substa                      | nce abuse treatment & preventio    | 'n  |
| Homeless Prevention   |                             |                                    |   |
| 10. Please provide your contact informatio  | in (OPTIONAL)               |                                    |   |
| Name  | Email                       | Phone Number                       | AND THE RESIDENCE OF THE PARTY |
| Thank you very much for your time and   | d input. You may includ     | le any additional comments in t    | the space below:  |

(OPTIONAL)

# **APPENDIX D**

PROGRAM BUDGET & FUNDING (PHASE I – IV)

#### **OVERVIEW**



Point of Contact Service Provider Information

Name "Phil" Augustus Acosta Organization ALEA Bridge

Phone (808) 391-3571 Address P.O. Box 893573
Email pacosta@aleabridge.org City, State ZIP Mililani, HI 96789

Project name Wahiawa HoM Project Website www.aleabridge.org

#### **SCOPE OF WORK**

The Wahiawa Hale o Maluhia (HoM) project will establish a Resource and Navigation Center offering bridge/interim housing, with onsite supportive services. The facility and its programs will serve the unsheltered homeless population in Mililani, Wahiawa, North Shore and surrounding communities. This follows a Housing First/Housing for Health approach, providing a safe and stable environment with low barriers to entry. Services will include intensive case management and wraparound services, with a focus on physical, mental, and behavioral health needs, with the goal of rapid placement into permanent housing. This is a collaboration between ALEA Bridge, the Wahiawa Center for Community Health (WCCH), and Aloha United Way (AUW). In partnership with member agencies of the Wahiawa Homeless Alliance (WHA), the Institute for Human Services (IHS) and Partners in Care, along with support from State Legislators and City Council Members representing the area. This program will seek funding support from the State of Hawaii, City and County of Honolulu, the US Department of Housing and Urban Development (HUD), Private Philantrophic Foundations, and various other sources.

#### **Objectives**

The program objectives addresses the needs and expressed concerns of the residents in the area, are aligned with the Continuum of Care (COC) and Statewide strategic framework on homelessness, and provides an immediate solution, specific to the needs of the Central Oahu and North Shore communities.

20-bed/micro-unit facility (bridge/interim housing)

Capacity to "house" 80 individuals (or 20-40 households) per year

Potential to serve 100 individuals through onsite Resource and Navigation services, per week

Resources to include: Hygiene and Laundry Facilities, Employment Training Center

Navigation services to include: Case Management, Service Coordination & Counseling, Employment & Housing Placement Connection of 100% of the residents to the appropriate resource and assistance

Direct placement of approximately 33.3% of residents and clients into permanent housing

Referral of 66.6% into supportive programs with a housing component (DV, Mental Health, Substance Abuse Treatment)
4-8 commercial tenants as source of rental income to support operations and promote long-term program sustainability
Laundry facilities available for homeless and general public use, as an additional source of revenue

#### Timeline (Phase I):

12 months for community outreach, capacity building, planning, initial design & construction\*

12-month Demonstration Project (Year 1 operations, facilities expansion)

24 months total project duration (18 months with requested funding)\*

#### Planning Phase:

Community Outreach, Project Planning (Sep 2016 - Dec 2016)\*

Capacity Building (Jan 2017 - Jun 2017)

Acquisition (Jun 2017 - Jul 2017)

Design & Permitting (Jul 2017 - Sep 2017)

Phase I - Navigation Center Renovation & Construction (Sep 2017 - Dec 2017)

#### Implementation:

Year 1 Operations (Jan 2018 - Dec 2018)

Phase II - Facility Improvements (Jul 2018 - Dec 2018)

Year 2 Operations (Jan 2019 - Dec 2019)

Phase III - Resource Center Renovation & Construction (Jul 2019 - Dec 2019)

Year 3 Operations (Jan 2020 - Dec 2020)

Phase IV - Facility Improvement (Jul 2020 - Dec 2020)

Adjust program objectives and services based on successes and outcomes of the demonstration period

\*Outreach & Planning is ongoing (Sep - Dec 2016) outside the scope of this cost proposal

| We, ALEA Bridge, propose the above scope of work for the Hale o Maserve the needs of Central Oahu and the North Shore communities. To completed by June 30, 2018 for the amount of \$3,345,813 | aluhia Project, a Resource and Navigation Center to<br>his phase of the Wahiawa HoM Project is to be |
|--|--|
| We are requesting for the Acquisition, Planning, Design, Permitti \$1,875,000  | ing & Construction funds from the State of Hawaii, in the amount of                                  |
| "Phil" Augustus Acosta - Board of Directors President  | Date   |

PROPOSAL

# **COST SUMMARY (Phase I & II)**

| Progra                  | ms  |             |
|-------------------------|---|-------------|
| Qty.                    | Description   | Total       |
| 1                       | Program Costs (per bed + Operations)                    | \$885,813   |
|                         | Anticipated Income/Source of Revenue                    | \$84,000    |
|                         | State Homeless Outreach                                 | \$160,000   |
|                         | City GIA  | \$125,000   |
|                         | OHA (Wahiawa HoM Project)                               | \$265,000   |
|                         | OHA (STEP Program)                                      | \$302,000   |
|                         | In-Kind Services (Partner Service Providers)            | \$108,000   |
|                         | *Assuming all funding requests are awarded              |             |
| Facility                |   |             |
| Qty.                    | Description   | Total       |
| 1                       | Acquisition, Planning, Design, Permitting, Construction | \$2,460,000 |
|                         | State GIA (CIP)   | \$1,875,000 |
|                         | In-Kind Services  | \$312,000   |
|                         | Private Foundations - 10%                               | \$246,000   |
|                         | Fundraising & Donations (balance)                       | \$27,000    |
| Total (*                | 18 months)  | \$3,345,813 |
| Allocati                | on  |             |
| State GI                | A   | \$1,875,000 |
| Private                 | Foundations   | \$813,000   |
| In-Kind                 | Services  | \$420,000   |
| State Homeless Outreach |   | \$160,000   |
| City GIA                | (Operations)  | \$125,000   |
| Income                  | & Revenue   | \$84,000    |
| Fundrai                 | sing & Donations  | \$27,000    |
|                         |   |             |

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Other sources of funding & resources not factored into cost proposal:

Volunteer service hours, Shared costs with partner agencies

# PROGRAM GOSTS (Phase I & II)

| 8 |
|---|
| 3 |
| 3 |
|   |

| Qty.            | Description (see subcategories below)                                | Cost              | Subtotal  |
|-----------------|--|-------------------|-----------|
| 12              | # of beds/micro-units**  | \$52,342          | \$628,100 |
| Cubastaa        | 2000   |                   | ·         |
| Subcatego<br>48 | Client Living Allowance  | \$3,000           | \$144,000 |
| <del>70</del>   | Utilities, bedding, supplies, meals, meal prep,                      |                   |           |
|                 | IDs, program enrollment fees, transportation, rental assistance, etc | ~<br>*            |           |
|                 | Program Staffing   |                   |           |
| 1               | Executive Director   | \$60,000          | \$60,000  |
| :<br>1          | Director of Operations & Outreach Services                           | \$50,000          | \$50,000  |
| 0.5             | Program Manager  | \$45,0 <b>0</b> 0 | \$22,500  |
| 1               | Onsite Resource Staff/Data Specialist                                | \$35,000          | \$35,000  |
| 2               | Outreach Specialist/Navigator  | \$30,000          | \$60,000  |
| 1               | Office Administrator/Volunteer Coordinator                           | \$30,000          | \$30,000  |
| 1               | Safety & Security Officer  | \$25,000          | \$25,000  |
| 1               | Fringe Benefits (30% of salary)                                      | \$84,750          | \$84,750  |
| 7               | Professional Development   | \$1,200           | \$8,400   |
|                 | Other Costs  |                   |           |
| 7               | IT (Tablets & Accessories)   | <b>\$</b> 1,200   | \$8,400   |
| 1               | IT (Communications & Data Management)                                | 12,000            | 12,000    |
| 4               | Outreach Resource Kits   | \$1,800           | \$7,200   |
| 12              | Monthly - Transportation (rental, mileage & other allowable          | \$1,800           | \$21,600  |
| 12              | Monthly - General Program Supplies & Consumables                     | \$2,500           | \$30,000  |
|                 | Subtotal   |                   | \$598,850 |
|                 | In-Kind Services   |                   |           |
| 0.2             | Case Manager (1 x per week)  | \$35,000          | \$7,000   |
| 0.2             | Housing Specialist (1 x per week)                                    | \$40,000          | \$8,000   |
| 0.2             | Employment Specialist (1 x per week)                                 | \$35,000          | \$7,000   |
| 0.4             | Substance Abuse Counselor (2 x per week)                             | \$35,000          | \$14,000  |
| 0.4             | Mental Health Specialist (2 x per week)                              | \$40,000          | \$16,000  |
| 0.4             | Nurse Practitioner (2 x per week)                                    | \$90,000          | \$36,000  |
| 0.4             | Nurse Aide (2x per week)   | \$35,000          | \$14,000  |
| 0.1             | Legal Services (2 x per month)                                       | \$60,000          | \$6,000   |
| :               | Subtotal   |                   | \$108,000 |

| Other ( | Gosis  |           |  |
|---------|--|-----------|--|
| Qty.    | Description  | Cost      | Subtotal                               |
| 1       | Professional Services (20% of program cost)        | \$119,770 | \$119,770                              |
|         | Accounting, HR, Grants Management                  |           |  |
|         | Marketing, Property Management                     |           | ······································ |
|         | Training, Consulting                               |           |  |
| 1       | Mitigation/Contingency Funds (5% of Program Costs) | \$29,943  | \$29,943                               |
|         | Subtotal   |           | \$149,713                              |
|         | Subtotal Program Costs                             |           | \$885,813                              |
|         | In-Kind Services                                   |           | \$108,000                              |
|         | TOTAL Program Costs                                |           | \$777,813                              |

## FACILITY (Phase I & II)

| Acq |  |  |
|-----|--|--|
|     |  |  |
|     |  |  |

| Qty.   | Description                                    | Cost        | Subtotal   |
|--------|--|-------------|--|
| · ·    | Property 1 (95 S. Kam Hwy) - Navigation Center | \$1,600,000 | \$1,600,000  |
| Pani   | ıg, Design, Permitting                         |             |  |
| Qty.   | Description                                    | Cost        | Subtotal   |
| 1      | 5% of Acquisition costs (Property 1)           | \$80,000    | \$80,000   |
| Equipn | ent, Renovation & Construction**               |             |  |
| SF     | Description                                    | Rate        | Subtotal   |
| 5200   | Property 1 (95 S. Kam Hwy) - Navigation Center | \$150       | \$1,600,000<br>St Subtotal<br>\$2,000<br>\$80,000<br>Be Subtotal |
|        | In-Kind Services**                             |             |  |
|        | Subtotal Facility Costs                        |             | \$2,460,000  |
|        | In-Kind Services                               |             | \$312,000  |
|        | TOTAL Facility Costs                           |             | \$2,148,000  |

<sup>\*</sup>Acquisition price based on recent property assessment, list/purchase price

#### **Anticipated Income/Source of Revenue\*\*\***

| Qty  | Description                                   | Rate  | Monthly | Subtotal |
|------|---|-------|---------|----------|
| 2600 | 95 S. Kam Hwy (SF of leased commercial space) | \$2   | \$5,200 | \$62,400 |
| 12   | Client fees (per bed, sliding scale)          | \$150 | \$1,800 | \$21,600 |

#### **TOTAL Anticipated Income\*\*\***

\$84,000

<sup>\*\*</sup>AB, HomeAid Hawaii, and other Contractors are in preliminary discussions to reduce renovation & construction costs www.homeaidhawaii.org

<sup>\*\*\*</sup>Projected based on comparable lease rates and revenue estimates

# Projected Program Funding - Phase I & II

| Project Name/ Program<br>Function         | Funder  | Amount<br>Requested | Due Date   | Award Date   | Start Date | Status                             | Amount<br>Awarded |
|---|---|---------------------|------------|--------------|------------|------------------------------------|-------------------|
| AB Budget                                 | NA  | \$3,345,813         | NA         | NA           | NA         | NA                                 | NA                |
| Volunteer Incentive<br>Program            | Women's Fund Hawaii                               | \$5,000             | 9/30/2016  | 11/18/2016   | 12/5/2016  | Not awarded                        | 0                 |
| Iliahi                                    | Awesome Foundation                                | \$1,000             | 12/9/2016  | 12/15/2016   | 12/18/2016 | Awarded                            | 1000              |
| Exit 8 (Community Sponsorship)            | Atherton Foundation                               | \$81,000            | 10/3/2016  | 12/20/2016   | 1/2/2017   | Not awarded                        | 0                 |
| State Homeless<br>Outreach (Region 3 & 5) | State DHS/HPO<br>Joint proposal with IHS,<br>CHOW | \$209,000           | 12/5/2016  | 12/21/2016   | 2/1/2017   | IHS not awarded                    | 0                 |
| State Homeless<br>Outreach (Region 5)     | Subcontract with USVets                           | \$160,000           | NA         | 12/30/2016   | 2/1/2017   | Negotiations ongoing               | 160000            |
| Community Outreach<br>Program             | City GIA  | \$125,000           | 11/14/2016 | Арг-Мау 2017 | 10/1/2017  | Evaluations ongoing                |                   |
| The Wahiawa HoM Project (Housing)         | ОНА   | \$265,000           | 12/16/2016 | 5/1/2017     | 7/1/2017   | Pending evaluation                 | ٤                 |
| STEP Program (Income/Employment)          | ОНА   | \$302,000           | 12/16/2016 | 5/1/2017     | 7/1/2017   | Pending evaluation                 |                   |
| Feed The Soul                             | City OED  | \$10,000            | 12/16/2016 | TBD          | 7/30/2017  | Evaluations ongoing                |                   |
| HoM (Staffing)                            | VA/H-PACT   | \$200,000           | TBD        | TBD          | TBD        | Application submitted              |                   |
| HoM (Facility Acquisition & Construction) | State GIA (CIP)                                   | \$1,875,000         | 1/20/2017  | 5/1/2017     | 7/1/2017   | Application Pending                |                   |
| HoM (Facility)                            | City CIP  | \$1,875,000         | NA         | TBD          | TBD        | Request pending                    |                   |
| Exit 8 (Community Sponsorship)            | Atherton Foundation                               | \$81,000            | 4/7/2017   | 6/23/2017    | 7/3/2017   | Application not started            |                   |
| HoM (Facility)                            | Weinberg Foundation                               | \$250,000           | TBD        | TBD          | TBD        | Application not started            |                   |
| HoM (Operations)                          | Hawaii Tourism Authority                          | \$50,000            | TBD        | TBD          | TBD        | Application not started            |                   |
| AB (Capacity Building)                    | HEI Foundation                                    | \$100,000           |            | TBD          | TBD        | Application not started            |                   |
| AB (Planning Funds)                       | City CDBG   | \$50,000            | TBD        | TBD          | TBD        | Application not started            |                   |
| HoM (Operations)                          | In-Kind Services (Partner Service Providers)      | \$108,000           | TBD        | TBD          | TBD        | MOUs pending HoM<br>Implementation |                   |

| HoM (Facility-<br>construction) | In-Kind Services (HomeAid<br>Hawaii)                   | \$312,000 | TBD | TBD | TBD      | Application is pending site acquisition |  |
|---------------------------------|--|-----------|-----|-----|----------|---|--|
| AB (Operations)                 | Anticipated Income/Revenue                             | \$84,000  | NA  | NA  | 7/1/2017 | Pending HoM implementation              |  |
| AB (Operations)                 | (Other) Private Foundations,<br>Fundraising, Donations |           | TBD | TBD | TBD      | Pending Board discussion                |  |

**Funds Requested** 

(to date) \$3,233,000 Awarded \$161,000

Total Funds Requested (Anticipated)

\$6,143,000

# **COST SUMMARY (Phase III & IV)**

| Progra           | ms  |             |
|------------------|---|-------------|
| Qty.             | Description   | Total       |
| 1                | Program Costs (per bed + Admin)                         | \$1,149,121 |
|                  | State Homeless Outreach                                 | \$90,000    |
|                  | OHA (Wahiawa HoM Project)                               | \$268,000   |
|                  | OHS (STEP Program)                                      | \$307,000   |
|                  | State GIA (Operations)                                  | \$125,000   |
|                  | In-Kind Services  | \$146,001   |
| 1                | Mitigation/Contingency Fund                             | \$38,943    |
|                  | Fed/HUD (balance)                                       | \$252,063   |
| Facilit          | / & Other Costs   |             |
| Qty.             | Description   | Total       |
|                  | Acquisition, Planning, Design, Permitting, Construction | \$3,160,000 |
| 1                | Professional Services, M&O                              | \$185,328   |
|                  | Anticipated Income/Source of Revenue                    | \$188,400   |
| Total (1         | 18 months)  | \$4,533,391 |
| Allocati         | DTI   |             |
| City (CIF        | )]  | \$1,875,000 |
| Foundat          | ion Grants  | \$575,000   |
| Federal          | (HUD, Other)  | \$252,063   |
| Income & Revenue |   | \$188,400   |
| in-Kind          | Services  | \$146,001   |
|                  | A (Operations)  | \$125,000   |
| State Ho         | meless Outreach   | \$90,000    |
| Other sc         | ources (Foundation, Donation, Fundraising) - balance    | \$1,281,928 |

Other sources of funding & resources not factored into cost proposal: Volunteer Service Hours, shared costs with partner agencies

# PROGRAM COSTS (Phase III & IV)

| Per | Bed |
|-----|-----|
|-----|-----|

| Qty.             | Description (see subcategories below)                              | Cost                                   | Subtotal   |
|------------------|--|--|------------|
| 20               | # of beds/micro-units**  | \$38,943                               | \$778,850  |
| Cubantan         |  | .,                                     |            |
| Subcatego<br>100 | Client Living Allowance  | \$3,000                                | \$300,000  |
| 100              | Utilities, bedding, supplies, meals, meal prep,                    | , 00,000                               | <i>~~~</i> |
|                  | IDs, program enrollment fees, transportation, rental assistance, e | etc.                                   |            |
|                  | Program Staffing   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |
| 1                | Executive Director   | \$60,600                               | \$60,000   |
| 1                | Director of Operations & Outreach Services                         | \$50,500                               | \$50,000   |
| 1                | Program Manager  | \$45,450                               | \$22,500   |
| <i>2</i>         | Onsite Resource Staff/Data Specialist                              | \$35,350                               | \$35,000   |
| <i>3</i>         | Outreach Specialist/Navigator                                      | \$30,300                               | \$60,000   |
| 1                | Office Administrator/Volunteer Coordinator                         | \$30,300                               | \$30,000   |
| 3                | Safety & Security Officer  | \$25,250                               | \$25,000   |
| 1                | Fringe Benefits (30% of salary)                                    | \$84,750                               | \$84,750   |
| 12               | Professional Development   | \$1,200                                | \$14,400   |
| 4 6ee            | Other Costs  |  |            |
| 4                | IT (Communications & Data Management)                              | \$12,000                               | \$8,400    |
| 4                | Outreach Resource Kits   | \$1,800                                | \$7,200    |
| 12               | Monthly - Transportation (lease, gas, insurance, mileage &         | \$5,000                                | \$60,000   |
| 12               | Monthly - General Program Supplies & Consumables                   | \$2,500                                | \$21,600   |
| * *****          | Subtotal   |  | \$778,850  |
|                  |  |  |            |
|                  | In-Kind Services   |  |            |
| 0.2              | Case Manager (1 x per week)  | \$35,000                               | \$7,000    |
| 0.2              | Case Manager (1 x per week)  | \$35,000                               | \$7,000    |
| 0.2              | Housing Specialist (1 x per week)                                  | \$40,000                               | \$8,000    |
| 0.2              | Housing Specialist (1 x per week)                                  | \$40,000                               | \$8,000    |
| 0.2              | Employment Specialist (1 x per week)                               | \$35,000                               | \$7,000    |
| 0.2              | Employment Specialist (1 x per week)                               | \$35,001                               | \$7,000    |
| 0.4              | Substance Abuse Counselor (2 x per week)                           | \$35,000                               | \$14,000   |
| 0.4              | Mental Health Specialist (2 x per week)                            | \$40,000                               | \$16,000   |
| 0.4              | Mental Health Specialist (2 x per week)                            | \$40,001                               | \$16,000   |
| 0.4              | Nurse Practitioner (2 x per week)                                  | \$90,000                               | \$36,000   |
| 0.4              | Nurse Aide (2x per week)   | \$35,000                               | \$14,000   |

| 0.1     | Legal Services (2 x per month)                     | \$60,000  | \$6,000     |
|---------|--|-----------|-------------|
|         | Subtotal   |           | \$146,001   |
| Other ( | osts   |           |             |
| Qty.    | Description  | Cost      | Subtotal    |
| 1       | Professional Services (15% of program cost)        | \$116,828 | \$116,828   |
|         | Accounting, HR, Grants Management                  |           |             |
|         | Marketing, Property Management                     |           |             |
|         | Training, Consulting                               |           |             |
| 1       | Maintenance & Operations (\$5/sf)                  | \$68,500  | \$68,500    |
| 1       | Mitigation/Contingency Funds (5% of Program Costs) | \$38,943  | \$38,943    |
|         | Subtotal   |           | \$224,270   |
|         | Subtotal Program Costs                             |           | \$1,149,121 |
|         | In-Kind Services                                   |           | \$146,001   |
|         | TOTAL Program Costs                                |           | \$1,003,120 |

# **FACILITY (Phase III & IV)**

| K566             | ₩.        | W W            | · de   |
|------------------|-----------|----------------|--------|
| Acq              | 双翼 医垂涎    | 正符 计启气         | 98     |
| 333 98           | 3 3 3 3 3 | 28250          | ER 88  |
| SNS 医中毒器         | 23        | 20 23 25 25 25 | (8: Ex |
| magnetic section | SHE WAS   | ***            | 体量     |

| Qty.                 | Description   | Cost                 | Subtotal                 |
|----------------------|---|----------------------|--------------------------|
| 4                    | Property 2 (410 Olive Ave) - Resource Center                                | \$1,200,000          | \$1,200,000              |
| Plannii              | ıg, Design, Permitting  |                      |                          |
| Qty.                 | Description   | Cost                 | Subtotal                 |
| · ·                  | 5% of Acquisition costs (Property 2)  | \$60,000             | \$60,000                 |
|                      |   |                      |                          |
| <b>E</b> quipi       | ent, Renovation & Construction**  |                      |                          |
| <b>L</b> ingii<br>Sf | ent, Renovation & Construction**  Description                               | Rate                 | Subtotal                 |
|                      |   | <b>Rate</b><br>\$200 | Subtotal<br>\$1,900,000  |
| SF                   | Description   |                      |                          |
| SF                   | Description Property 2 (410 Olive Ave) - Resource Center                    |                      | \$1,900,000              |
| SF                   | Description Property 2 (410 Olive Ave) - Resource Center In-Kind Services** |                      | \$1,900,000<br>\$760,000 |

<sup>\*</sup>Acquisition price based on recent property assessment, list/purchase price

# **Anticipated Income/Source of Revenue\*\*\***

| Qty  | Description                                   | Rate  | Monthly | Subtotal |
|------|---|-------|---------|----------|
| 3850 | 95 S. Kam Hwy (SF of leased commercial space) | \$2   | \$7,700 | \$92,400 |
| 20   | Client fees (per bed, sliding scale)          | \$150 | \$3,000 | \$36,000 |
| 10   | 410 Olive Ave (Laundry units for public use)  | \$500 | \$5,000 | \$60,000 |

# **TOTAL Anticipated Income\*\*\***

\$188,400

<sup>\*\*</sup>AB, HomeAid Hawaii, and other Contractors are in preliminary discussions to reduce renovation & construction costs www.homeaidhawaii.org

<sup>\*\*\*</sup>Projected based on comparable lease rates and revenue estimates (Year 2 Operations)

# Program Funding - Phase III & IV

| Project Name/ Program<br>Function   | Funder  | Amount<br>Requested | Due Date | Award Date | Start Date | Status                             | Amount<br>Awarded   |
|---|---|---------------------|----------|------------|------------|------------------------------------|---|
| AB Budget   | NA  | \$4,533,391         | NA       | NA         | NA         | NA                                 | NA  |
| Exit 8 (Community<br>Sponsorship)   | Atherton Foundation                             | \$72,900            | TBD      | TBD        | TBD        | Application not available          |   |
| State Homeless Outreach<br>(Region 5)   | Subcontract with USVets                         | \$90,000            | TBD      | TBD        | TBD        | Negotiations pending               |   |
| HoM (Operations)  | Fed (HUD)                                       | \$252,063           | TBD      | TBD        | TBD        | Application not available          |   |
| Community Outreach<br>Program   | City GIA  | \$0                 | TBD      | TBD        | TBD        | Pending Board discussion           | grana na saladari cosale ar din ha mandi makan dakar finaharin verininda  |
| The Wahiawa HoM Project<br>(Housing)  | ОНА   | \$268,000           | TBD      | TBD        | TBD        | Application not available          | Colomidy (SE) Colomid (A) English (A)   |
| Success Through<br>Empowerment of the People<br>(STEP Program -<br>Income/Employment) | ОНА   | \$307,000           | TBD      | TBD        | TBD        | Application not available          | ang   |
| HoM (Operations)  | State GIA (Operations)                          | \$125,000           | TBD      | TBD        | TBD        | Pending Board discussion           | -rentrik kronistennek seminisk och stätek och stänken kirk seministen med en processen seministen.  |
| HoM (Operations)  | In-Kind Services (Partner Service<br>Providers) | \$108,000           | TBD      | TBD        | TBD        | MOUs pending HoM<br>Implementation | e de la companya de<br>La companya de la co |
| AB (Operations)   | Income/Revenue                                  | \$84,000            | NA.      | NA         | 7/1/2017   | Pending HoM implementation         | gamma ekki gamak na kasig eka A kamakon kanisangan ga Asigangga kasigangga ka   |
| AB (Operations)   | (Other) Fundraising, Donations                  | \$3,226,428         | TBD      | TBD        | TBD        | Pending Board<br>discussion        |   |

**Total Request** 

\$4,533,391

**Total Awarded** 

# **APPENDIX E**

DRAFT PROJECT FRAMEWORK & FACILITIES PLAN

# ALEA BRIDGE THE WAHIAWA HOM PROJECT A Resource and Navigation Center serving the Central Oahu and North Shore

# PROJECT MANAGEMENT FRAMEWORK

Technical/Project Approach Scope of Services

**Program Objectives** 

Intensive Outreach & Assertive Engagement

Increased Community Support & Involvement

Strategic Partnerships & Collaboration

Dedicated Funding, Resources & Facilities

Improved Access to Homeless Programs & Services

Measurable & Sustainable Outcomes

# Project Management

Deliverables, Schedule, & Budget (see below)

Resource Management

Communications & Stakeholder Engagement

Risk Assessment & Mitigation Strategies

Monitoring, Evaluation, & Reporting

Quality Assurance Plan

# **Project Objectives & Deliverables**

| Deliverable                | Description   |
|----------------------------|---|
| Project Management Plan    | Scope, Schedule, Budget Resource Management Communications & Stakeholder Management Implementation & Monitoring Risk Mitigation Strategies Process Improvement Plan   |
| Case Planning Guide        | Client Engagement, Intake, & Assessment Resource Mapping & Directory of Services Care Coordination, Tools & Resources Case Management; Follow-up & Review Data Management & Reporting   |
| Facilities Plan            | Construction Plans (interior/exterior design, drawing, blueprint) Project Estimates (labor & material costs, schedule) Equipment, Materials, Furnishings Utilities & Infrastructure Safety Considerations   |
| Strategic & Marketing Plan | Program/Organization Goals Community Engagement (Volunteers, Employers, Landlords) Long-term Funding & Revenue Sources Program Sustainability   |
| Project Metrics            | <ul> <li>Client referrals &amp; placement (employment, supportive programs &amp; services, permanent housing)</li> <li>Program enrollment, retention/recidivism rate</li> <li>Volunteer recruitment &amp; retention</li> <li>Cost/Schedule management</li> <li>Resource utilization</li> <li>Quality of Service</li> <li>Participant Feedback (clients, volunteers, sponsors, partners, funders)</li> </ul> |

# **STAKEHOLDERS**

Identify who will be involved in the dissemination and receipt of communications issued by the team i.e. who is going to create, send out and receive formal communications messages (**Project Management Plan**).

# **Target Audience**

List and describe each audience group (i.e. stakeholders) that your team will communicate with. Remember this is a formal Communications Plan, so you may only list audience groups whom the team will communicate formally with.

For example, a project may have the following target audiences:

- Project board (sponsor, director, other board members)
- Project management team (project manager, project leader, task leader, site leader)
- Project team members
- Related project teams/subcontract leaders
- · Project management office
- Related business unit managers
- · Internal audit or strategy staff
- · External suppliers and contractors
- Governance and regulatory bodies

# Stakeholder Requirements

Identify what information stakeholders need to receive. List each stakeholder in the table below, then describe the information they need to receive and the timeframe in which they need to receive it (*Project Management Workbook*).

| Name | Role               | Information  | Timeframe                  |
|------|--------------------|--|----------------------------|
|      | Project Sponsor    | <ul><li>Summary project status</li><li>Critical risks and issues</li><li>Budget &amp; timeline performance</li></ul>                                     | Monthly                    |
|      | Project<br>Manager | <ul> <li>Detailed project status</li> <li>All risks and issues</li> <li>Resource, supplier, procurement<br/>budget &amp; timeline performance</li> </ul> | Weekly                     |
|      | Safety Auditor     | Level of safety compliance of all deliverables produced  | 1 <sup>st</sup> each month |

Ensure above information requirements meet stakeholder needs before continuing.

### Key Messages

Most teams distribute a wide range of communications messages to their stakeholders; however, there are usually a handful of key messages that are communicated to the majority of stakeholders on a regular basis.

If there are regular messages that are critical to the success of the team, then state those messages here. For instance, in the case of a project team, the key messages may be:

- Project status: Whether the project is currently operating within the agreed schedule, budget and quality targets.
- Project issues: Impact of any issues currently affecting the project and the actions taken to resolve them.

- Project risks: High level risks that may affect the project and the actions taken to mitigate, avoid
  or reduce them.
- **Project deliverables:** Deliverables completed to date and the items scheduled for completion within the next reporting period.
- **Project resources:** Overall level of resourcing in relation to the Resource Plan and any resource constraints currently affecting the project.

Key messages will be woven into all team communications events.

# CHANNELS

Identify the core communications channels.

# **Delivery Channels**

Delivery channels provide the mechanism for disseminating information to stakeholders. For instance, if managing a team, the primary communications channel may be email or a regular newsletter.

When determining the appropriate delivery channel, always consider the audience's preferences. For example, project staff would rather hear about project status through internal email than in an external press release. Using the right channel is as important as drafting the right communications message for the right stakeholders at the right time.

Examples of delivery channels:

- Brochures
- Business cards
- Competitions
- Conferences
- Demonstrations
- Direct mail
- Directories
- Endorsements
- Email
- Exhibitions
- Flyers
- Fact sheets
- Displays
- Launches
- Leaflets
- Letterheads

- Media packs
- Newsletters
- · News conferences
- Packaging
- Posters
- Quotes
- Radio
- Samples
- Seminars
- Signage
- Social events
- Speaking engagements
- Team meetings
- Video presentations
- Website
- Workshops

# Information Collection

Once communications dissemination channels are identified, determine where the information is going to come from to populate the channel. For instance, where is the news information going to come from to populate a weekly newsletter?

Complete the following tables to specify the information source for each channel to be used.

| Channel              | Weekly Newsletter                             |  |
|----------------------|---|--|
|                      | Project Status, progress, key interest items. |  |
| Requirement          |   |  |
| Information Provider | Project Manager, Project Administrator        |  |
| Collection Timeframe | Friday afternoons                             |  |
|                      |   |  |





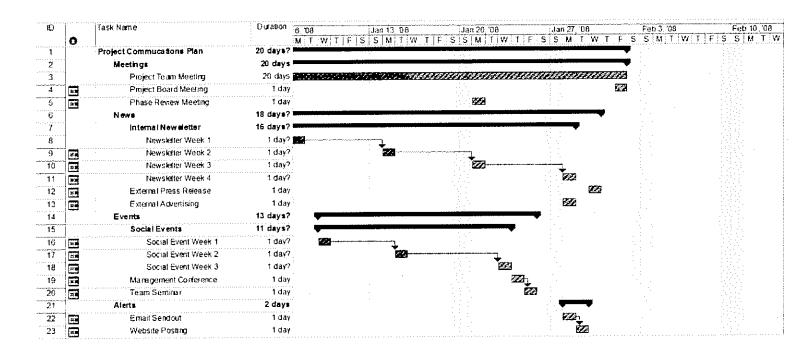


# **COMMUNICATIONS PLAN**

You are now ready to schedule the communications activities required to keep the right stakeholders informed with the right information, at the right time (*Project Management Plan*).

### Communications Schedule

Schedule each of the communications events you intend to use to disseminate communications messages to your stakeholders. To show you what a sample schedule looks like, an example of a Communications Schedule for a small project is below. The communications events include team meetings, publishing a regular newsletter, having regular social events, a conference for managers, a seminar for team members, and various project news alerts (*Project Management Plan*).



# Communications Events

Complete the following table with the communications events listed in the schedule above. Link the events by the common "ID" used. By describing events in as much depth as possible, it helps the team with preparation and completion of events on time (*Project Management Plan*).

| ID. | Event                 | Description  | Purpose  | Fre         |
|-----|-----------------------|--|--|-------------|
| 3   | Project Team Meeting  | Meeting involving all team members, to discuss the tasks/work in-progress, recently completed, and coming up | To keep the team informed of the project status and ensure issues, risks or changes are raised early on. | We          |
| 4   | Project Board Meeting | Formal meetings held with the Project<br>Board to assess the overall status of the<br>project.               | To determine whether the project has been completed and met the final requirements of the customer.      | Enc<br>proj |

| 5 | Phase Review Meeting | Formal meeting held at the end of each phase, to determine whether the quality of the deliverables produced is satisfactory. | To control the progress of the project through each phase in the lifecycle and boost its chance of success. | Enc<br>maj |
|---|----------------------|--|---|------------|
|   |                      |  |   |            |
|   |                      |  |   |            |
|   |                      |  |   |            |
|   |                      |  |   |            |

# Communications Responsibilities

Complete the following responsibilities matrix. In this matrix, list each of the people responsible for the communications events above and describe their responsibilities in taking part in these events using the key provided. Again, use the unique ID to link the participating parties to the communication events listed above. The table has been partly completed for the above project example (*Project Management Plan*).

### Kev:

A = Accountable for communication event (as marked in green)

R = Receives communications materials, takes part in meetings (as marked in yellow)

M = Monitors communications process and provides feedback (as marked in orange).

| D | t<br>Spons | t | et<br>Lead | t<br>Memb | y | Procurem<br>ent<br>Manager |   | Ü | Project<br>Resour | Other<br>Extern<br>al<br>Body |
|---|------------|---|------------|-----------|---|----------------------------|---|---|-------------------|-------------------------------|
| 3 |            | А | R          | R         | R | R                          | M | R | R                 |                               |
| 4 | Α          | R | R          |           |   |                            |   | М |                   |                               |
| 5 | Α          | R | R          | R         | М |                            |   |   |                   |                               |
|   |            |   |            |           |   |                            |   |   |                   |                               |

# **FEEDBACK**

After the completion of each communications event, get feedback on whether or not it was successful. Success criteria to measure against are listed in the next section.

# Feedback Measures

Implement feedback measures to gain input on the level of the event success to determine whether the right information was distributed to the right people at the right time.

If the feedback was positive and all criteria were met, then the event was a success. In some cases, the feedback may show that some criteria were not met, and an alternative communications event or message distribution may be needed to correct any issues raised.

Describe here each measure that will be put in place to gather feedback on scheduled communications events. Some examples include:

- Questionnaires
- Feedback forms
- Complaints forms
- Telephone surveys
- Independent audits

# Success Criteria

Once feedback measures are set, list the criteria that will determine whether the communications event (or activity) was successful. It is important to identify specific, clear, precise criteria in this section to ensure the feedback can be easily compared to the criteria to determine success. Here are some examples:

- · The message reached its intended audience
- The message was distributed through the planned channel
- · The output reached the intended audience on schedule
- The distribution was effective
- The message achieved the desired effect

- The message addressed the information requirements of the audience
- The message was received as honest and trustworthy
- There were no complaints received

# **APPENDIX**

Attach any documentation you believe is relevant to the Communications Plan. For example:

- Existing Newsletters
- Monthly Status Report Template/Format
- General correspondence
- · Corporate Communications Policies, Standards or Guidelines

# Assumptions

List any planning assumptions made during the creation of this Communications Plan. For example, it may be assumed that:

- There are adequate resources available to complete the assigned tasks
- The timeframes listed in the Communications Schedule are satisfactory
- The required budget is available to complete the tasks needed

### Risks

List any risks identified during the creation of this Communications Plan. For example:

- Key communications resources/personnel depart during the project
- The requirements for communication change during the project
- The list of project stakeholders changes throughout the project

# **Facilities Plan**

# Requests:

- 1. Exterior Elevation (Basic sketch/drawing of exterior, front & side perspective)
- 2. Rough schematic (Simplified layout/floorplan per specifications below)

# Property 1 - Navigation Center

95 S. Kamehameha Hwy

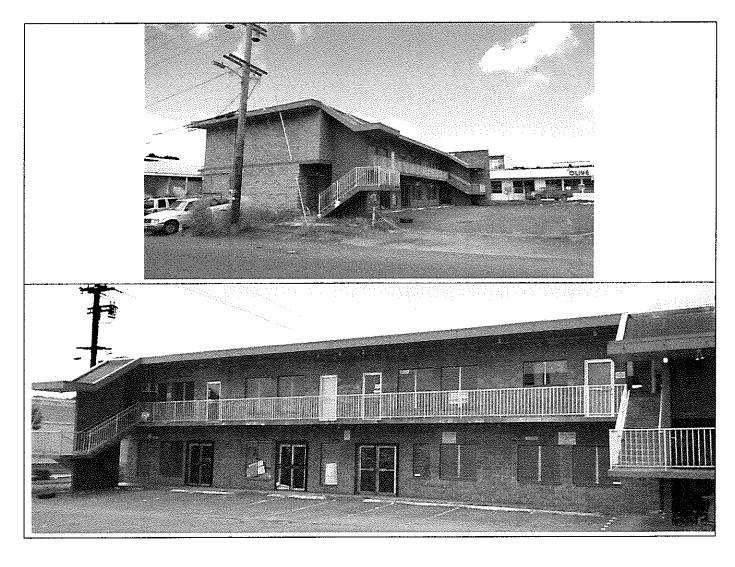
Wahiawa, HI 96786

TMK: 7-3-002:034

5200 sq ft (interior)/6 units

500 sq ft. (other, including stairs, walkway)

10,396 sq. ft. lot (w/ 17 parking stalls)



| Floor           | Unit               | Phase    | Details   |
|-----------------|--------------------|----------|---|
| 1 <sup>st</sup> | 1                  | l        | 1300 sf total   |
|                 |                    |          | Administrative & Program operations for AB  |
|                 |                    |          | Reception area, Office, Conference Room, Bathroom, Kitchenette/Break Room           |
| 1 st            | 2                  | II       | 1300 sf total   |
|                 |                    |          | Reception area, Office, Conference Room/Exam Room, Bathroom, Kitchenette/Break Room |
|                 |                    |          | *Potential outpatient clinic or field office for partner service provider           |
| 2 <sup>nd</sup> | 3                  |          | 650 sf total  |
|                 |                    |          | Reception area, open workspace/retail floor, small office/exam room/storage         |
|                 |                    |          | *Potential retail space or field office for partner service provider                |
| 2 <sup>nd</sup> | 4                  | 11       | 650 sf total  |
|                 |                    |          | Reception area, open workspace/retail floor, small office/exam room/storage         |
|                 |                    |          | *Potential retail space or field office for partner service provider                |
| 2 <sup>nd</sup> | 5                  | <u> </u> | 650 sf total  |
|                 |                    |          | Open space to accommodate 4-6 beds & personal storage                               |
|                 |                    |          | *Temporary housing for HoM program consumers (until completion of Phase III)        |
| 2 <sup>nd</sup> | 6                  | 1        | 650 sf total  |
|                 |                    |          | Open space to accommodate 4-6 beds & personal storage                               |
|                 |                    |          | *Temporary housing for HoM program consumers (until completion of Phase III)        |
| 2 <sup>nd</sup> | Bathroom 1 (Men)   | l        | (1) Sink  |
|                 | *one at either end |          | (1) Toilet  |
|                 |                    |          | (1) Shower  |
| 2 <sup>nd</sup> | Bathroom 2 (Women) | l        | (1) Sink  |
|                 | *one at either end |          | (1) Toilet  |
|                 |                    |          | (1) Shower  |

# Property 2 – Resource Center (Phase III & IV)

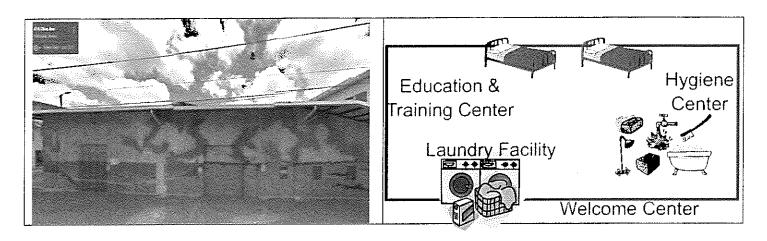
410 Olive Avenue

Wahiawa, HI 96786

TMK:7-3-002:035

9400 sq ft (interior), open warehouse

Semi-private units



| Semi-private beds/units     | 20 units with 3 walls  |
|-----------------------------|--|
| Hygiene Center              | 3 units  |
| ,5                          | Men – 1 urinal, 2 toilets, 2 showers                         |
|                             | Women – 3 toilets, 2 showers                                 |
|                             | Family – 1 toilet, 1 shower                                  |
| Welcome Center              | Reception, Seating area, small office, conference room       |
| Laundry Facility            | 10 units (washer & dryer). 1 sink                            |
| Food Prep/Dining Area       | Refrigerators, Freezer, sink & counter for food prep, dining |
| , ,                         | tables & chairs  |
| Education & Training Center | Classroom setting, enough for 10-15 chairs, 10 computer      |
| <u> </u>                    | workstations, 1 instructor                                   |
|                             | *can be optional if no space available                       |
| Storage areas               | Optional   |

# APPENDIX F

PROJECT METRICS

# HōM Program Logic Model

What are we proposing? → Resources and Activities

What are our intended results → Outcomes and Impact

|     |  |   | ۲.  |    |    |   |     |    |    | ÷ |   |   |  |
|-----|--|---|-----|----|----|---|-----|----|----|---|---|---|--|
| ••• |  | 5 |     |    | ٠. | 0 | 7   | ٠  |    |   | 4 | 4 |  |
| ٧.  |  |   | - 3 | 17 |    |   | - 6 | 20 | ٠. |   |   |   |  |

- Leadership
- Dedicated Staff
- Partner Agencies
- Funding & Facilities
- Materials & Toolkits
- Community Support

# Arovins

- Stakeholder Engagement
- Capacity Building
- Professional Development
- Personal Service Planning
- Community Outreach Program
- Volunteer Training Program

# Outcomes

- Immediate Needs (0-6 months)
  - Intensive Outreach
  - Connection to Supportive Services
  - Volunteer Recruitment
- Mid-Term Goals (7-12 months)
- Ongoing Case
   Management
- Employment Readiness & Placement
- Permanent Housing Goals
- Volunteer Training
- Awareness & Marketing Campaign
- Long-Term Planning (>12 months)
  - Career/Education Plans
  - Permanent Housing Placement
  - Volunteer Retention
  - Sustainability Plan

# mpact

- Increase Direct Services
- Reduce Unsheltered Homeless
- Reverse Homeless Rate of Increase
- Enhanced Program Operations
- Revitalize Community

# **Performance Indicators**

How are we going to monitor progress?

How do we determine program success?

 ${\sf Conditions}$ 

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Plane for Growth S Interoversant

# Results

# Ammedia Reviews

- Intensive Outreach
- Connection to Supportive Services
- Volunteer Recruitment

# ivitá-Tarm Gaals

- Ongoing Case Management
- Employment Readiness & Placement
- Permanent Housing Goals
- Volunteer Training
- Awareness & Marketing Campaign

# Long-Term Planning

- Career/Education Plans
- Permanent Housing Placement
- Volunteer Retention
- Sustainability Plan

# Indicators

# Increase Direct Services

50 unique encounters/week

200+ engagements/month

100+ clients serviced/week

50+ Document-ready clients

# Reduce Unsheltered Homeless

80+ "Housed" and off the streets
100% connection to appropriate
supportive services

# Reverse Homeless Rate of Increase

Quarterly Community Outreach Event 20+ employment placements 20+ housing placements

# **Enhanced Program Operations**

5% reduction in operating costs 5% increase in program participants

# Revitalize the Community

Increase in volunteerism
Increase in new program sponsors
Improved results of community
assessments

ALEA Bridge Hale o Maluhia (HoM) Resource and Navigation Center Trends & Metrics (2016 - 2020)

| Line Item#   | Metrics                                       | 2016                           | 2017  | 2018         | 2019         | 2020         |
|--|---|--------------------------------|---|--------------|--------------|--------------|
| 1  | Service Area                                  | Mililani, Wahiawa,<br>Whitmore | Region 5 (Mililani-NS)<br>& Region 3 (Kapolei-<br>Aiea) | Region 3 & 5 | Region 3 & 5 | Region 3 & 5 |
| 2  | Outreach & Support Staff                      | 0 (all volunteers)             | 8   | 8            | 8            | 8            |
| 3  | Weekly Encounters<br>(no duplicates)          | 50                             | 150   | 165          | 177          | 184          |
| 4  | Year Total Encounters<br>(include duplicates) | 2400                           | 7200  | 7920         | 8474         | 8813         |
| 5  | # on Active/BNL                               | 80                             | 240   | 264          | 282          | 294          |
| 6  | Data entry into HMIS                          | O                              | 240   | 264          | 282          | 294          |
| Products desired to the Southern And Constitution of the Southern Constitu | # Homeless                                    | 221                            | 500   | 550          | 589          | 612          |
| 8  | % change                                      | 17.6%                          | 126.2%  | 10.0%        | 7.0%         | 4.0%         |
| 9  | HoM Intake (Sheltered)                        | 0                              | 80  | 82           | 85           | 90           |
| 10   | % "Housed"                                    | 0.0%                           | 16.0%   | 14.8%        | 14.4%        | 14.7%        |
| 11   | Assessment (VI-SPDAT)                         |                                | 320   | 326          | 339          | 360          |
| 12   | Navigate to housing                           | 5                              | 107   | 109          | 113          | 120          |
| 13   | % Navigate to housing                         | 2.3%                           | 33.3%   | 33.3%        | 33.3%        | 33.3%        |

| 14 | Referral to supportive programs  | 15     | 213   | 218   | 226   | 240   |
|----|----------------------------------|--------|-------|-------|-------|-------|
| 15 | % Referred to supportive program | 6.8%   | 66.7% | 66.7% | 66.7% | 66.7% |
| 16 | Service resistant                | 201    | 180   | 224   | 249   | 252   |
| 17 | % Service resistant              | 91.0%  | 36.0% | 40.7% | 42.3% | 41.2% |
| 18 | # Unsheltered                    | 221    | 180   | 224   | 249   | 252   |
| 19 | % Unsheltered                    | 100.0% | 36.0% | 40.7% | 42.3% | 41.2% |

| Line #1  | Service Area to increase in anticipation of State Homeless Outreach Program contract award                                   |
|----------|--|
| Line #2  | Combined Outreach and HoM staff  |
| Line #3  | Unduplicated weekly encounters, engagements with homeless individuals  |
| Line #4  | Total yearly encounters, engagements; will include duplicate clients   |
| Line #5  | Active clients/cases on the By-Name-List   |
| Line #6  | All listed on BNL will be entered into Hawaii HMIS (Homeless Management Information System)                                  |
| Line #7  | Based on 2016 PIT Count for Region 5 only, and projections for subsequent years  |
| Line #8  | Expected initial increase in homeless individuals w/ gradual decrease over time (effect of intensive community outreach)     |
| Line #9  | Intakes/residents into HoM; expected gradual increase over time (due to increased efficiency)                                |
| Line #10 | % of homeless in the area housed directly in HoM   |
| Line #11 | Clients consenting to a full Intake & Assessment using Vulnerability Index - Service Prioritization Decision Assistance Tool |
| Line #12 | Clients referred/placed into housing, to include those from the HoM facility   |
| Line #13 | % referred/placed into housing   |
| Line #14 | Clients referred/placed into suportive service (w/ elements of housing), to include those from the HoM facility              |
| Line #15 | % referred/placed into supportive services   |
| Line #16 | Clients NOT consenting to Intake, Assessment, or referral to homeless & supportive services                                  |
| Line #17 | % NOT consenting   |
| Line #18 | Homeless individuals in Central Oahu that are still Unsheltered  |
|          |  |

Line #19

% unsheltered

# Qualitative Measures

Demonstrated by changes in:

Behavior – Many homeless individuals have difficulty transitioning from community, unsheltered living to sheltered living. Using the Prochaska and DiClemente's Stage of Change Model, participants' readiness to change a new behavior will be tracked and monitored. Also need to measure actual behavior (willingness to engage and participate to secure housing)

Attitude, Appreciation – Participants have an increase in positive attitude and express thankfulness. This can be measure with pre and post-tests.

Circumstances, Conditions – transitioning from unsheltered to sheltered; from no/limited resources to multiple resources to strengthen social support

Knowledge – Increase knowledge in financial literacy, or budgeting to make monthly rental payment; increase knowledge on help seeking behaviors (understanding why it is important to go to health and mental health appointments); and health education; ways to avoid eviction and being a good tenant. The way to measure knowledge – provide self-reported pre and post-test to measure increase/decrease of knowledge

Skills – Increase skills on how to access health, mental health services and other social services; increase skill on paying monthly rent on time; maintaining residency; living active healthy lifestyle choices

Stages of Change

Model: http://www.stepupprogram.org/docs/handouts/STEPUP\_Stages\_of\_Change.pdf

# **APPENDIX G**

SOCIAL ENTERPRISE FRAMEWORK

# ALEA Bridge – The Wahiawa HöM Project

# **Social Enterprise Framework**

The goal of establishing a Social Enterprise Framework is to explore possibilities of sustaining the organization while reducing the reliance on government and philanthropic funding. This will allow ALEA Bridge to continue to offer services, expand its programs, while operating a legitimate business that fills a need in the community. It is a great opportunity to establish autonomy and generate revenues while fulfilling our mission. A natural outcome of implementing such a framework are the benefits it would have for the local community. A successful Social Enterprise can positively affect the following:

- Economic development
- Marketable work and training opportunities
- · Improved community engagement
- Sense of value and purpose
- Develop and strengthen management and business capacities
- Increase overall program effectiveness

A good framework starts with a community and capabilities assessment, to define the needs of the Central Oahu and North Shore communities and identify growth opportunities for ALEA Bridge. Short-term goals that would allow the organization to leverage its existing assets & services could include the following:

| <b>Existing Assets</b> | Potential<br>Resource   | Additional<br>Investments | Anticipated<br>Revenues      | Risks and Opportunities   |
|------------------------|-------------------------|---------------------------|------------------------------|---|
| Washers and Dryers     | Laundromat facility     | High                      | \$2 per use/per<br>machine   | + Benefit for program participants, other homeless, nearby households                         |
|                        |                         |                           |                              | Δ Increased sewage capacity, plumbing & electrical infrastructure                             |
| Kitchenette            | Certified Kitchen       | High                      | 50 - \$100 per use           | + Expand ability to provide<br>meals for program participants<br>and other homeless; Low-cost |
|                        | Food truck              | High                      | Up to \$1k in sales per week | resource for other NPOs   |
|                        |                         |                           |                              | $\Delta$ Food costs, permit fees, taxes, insurance; market saturation                         |
| Trucks and Vans        | Moving and<br>Transport | Med                       | 15 - \$20/hour               | + Quick startup   |
|                        | services                |                           |                              | Δ Insurance and liability, maintenance costs  |
| Yard work              | Landscaping             | Med                       | 15 - \$20/hour               | + Expand on current services; possibility of a separate business                              |
|                        | General                 | Med                       | Varies on scope              | enterprise  |
|                        | Maintenance             |                           | of work                      |   |
|                        | Contract                |                           |                              | Δ General safety, Insurance and liability, maintenance & replacement costs of equipment       |
| Urban Agriculture/     | Produce Vendor          | Med                       | Varies based on              | + Reasonable startup fee;   |
| Peace Garden           | (local stores &         |                           | supply, demand,              | workforce development; income   |

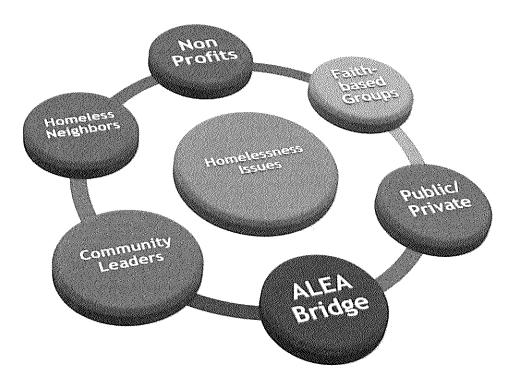
|                              | restaurants,<br>farmers market)             |     | and current<br>market price | for program participants; great potential for expanded operations                |
|------------------------------|---|-----|-----------------------------|--|
|                              |   |     |                             | Δ General safety; increased supervision  |
| Bathrooms and showers        | Hygiene Facility                            | Med | 0.50 - \$1 per use          | + Benefit for program participants & other homeless                              |
|                              |   |     |                             | Δ Maintenance & operating costs; increased supervision                           |
| Shirts, bags                 | Retail sales of branded merchandise         | Med | 5 - \$10 each               | + Cost-effective marketing<br>strategy; non-perishable goods                     |
|                              |   |     |                             | Δ Upfront costs; inventory management  |
| Human Resources              | Community<br>Volunteers                     | Low | \$0                         | + Potential for community<br>partnerships; increased<br>volunteerism; income for |
|                              | Concession (e.g. carnivals, arena, stadium) | Low | 5 - 10% of sales            | program participants Δ Insurance and liability,                                  |
|                              | ,   |     |                             | transportation   |
| Training/Education<br>Center | Community<br>Center                         | Low | 50 - \$100 per use          | + Little to no startup (utilize existing equipment & facilities)                 |
|                              |   |     |                             | Δ Maintenance & operating costs  |

# **APPENDIX H**

WAHIAWA HOMELESS ALLIANCE

# The Wahiawa Homeless Alliance

- ► A self-governed, all-volunteer <u>ACTION</u> Committee
  - **▶**Project-based solutions for Wahiawa







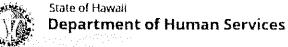






**FBC** Wahiawa























Neighborhood Commission Office



# Governance Charter



Revision Date: October 16, 2016

# WAHIAWA HOMELESS ALLIANCE

| CONTENTS                          | GOVERNANCE CHARTER         |    |
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# Section 1: Name and Website

The name of this entity shall be the Wahiawa Homeless Alliance, also referred to as WHA. The entity may also be referred to as the Alliance. All relevant WHA information is available online at www.wahiawahomelessalliance.org

# SECTION 2: MISSION

The Wahiawa Homeless Alliance's mission is to address the homelessness issues through open and inclusive participation, and develop coordinated and comprehensive solutions appropriate for the community of Wahiawa.

# SECTION 3: PURPOSE AND OBJECTIVES

WHA is a voluntary Action Committee, with a focus on homelessness issues, that will serve the interests of the Wahiawa community. Membership in the WHA will consist of a cross-section of the community to include public & private agencies, community leaders, local businesses, faith-based groups, and residents of Wahiawa. Contributors & advisors to the WHA will also include representatives from other homeless service providers, government stakeholders, public housing agencies, advocacy groups, law enforcement, homeless and formerly homeless persons. The WHA will take a project-based approach to identifying, evaluating, proposing, and coordinating initiatives for the benefit of the Wahiawa community. The WHA will also assist in developing new programs while working to preserve and/or expand effective existing programs.

# The objectives of WHA are to:

- a) Engage the Wahiawa community in assessing the needs of those that are currently homeless, as well as those that may be at risk of being homeless (youth, individuals, families, seniors, Veterans)
- b) Actively involve homeless individuals as key members of the Alliance;
- Identify, Develop, and Coordinate community-based initiatives that will help to break the cycle of homelessness and reverse the trend of the growing homeless population;
- d) Ensure that homeless persons, as well as those in need, are treated with dignity and respect;
- e) Actively engage in the planning and evaluating of services to maximize the use of existing public and private resources;
- f) Advocate for policies that promote long-term approach to solve homelessness;
- g) Work collaboratively with State and County agencies, service providers, local businesses, and the faith-based community.

# SECTION 4: WHA RESPONSIBILITIES

The WHA will be a self-governed association...

Responsibilities are described below....

## **OPERATING THE ALLIANCE**

- h) Hold meetings with published agendas, at least monthly;
- i) Make public invitation for new members within the geographic area through the Wahiawa-Whitmore Village Neighborhood Board and various public events.
- j) Develop, follow, and update the governance charter...
- k) Internal/External communications...
- I) Funding...
- m) Evaluate outcomes of projects...
- n) Reporting...

#### **ALLIANCE PLANNING**

- a) Plan and implement a comprehensive system that aligns with the needs of the homeless population and subpopulations and persons experiencing a housing crisis within Oahu, including the following components of the system:
  - Outreach, engagement, and assessment.
  - · Shelter, housing, and supportive services.
  - Homelessness prevention strategies.
- b) Plan for and conduct a census and survey of all homeless persons residing within the Wahiawa community
- c) Conduct an annual gaps analysis of the homeless needs and services available within the Wahiawa community
- d) Establish a comprehensive and coordinated plan...

## **PROJECT PLANNING**

- a) Project team to set schedule...
- b) Project team to assign tasks, roles...
- c) Project team to determine budget, schedule, etc...

# SECTION 5: WHA MEMBERSHIP

#### MEMBERS OF THE WHA

WHA welcomes new members and encourages new ideas and creative solutions in an effort to address the homelessness issues of the community. Membership in WHA is open to the general public and all are invited to share their opinions and ideas and to join our collaborative effort. Those who sign in at a WHA meeting and provide email addresses are considered to be members and are added to the WHA email list to receive meeting notices, agendas, and other information. Members may be individuals or agency representatives. There are three types of WHA members: voting, non-voting, and Advisory.

Voting Members: an individual or agency that has completed and signed an annual WHA
Membership Packet (includes the WHA Participation Agreement, and Voting Member Conflict
of Interests Disclosure Form).

- Non-Voting Members: an individual or agency that has attended and signed in for at least one WHA meeting, but has not completed the voting membership requirements described above
- Advisory Members (non-voting): a representative of the government or agency that has attended and signed in for at least one WHA meeting, and is not directly based in the community...

#### MEMBERSHIP RESPONSIBILITIES

Voting members must complete the WHA Membership Packet that includes signing the WHA Participation Agreement. The membership responsibilities outlined below are those included in the Participation Agreement.

<u>Participation:</u> All voting WHA members are <u>required</u> to engage in the activities identified by the Aliance. Non-voting members are strongly <u>encouraged</u> to participate in these activities as well. Attendance is tracked by sign—in sheets and is available for review.

- a) Attend/Participate at least 75% of WHA's general meetings each year, AND
- b) Contribute to at least 75% of the WHA's projects & intiatives (to include planning, implementation, evaluation, etc.)
- c) Other?
- d) Exceptions?

# Specific Responsibilities for Members Managing Projects and Receiving Program Funding

- a) Agree that if they do not sign the WHA Agreement, they will not be considered for any funding via the Alliance.
- b) Submit status updates & final report to WHA...
- c) Submit required expenditures reports to WHA...
- d) Other?
- e) Exceptions?

# Section 6: Officers/functional leads?

The officers of WHA are the Executive Chair, the Vice—Chair, the Secretary, the Treasurer, the Chairs of the standing WHA Committees, and the most recent past WHA Executive Chair. All WHA Officers must be voting members.

#### SELECTION OF OFFICERS/FUNCTIONAL LEADS

Persons are nominated by WHA members or self---nominated for serving as a WHA Officer. Interested persons must complete a WHA Nominating Form. These nominations are then approved via a vote by WHA

voting members during the Annual Meeting in December or on a necessary interim basis to fill any vacancy.

#### TERMS OF OFFICERS

Each officer is elected for a term of one year from January 1 through December 31. The WHA Chair may serve no more than two consecutive years. Committee Chairs are limited to four consecutive years in any one position.

#### REMOVAL OF OFFICERS

Any WHA officer may be removed from the office with or without cause upon the affirmative vote of not less than 75% of the voting members of the WHA.

#### **DUTIES OF OFFICERS**

#### Facilitator

- a) Schedules and facilitates WHA Executive Committee and General meetings, and any other special WHA meetings or task forces.
- b) Serves as WHA's primary representative, media contact, and public speaker on behalf of WHA regarding activities related to homelessness.
- c) Represents WHA members with regard to general funding issues or requirements...
- d) Monitors the WHA email list and decides what information is sent using that list.

#### Secretary

- a) Records and maintains WHA history including membership files, meeting attendance lists, and meeting minutes.
- b) Disseminates information, coordinates Executive Committee and General meeting dates and locations, posts announcements, and maintains and updates the WHA roster.
- c) At each meeting, provides current information as to which members are voting members.
- d) Oversees the above responsibilities when delegated to the WHA Collaborative Applicant.

#### Treasurer

- a) Oversees WHA finances and bank accounts, provides monthly balance of WHA's account at General Meetings, and makes payments for events and other purchases after approval from the Executive Committee or the WHA Executive Chair.
- b) Collects dues from members, records receipts, and reports status of members to the Organizational Development and Awareness Committee Chair.
- c) Makes all WHA finances and bank account balance freely accessible upon request for inspection by any member of the Executive Committee.
- d) Provides a written financial report to the Alliance...
- e)

Communications/Publicity/Media Relations (?)

- a)
- b)

- a)
- b)

# Project Roles (to be determined as needed, to include): see below

- a) Sponsor
- b) PM/Coordinator
- c) Volunteer Coordinator
- d) Administrative tasks (budget, finance, etc.)
- e) Logistics
- f) Specific Project Tasks

# SECTION 7: MEETINGS

## GENERAL MEETINGS

WHA General Meetings shall be held at a minimum of once per month.

All meetings of the WHA members shall be held at a location stated in the meeting notice. Any meeting, regular or special, may be held by any means of communication by which all members participating in the meeting may simultaneously hear each another. All such members participating in a meeting by this means shall be deemed to be present in person at the meeting.

All WHA members are expected to review the minutes and materials provided prior to the General Meeting, to contribute to discussions at the meeting, and, if a voting member, be authorized and prepared to vote on WHA issues at these meetings.

## NOTICE OF MEETINGS

Notices of WHA meetings, including committee meetings, will be distributed to the WHA general membership via email in a timely manner. Meetings will also be advertised on the WHA website. Agendas will be published on the WHA website in advance of the meeting and will be distributed to all attendees during the meeting.

# MINUTES AND TRANSPARENCY

WHA General Meetings are open to all members and to the public. General Meeting consumer are posted on the WHA website within 10 days after their approval by WHA voting members.

Committee/Project Team meetings are open to all members and to the public. Committee meeting minutes shall be posted on the WHA website prior to the next meeting.

WHA's annual financial records are available upon request for review by voting members.

## VOTING

Each voting member (individual or agency), including those that have received membership fee waivers, is allowed one vote per action item. The WHA Facilitator shall not vote except in the case of a tie, in which case they will cast the deciding vote. Under certain circumstances WHA members shall publicly recuse themselves from the vote.

Any voting member has the right to call a motion or any action to a vote.

## Votes are conducted via:

Majority vote by voting members (51%, 60%, 75%, other?) during regularly scheduled meeting at
which the action item is
discussed. A quorum of voting members (defined as fifty percent of voting members) must be
present at the meeting in order to approve action items. Each WHA member organization is
allocated one vote.

Issues may be discussed in the absence of a quorum, but no votes can be taken or recommendations made. In the absence of a quorum, the presiding officer of the majority of the members then in attendance may adjourn the meeting without further notice until a quorum is present.

## CONFLICT OF INTEREST

No member of the WHA shall vote upon, or participate in the discussion of, any matter that has a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions.

Executive Committee members must disclose any potential conflict when it arises and recuse themselves from voting on issues that would directly and disproportionately affect their agencies.

SECTION 9: WHA Workgroups/Project Teams?

Establish basic project roles...

SECTION 12: WHA CODE OF CONDUCT AND CONFLICT OF INTEREST

CODE OF CONDUCT

All WHA members must agree to abide by the WHA Conflict of Interest statement. A conflict of interest occurs when a WHA member takes an action which results, or has the appearance of resulting in personal, organizational or professional gain. No member of the WHA or its Committees shall knowingly take action to influence the WHA in such a way as to confer financial benefit on themselves, family members, spouse or partner, or organization in which the WHA member, WHA Committee member, and/or WHA Executive Team member, family members, spouse or partner serves in an official capacity. Official capacity shall include service as an employee, owner, stockholder, director, board member, consultant, or officer who represents any such entity or organization which seeks to receive funding through the WHA process. Official capacity shall not include service solely as a volunteer (who does not serve as a board member or consultant) or recipient of services.

## **DUTY TO DISCLOSE**

All WHA members, WHA Committee members, and WHA Executive Team members shall indicate relationships that may present potential conflicts on their annual membership application or an interim basis as the conflict arises to the WHA Executive Committee. Any conflict of interest that is disclosed

shall be recorded in the meeting minutes.

## RECUSAL

All WHA members, WHA Committee members, and WHA Executive Team members, shall recuse themselves, stating reason, from voting on issues that would directly and/or disproportionately affect their agencies. Members with a conflict of interest may participate in the discussion but cannot vote. The recusal will be noted in the minutes.

## VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

If any WHA member has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the WHA Executive Committee, which shall inform the member with potential conflict the basis for such belief, and afford the member an opportunity to explain the alleged failure to disclose. If after hearing the member's response, The WHA Executive Committee determines the member failed to disclose an actual or possible conflict, it shall take appropriate corrective action such as terminating the WHA or WHA Committee membership.

## DETERMINING WHETHER CONFLICT EXISTS

After hearing a disclosure of potential conflict of interest and reviewing all material facts, the WHA Executive Committee will determine if a conflict exists without the participation of the member with the potential conflict of interest.

## Addressing Conflict Of Interest

After exercising due diligence in determining whether a conflict exists, the WHA Executive Committee will report its findings in writing to the WHA General Membership. If a conflict has been determined to exist, the member involved will not participate in any decision---making. The WHA Executive Committee shall determine whether or not to investigate alternatives that would not involve a conflict of interest.

## ACCEPTANCE OF GIFTS

In the discharge of duties as a member of the Alliance, WHA Committee member shall not accept or solicit any personal gift in excess of \$25, or favor where the receipt would either compromise impartial performance or would be viewed by the public as compromising impartial performance.

## FRAUD INTOLERANCE

Fraudulent acts by WHA members, WHA Committee members or Executive Team members will not be tolerated and may results in termination from the WHA or WHA Committee. A WHA member, WHA Committee member or Executive Team member who has reason to believe that there may have been an instance of fraud, improper action or other illegal act in connection with a WHA program, function or activity shall report it immediately the WHA Executive Committee. Reported instances shall be investigated in a timely manner and if an investigation confirms fraud has occurred, appropriate corrective action will be taken.

Fraud refers to but is not limited to: intentionally entering false data into the HMIS or other related systems; any dishonest or fraudulent act; forgery or alteration of any official document; the misappropriation of funds, supplies or WHA materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records or equipment; accepting or seeking anything of value from vendors or persons providing services or materials to the WHA for personal benefit.

# SECTION 13: GOVERNANCE CHARTER

## INITIAL ADOPTION

The initial Draft Governance Charter will be published and distributed to the full WHA membership for comment. The Charter will be posted on the WHA website and distributed to the WHA membership at a General Meeting and via email. Comments will be reviewed and considered by the Executive Committee. The final WHA Governance Charter will be approved by WHA's voting members and posted on the WHA website.

## ANNUAL UPDATES & Authorization to Amend

This Charter and all referenced policies and procedures, in consultation with the WHA members as needed, but no less than annually. Any proposed changes will be provided to the full WHA membership for comment and discussion. All proposed changes would be voted on and approved by WHA voting members. Add verbiage on amendments...

## CHARTER VERSION HISTORY

| Date     | Version# | Comments/Changes               |
|----------|----------|--------------------------------|
| 05/10/16 | 1.0      | Initial version of WHA Charter |
| 10/3/16  | 1.1      | Updated mission and objectives |

| Line # | i ltem i projektiva                             | Category           | Quantity  | Assignment / Supplier | Donor(s)                | Status   | Due Date     | Status Comments   |
|--------|---|--------------------|-----------|-----------------------|-------------------------|--|--------------|---|
| 1      | Coolers   | Food & Drinks      | 3         | Garrett S.            | ALEA Bridge             |  |              |   |
|        | Chairs  | Staging            | 6         | Phil A.               | ALEA Bridge             |  |              | 5 - Staging area  |
| 3      | Tables  | Staging            | 6         | Phil A.               | ALEA Bridge             |  |              | 2 - Volunteer sign in/shirts<br>2 - Lunch<br>2 - First Aid stations |
| 4      | Tents   | Staging            | 2         | Garrett S.            | ALEA Bridge             |  |              | 2 - Staging area  |
| 5      |   | Supplies           | 230       | Joe A.                | ALEA Bridge             |  |              | 50 already provided for pre-event                                   |
|        |   | Supplies           | 350       | Pastor Steve G.       | FBC Wahiawa             |  |              | Picked up by Joe A. on 6/9, (2) boxes provided to encampments       |
| -      | Water (bottles)                                 | Food & Drinks      | 6 cases   | Garrett S.            | ALEA Bridge             |  |              |   |
| 7      | Water (bottles)                                 | Food & Drinks      | 4 cases   | Marcus O.             | Lauzanne Oshiro         |  |              |   |
| 8      | Water Cooler                                    | Staging            | 3         | Marcus O.             | Marcus Oshiro           |  |              | For handwashing only  |
| 9      | Power Tools (chainsaw, reciprocating saw, etc.) | Tools              | 1         | Marcus O.             | Marcus Oshiro           |  |              | (1) gas chainsaw  |
| 10     | Rakes   | Tools              | 1         | Marcus O.             | Marcus Oshiro           |  |              |   |
| 11     | Shovels   | Tools              | 2         | Marcus O.             | Marcus Oshiro           |  |              |   |
| 12     | 20-foot container                               | Container          | 1         | Darin U.              | Matson                  |  |              | Placement still TBD   |
| 13     | Water (bottles)                                 | Food & Drinks      | 4 cases   | Alesia A.             | McDonalds               |  |              |   |
| 14     | Ice   | Food & Drinks      | NA        | Garrett S.            | Paradise Ice            |  |              | As much as needed   |
| 15     | First-Aid Kits                                  | Safety             | 1         | Bishop Michael H.     | Public Health Nurse     |  |              |   |
| 16     | Water (bottles)                                 | Food & Drinks      | 2 cases   | Marcus O.             | Ruth Oshiro             |  |              |   |
| 17     | Garbage Bags (Heavy duty yard or construction)  | Supplies           | 80        | Jonette B.            | Sister & brother-in-law |  |              |   |
| 18     | Work Gloves                                     | Supplies           | 8         | Jonette B.            | Sister & brother-in-law |  |              |   |
| 19     | First-Aid Kits                                  | Safety             | 1         | Marcus O.             | Wahiawa General         |  |              |   |
| 20     | Banners   | Communications     | ?         | Darin U.              | WCBDO                   |  |              |   |
| 21     | 20-foot Rolloff                                 | Container          | 1         | Malia I.              | WCBDO                   |  |              |   |
| 2.2    | Lunch   | Food & Drinks      | 100       | Darin U.              | WCBDO                   |  |              | Pickup at Dots @11:15am   |
| 23     | Portable Toilet                                 | Other              | ?         | Malia I.              | WCBDO                   |  |              | Paradise Lua via Alex K.  |
| 24     | Spray insect repellent                          | Other              |           | Malia I.              | WCBDO                   |  |              |   |
| 25     | Spray sunscreen                                 | Other              |           | Malia I.              | WCBDO                   |  |              |   |
| 26     | Shirts  | Safety             | 100       | Darin U.              | WCBDO                   |  |              | being printed week of 6/20  |
| 27     | Paper Towels                                    | Staging            | NA        | Malia I.              | WCBDO                   |  |              | For use in washing station  |
| 28     | Garbage Bags (Heavy duty yard or construction)  | Supplies           | 128       | Malia I.              | WCBDO                   |  |              |   |
| 29     | Latex Gloves                                    | Supplies           | 400       | Malia I.              | WCBDO                   |  |              |   |
| 30     | Work Gloves                                     | Supplies           | 120       | Malia I.              | WCBDO                   |  |              | ļ   |
|        | Tents   | Staging            |           |                       |                         | <u> </u>   |              | NEED 2 more for Staging Area  |
|        | Washing station (hose; sink, soop, etc.)        | <del>Staging</del> |           | <u> </u>              |                         |  |              | For use in washing station; need water source                       |
|        | Buckets   | Tools              |           |                       |                         |  |              | Large plastic/metal buckets to carry sharp objects                  |
| 34     | Cones   | Tools              | 10        | Joe A.                | Safety Systems          |  |              |   |
|        | Road Signs                                      |                    | 2         | Joe A.                | Safety Systems          |  |              |   |
|        | Electronic Message Boards                       |                    | 2         | Joe A.                | Safety Systems          |  | ļ            |   |
|        | Power Tools (chainsaw, reciprocating saw, etc.) | Tools              |           |                       |                         | <u> </u>   | ļ            | Use to cut large/bulky items  |
| ·      | Shovels   | Tools              |           |                       |                         |  |              |   |
|        | Wheelbarrows                                    | Tools              |           |                       |                         |  |              | NEED several for both sites   |
|        | Truck/Vehicles                                  | Other              | ļ         |                       |                         |  | <u> </u>     | Contingency plan, pending location of container(s)                  |
|        | Walkie Talkie                                   | Communications     |           |                       |                         | <del>                                     </del> |              | *Optional alternative to using personal cell phones                 |
|        | Water (bottles)                                 | Food & Drinks      |           |                       |                         | 1  | 1            |   |
|        | Rope & Straps                                   | Other              |           |                       |                         |  | -            | \   |
|        | Chairs  | Safety             | ļ         |                       |                         |  | <del> </del> | NEED 4 more for First Aid   |
|        | Hand Sanitizer                                  | Safety             | <u> </u>  | 1                     |                         | 1  | -            |   |
|        | Tents   | Safety             | ļ         |                       |                         | 1  |              | NEED 2 more for First Aid   |
|        | Chairs  | Staging            |           |                       |                         |  | <b>_</b>     | As needed for volunteers  |
|        | Paper Towels                                    | Staging            | <u> </u>  | ļ ·                   | <u> </u>                | <del>                                     </del> |              | For use in washing station  |
|        | Dust Masks                                      | Supplies           | <u> </u>  |                       |                         | 1  |              |   |
|        | Garbage Bags (Heavy duty yard or construction)  | Supplies           | 1         |                       |                         | ļ  |              |   |
| -      | Hand tools (machette, hand saw, etc.)           | Tools              |           |                       |                         | 1  |              | Use to cut large/bulky items  |
| 50     |   | 1                  | <u> L</u> |                       | 1                       | <u> </u>   | .1           |   |



# **WCBDO Community Cleanup**

EVENT DATE: 6/25/2016 REPORT TIME: 8AM

| Last Name         | First Name     | Organization/POC                 | Email   | Phone Number   | Shirt Size                                       | Lunch          | Role/Assignment | Comments, Notes, Special Requests  |
|-------------------|----------------|----------------------------------|---|----------------|--|----------------|-----------------|--|
| 1 ?               | Mele           | Leilehua HS                      |   |                | XL   | Υ              | Photo/Video     |  |
| 2 Abe             | Erik           | State of Hawaii/Wahiawa Resident | eabe1019@gmail.com  |                |  | Y              | Team Captain    |  |
| 3 Acosta          | Joseph         | ALEA Bridge                      | jacosta@aleabridge.org  | (808) 492-2214 | 2XL  | Υ              | Team Captain    |  |
| 4 Acosta          | Phil           | ALEA Bridge                      | pacosta@aleabridge.org  | (808) 391-3571 | L  | Y              | Coordinator     |  |
| 5 Aguero          | Winona         | Friend of Alesia A.              |   |                | XL   | Y              | Photo/Video     |  |
| 6 AhLo            | Keola          | Rotary                           |   |                |  | Υ              | Photo/Video     |  |
| 7 Anduri          | Elder          | Kamalani Academy                 |   |                | XL   | Y              | Cleanup         |  |
| 8 Au              | Alesia         | WWVNB/Wahiawa Resident           |   |                | M  | Y              | Staging         |  |
| 9 Buza            | Jonette        | Olelo                            | jbuza@olelo.org   |                | L  | Y              | Photo/Video     |  |
| 10 Buza-Boyd      | Jazmyn         | Family of Jonette B.             |   |                | XL   | Υ              | Cleanup         |  |
| 11 Bylaardt       | Fabio          | PMI HNL                          |   |                |  |                | Cleanup         |  |
| 12 Campos         | Edwin          | Family of Jonette B.             |   |                | XL   | Y              | Cleanup         |  |
| 13 Campos         | Genera         | Family of Jonette B.             |   |                | XL   | Υ              | Cleanup         |  |
| 14 Cruz           | Leigh          | Wahîawa General Hospital         |   |                |  | Y              | First Aid       | Area Lead  |
| 15 Edwards        | Lucky          | Kamalani Academy                 |   |                | L  | Y              | Cleanup         |  |
| 16 Elley          | Sue            | Inspire Church                   |   |                | XL   | Y              | Cleanup         |  |
| 17 Elley          | Tonia          | Inspire Church                   | toniaelley@gmail.com  |                | М  | Υ              | Cleanup         | THE CONTRACT OF THE CONTRACT O |
| 18 Fergerstrom    | Blaine         | Kamalani Academy                 |   |                | XL   | γ              | Photo/Video     |  |
| 19 Frederick      | Earnado        | Kamalani Academy                 |   |                | XL   | γ              | Cleanup         |  |
| 20 Gomes          | Lisa           | WCBDO                            | **************************************  |                |  | Y              | Cleanup         |  |
| 21 Gust           | Eric           | Schofield                        |   | 912-980-3290   | T XL   | l y            | Cleanup         |  |
| 22 Gust           | Margaret       | Schofield                        |   |                | 5  | Y              | Staging         | Minor  |
| 23 Gust           | William        | Schofield                        |   |                | 5  | V              | Staging         | Minor  |
| 24 Hernandez      | Liz            | Family of Jonette B.             |   | <del> </del>   | XL   | Y              | Cleanup         |  |
| 25 Horvath        | Geoff          | Rotary                           |   |                | XL   | Y              | Photo/Video     |  |
| 26 laea           | Angie          | New Hope Central                 |   | <del></del>    | M  | † ÿ            | Cleanup         |  |
| 27 Ikeda          | Malia          | WCBDO WCBDO                      |   |                | 1  | 1              | Staging         | Area Lead  |
| 28 Kaneshiro      | Lance          | United Healthcare                |   | -              | 1  | Y              | Cleanup         |  |
| 29 Kuewa          | Elder          | Kamalani Academy                 |   |                | L  | · ·            | Cleanup         |  |
| 30 Laforga        | Queenie        | ALEA Bridge                      | queenie_spencer@hotmail.com   | (808) 349-3668 | S  | Y              | Cleanup         |  |
|                   | <del></del>    |                                  | dueente_spencer@notman.com  | (808) 345-3008 | S  | <del>'</del> у | Staging         |  |
| 31 Laumatia       | Jarom          | Kamalani Academy                 | TOTAL CONTROL OF THE |                | XL   | <u>'</u>       | Staging         |  |
| 32 Laumatia       | Kuuipo<br>Manu | Kamalani Academy                 |   |                | <u>^</u>   | <u> </u>       | Staging         |  |
| 33 Laumatia       |                | Kamalani Academy                 |   |                |  | <u> </u>       |                 |  |
| 34 Laumatia       | Manuele        | Kamalani Academy                 |   |                | XL<br>L  | Y              | Cleanup         |  |
| 35 Lawrence       | Ani            | Kamalani Academy                 |   |                | 2XL  | Y              | Cleanup         |  |
| 36 Man            | Ray Alan       | ALEA Bridge                      | 1   |                | ZAL  | 1              | Cleanup         |  |
| 37 Mejia Gonzalez | Jamie          | ALEA Bridge                      |   |                | <del>                                     </del> | ļ              |                 |  |
| 38 Mezurashi      | Dawn           | Family of Jonette 8.             | 7.1.0   |                | <u> </u>   | Y              | Cleanup         |  |
| 39 Miller         | John           | Wahiawa Community Church         | john@nazkine.com  |                | 2XL  | Y              | Photo/Video     | 2  |
| 40 Morris         | Caleb          | Schofield                        |   | (803) 522-4369 | M  | Y              | Cleanup         |  |
| 41 Morris         | Stephanie      | Schofield                        |   | (803) 341-2445 | M  | Y              | Cleanup         |  |
| 42 Nichols        | Meredith       | State of Hawaii/Wahiawa Resident |   |                | 1  | <u> </u>       | <u></u>         | <u> </u>   |
| 43 Omura          | Kristine       | Public Health Nurse              |   |                |  | Y              | First Aid       | Area Lead  |
| 44 Oshiro         | Marcus         | State of Hawaii/Wahiawa Resident |   |                | 1  | Y              | Cleanup         |  |
| 45 Pule           | Severina       | Kamalani Academy                 |   |                | XL   | Y              | Cleanup         |  |
| 46 Redeske        | Jolene         | Wahiawa Community Church         |   |                | M  | Y              | Cleanup         |  |
| 47 Rodrigues      | Sparky         | Olelo                            | srodrigues@olelo.org  |                | XL   | Y              | Photo/Video     | Crew Lead  |
| 48 Salmon         | Geri           | ALEA Bridge                      | gerrie_mauigirl@yahoo.com   | (808) 463-9851 | L  | Y              | Cleanup         |  |
| 49 Sato           | Joslyn         | PMI HNL/Wahiawa Resident         | joslynsato@gmail.com  | (808) 479-9654 | S  | Y              | Staging         | Area Lead  |
| 50 Sharp          | Ella           | United Healthcare                |   |                | M  | Y              | Cleanup         |  |

| 51 | Sisson    | Garrett      | ALEA Bridge                        | gsisson@aleabridge.org | (808) 777-9562 | l L | γ | Cleanup     |  |
|----|-----------|--------------|------------------------------------|------------------------|----------------|-----|---|-------------|--|
|    | Sisson    | Madonna      | ALEA Bridge                        | msisson@aleabridge.org | (808) 206-1624 | S   | Υ | Cleanup     |  |
|    | Uesugi    | Darin        | WCBDO                              |                        |                |     | Υ | Coordinator |  |
|    | Williams  | Evern        | Olelo                              | ewilliams@olelo.org    |                | XI. | γ | Photo/Video |  |
| 55 | Younkin   | Isaac        | Wahiawa Community Church           |                        |                | L.  | Y | Cleanup     |  |
|    | Laforga   | Jojo         | ALEA Bridge                        |                        |                |     |   |             |  |
|    | Friend of | Ray Alan Man | ALEA Bridge                        |                        |                |     |   |             |  |
|    | Friend of | Ray Alan Man | ALEA Bridge                        |                        |                |     |   |             |  |
|    |           |              |                                    |                        |                |     |   |             |  |
| ?  |           |              | Army Ranger Trainees               |                        |                |     |   | Cleanup     |  |
| ?  |           |              | Fishers of Men Third Day Sanctuary |                        |                |     |   | Cleanup     |  |
| ?  |           |              | First Baptist Church Wahiawa       |                        |                |     | · | Cleanup     |  |
| ?  |           |              | New Hope Central/Wahiawa           |                        |                |     |   | Cleanup     |  |
| ?  |           |              | New Life Body of Christ            |                        |                |     |   | Cleanup     |  |
| ?  |           |              | Our Lady of Sorrows                |                        |                |     |   | Cleanup     |  |
| ?  |           |              | Public Health Nurse                |                        |                |     |   | First Aid   |  |
| ?  |           |              | Rotary                             |                        |                |     |   | Cleanup     |  |
| ?  |           |              | Wahiawa General Hospital           |                        |                |     |   | First Aid   |  |

# **APPENDIX I**

ALEA Bridge FINANCIAL STATEMENTS

# ALEA Bridge Statement of Activity For the year ending December 31, 2016

|  |   | 2016      |           |           |
|--|---|-----------|-----------|-----------|
| Revenues   | *************************************** |           |           |           |
| Contributed  |   |           |           |           |
| Grant Revenue  | \$                                      | _         |           |           |
| Rev: Contributions -Monetary                               | \$                                      | 7,598.78  |           |           |
| Rev: Contributions in kind - Furn./Equip                   | \$                                      | 1,400.00  |           |           |
| Rev: Contributions in kind-goods                           | \$                                      | 21,715.00 |           |           |
| Rev: Contributions in kind- services Contributed Donations | _\$_                                    | 10,150.00 | S         | 40,863.78 |
| Contributed Donations Earned                               |   |           | Þ         | 40,803.76 |
| Fundraiser Income  | s                                       | 4,734.85  |           |           |
| Merchandise sales  | Š                                       | 20.00     |           |           |
| Interest income  | S                                       | -         |           |           |
| Earned Operating Revenue                                   |   |           | \$        | 4,754.85  |
| Total Operating Revenue                                    |   |           | \$        | 45,618.63 |
|  |   |           |           |           |
| Operating Expenses Program Expenses                        |   |           |           |           |
| Outreach Event Expenses                                    | \$                                      | 4,995.94  |           |           |
| Client services expense                                    | Š                                       | 2,418.91  |           |           |
| Volunteer expenses   | s                                       | 678.25    |           |           |
| Donations in kind- Goods                                   | S                                       | 17,695.00 |           |           |
| Donations in kind-services                                 | s                                       | 10,150.00 |           |           |
|  | \$                                      | ,         |           |           |
| Salary expenses  |   |           | S         | 35,938.10 |
| Total Program Expenses                                     |   |           | S         | 712.86    |
| Fundraiser Expenses  |   |           | Ş         | 712.00    |
| Administrative Expenses                                    |   |           |           |           |
| Marketing expense  | \$                                      | 2,076.61  |           |           |
| Office expense   | \$                                      | 211.27    |           |           |
| Software expense   | \$                                      | 187.51    |           |           |
| Insurance expense  | \$                                      | 623.40    |           |           |
| Tax expense  | \$                                      | 162.64    |           | `         |
| Interest expense   | \$                                      | -         |           |           |
| Business expenses  | s                                       | 399.19    |           |           |
| Meeting expenses   | S                                       | 827.21    |           |           |
| Grant writing expense                                      | S                                       | 123.25    |           |           |
| Business Registration expense                              | S                                       | 1,015.00  |           |           |
| Donations in kind - Furn/equip                             | S                                       | -         |           |           |
| Utilities Expense  | \$                                      |           |           | F 666 66  |
| Total Administrative Expenses                              |   |           | <u>\$</u> | 5,626.08  |
| Total Operating Expenses                                   |   |           | \$        | 42,277.04 |
| Increase in Net Assets                                     |   |           | \$        | 3,341.59  |

# ALEA Bridge Statement of Financial Position December 31, 2106

# **Assets**

| Current Assets         Cash         \$         1,077.26           Accts Receivable         \$         682.00           office supplies         \$         29.31           Inventory for Distribution         \$         4,020.00           Prepaid Expenses         0           Total Current Assets         \$         5,808.57           Fixed Assets           Office Furniture & Equipment         \$         1,534.89           Vehicles         \$         -           Vehicles         \$         -           Property & Plant         \$         -           Total Fixed Assets         \$         1,534.89           Total Liabilities         \$         1,534.89           Total Liabilities         \$         1,534.89           Liabilities         \$         4,001.87           Liabilities         \$         4,001.87 <th>Assets</th> <th></th> <th></th> <th></th> | Assets             |                              |           |          |
|--|--------------------|------------------------------|-----------|----------|
| Accts Receivable   | Current Assets     |                              |           |          |
| office supplies         \$ 29.31           Inventory for Distribution         \$ 4,020.00           Prepaid Expenses         0           Total Current Assets         \$ 5,808.57           Fixed Assets         \$ 1,534.89           Vehicles         \$ -           Property & Plant         \$ -           Total Fixed Assets         \$ 1,534.89           Total Assets         \$ 7,343.46           Liabilities         \$ 7,343.46           Liabilities         \$ 4,001.87           Short term Debt         \$ -           Long term Debt         \$ -           Total Liabilities         \$ 4,001.87           Net Assets         \$ 3,001.87           Net Assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ 3,341.59           Total Net Assets         \$ 3,341.59   |                    | Cash                         | \$        | 1,077.26 |
| Inventory for Distribution   \$ 4,020.00     Prepaid Expenses   0     Total Current Assets   \$ 5,808.57     Fixed Assets  |                    | Accts Receivable             | \$        | 682.00   |
| Prepaid Expenses         0           Total Current Assets         \$ 5,808.57           Fixed Assets           Office Furniture & Equipment         \$ 1,534.89           Vehicles         \$ -           Property & Plant         \$ -           Total Fixed Assets         \$ 1,534.89           Total Assets         \$ 7,343.46           Liabilities           Short term Debt           Chang from Directors         \$ 4,001.87           Other short term debt         \$ -           Total Liabilities         \$ 4,001.87           Net Assets           Unrestricted Net assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Total Net Assets         \$ 3,341.59  |                    | office supplies              | \$        | 29.31    |
| Total Current Assets   |                    | Inventory for Distribution   | \$        | 4,020.00 |
| Fixed Assets           Office Furniture & Equipment         \$ 1,534.89           Vehicles         \$ -           Property & Plant         \$ -           Total Fixed Assets         \$ 1,534.89           Total Assets         \$ 7,343.46           Liabilities           Short term Debt         \$ 4,001.87           Other short term debt         \$ -           Long term Debt         \$ -           Total Liabilities         \$ 4,001.87           Net Assets         \$ 3,341.59           Unrestricted Net assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ 3,341.59           Total Net Assets         \$ 3,341.59   |                    | Prepaid Expenses             |           | 0        |
| Office Furniture & Equipment         \$ 1,534.89           Vehicles         \$ -           Property & Plant         \$ -           Total Fixed Assets         \$ 1,534.89           Total Assets         \$ 7,343.46           Liabilities           Short term Debt         \$ 4,001.87           Cong term Debt         \$ -           Long term Debt         \$ -           Total Liabilities         \$ -           Net Assets         \$ 4,001.87           Net Assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ 3,341.59           Total Net Assets         \$ 3,341.59   | Total Current Ass  | ets                          | \$        | 5,808.57 |
| Vehicles         \$         -           Property & Plant         \$         -           Total Fixed Assets         \$         1,534.89           Total Assets         \$         1,534.89           Loans from Directors         \$         7,343.46           Loans from Directors         \$         4,001.87           Cother short term debt         \$         -           Long term Debt         \$         -           Total Liabilities         \$         4,001.87           Net Assets           Unrestricted Net assets         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         3,341.59           Restricted Net Assets         \$         -           Total Net Assets         \$         -           Total Net Assets         \$         3,341.59   | Fixed Assets       |                              |           |          |
| Property & Plant         \$         -           Total Fixed Assets         \$         1,534.89           Total Assets         \$         7,343.46           Liabilities           Short term Debt           Loans from Directors         \$         4,001.87           Other short term debt         \$         -           Long term Debt         \$         -           Total Liabilities         \$         4,001.87           Net Assets           Unrestricted Net assets         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         3,341.59           Restricted Net Assets         \$         -           Total Net Assets         \$         -           Total Net Assets         \$         -           Total Net Assets         \$         3,341.59   |                    | Office Furniture & Equipment | \$        | 1,534.89 |
| Total Fixed Assets         \$ 1,534.89           Total Assets           Liabilities           Short term Debt           Loans from Directors         \$ 4,001.87           Other short term debt         \$ -           Long term Debt         \$ -           Total Liabilities         \$ 4,001.87           Net Assets           Unrestricted Net assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ 3,341.59           Total Net Assets         \$ 3,341.59  |                    | Vehicles                     | \$        | -        |
| Total Assets         \$ 7,343.46           Liabilities         Short term Debt           Loans from Directors         \$ 4,001.87           Other short term debt         \$ -           Long term Debt         \$ -           Total Liabilities         \$ 4,001.87           Net Assets           Unrestricted Net assets         \$ -           Fund Balance beg. Year         \$ -           Change in Net Assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ -           Total Net Assets         \$ 3,341.59  |                    | Property & Plant             | \$        | -        |
| Liabilities           Short term Debt           Loans from Directors         \$ 4,001.87           Other short term debt         \$ -           Long term Debt         \$ -           Total Liabilities         \$ 4,001.87           Net Assets           Unrestricted Net assets         \$ -           Change in Net Assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ 3,341.59           Total Net Assets         \$ 3,341.59  | Total Fixed Asset  | s                            | \$        | 1,534.89 |
| Short term Debt           Loans from Directors         \$         4,001.87           Other short term debt         \$         -           Long term Debt         \$         -           Total Liabilities         \$         4,001.87           Net Assets           Unrestricted Net assets         \$         -           Fund Balance beg. Year         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         -           Total Net Assets         \$         3,341.59           Total Net Assets         \$         3,341.59  | Total Assets       |                              | \$        | 7,343.46 |
| Loans from Directors         \$ 4,001.87           Other short term debt         \$ -           Long term Debt         \$ -           Total Liabilities         \$ 4,001.87           Net Assets           Unrestricted Net assets         \$ -           Fund Balance beg. Year         \$ -           Change in Net Assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ -           Total Net Assets         \$ 3,341.59   | Liabilities        |                              |           |          |
| Other short term debt         \$         -           Long term Debt         \$         -           Total Liabilities         \$         4,001.87           Net Assets           Unrestricted Net assets         \$         -           Fund Balance beg. Year         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         -           Restricted Net Assets         \$         -           Total Net Assets         \$         3,341.59   | Short term Debt    |                              |           |          |
| Long term Debt         \$         -           Total Liabilities         \$         4,001.87           Net Assets           Unrestricted Net assets         \$         -           Fund Balance beg. Year         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         -           Restricted Net Assets         \$         -           Total Net Assets         \$         3,341.59  |                    | Loans from Directors         | S         | 4,001.87 |
| Net Assets         \$         4,001.87           Unrestricted Net assets         \$         -           Fund Balance beg. Year         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         3,341.59           Restricted Net Assets         \$         -           Total Net Assets         \$         3,341.59   |                    | Other short term debt        |           | -        |
| Net Assets           Unrestricted Net assets         \$ -           Fund Balance beg. Year         \$ -           Change in Net Assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$ -           Total Net Assets         \$ 3,341.59   | •                  |                              |           | 4 004 07 |
| Unrestricted Net assets           Fund Balance beg. Year         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         3,341.59           Restricted Net Assets         \$         -           Total Net Assets         \$         3,341.59   | Total Liabilities  |                              | <u> </u>  | 4,001.87 |
| Fund Balance beg. Year         \$         -           Change in Net Assets         \$         3,341.59           Total unrestricted Net Assets         \$         3,341.59           Restricted Net Assets         \$         -           Total Net Assets         \$         3,341.59   |                    |                              |           |          |
| Change in Net Assets         \$ 3,341.59           Total unrestricted Net Assets         \$ 3,341.59           Restricted Net Assets         \$           Total Net Assets         \$ 3,341.59   | Unrestricted Net   |                              | s         | -        |
| Restricted Net Assets  Total Net Assets  \$ 3,341.59   |                    |                              | \$        |          |
|  | Total unrestricted | Net Assets                   | \$        | 3,341.59 |
|  |                    | sets                         | <u>\$</u> | 2 244 50 |
| I OTAI LIADIIITIES & NET ASSETS  |                    | - 0 Mat 8                    | <u> </u>  |          |
|  | i otai Liabilitie: | S & NET ASSETS               | 3         | 1,040.40 |

| 1077.26 |                                     |
|---------|-------------------------------------|
| 0       |                                     |
| 1358.87 |                                     |
| 1034.89 |                                     |
| 682     |                                     |
| 0       | 0                                   |
| 0       | 0                                   |
|         | 0<br>1358.87<br>1034.89<br>682<br>0 |

| Loans from Directors- Garrett Loans from Directors- Phil Loans from Directors- Madonna Loans from Directors- Joe Loans from Directors- Ray Alan Long term Debt Donations |          | s<br>s<br>s | 919.00<br>1,066.89<br>897.82<br>-<br>0<br>0<br>7563.78 |
|--|----------|-------------|--|
| Gifts in kind  |          |             | 2100   |
| Merchandise sales  |          |             | 20   |
| Fundraiser Income  |          |             | 4829.85  |
| Interest Revenue   |          |             | 0  |
| Sales Adjustment   |          |             | 0  |
| Electricity expens   | 0        |             |  |
| Water expense  | 0        |             |  |
| Lease expense  | 0        |             |  |
| Marketing expens   | 1801.77  |             |  |
| Outreach Event E   | 5151.26  |             |  |
| Client services ex   | 2390.64  |             |  |
| Fundraiser Expen   | 787.89   |             |  |
| Office expense   | 874.5    |             |  |
| Supplies expense   | 0        |             |  |
| Insurance expens   | 623.4    |             |  |
| Tax expense  | 162.64   |             |  |
| Interest expense   | 0        |             |  |
| Sales expense  | 0        |             |  |
| Business Registra  | 1138.98  |             |  |
| Business expense   | 313.24   |             |  |
| Misc. Expenses   | 0        |             |  |
| Depreciation Expe  | 0        |             |  |
| •  |          |             |  |
| Member's Equity  | 0        |             | 0  |
| Income Summary   | 0        |             | 0  |
| Retained Earning:  | 0        |             | 0  |
| <del>-</del>   | 17397.34 |             | 17397.34   |

# **ALEA Bridge**

# Statement of Cash Flows For the Year Ending December 31, 2016

| Cash Flows from Operating Activities:  |                      |                         |
|--|----------------------|-------------------------|
| Change in Net Assets   | \$                   | 3,341.59                |
| Adjustments  |                      | •                       |
| Increase in A/R  | \$                   | (682.00)                |
| Increase in office supplies  | \$                   | (29.31)                 |
| Inventory  | \$ (                 | (4,020.00)              |
| Office Furniture & Equipment   | S                    | (1,534 <i>.</i> 89)     |
| Net Cash Flows from Operating Activities   | <u>s</u>             | (2,924.61)              |
| Cash Flows from Investing Activities:  |                      |                         |
| Purchases of investments   | \$                   |                         |
| Purchases of fixed assets  | \$                   | -                       |
| Proceeds from sale of fixed assets   | S                    | •                       |
| Proceeds from sale of investments  | \$                   | •                       |
|  | \$                   | -                       |
|  |                      |                         |
| Net Cash Flows from Investing Activities:  | \$                   |                         |
|  |                      | *                       |
| Net Cash Flows from Investing Activities:  Cash Flows from Financing Activities:  Cash Received From:  |                      | *                       |
| Cash Flows from Financing Activities:  | \$                   | 4,001.87                |
| Cash Flows from Financing Activities: Cash Received From:  | \$                   | 4,001.87                |
| Cash Flows from Financing Activities:  Cash Received From:  Loans from Directors   | \$                   | 4,001.87                |
| Cash Flows from Financing Activities:  Cash Received From:  Loans from Directors  Short Term Loan Proceeds:  | S                    | 4,001.87                |
| Cash Flows from Financing Activities:  Cash Received From:  Loans from Directors  Short Term Loan Proceeds:  Long Term Loan Proceeds:  | S                    | -<br>4,001.87<br>-      |
| Cash Flows from Financing Activities:  Cash Received From:  Loans from Directors  Short Term Loan Proceeds:  Long Term Loan Proceeds:  Cash Paid For:  | S                    | -<br>4,001.87<br>-<br>- |
| Cash Flows from Financing Activities: Cash Received From:     Loans from Directors     Short Term Loan Proceeds:     Long Term Loan Proceeds: Cash Paid For:     Interest paid/ received   | s<br>s               | 4,001.87                |
| Cash Flows from Financing Activities:  Cash Received From:  Loans from Directors  Short Term Loan Proceeds:  Long Term Loan Proceeds:  Cash Paid For:  Interest paid/ received  Short term Loan payments   | \$<br>\$<br>\$<br>\$ | 4,001.87                |
| Cash Flows from Financing Activities:  Cash Received From:  Loans from Directors  Short Term Loan Proceeds:  Long Term Loan Proceeds:  Cash Paid For:  Interest paid/ received  Short term Loan payments  Long term loan payments  | \$<br>\$<br>\$<br>\$ | -                       |
| Cash Flows from Financing Activities:  Cash Received From:  Loans from Directors  Short Term Loan Proceeds:  Long Term Loan Proceeds:  Cash Paid For:  Interest paid/ received  Short term Loan payments  Long term loan payments  Net Cash Flows from Financing Activities: | \$<br>\$<br>\$<br>\$ | 4,001.87                |

# ALEA Bridge Statement of Cash Flows For the Year Ending December 31, 2016

| Cash Flows from Operating Activities: |               |
|---------------------------------------|---------------|
| Change in Net Assets                  | \$ 5,715.27   |
| Adjustments                           |               |
| Decrease in A/R                       | \$ 182.00     |
| Increase in office supplies           | \$ (245.69)   |
| Decrease in A/R                       | \$ 1,020.00   |
| Inrease in Furniture/Equipment        | \$ (1,165.11) |

| Net Cash Flows from Operating Activities  | S 5,   | 506.47         |
|---|--------|----------------|
| Cash Flows from Investing Activities:     |        |                |
| Purchases of investments                  | \$     | -              |
| Purchases of fixed assets                 | \$     | -              |
| Proceeds from sale of fixed assets        | \$     | •              |
| Proceeds from sale of investments         | \$     | •              |
|   | \$     | -              |
| Net Cash Flows from Investing Activities: | \$     | _              |
| Cash Flows from Financing Activities:     |        |                |
| Cash Received From:                       |        |                |
| Loans from Directors                      | \$ (3, | 351.95)        |
| Short Term Loan Proceeds:                 | S      | -              |
| Long Term Loan Proceeds:                  | \$     | -              |
| Cash Paid For:                            |        |                |
| Interest paid/ received                   | \$     | -              |
| Short term Loan payments                  | \$     | •              |
| Long term loan payments                   | \$     | -              |
| Net Cash Flows from Financing Activities: | \$ (3, | <u>351.95)</u> |
| Net Increase in Cash                      | \$ 2,  | 154.52         |
| Beginning Cash Balance                    | \$ 1,  | 077.26         |
| Ending Cash Balance                       | \$ 3,  | 231.78         |

# APPENDIX J CURRENT PROGRAM OUTCOMES



# **ALEA Bridge Volunteer Hours**

| Work Hours    | 3178 | Daily & evening outreach, direct contact with clients conducting Intake/Assessment/Follow-up; planning meetings, presentations & briefings, trainings, workshops, organizational development     |
|---------------|------|--|
| Outreach      | 948  | Joint Outreach with Partner Service Providers (weekdays & weekends,<br>Service Fairs)  |
| Events        | 1617 | Various community engagements sponsored/coordinated by ALEA Bridge   |
| Point-In-Time | 304  | Planning meetings and training sessions in preparation for the annual HUD-mandated Point-In-Time Count of all homeless individuals Statewide. ALEA Bridge is taking the lead agency for Region 5 |
| WHA           | 408  | Plan, facilitate, and document planning meetings; coordinate activities of the Wahiawa Homeless Alliance and its member agencies   |
| PMI HNL       | 92   | Facilitate and document project planning activities of the volunteer<br>Project Managers from the Project Management Institute of Honolulu;<br>implement project plans                           |

**TOTAL** 

6547 Total volunteer hours since January 2016

# **Joint Outreach Efforts**

| Date       | Event                                    | Duration | # volunteers | Subtotal |
|------------|--|----------|--------------|----------|
| 3/19/2016  | Joint Outreach w/ New Hope Central Oahu  | 3        | 12           | 36       |
| 3/27/2016  | IHS Women & Family Shelter               | 2        | 6            | 12       |
| 4/26/2016  | Joint Outreach w/ Hoala                  | 2        | 25           | 50       |
| 5/28/2016  | Weekend Outreach w/ Inspire              | 3        | 4            | 12       |
| 6/6/2016   | Joint Outreach w/ WCC                    | 5        | 12           | 60       |
| 6/11/2016  | Weekend Outreach w/ Inspire              | 3        | 3            | 9        |
| 6/18/2016  | Joint Outreach w/ ECOS                   | 3        | 30           | 90       |
| 7/23/2016  | Weekend Outreach w/ Inspire              | 3        | 3            | 9        |
| 8/13/2016  | Weekend Outreach w/ Inspire              | 3        | 5            | 15       |
| 9/10/2016  | Weekend Outreach w/ Inspire              | 3        | 10           | 30       |
| 9/18/2016  | Hands of Hope (NHCO & WCC)               | 2        | 5            | 10       |
| 9/24/2016  | Weekend Outreach w/ Inspire              | 3        | 12           | 36       |
| 10/4/2016  | Service Fair (NLBC)                      | 3        | 6            | 18       |
| 10/8/2016  | Weekend Outreach w/ Inspire              | 3        | 10           | 30       |
| 10/16/2016 | Hands of Hope (NHCO & WCC)               | 2        | 2            | 4        |
| 10/19/2016 | Service Fair (STN)                       | 3        | 5            | 15       |
| 10/22/2016 | Weekend Outreach w/ Inspire              | 3        | 15           | 45       |
| 11/1/2016  | Service Fair (NLBC)                      | 3        | 4            | 12       |
| 11/10/2016 | Evening Outreach w/ Third Day            | 3        | 12           | 36       |
| 11/12/2016 | Weekend Outreach w/ Inspire              | 3        | 13           | 39       |
| 11/16/2016 | Service Fair (STN)                       | 3        | 7            | 21       |
| 11/20/2016 | Hands of Hope (NHCO & WCC)               | 2        | 10           | 20       |
| 11/23/2016 | Thanksgiving Feeding (Sheet Metal Union) | 2        | 13           | 26       |
| 11/24/2016 | Thanksgiving Feeding (NHCO)              | 2        | 18           | 36       |
| 11/26/2016 | Weekend Outreach w/ Inspire              | 3        | 8            | 24       |
| 12/1/2016  | Evening Outreach w/ Third Day            | 3        | 18           | 54       |
| 12/6/2016  | Service Fair (NLBC)                      | 3        | 5            | 15       |
| 12/10/2016 | Ohana Picnic w/ Inspire                  | 3        | 2            | 6        |
| 12/15/2016 | Evening Outreach w/ Third Day            | 3        | 15           | 45       |
| 12/23/2016 | Caroling with Kaiser Permanente          | 3        | 15           | 45       |
| 12/24/2016 | Weekend Outreach w/ Inspire              | 3        | 6            | 18       |
| 12/25/2016 | Christmas Breakfast (NHCO)               | 2        | 8            | 16       |

| 1/10/2017 | Evening Outreach w/ Third Day | 3 | 10 | 30 |
|-----------|-------------------------------|---|----|----|
| 1/14/2016 | Weekend Outreach w/ Inspire   | 3 | 8  | 24 |
|           |                               |   |    | 0  |

**TOTAL Hours** 

948

# **Community Engagements**

| ny Neighbor<br>Hope, and Love | 5  | 50  | 25  | 375           |
|-------------------------------|--|---|---|---------------|
| lope, and Love                | _  |   |   | 275           |
|                               | 4  | 25  | 10  | 110           |
| on                            | 4  | 30  | 12  | 132           |
| unity Cleanup                 | 4  | 120   | 48  | 528           |
| he Soul                       | 8  | 40  | 32  | 352           |
| ns Movement PPF Tournament    | 6  | 3   | 0   | 18            |
| ae SOTB Community Fair        | 6  | 2   | 0   | 12            |
| ae SOTB Community Fair        | 6  | 2   | 0   | 12            |
| ter Counts Wellness Fair      | 5  | 2   | 0   | 10            |
| ns Day Parade                 | 2  | 18  | 0   | 36            |
| Christmas Community event     | 4  | 30  | 12  | 132           |
| h n a t n                     | nity Cleanup le Soul ls Movement PPF Tournament le SOTB Community Fair le SOTB Community Fair ler Counts Wellness Fair ls Day Parade | inity Cleanup 4  ie Soul 8  is Movement PPF Tournament 6  ie SOTB Community Fair 6  ie SOTB Community Fair 6  ier Counts Wellness Fair 5  is Day Parade 2 | 120   120 | Inity Cleanup |

**TOTAL Hours** 

1617

# **Joint Outreach Efforts**

| Date       | Event                            | Duration | # volunteers | Subtotal |
|------------|----------------------------------|----------|--------------|----------|
| 11/30/2016 | PIT Task Force Kickoff           | 2        | 2            | 4        |
| 11/30/2016 | PIT Planning Meeting             | 2        | 6            | 12       |
| 12/7/2016  | PIT Planning Meeting             | 2        | 25           | 50       |
| 12/13/2016 | PIT Executive Briefing           | 2        | 12           | 24       |
| 12/20/2016 | PIT Executive Briefing           | 2        | 8            | 16       |
| 1/5/2017   | PIT Train the Trainer Session    | 2        | 10           | 20       |
| 1/12/2017  | PIT Team Lead Strategic Planning | 2        | 15           | 30       |
| 1/16/2017  | PIT General Volunteer Training   | 2        | 14           | 28       |
| 1/17/2017  | PIT General Volunteer Training   | 2        | 32           | 64       |
| 1/19/2017  | PIT General Volunteer Training   | 2        | 28           | 56       |
|            |                                  |          |              | 0        |

**TOTAL Hours** 

304

# Full-time "work" hours

| Name          | Start Date | Today's date | # of weeks | Hours | Vacation hours | SUBTOTAL |
|---------------|------------|--------------|------------|-------|----------------|----------|
| Joseph Acosta | 3/21/2016  | 1/20/17      | 43.57      | 1743  | 40             | 1703     |
| Phil Acosta   | 5/2/2016   | 1/20/17      | 37.57      | 1503  | 28             | 1475     |

TOTAL Hours 3178

Wahlawa Homelera Affanta Voluntear Merobers 2 4

and Partements Total hours

Editories 67

Watiswa kumetess Aliance - PAC Consulting Leam PMI Honolist Chapter

|  |                                    |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   |                                 |                    |                     |                                 |                                  |   |                   |            |                                  |                       |                            |                                  |                                     |                           |                     |                                  |                              |   |                   | 33           |
|--|------------------------------------|---------------------------------|-----------------------------------|-----------------------------------|--|-------------------------------|------------------------------|---|-------------------------------|--------------------------------------|-------------------------|----------------------------------|--|---|---------------------------------|--------------------|---------------------|---------------------------------|----------------------------------|---|-------------------|------------|----------------------------------|-----------------------|----------------------------|----------------------------------|-------------------------------------|---------------------------|---------------------|----------------------------------|------------------------------|---|-------------------|--------------|
| Charman  | *                                  |                                 |                                   |                                   | 4  |                               |                              | etriller                                |                               | conne                                |                         |                                  |  |   |                                 |                    |                     |                                 | in the second                    |   |                   |            |                                  |                       |                            |                                  | v                                   |                           |                     |                                  |                              |   | ~                 | **           |
| White Planning<br>Sendan<br>(200/21/15)        | ~                                  |                                 |                                   |                                   |  |                               |                              |   |                               | -                                    |                         |                                  |  |   | 8                               |                    | ee                  |                                 |                                  | -                                       |                   |            |                                  |                       |                            |                                  | ×                                   |                           |                     |                                  |                              |   | ×                 | ž4           |
| Community<br>Clearing Project<br>Documentation | ~                                  |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   | ~                               |                    | .,                  |                                 |                                  |   |                   |            |                                  |                       |                            |                                  | 2                                   |                           |                     |                                  |                              |   | e¢                | ell ell      |
| With Plants                                    |                                    | -                               |                                   |                                   |  |                               |                              |   |                               |                                      |                         | -                                |  |   |                                 |                    |                     |                                 |                                  |   |                   |            |                                  |                       |                            |                                  | ×                                   |                           |                     |                                  |                              |   | 4                 | *            |
| WHA Planning<br>Seaton<br>(05/24/16)           | ~                                  |                                 |                                   |                                   |  |                               |                              |   |                               | ^                                    |                         |                                  | i de la constante de la consta |   | 24                              |                    | 2                   |                                 |                                  |   |                   |            |                                  |                       |                            |                                  | ~                                   |                           |                     |                                  |                              |   | u <sup>n</sup>    | 30           |
| Chamap Plansing<br>Senton<br>DS/19/16          |                                    |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   | ~                               |                    |                     |                                 |                                  |   |                   |            |                                  |                       |                            |                                  |                                     |                           |                     |                                  |                              |   | Mo                | *            |
| Wild Planeing<br>Semine (5) 11/18              | 174                                |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   |                                 |                    |                     |                                 |                                  |   |                   |            |                                  |                       |                            |                                  | 3                                   |                           |                     |                                  |                              |   | es.               | *            |
| Charter Ward<br>Seatter<br>polytosytes         | 2                                  |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   | ž.                              |                    |                     | ~                               |                                  |   |                   |            |                                  |                       |                            |                                  |                                     |                           |                     |                                  |                              |   | ٠.                | ur.          |
| Widesed<br>1472(74)                            | ~                                  |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   |                                 |                    |                     |                                 |                                  | *************************************** |                   |            |                                  |                       |                            |                                  | 7                                   |                           |                     |                                  |                              |   | m                 | ų            |
| With Elder Pres                                | ~                                  |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   | ×                               |                    |                     |                                 |                                  | *************************************** |                   | 70         |                                  |                       | *~                         |                                  |                                     |                           |                     |                                  |                              |   | <sub>e</sub> e.   | ø            |
| Charles Work                                   | ~                                  |                                 |                                   |                                   |  |                               |                              |   |                               |                                      |                         |                                  |  |   | re                              |                    |                     |                                 |                                  | *************************************** |                   |            |                                  |                       |                            |                                  | 7                                   | 41                        | î                   | N                                |                              |   | sp.               | yes<br>da    |
| EXACR (4/5/15)                                 | ~                                  |                                 |                                   | Ţ                                 | ٠.   |                               |                              | ~                                       |                               |                                      |                         |                                  | ,,,,,  |   | 2                               | 3                  |                     |                                 |                                  |   |                   |            |                                  |                       |                            |                                  |                                     |                           |                     | æ,                               |                              | -   | Na.               | 2            |
| Comments                                       |                                    | Previous Supervisor at PACCINA. | reguest to rereave on 08.0116.    | Pograms Departe                   | Absol 6985 Craduate student  | sperigita roundand (35,1\$75) | Returns Manny, 20,2 for thes | cesponre.                               | Watsama residend, included as | pact of With                         | artizolitas saigi elyen | wite of Birth Vingga; request to | ermine CSCM15  | Sargifier ( A                           | atanhiisa ang mg m              |                    |                     |                                 | Maus cestácet; request to remove | 061347816                               |                   |            |                                  |                       |                            | Making was resident; muchated as | part of With                        | no fissine eesponse       |                     |                                  | Lanas resident, Inv Sustines | T PSEUDE PARTIE DE L'ANNE | 8 of Participants | Total boxes. |
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| teral Reserve                                  | [                                  |                                 | Herman                            | Strugt Strange                    |  |                               |                              | -                                       |                               | Searn type                           |                         |                                  | -  |   |                                 |                    |                     |                                 |                                  | 46.5.00                                 | Mercres           | Kilens yrm |                                  |                       |                            |                                  | Setu                                | ******                    |                     |                                  |                              | West Street   | 8 of Makenheers   | Actual       |

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| CLIENT LAST<br>NAME | CLIENT FIRST<br>NAME | DATE OF ENGAGEMENT | VI-SPDAT?  | MEAL OR<br>GOODS?  |
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|                     |                      | August 3, 2016     |  | Blanket given  |
|                     |                      | August 3, 2016     |  | Jacket given   |
|                     |                      | August 8, 2016     |  |  |
|                     |                      | August 8, 2016     |  |  |
|                     |                      | August 8, 2016     |  | <del></del>  |

|  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                            |
|--|--|----------------------------|
| August 10, 2016                        |  | 2 large bags of dog food   |
| August 10, 2016                        |  |                            |
| August 14, 2016                        | Yes                                    | Clothing     Canned goods  |
| August 14, 2016                        | Yes                                    | Clothing     Canned goods  |
| August 15, 2016                        |  | Burger King                |
|  |  | lunch • Burger King        |
| August 15, 2016                        |  | lunch                      |
| August 16, 2016                        |  |                            |
| August 16, 2016                        |  |                            |
| August 17, 2016                        |  |                            |
| August 17, 2016                        |  |                            |
| August 18, 2016                        |  |                            |
| September 1, 2016                      |  | Delivered water and canned |
| Septmeber 12, 2016                     |  | Blanket                    |
| Septmeber 12, 2016                     |  | • Food • Interview         |
| ************************************** |  | clothes                    |
| Septmeber 12, 2016                     |  | • Lunch at                 |
| September 14, 2016                     |  | Cambingan                  |
| Septmeber 22, 2016                     |  |                            |
| Septmeber 22, 2016                     |  |                            |
| September 27, 2016                     |  | • Food                     |
| Septmeber 29, 2019                     | Yes                                    |                            |
| Otober 1, 2016                         |  | • MREs                     |
| Otober 1, 2016                         |  | • MREs                     |
| Otober 1, 2016                         |  | • Dog food                 |
| Otober 1, 2016                         |  | • Dog food                 |
| October 2016                           |  |                            |
| October 2016                           |  |                            |
| October 12, 2016                       |  | Meal at Zippy's            |
|  |  |                            |

| Ocotber 18, 2016  |  | • Meal at 7-11       |
|-------------------|--|----------------------|
| Ocotber 18, 2016  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • Meal at 7-11       |
| October 26, 2016  |  | Meal at     ChaWaKam |
| October 26, 2016  |  | Meal at     ChaWaKam |
| December 28, 2016 |  |                      |
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| December 15, 2016 |  |                      |
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| DOCS?  | TRANSPORTATION?  | SUPPORTIVE SVC?  | HOUSING?   | EMPLOYMENT?  |
|  |  | <ul> <li>Referral to Women's</li> </ul>  |  |  |
|  |  | Way  |  |  |
| <ul> <li>Medical record</li> </ul>   |  | ***  |  |  |
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| <ul> <li>Bus pass</li> </ul>   |  |  | transitional housing   |  |
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|  |  |  | Section 8 application  |  |
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| DATE   | EVENT  | OUTCOME  |
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| January 24, 2016   | First official meeting at Sisson<br>Hale                   | Discussion of background, mission<br>and vision of AB                                |
|  | Application for EIN  | Obtained January 2016  |
|  | Application for Incorporation                              | Obtained January 19, 2016  |
| одо у на 13 ја 15 ја 15 ја 16 ја на 16 ја на 16 ја | Application for 501(c)3                                    | Designated July 19, 2016   |
| February 14, 2016  | Love They Neighbor   | 30 client files obtained     130 people fed  |
|  |  |  |
| March 3, 2016  | Walkthrough at IHS   |  |
| March 19, 2016   | Outreach with NHC  | 30 care packages     Prayer offered  |
| March 26, 2016   | Faith, Hope and Love Easter<br>Outreach                    | <ul><li>3 locations (2 KT, 1 Wilson)</li><li>Distributed 100 bentos/water</li></ul>  |
| April 23, 2016   | Naz kine Swap meet   | \$263 sales, \$20 donation   |
| enemente de la facilità de commente de la constante de la commente de la commente de la commente de la comment | Random distribution of clothing, blankets, shoes, food,    |  |
|  | Saving Wahiawa Hospital                                    | <ul><li>Petitioned to support</li><li>Attended rally at capitol to support</li></ul> |
| April 28, 2016   | First official meeting of the<br>Wahiawa Homeless Alliance |  |
| May 15, 2016   | Jamathon Fundraiser  |  |
| June 4, 2016   | Fishing Tournament (Hosted by Idaho Group)                 |  |
| June 5, 2016   | Outreach with Idaho Group at KTB                           |  |
| June 15, 2016  | PHOCUSED VI Training                                       |  |
| June 16, 2016  | Wahiawa Hawaiian Civic Club<br>Presentation                |  |
| June 25, 2016  | WHA Community Cleanup                                      | <ul><li>Tons of trash collected</li><li>&gt; 100 volunteers</li></ul>                |

| July 30, 2016   | Feed the Soul   | • 25 vendors/service providers     • Entertainment - CCPH, NLBCC, Dixon's Taekwondo, Zuma, Ivory City     • 1000 lbs. canned good collected     • Community awareness     • Rep. Oshiro and Senator Dela Cruz support     • Raffle prizes     • 4 homeless volunteers     • 11 donate-a-meal |
|---|---|--|
| Volunteer Thank-you Dinner for<br>Feed the Soul                           |   |  |
| upa yy kykyly (amunin niyra marenen Amuren errorur kireen et allam (1944) | Substance Abuse Treatment                                   | Admission into Salvation Army     Assessment at Hina Mauka   |
|   | Safety During Natural<br>Disasters                          | <ul> <li>Made phone calls to clients<br/>regarding storm and flood warnings</li> </ul>   |
|   | Office Supplies Purchase                                    |  |
|   | Outreach with WCC and Idaho<br>Group at Waianae Boat Harbor | Children's clothing donation     Food distribution   |
| August 13, 2016 Nspire Outreach at Blaisdell                              |   |  |
| August 20, 2016   | Meeting with Inspire Church at Zippy's                      | Established regular outreaches on<br>the 2nd and 4th Saturday of every   |
| August 23, 2016   | Meeting with Senator Dela<br>Cruz                           |  |
| August 29, 2016 Meeting with Youth Challenge Director, Juan Williams      |   |  |

September 7, 2016 Meeting with Scott Murashige
September 8, 2016 Meeting with First Assembly of
God, Pastor Ko
First Outreach with Inspire and
AB

September 19, 2016 Training at IHS on HMIS • Secondary training to follow

| October 1, 2016  | Macy's Charity Day Fundraiser                     | <ul><li>Raised \$505</li><li>Community awareness</li></ul>        |
|------------------|---|---|
| October 2016     | Donation for Jovannie's<br>Pageant                |   |
|                  | Community and Homeless<br>Survey                  | Tamura's     Online survey  |
|                  | ALEA Bridge Consensus                             |   |
| October 13, 2016 | Men's March Against Violence                      | <ul> <li>AB participation</li> </ul>                              |
| October 14, 2016 | Meeting with Martha                               | <ul> <li>AB clients to do yard work for<br/>employment</li> </ul> |
| October 14, 2016 | Meeting with Third Day<br>Sanctuary, Pastor James |   |
| October 15, 2016 | City Cleanup at Blaisdell Park                    | AB participation  |

| October 18, 2016  | First Day of Yardwork with<br>Martha                  | 900)(5)(4) 4000 4000 401 401 401 401 401 401 401 4          |
|-------------------|---|---|
| October 21, 2016  | Meeting with Senator Dela Cruz                        |   |
| October 22, 2016  | Character Counts Fair                                 |   |
| October 2016      | Veteran's Stand Down                                  |   |
| October 2016      | AB BNL Created  |   |
| October 24, 2016  | Follow-up with Senator Dela<br>Cruz                   |   |
| October 26, 2016  | Client Engagement (Donnalyn<br>K and Jolyn D)         | Docs and lunch (ChaWaKam)                                   |
| November 1, 2016  | NLBCC Mini Fair                                       | Clothes donation     Formula donation                       |
| November 4, 2016  | VA Outreach   |   |
| November 10, 2016 | First Evening Outreach with<br>Third Day Sanctuary    | • 20 members  |
| November 11, 2016 | Veteran's Day Parade                                  | Participation of homeless veteran community                 |
| November 12, 2016 | Tamura's Survey Collection                            |   |
| November 12, 2016 | Inspire Outreach                                      |   |
| November 17, 2016 | Rotary Club Presentation and<br>Rice Drive            | AB received donation of bags of rice<br>from the rice drive |
| November 17, 2016 | PIT Planning  | Met with IHS  |
| November 21, 2016 | Donation from Boy Scouts                              |   |
| November 22, 2016 | Donation from OLS                                     |   |
| November 22, 2016 | Hands of Hope Thanksgiving                            |   |
| November 23, 2016 | Sheet Metal Workers                                   | Feeding (400 sandwiches)                                    |
| November 24, 2016 | New Hope Central<br>Thanksgiving                      |   |
| November 28, 2016 | Meeting with Chair Martin and<br>Heidi (Zippy's)      |   |
| December 1, 2016  | Outreach with Rena for vets,<br>including North Shore |   |
| December 18, 2016 | Iliahi - The Wahiawa Giving<br>Tree                   | 30+ homeless wishlists fulfilled     3 families sponsored   |
| December 21, 2016 | Hoala School Donation                                 |   |
| December 22, 2016 | HMIS Training with Alison                             | Access to HMIS database                                     |
| December 23, 2016 | Kaiser Christmas Outreach                             | Caroling  |
| December 24, 2016 | Inspire Church Christmas<br>Outreach                  |   |
| December 25, 2016 | NHC Christmas Breakfast                               |   |
|                   | 2017 Point-in-Time Count                              |   |

| December 10, 2016  | Yardwork   | <ul> <li>Four hours completed</li> </ul> |
|--|--|--|
| December 15, 2016  | Awesome Foundation<br>Microgrant   | AB awarded microgrant                    |
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| EXPENSE  | DONATION RECV'D  |
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| Lunch catered by Laverne's Hawaiian Food -<br>\$485.60   |  |
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|  |  |
|  | Accel Rentals (3 20x20 tents, 12 tables, linens, 50 chairs   |
| Business cards and brochures   |  |
| Email server, website, PayPal account  |  |
| Ewa office flooring  |  |
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|  | (Dots)<br>\$20   |
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| Dinner at Dot's     vvamawa iviidule School lee  |  |
| <ul><li>Sound system</li><li>Flyers</li></ul>  |  |
| <ul> <li>Instructor gifts and refreshment table</li> </ul>   |  |
| • Pafflo prizos 2 Jamba for a wook 2 Costso  |  |
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| Portable toilets \$280  Safety systems, tower lights, barriers \$850  Sound system \$1200  Waived Ivory City fee \$500  City permit  Inspector \$125  HPD  Rental truck \$250  Paradise Ice \$150  Drinks  Dot's volunteer bentos \$130  Banners, flyers, advertisement (media release, FISH, Yelp, TGIF, FB, KUMU  Event insurance  AB t-shirts - \$397.45  Photographer  Dinner \$200  |  |
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| Gifts - Costco posters (7)   | ~  |
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| Meal for Uncle Pat and Clarence (workers) \$10 |  |
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| \$40   |  |
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| • Banners \$96.32                              |  |
| Refreshments for homeless post-parade          |  |
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|  |  |
| • Cakes  | Accel - 20x20 tent, 20x40 tent,                        |
| Drinks   | 175 chairs, 20 tables, linens,                         |
|  | <ul> <li>30-plus bags of clothing, hygiene,</li> </ul> |
|  | bedding products                                       |
|  | • Blankets   |
|  | • Flashlights  |
|  |  |
|  |  |
| • String bags \$590<br>• Shipping \$199.95     |  |
| CHIPPING TOOLS                                 | L  |

# APPENDIX K LETTER OF INTENT TO PURCHASE



Hope + Purpose + Success

# FA Bridge

A 501(c)3 Non-Profit Organization Break the Cycle, and Reverse the Trend of Homelessness

P.O. Box 893573, Mililani, HI 96789

(808) 391-3571

info@aleabridge.org

# Officers & **Board of Directors**

"Phil" Augustus I, Acosta Executive Director

Joseph I. Acosta Founder / Director of Operations

> Marissa R. Acosta Vice President

Madonna A. Sisson President / Co-Founder

> Garrett E. Sisson reasurer/Co-Founder

> > **Nicky Winter** Secretary

Angelita laea Director

Federal Tax ID No.

Website: www.aleabridge.org www.facebook.com/aleabridge January 12, 2017

To: Mr. David M. Nakamura 50th State Properties, LLC 1001 Dillingham Blvd., #208 Honolulu, HI 96817

Re: Letter of Intent to purchase (95 S. Kam Hwy.)

Aloha Mr. Nakamura,

My name is Phil Acosta, Executive Director of ALEA Bridge. I have attached some information regarding our organization. ALEA Bridge, and our project proposal to the City and County of Honolulu, and the State of Hawaii to establish a Resource and Navigation Center, that serves the Central Oahu and North Shore communities.

On behalf of the organization and our Board of Directors ("Buyer"), we would like to express our interest in purchasing the property described below ("Property"). We are pleased to present this initial Letter of Intent ("LOI") to you and 50th State Properties, LLC ("Seller"), to facilitate discussions, establish the terms of the LOI, and negotiations of the sale of the Property to the Buyer. This LOI is a non-binding expression of the mutual interest of the parties, including the terms and conditions upon which Seller is willing to further discuss and negotiate the terms of a purchase and sale agreement for the Property. This LOI does not create any legal obligation or liability of the part of either party.

- Property. The fee simple interest in and to real property lying and situated in Wahiawa, Oahu, Hawaii, more particularly as described below: Location Address - 95 S. Kamehameha Highway, Wahiawa HI 96786 Parcel Number - 730020340000 Legal Information - LOTS 11 & 12 "CLARK TRACT ADDITION" 10,000 SF; POR LOTS 26 & 27 REGISTERED MAP 165 500 SF; 104 SF RD POR 8 DROPPED INTO RD BK 13775 P 621
- Purchase Price. The purchase price shall be an amount mutually agreed upon between Seller and Buyer, based on the fair market value of the property as determined by an independent and qualified appraiser mutually selected and agreed upon by both Buyer and Seller.
- Other terms and conditions. Other terms and conditions shall be discussed and mutually agreed upon by both Buyer and Seller. These include, but are not limited to, Deposit, Purchase and Sale Agreement, Escrow and Closing, Related Costs, Third Party Agencies, Confidentiality Obligations, Counterparts, Cancellation, Communications & Electronic Transmission, Special Terms and Conditions.

We look forward to a productive discussion and mutually agreeable terms. Thank you for your consideration.

Mahalo.

"Phil" Augustus I. Acosta ALEA Bridge - Executive Director pacosta@aleabridge.org (808) 391-3571

# **BUDGET REQUEST BY SOURCE OF FUNDS**

Period: July 1, 2017 to June 30, 2018

App

ALEA Bridge

| BUDGET   |   | Total State | Total Federal           | Total County   | Total Private/Other    |
|----------|---|-------------|-------------------------|----------------|------------------------|
| С        | ATEGORIES                               | •           | Funds Requested         |                | Funds Requested<br>(d) |
|          |   | (a)         | (b)                     | (c)            | (0)                    |
| Α.       | PERSONNEL COST                          | 40 7750     | 450,000                 | 50,000         | 275 000                |
|          | 1. Salaries                             | 48,750      | 150,000                 | 52,000         | 275,000<br>27,000      |
|          | 2. Payroll Taxes & Assessments          | 4,875       | 15,000                  |                | 45,750                 |
|          | 3. Fringe Benefits                      | 9,750       | 35,000                  |                |                        |
| <u></u>  | TOTAL PERSONNEL COST                    | 63,375      | 200,000                 | 52,000         | 347,750                |
| В.       | OTHER CURRENT EXPENSES                  |             |                         |                |                        |
|          | Airfare, Inter-Island                   | NA          |                         |                | 0.050                  |
|          | 2. Insurance                            |             |                         |                | 3,350                  |
| l        | Lease/Rental of Equipment               |             |                         | 10.000         | 18,625                 |
|          | Lease/Rental of Space                   |             |                         | 12,000         | 17,250                 |
|          | 5. Staff Training                       |             |                         | 10,000         | 6,000                  |
|          | 6. Supplies (Office)                    | 6,500       |                         | 3,000          | 19,200                 |
|          | 7. Telecommunication                    |             |                         | 3,000          | 5,400                  |
|          | 8. Utilities                            |             |                         | 3,000          | 3,600                  |
|          | Client Stipends                         |             |                         | 15,000         | 192,000                |
|          | 10. IT                                  |             |                         | 2,400<br>3,600 | 24,000<br>5,400        |
|          | 11. Program Supplies (Outreach)         |             |                         | 6,000          | 17,400                 |
|          | 12. Transportation                      |             | <u> </u>                | 3,000          | 15,525                 |
|          | 13. Professional Services               |             | <u> </u>                | 22,000         | 15,000                 |
|          | 14. Community Engagement Events         |             |                         | 22,000         | 9,313                  |
|          | 15. R&M                                 |             |                         |                | 5,000                  |
|          | 16. Other equipment (landscaping)       |             |                         |                | 0,000                  |
|          | 17                                      |             |                         |                |                        |
|          | 18<br>19                                |             |                         |                |                        |
|          | 20                                      |             |                         |                |                        |
|          | 20                                      |             |                         |                |                        |
|          | TOTAL OTHER CURRENT EXPENSES            | 6,500       |                         | 83,000         | 357,063                |
| C.       | EQUIPMENT PURCHASES                     |             |                         |                |                        |
| D.       | MOTOR VEHICLE PURCHASES                 |             |                         |                |                        |
| E.       | CAPITAL                                 | 1,805,125   |                         |                |                        |
| _        |   |             | 200,000                 | 135,000        | 704,813                |
| 10       | TAL (A+B+C+D+E)                         | 1,875,000   |                         |                | 704,013                |
| 1        |   |             | Budget Prepared         | Ву:            |                        |
| so       | URCES OF FUNDING                        |             |                         |                |                        |
|          | (a) Total State Funds Requested         | 1,875,000   | "Phil" Augustus Acosta  |                | (808) 391-3571         |
|          | (b) Total Federal Funds Requeste        |             | Name (Please type or p  |                | Phone                  |
|          |   |             |                         |                | j                      |
| l        | (c) Total County Funds Requeste         |             | Signature of Authorized | 1 Official     | Date                   |
|          | (d) Total Private/Other Funds Requested | 704,813     | Signature of Authorized | - Omulai       | Date                   |
|          |   |             | Executive Director      |                |                        |
| ТО       | TAL BUDGET                              | 2,914,813   | Name and Title (Pleasi  | type or print) |                        |
|          |   |             |                         |                |                        |
| <u> </u> |   | <u> </u>    | 1                       |                |                        |

# **BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**

Period: July 1, 2017 to June 30, 2018

Applicant: ALEA Bridge

| POSITION TITLE                               | FULL TIME<br>EQUIVALENT | ANNUAL SALARY<br>A | % OF TIME ALLOCATED TO GRANT REQUEST B | TOTAL<br>STATE FUNDS<br>REQUESTED<br>(A x B) |
|--|-------------------------|--------------------|--|--|
| Project Manager                              | 0.25                    | \$78,000.00        | 25.00%                                 | \$ 19,500.00                                 |
| Accountant                                   | 0.25                    | \$78,000.00        | 25.00%                                 | \$ 19,500.00                                 |
| Grant Administrator                          | 0.25                    | \$58,500.00        | 25.00%                                 | \$ 14,625.00                                 |
| Office Administrator                         | 0.25                    | \$39,000.00        | 25.00%                                 | \$ 9,750.00                                  |
| Executive Director/Project Manager           | 0.25                    | \$78,000.00        | 0.00%                                  | \$ -   |
| Director of Operations/Facilities Manager    | 0.5                     | \$65,000.00        | 0.00%                                  | \$ -   |
| Special Projects Coordinator/Construction PM | 0.5                     | \$65,000.00        | 0.00%                                  | \$ -   |
| Office Administrator                         | 0.25                    | \$39,000.00        | 0.00%                                  | \$ -   |
|  |                         |                    |  | \$ -   |
|  |                         |                    |  | \$ -   |
| TOTAL:                                       |                         |                    |  | 63,375.00                                    |

# JUSTIFICATION/COMMENTS:

Line #8-11: AUW positions allocated to this project. Salaries based on estimates. Actual compensation may vary on current pay rate of personnel assigned Line #12-15: AB positions; salaries to be funded through other sources

# **BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES**

Period: July 1, 2017 to June 30, 2018

Applicant: ALEA Bridge

|    | DESCRIPTION<br>EQUIPMENT | NO. OF | COST PER | TOTAL<br>COST | TOTAL<br>BUDGETED |
|----|--------------------------|--------|----------|---------------|-------------------|
| NA |                          |        |          | \$            |                   |
|    |                          |        |          | \$ -          |                   |
|    |                          |        |          | \$ -          |                   |
|    |                          |        |          | \$ -          |                   |
|    |                          |        |          | \$ -          |                   |
|    | TOTAL                    | .:     |          |               |                   |

JUSTIFICATION/COMMENTS:

No purchase or lease of equipment through this GIA request

|    | DESCRIPTION OF MOTOR VEHICLE | NO. OF<br>VEHICLES | COST PER<br>VEHICLE | TOTAL<br>COST | TOTAL<br>BUDGETED |
|----|------------------------------|--------------------|---------------------|---------------|-------------------|
| NA |                              |                    |                     | \$ -          |                   |
|    |                              |                    |                     | \$ -          |                   |
|    |                              |                    |                     | \$ -          |                   |
|    |                              |                    |                     | \$ -          |                   |
|    |                              |                    |                     | \$ -          |                   |
|    | ТОТ                          | AL:                |                     |               |                   |

JUSTIFICATION/COMMENTS:

No purchase or lease of vehicles through this GIA request

# **BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2017 to June 30, 2018

Applicant: ALEA Bridge

|                           | FUNDI   | ING AMOUNT RE | EQUESTED                 |                       |   |              |
|---------------------------|---|---------------|--------------------------|-----------------------|---|--------------|
| TOTAL PROJECT COST        | ALL SOURCES OF FUNDS<br>RECEIVED IN PRIOR YEARS |               | STATE FUNDS<br>REQUESTED | OF<br>FUNDS REQUESTED | FUNDING REQUIRED IN<br>SUCCEEDING YEARS |              |
|                           | FY: 2015-2016                                   | FY: 2016-2017 | FY:2017-2018             | FY:2017-2018          | FY:2018-2019                            | FY:2019-2020 |
| PLANS                     | NA  | NA            | 12500                    | 25000                 | 25000                                   | NA           |
| LAND/PROPERTY ACQUISITION | NA  | NA            | 1600000                  | 0                     | 1200000                                 | NA           |
| DESIGN                    | NA  | NA            | 12500                    | 25000                 | 50000                                   | NA           |
| CONSTRUCTION              | NA  | NA            | 250000                   | 250000                | 500000                                  | NA           |
| EQUIPMENT                 | NA  | NA            | 0                        | 0                     | 100000                                  | NA           |
| TOTAL:                    | NA  | NA            | 1,875,000                | 300,000               | 1,875,000                               | NA           |

JUSTIFICATION/COMMENTS:

Column E, FY2017-18: State GIA (CIP)

Column F, FY2017-18: City Planning Funds (CDBG); Weinberg Foundation

Column G, FY2018-19: City CIP

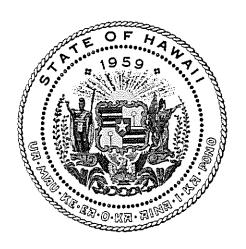
# **GOVERNMENT CONTRACTS AND / OR GRANTS**

Applicant: ALEA Bridge Contracts Total: 1,332,000

|    | CONTRACT DESCRIPTION                   | EFFECTIVE<br>DATES   | AGENCY  | GOVERNMENT E      | CONTRACT<br>VALUE |
|----|--|--|---------|-------------------|-------------------|
| 1  | State Homeless Outreach (Subcontract)* | 2/1/2017   | DHS/HPO | State of Hawaii   | 430,000           |
| 2  | City GIA (Operations)*                 | 10/1/2017  | DCS     | C&C of Honolulu   | 125,000           |
| 3  | Housing*                               | 7/1/2017   | OHA     | State of Hawaii   | 265,000           |
| 4  | Income*                                | 7/1/2017   | ОНА     | State of Hawaii   | 302,000           |
| 5  | City GIA (Special Events)*             | 7/1/2017   | OED     | C&C of Honolulu   | 10,000            |
| 6  | Staffing/Operations*                   | TBD  | VA      | US Dept. of the V | 200,000           |
| 7  |  |  |         | 1                 |                   |
| 8  |  |  |         |                   |                   |
| 9  | *Pending award                         | The state of the s |         | 20.00             |                   |
| 10 |  |  |         |                   |                   |
| 11 |  |  |         |                   |                   |
| 24 |  |  |         |                   |                   |
| 25 |  |  |         |                   |                   |
| 26 |  |  |         |                   |                   |
| 27 |  |  |         |                   |                   |
| 28 |  |  |         |                   |                   |
| 29 |  |  |         |                   |                   |
| 30 |  |  |         |                   |                   |

# **APPENDIX M**

Additional Documents (COGS, CVC, IRS)



# Department of Commerce and Consumer Affairs

# CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

# ALEA BRIDGE

was incorporated under the laws of Hawaii on 01/20/2016; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 20, 2017

Catanit. awal Color

Director of Commerce and Consumer Affairs



# STATE OF HAWAII STATE PROCUREMENT OFFICE

# CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs

Vendor Name: ALEA Bridge

Issue Date: 11/13/2016

Status: Compliant

Hawaii Tax#: W42997410-01

New Hawaii Tax#:

FEIN/SSN#: XX-XXX1416

Ul#: No record

DCCA FILE#:

# Status of Compliance for this Vendor on issue date:

| Form  | Department(s)                                     | Status    |
|-------|---|-----------|
| A-6   | Hawaii Department of Taxation                     | Compliant |
|       | Internal Revenue Service                          | Compliant |
| cogs  | Hawaii Department of Commerce & Consumer Affairs  | Exempt    |
| LIR27 | Hawaii Department of Labor & Industrial Relations | Compliant |

# Status Legend:

| Status        | Description  |  |
|---------------|--|--|
| Exempt        | The entity is exempt from this requirement   |  |
| Compliant     | The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards |  |
| Pending       | The entity is compliant with DLIR requirement  |  |
| Submitted     | The entity has applied for the certificate but it is awaiting approval   |  |
| Not Compliant | The entity is not in compliance with the requirement and should contact the issuing agency for more information      |  |
|               |  |  |

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

JUL 19 2016 Date:

ALEA BRIDGE PO BOX 893573 MILILANI, HI 96789 Employer Identification Number:

DLN:

17053063427026 Contact Person:

HENRY F SHAMBURGER Contact Telephone Number: ID# 31472

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(l)(A)(vi)

Form 990/990-EZ/990-N Required:

Effective Date of Exemption:

January 20, 2016

Contribution Deductibility:

Addendum Applies:

No

## Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

ALEA BRIDGE

Sincerely,

Jeffrey I. Cooper

Director, Exempt Organizations

Rulings and Agreements