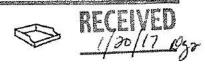
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#### **Application for Grants**

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

#### I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

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

Helping Hands Hawaii (HHH) is a private 501(c)(3) not-for-profit social service agency, which was established in 1941 and officially incorporated in 1974. For more than 40 years, the agency has consistently upheld its mission to "develop community self-sufficiency and resilience by providing guidance, household goods and opportunities for empowerment and connection." The services provided by HHH include (1) housing stabilization services (material assistance, emergency financial assistance, access to SNAP benefits, asset development, linkages to other necessary community resources) for low-income or homeless individuals and families; (2) case management (Oahu and Hilo) and representative payee services for low-income or homeless individuals with severe and persistent mental illness, many of whom also struggle with addiction; and (3) language access services for the Limited English Proficient (LEP) population. Overall, the agency assists over 40,000 low-income, homeless, or otherwise at-risk individuals each year.

Specific to this application, the Community Clearinghouse (CCH) is a core program of Helping Hands Hawaii and has been in operation since the agency's establishment in 1974. The CCH is a year-round program, which connects low-income and homeless individuals and households with furniture, household goods, and other basic necessities. CCH also provides emergency financial assistance to households struggling and in danger of homelessness due to past due rent or utility bills or homeless households who are trying to move into permanent housing. In addition, CCH also operates the seasonal Adopt A Family program to help low-income or homeless families have a brighter winter holiday season and the Ready to Learn program that provides school supplies to low-income/homeless children. All services are offered at no cost to the recipient.

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

In the current climate of need that has resulted in increased use of and requested use of Community Clearinghouse (CCH) services, the primary goal of the proposed GIA activities is to improve the existing CCH system of asking for, receiving, and distributing donated material items so that the CCH can continue to meet this increasing need for its services and supports.

HHH intends to achieve the following measurable objectives during the 12-month project period (July 1, 2017 to June 30, 2018):

- 80% of donors who respond to the satisfaction survey/follow-up, will report satisfactory or above in Question #4 of the CCH Donor Satisfaction Survey evaluating the staff's efficiency of greeting and processing donations (*Attachment C*) Tied to the purchase of Warehouse equipment and the Security Camera System.
- 80% of clients and/or community partner agencies who respond to the satisfaction survey/follow-up, will report satisfactory or above in Question #7 of the CCH Consumer Satisfaction Survey regarding the availability of items (*Attachment D*) Tied to the purchase of the Inventory Tracking System.
- 80% of clients and/or community partner agencies who respond to the satisfaction survey/follow-up, will report satisfactory or above in Question #6 of the CCH Consumer Satisfaction Survey regarding the timeliness of application processing (*Attachment D*) Tied to the filling of a part-time Program Assistant position.
- 3,610 households will receive material items; 6,000 students will receive basic school supplies; and 550 families/households will be adopted during the holidays through the CCH Tied to all proposed GIA activities.
- Decrease the amount of safety incidents to 0.
- Decrease the amount of incidents with unauthorized individuals on the CCH floor to 0.

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

The Community Clearinghouse (CCH) is a core program of Helping Hands Hawaii and has been in operation since the agency's establishment in 1974. The CCH is a year-round program, which connects low-income and homeless individuals and households with furniture, household goods, and other basic necessities. CCH also provides emergency financial assistance to households struggling and in danger of homelessness due to past due rent or utility bills or homeless households who are trying to move into permanent housing. In addition, CCH operates the seasonal Adopt A Family (AAF) program to help low-income or homeless families have a brighter winter holiday season and the Ready to Learn (RTL) program that provides school supplies to low-income/homeless children. All services are offered at no cost to the recipient.

The bulk of individuals and households served by the CCH is through our network of strong collaborative partnerships with other social service agencies that provide their services throughout the island of Oahu. Partner agencies screen potential clients for eligibility and refer the clients to CCH for help. This unique model of service delivery enables cost-effective and efficient services and enables the program to reach a broader range of potential clients than could be possible through referrals from one agency alone.

Support is also needed and provided by the CCH to: (1) one-time emergency walk-in assistance requests, which are handled on a case-by-case basis with subsequent linkages to

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other community resources if they would like return access to the CCH and (2) the homeless community via the State and County Housing First providers to assist with furnishing units for homeless individuals and households who are moving in to permanent housing as a part of the Housing First efforts happening throughout the island.

Through internal program data as well as recent information from the U.S. Census Bureau and anecdotal feedback from social service partner agencies, HHH has determined that there still remains a critical need to continue CCH services in the community.

In 2016, the CCH assisted a total of 3,346 households (10,364 individuals) - 26 households (50 individuals) received emergency financial assistance and 3,320 households (10,314 individuals) received material goods. In addition, the CCH assisted with the provision of basic school supply kits to 7,725 low-income or homeless children (2,162 households) and 559 households (2,053 individuals) participated in the holiday Adopt A Family program. Housing First support was provided to 37 homeless individuals.

Based on anecdotal feedback received from partner agencies, CCH services also complement their existing services by providing short-term financial and material assistance that can be integrated into a client's long-term case management plan. Recently, this complement to services has also included partnering with Oahu homeless services providers. The CCH helps State and C&C Housing First (HF) programs as well as the Hawaii Pathways Project (HPP) to provide basic furniture and household items to homeless clients moving into their new units. In 2016, in addition to providing the items themselves, the CCH assisted with delivery of the items to the units of 37 homeless individuals moving in to their new homes. There are few other agencies that provide the same type and scope of services as CCH.

The service model utilized by CCH has been demonstrated to be effective in addressing emergency needs of low-income clients in other communities. Specifically, the Community Sharing Fund in St. Paul Minnesota - which is structured similarly to CCH and receives referrals from a network of 70 partner agencies - was cited by HUD and the federal Emergency Shelter Grants (ESG) program in 2001 as an example of a "successful implementation strategy" for service delivery. By utilizing a system that has received national recognition from HUD as effective, CCH demonstrates the use of established "best practice" in its delivery of service.

Based on recent data from the U.S. Census Bureau and the American Community Survey, the number of Hawaii families that lived at or below the poverty line increased to 11.2% in 2013 (149,531 individuals) from 10.8% (143,001 individuals) in the prior year. According to the survey, the percentage of people with income-to-poverty ratio below 125% of the federal poverty guidelines (the ratio the CCH uses for client eligibility) increased from 12.5% (146,496 individuals) in 2000 to 14.7% (196,590 individuals) in 2013.

#### Warehouse Equipment

Currently, there is a limited number and assortment of equipment available for use when transporting inventory from one site to another within the warehouse and staff must make

multiple trips to complete a job. Additionally, receiving donations from donors or transporting items to client vehicles is hampered by the lack of equipment. This increases the time it takes to complete processing a donation or an appointment or for CCH staff to complete tasks (i.e. donation receipt, client services, inventory organization, etc.). Additional equipment in the warehouse will have an immediate effect on the efficiency for staff to provide services to the public.

Currently, CCH picks up donations island wide utilizing a standard 16-foot box truck and a passenger van. Regularly maintained vehicles allow us to avoid any gaps in donation pick up and keep the CCH inventory stocked with much-needed items for our clients. Without properly maintained vehicles, it greatly diminishes our capability to pick up bulky furniture (i.e. sofas, couches, beds, appliances, etc.), because donors will be less likely or less capable of transporting these bulky donations to CCH without this transportation assistance. The vehicles are necessary for CCH to continue to provide the type and volume of items commonly requested by clients.

#### Inventory Tracking System

CCH has a current process to track inventory, but it is not centralized and is very manual/labor intensive. The new inventory tracking system will bring heightened accountability to the program and enable us to track and analyze the data to define patterns and cycles of need experienced by our clients. The capability of data analysis and report generation can aid HHH in further identifying the needs of the community and direct the future development of programs and services to address these issues. It will also help to guide development efforts by allowing the agency to create targeted fundraising campaigns for the items in highest demand.

In addition, a module that serves as a web-based registry of client needs is proposed so donors can fill needs in real time. When donors go online, they would be able to choose items off the list to donate, and the web-based registry would remove the item once it was received. The module would also improve donor accessibility to the Adopt A Family program by allowing us to display client stories and wish lists online. This online component would reach a more widespread geography and increases the number of donors who would be able to adopt whole families or buy individual items off the wish lists.

#### Security Camera System

Due to an increase in client need, number of appointments and rate of donation drop offs, the Community Clearinghouse (CCH) recently restructured its staffing to ensure the continued delivery of high quality service and support. Through an assessment completed prior to the restructuring, we determined that the warehouse floor required coverage at the two main points of contact with the public: donor entrance and client entrance. With the current budget, we changed the one full-time position to two part-time positions to ensure that staff was on the floor during the peak times of 9am-12pm. With the new structure, one staff greets donors at the front entrance and one staff assists and checks-in clients at the side entrance. With the changes, we have seen improvement in donor response and client check-ins.

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However, with the volume of donations continuing to increase, especially during the holiday season with our seasonal Adopt A Family program, having a camera system to monitor all entrances would give us the ability to continue to provide the same quality service during non-peak times when the CCH is not fully staffed. Typically during non-peak hours, the number of warehouse floor staff is reduced from 4 people to 2 people. Due to the large size of the warehouse, it is difficult to respond promptly when an unexpected influx of donors arrive and staff are attending to other duties, like moving furniture, restocking inventory, and other related tasks/activities.

The CCH's points of entry are comprised of three roll-up doors and 3 entry doors, and this makes it difficult for us to keep the area secure with limited staff. Although our employees are consistently on the floor, coverage of the large space can be challenging due to the size and number of entry points. Not only is it difficult to promptly assist donors and clients, there are potential safety issues that may arise when unauthorized individuals access the CCH without our knowledge. For instance, people could hide in between the clothing racks and furniture displays without our staff being aware of them. Additionally, there have been occasions when staff discovered people "shopping" in the warehouse without an appointment or when visitors think we are a retail store. This typically happens during staff lunch breaks or toward the end of the day when staff are focusing on sorting donations and organizing the warehouse and not readily available to monitor all entrances.

During the seasonal programs, most of the operation occurs in the rear of the warehouse, and it can be difficult to keep the brand new items (school supplies, holiday gifts, etc.) secure. The warehouse office is not physically situated in an area that has a direct line of sight to monitor the activity. There are usually an increased number of people (consumers, volunteers, partner agencies, etc.) who come in and out of the space during this time for the purposes of the seasonal program. But, sometimes, CCH consumers or other visitors will ignore Employee Only signs that prohibit access to these areas and wander into restricted areas because they see the new items. With the limited number of staff, it is difficult to ensure everyone's safety within the warehouse while overseeing regular operations.

The CCH has a large physical footprint and a very lean staffing structure with a limited budget. A camera system would also help us to ensure that the CCH remains a safe space for staff, volunteers, and clients and that the CCH system of making donated items available to consumers remains fair and equitable.

- As a safety example: Sometimes clients or non-clients arrive to an open CCH warehouse environment and are not only struggling with severe mental illness but are unaccompanied by a case manager to assist them. During their time on property, they may begin to exhibit violent and unsafe behaviors. A camera system would allow for better monitoring of potential situations and enable our staff to act swiftly and appropriately to address concerns.
- As a fairness example As part of the CCH policy, only the client (1 person) is allowed to look for/"shop" for items during the appointment. They cannot bring others with them to "shop" at the same time. Others may assist them only when the client is taking a larger item and requires help with loading the item into their vehicle.

Despite this long-standing rule being communicated consistently, there are many cases when clients will violate or attempt to violate the fairness policy. The policy is also in place to address safety concerns, because with too many people on the floor at one time, congestion is a challenge and a potential safety issue that could lead to injury. Having a camera in place will help to monitor the situation and appropriately address incidents such as these.

#### Additional Part-Time Program Assistant

In the past year, CCH has seen an increase from approximately 200 applications a month to 300 applications a month and received more inquiries from new partner agencies. In 2016, there were over 14 new programs/agency partners referring clients for services at CCH. Currently, the Program Manager is primarily responsible for processing these applications, including receiving the initial application, vetting for missing information on the application, following up with agencies for missing documents and scheduling the appointments with clients. A part-time program assistant to help with these tasks will increase the ability of the CCH to process the higher volume of applications in a timely manner. Additionally, he/she will be able to help implement and best utilize the new inventory tracking and security camera systems.

During the seasonal programs, the demand for CCH services increases. To accommodate the high volume of requests during these periods, additional staff and volunteers are recruited to help maintain the program's quality and efficiency. This year we were fortunate enough to have a consistent volunteer who assisted with the processing of CCH applications part-time during the Adopt A Family program. This helped the CCH serve clients around the busy holiday season, especially those who were moving into their first housing units after being homeless. Maintaining a consistent flow of clients who utilize the CCH during seasonal operations helps to balance the inventory within the warehouse, because we also experience an influx in the level of giving from donors during this time. By having this volunteer, the program was able to keep better track of our data, such as the number of one-time walk-in clientele who we were able to refer to partnering agency for longer-term case management support. This is particularly true with some clients who have sought out referrals from Palama Settlement after receiving walk-in assistance. Through this experience, we learned just how vital it was to have additional help during this time of year. A part-time program assistant who could help us maintain normal CCH operations during the height of the seasonal programs is essential to continuing to provide clients with the materials they need for their families during an already stressful part of the year.

The additional staff support also allows the CCH to keep up with demands from our Housing First partners, like Hale Mauliola (City & County of Honolulu transitional/bridge housing program), while also ensuring that all regular CCH needs continue to be met.

#### 4. Describe the target population to be served; and

The target population for this project is low-income and homeless individuals and families residing on the island of Oahu. According to the U.S. Census Bureau's Poverty Survey for

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2013, 14.7% (196,590 individuals) in Hawaii were living with an income-to-poverty ratio below 125% of the federal poverty guidelines (the ratio the CCH uses for client eligibility).

Low-income households often lack basic living items, such as food, clothing, bedding, appliances and furniture, kitchenware, and childcare items. Due to job loss, illness, or other reasons beyond their control, individuals and families living in poverty also may find themselves unable to pay for basic living expenses, such as rent, utilities, and transportation. Homeless individuals and families, when moving into housing from an emergency or transitional shelter, often move with nothing to make their new place a home (beds, tables/chairs, kitchen appliances, plates/dishes, desks, dressers, and other items).

In addition to the general focus on low-income households or homeless individuals and families, specific target populations that will receive assistance from the Community Clearinghouse include 1) Individuals with disabilities, 2) Elderly individuals over the age of 60, 3) Homeless trying to transition out of homelessness, 4) Victims of domestic violence, 5) Individuals diagnosed with a psychiatric and/or substance use disorder, and 6) Consumers/Clients participating in the various Housing First programs offered by the City and State. The CCH network of referring partner agencies include agencies that specifically target the above populations, including Catholic Charities Hawaii, Honolulu Community Action Program, Domestic Violence Action Center, Legal Aid Society of Hawaii, I.H.S., U.S. Vets, Kalihi Palama Health Center, The Salvation Army, Mental Heatlh Kokua, and Waikiki Health, among others.

#### 5. Describe the geographic coverage.

The proposed services will be provided for target population individuals and households residing on the island of Oahu.

#### II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

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

The CCH program is a combination of a number of different components that all link together. The activities, including the purchase of warehouse equipment, continued vehicle maintenance, purchase and installation of a security camera system and inventory tracking software and the hiring of one additional part-time staff are proposed to help meet identified community needs. The following describes the processes in place to ensure meeting of proposed outcomes and goals and objectives.

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#### Client Referral by Community Partners

Clients will be referred to the CCH by over 100 social service partner agencies that are registered with the program. These partner agencies will assist clients with the initial application for services and will complete an initial verification of the client's income and emergency need(s). The completed application is submitted to the Program Manager (PM) for review and approval. The PM will (1) request additional information if it's needed, (2) communicate a denial if warranted, or (3) communicate the approval to the social service partner agency.

The PM will actively maintain solid relationships with CCH partner agencies, including training partner agency staff on referral policies and procedures and CCH rules and guidelines. These interactions will include the CCH seasonal projects – Ready to Learn (school supplies) and Adopt A Family (holiday support).

#### • CCH Client Appointments

Once a client has been approved to receive items from the CCH, they or their social worker/case manager work with the PM to schedule an appointment. Clients are able to access the CCH for items once a month for a year. Each appointment is 30 minutes long, items are not reserved (the exception being the Housing First program participants), and the client is responsible for transporting their selected items to their homes/places of residence.

During their 30 minute appointments, one client representing the household is allowed to select items they need. There is no limit to the type of item or the quantity that clients may take during their appointments. An inventory of items taken is collected at the end of the appointment by CCH staff, and if the items seem unreasonable relative to the client's household size/present living arrangement, the CCH reserves the right to withhold those items from the client.

The hiring of a part-time program assistant will help in the timely processing of applications and allow the CCH to better help the increasing number of clients who are being referred for services.

#### Walk-In Clients

One-time walk-in emergency assistance will continue to be made available to those individuals who are not yet connected to one of the CCH partner agencies. The CCH team will try to assess what geographic area the individual will subsequently locate themselves (most times it is an individual who is homeless). Staff will provide them with information on agencies and partners in those relevant areas, through which they can gain further access to CCH services and supports. The hope with this approach to walk-ins is to provide additional CCH services as an incentive that will encourage them to link with needed resources in their geographic communities to help them stabilize and get on the right track.

#### Donation Pick-Ups

The CCH has limited capacity to pick up donated items in large quantities or those that are large/bulky in size. Donors can request for donation pick up by calling or emailing the CCH. Once the request is made the PM will review the pick-up schedule, work with the donor, and coordinate with the CCH Driver on a donation pick-up schedule for each week. Any adjustments that need to be made during the week due to Driver absence, last minute donor requests, etc., will be managed by the PM.

Generally speaking, the CCH Driver picks up from a different geographic area on the island of Oahu each day of the week to ensure as much pick-up coverage as possible. The function of the driver is essential to ensure accessibility to donors and to maintain a high level of donations available for potential CCH clients who may need the assistance.

#### • Donation Drop-Offs at the CCH

When donated items are received at the CCH warehouse, the Warehouse Workers maintain an inventory of donated material items in the CCH warehouse to ensure the smooth function of general warehouse operations. In addition, the Warehouse Workers receive donated items from the public who drop items off to the warehouse directly and help to distribute these items to eligible clients who are referred to CCH by a social service partner agency.

The purchase of new Warehouse equipment, a security camera system, and the inventory tracking software and system will assist with process efficiencies and availability of items.

#### Housing First Clients

In 2015 and continued into 2016, as a part of a partnership with the City & County of Honolulu Housing First providers, the State Housing First providers, the Hawaii Pathways Project (Lead Agency: Helping Hands Hawaii, collaborative partner Catholic Charities Hawaii), and the City & County of Honolulu's Hauoli Mauliola transitional program, the CCH instituted an exception to its existing rule of not reserving items for clients. For homeless clients participating in any one of these programs, reservation of basic household items can be made available to them upon their move into a permanent housing unit. These items can include, but are not limited to, items such as beds, dressers, tables and chairs, kitchen items, basic toiletries, and organizational items (clocks, calendars, alarms, etc.). In addition, the CCH Driver has been assisting some Housing First clients by transporting and moving some items into their units.

#### • Seasonal Project – Ready to Learn

Ready to Learn (RTL) operations are conducted in the CCH using CCH staff, resources, and warehouse space. RTL was established by the late U.S. Senator Daniel K. Inouye and his late wife, Maggie Inouye, to help prepare low-income and homeless children to be "ready to learn" for the new school year. Each year HHH works with

social service partner agencies to identify and verify families who may be eligible for the program. Agencies submit referral applications on their client's behalf. HHH also works with community groups, private businesses, and individuals to collect school supplies and monetary contributions to purchase school supplies throughout the summer months. Using these school supplies, CCH staff builds a basic school supply kit for younger and older children. These kits include items like folder paper, pencils, crayons, binders, scissors, and other supplies commonly found on school supply lists. CCH staff coordinates with partner agency case managers to ensure that each application for school supplies is fulfilled for the requesting agency. Partner agencies are responsible for delivering school supply kits to their clients. Distribution of supplies is ongoing throughout the year and handled through the standard CCH process.

#### • Seasonal Project – Adopt A Family

Adopt A Family (AAF) operations are also conducted in the CCH using CCH staff, resources, and warehouse space. The program works together with social service partner agencies to identify families who are most in need during the holidays. Agencies submit an application form for each family, which verifies financial need and provides a general report on the family's situation through narratives written by the family and the family's case manager. The application also contains a wish list of most-needed items for each family member. AAF families are matched with donors in the community who purchase items from the Christmas/holiday wish lists, and items are collected at CCH for distribution to the clients through the referring agencies. Agencies are responsible for delivering AAF gifts to their clients unless prior arrangement has been made for the client to meet the donor.

As part of the proposal for a newly designed inventory tracking system, a module/component will serve as a "registry" of AAF families to display narratives and wish lists on a web-based system. From there, donors would be able to look online, select the family they would like to adopt, and purchase the items on their wish list. It would also make it easier for donors who can only purchase individual items, and not adopt a whole family, to participate in the program. This new system would help to improve efficiency within the AAF process by more quickly matching donors with families to be adopted; and also give donors more flexibility in ways to support families by partially contributing to their wish lists, without committing to a full-fledged 'adoption'. All identifiers, such as individuals' full names, addresses, phone numbers, places of work/school and other personal data, will be omitted from the online registry.

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

| PERIOD       | ACTIVITY                                         |
|--------------|--------------------------------------------------|
| Quarter 1    | SELECTION/AWARD AND CONTRACT EXECUTION           |
| (Months 1-3) | COORDINATION WITH STATE AGENCY TO REVIEW PROJECT |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Maintain vehicle                                                                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Develop procedures for inventory tracking system                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>Purchase of computers for inventory tracking system.</li> </ul>                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Develop procedures for security camera system and train staff                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hire and train PT staff on CCH procedures                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • GOAL: 85% of funds will be expended by the end of the 1 <sup>st</sup> quarter, and    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | agreed upon outcomes will be reported to the contracting state agency.                  |
| Quarter 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DELIVERY OF COMMUNITY CLEARINGHOUSE SERVICES                                            |
| (Months 4-6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONTINUES                                                                               |
| (WIOHHIS TO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ONGOING EFFORTS TO CONDUCT ADDITIONAL AWARENESS                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AVAILABLE RESOURCE                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REVIEW PROGRAM DATA FROM QUARTER 1 – analyze the                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | effectiveness of the project and develop any necessary additional                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | strategies to achieve the agreed upon outcomes.                                         |
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## 3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

HHH is committed to achieving consistent and high quality services for all agency beneficiaries and program participants. The agency is able to demonstrate the sufficiency of its Quality Assurance and Evaluation plan for the proposed Community Clearinghouse activities.

#### Consumer complaints, grievances, appeals, and consumer satisfaction.

Regarding Consumer Complaints, HHH has a policy and procedure for all consumer complaints, grievances, and appeals. This includes documentation and identification of potential problems, actions taken, and demonstrated systems improvement. The QM Committee will track all of these activities and document follow up on all items.

During intake of a potentially eligible applicant for assistance, the individual/household is asked to review and acknowledge receipt of, a statement and explanation of their right to grieve any decision, including a description of the process that would be followed should they choose to utilize this process.

#### Program Evaluation & Work Plan

HHH has developed a system for periodic measurement, reporting, and analysis of well-defined output, outcomes measures, and performance indicators of the delivery system. Such results and information are used to improve the delivery system and program operations. Feedback is provided to staff members, with subsequent follow-up to determine the impact on the agency's system of services and supports.

Consumer Satisfaction Surveys will be conducted at the appointment as part of the exit procedure and the survey results will be reviewed and reported to the appropriate Directors and Managers, with summary information also provided to the HHH Senior Management Team (CEO, CFO, VP-Human Resources). Donor Satisfaction Surveys will be conducted at any opportunity of donor interaction (i.e. donation drop-off at CCH, donation pick-up at their home, etc.)

The HHH QM Program also includes a Work Plan that is established annually, and identifies goals and activities based on an Annual Program Evaluation. The Work Plan includes designated timelines for the project, with identified department / persons responsible for carrying out items on the Work Plan.

#### Maintenance of QM Policies & Procedures

HHH assures that it has established and will maintain and regularly update the following relevant QM policies and procedures: (1) Consumer Complaints, Grievances and Appeals,

- (2) Consumer Safety, (3) Consumer Satisfaction, (4) Disaster Preparedness, (5) Emergency Evacuation, (6) Compliance, and (7) Confidentiality/HIPAA.
- 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.

For the purposes of these Community Clearinghouse services, HHH will provide to the contracting state agency, quarterly reports covering the following primary measures of effectiveness:

- Satisfactory or above report on staff's efficiency of greeting and processing of donations
- Satisfactory or above report on the availability of items in inventory
- Satisfactory or above report on timeliness of application processing
- Number of households receiving material assistance; number of students receiving basic school supplies; and number of families/households adopted during the holidays through the CCH
- Decrease the amount of safety incidents to 0.
- Decrease the amount of incidents with unauthorized individuals on the CCH floor to 0.

#### III. Financial

#### Budget

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

Please refer to the State budget forms included as *Attachment A*.

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

| Quarter I | Quarter 2 | Quarter 3 | Quarter 4 | Total Grant |
|-----------|-----------|-----------|-----------|-------------|
| \$22,067  | \$14,567  | \$14,567  | \$14,570  | \$65,771    |

- 3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2018.
  - Helping Hands Hawaii (HHH) is currently pending execution of a CDBG contract with the City for a period anticipated to be from 2/17/17 to 2/16/18.
     As of the date of this GIA application, the contract has not yet been executed.
     The CDBG contract award is for \$196,825 for a 12 month period. The award

is for the Community Clearinghouse. There is no overlap in budgeted line items for CDBG and this GIA budget proposal.

- The total private/other funds requested, includes funds not yet requested, but budgeted for the 1/1/17 to 12/31/17 year.
  - \$45,344 Aloha United Way (confirmed)
  - \$50,000 TANF MOE (confirmed 50% of the 12 month period)
  - \$124,000 Private general contributions (not yet confirmed)

None of the above-listed sources of funding will cover the proposed purchase of warehouse equipment, security camera system, inventory tracking software and additional part-time staff. If unsuccessful with this application, we will continue to seek funding elsewhere to get these much needed improvements for the CCH. All other CCH operations not included in this proposal or the budget will continue to be funded through a variety of sources including HHH general funds as the CCH is considered a core program of HHH.

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.

HHH has received no state or federal tax credits at any time in the prior three years, and does not have any current pending application for such credits.

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.

See Attachment B – For list of all Government contracts and grants related to the proposed program.

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

Helping Hands Hawaii is on a calendar year for our fiscal year. 2016 Year-End financials are not yet available. As of September 30, 2016 the balance of unrestricted current assets was \$2,531,700.

#### 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.

HHH has been providing basic material assistance to individuals and households since its incorporation in 1974 and over those years has acquired the necessary skills, abilities, and knowledge required to provide the services described in this proposal.

HHH is well-recognized in the community as a place where low-income and homeless individuals and households can turn to for housing stabilization and basic material assistance. In 2016, HHH continued to be among the "Top 5" agencies, which Aloha United Way referred to when they received inquiries for either rent or utility payment assistance or needed material items. In addition, HHH continues to maintain an extensive network of community providers (non-profits, private landlords, faith-based entities, government entities) that are a strong referral base not only for identifying those who may need items from the CCH but also for individual and family needs that HHH cannot itself provide for.

In 2016, CCH provided basic material assistance to 3,320 households, school supplies to 7,725 low-income or homeless children (2,162 households) and facilitated the giving of holiday gifts to 559 families. The CCH is the largest no-cost redistribution facility on Oahu. CCH provides thousands of low-income or homeless individuals and families with more than several-million dollars in donated goods each year.

Through the seasonal program Ready to Learn, CCH extends its reach to more than 6,000 low-income students annually by providing basic school supplies. Many students would rather skip classes than return to school with the same used binders and backpacks from last year. They feel ashamed for having to go without the basic supplies and often have to endure constant ridicule from their peers. Continued blows to a child's self-esteem can be devastating. By providing a basic school supply kit through Ready to Learn, CCH helps students create a better future.

During the holiday season, the struggles of low-income and homeless families are magnified and HHH hopes to minimize these effects through the Adopt A Family program. Assistance during this time not only fulfills their immediate needs for material goods but also lifts their spirits giving them hope and fresh perspective for the year to come. In 2016, for the seventh year in a row, all Adopt A Family participants were matched with donors in the community for a 100% adoption rate (i.e. no families left the program empty handed).

#### Experience

HHH, and the Human Services Division in particular, is experienced in the coordination of services for low-income and homeless individuals and families in need. HHH believes in maintaining strong partnerships not only with other community providers, but also with local businesses, media, and government agencies.

The agency's relevant experience in delivering the services described above is demonstrated through the following relevant contracts listed below (See Also Attachment B – Relevant Government Contracts and/or Grants Over the Most Recent 3 Years):

- Housing Stabilization (basic material items and emergency assistance)(Oahu)
  Department of Human Services, TANF MOE
- Community Development Block Grant (CDBG)(basic material items/Community Clearinghouse)(Oahu)
   City & County of Honolulu
- City & County of Honolulu, Grant In Aid (GIA)(basic material items/Community Clearinghouse)(Oahu)
   City & County of Honolulu, GIA 1<sup>st</sup> Round
- Aloha United Way (basic material items/Community Clearinghouse)(Oahu)
  Aloha United Way Impact Funding (2015-2017)
- Adopt A Family (AAF)(Community Clearinghouse Holiday project)(Oahu)
  Helping Hands Hawaii + community donors
- Ready to Learn (RTL)(School Supplies)(Oahu, with some Neighbor Island reach)
  Helping Hands Hawaii + KITV (School Tools) + community donors

#### 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.

The Community Clearinghouse and its programs are located at:

Helping Hands Hawai'i 2100 North Nimitz Highway Honolulu, HI 96813

This main facility also houses the Administration, Accounting, and other Behavioral Health, Human Services, and Language Access programs of the agency. The office is conveniently located in a non-congested area along Nimitz Highway, which is a main traffic thoroughfare. There are several bus stops located nearby as well as easy access to the H-1 freeway. The office is ADA compliant and has two designated parking stalls for individuals with disabilities.

The HHH facility for Oahu meets all ADA requirements. Wheelchair recipients and others have been reasonably accommodated in this facility. Moreover, this office has met all CARF safety requirements during site visits and inspections.

In addition, because the agency is required to maintain CARF accreditation for our behavioral health services, the following additional facility quality standards are applied/followed:

- 1. HHH will maintain a structurally sound facility that does not pose a threat to the health and safety of the recipients it serves;
- 2. HIHH will ensure the facility is accessible and capable of being utilized without unauthorized egress and regress through other private properties. The HHH facilities will have multiple means of egress in case of fire or disaster;
- 3. HHH ensure each site is afforded adequate space and security for personnel effects;
- 4. HHH will ensure all facilities have natural or mechanical ventilation, including window or air conditioning units. HHH facilities will be free of pollutants;
- 5. HHH will ensure all recipients have access to bathrooms that are in proper operating condition, maintain privacy, and are adequate for personal cleanliness;
- 6. HHH will ensure all facilities have adequate lighting provided by a natural source, either such as sunlight, or by artificial means, including light fixtures;
- 7. HHH will ensure recipients have access to a kitchen area and adequate space for healthy snack preparation, including refrigerator, stove and microwave;
- 8. HHH will ensure all equipment and appliances within all facilities are in operational and sanitary condition;
- 9. HHH will ensure each facility has at a minimum, one battery-operated or hardwired smoke detector that is maintained in proper working order;
- 10. HHH will ensure all facilities develop and adhere to health, fire, and safety regulations within the residence in accordance with State, City, County, and accreditation standards; and
- 11. HHH staff will supervise all recipients within each facility to ensure each facility is maintained in a clean, safe, manner. HHH will strive to create a comfortable homelike but professional environment for all its facilities.

#### 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.

HHH proposes the following staffing pattern to effectively implement the proposed Community Clearinghouse services for Oahu:

- One (1) Program Manager (1.00 FTE) Current
- Two (2) Part-Time Warehouse Workers (.50 FTEx2) Current
- One (1) Warehouse Worker II (1.00 FTE) Current
- One (1) Driver (1.00 FTE) Current
- One (1) Program Assistant (.5 FTE) Proposed

Each of the five (4.00 FTE) current positions are responsible for specific activities that will help to achieve the program goals described in this proposal. The proposed addition of a part-time Program Assistant position is to assist with the implementation of the improved inventory tracking software/process and the new security system as well as assisting with the processing of the increased volume of applications.

Clients can access CCH services and supports through 3 primary mechanisms: (1) Referrals to the CCH by over-100 social service partner agencies that are registered with the program. These partner agencies will assist clients with the initial application for services, and will do an initial verification of the client's income and emergency need(s). CCH staff will also complete its own verification of income prior to services being provided; (2) Onetime walk-in emergency assistance will continue to be made available to those individuals who are not yet connected to one of the CCH partner agencies. The CCH team will try to assess what geographic area the individual will subsequently locate themselves (in almost 100% of the cases the individuals utilizing walk-in access are homeless), and provide them information on agencies and partners in those relevant areas, through which they can gain further access to CCH services and supports. The hope, with this approach to walk-ins, is to provide additional CCH services as an incentive that will encourage them to link with needed resources in their geographic communities to help them stabilize and get on the right track; AND (3) HHH works in collaboration with the current City Housing First projects, State Housing First project, the joint HHH and Catholic Charities Hawaii Pathways Project, and other C&C of Honolulu homeless re-housing efforts including the Sand Island project Hale Mauliola to provide furniture and basic household necessities to

individuals and households moving into permanent housing. This collaboration includes temporary storing of mass-donations from entities like hotels, setting aside basic household "kits" for Housing First clients when those items become available, and in some cases/as needed assisting with move-in to the permanent housing units.

The Program Manager (PM) will actively maintain solid relationships with CCH partner agencies, including training partner agency staff on referral policies and procedures. In addition, the PM will coordinate seasonal projects, such as Ready to Learn (RTL) during the spring and Adopt A Family (AAF) during the Christmas season.

To determine that clients are eligible for CCH services and to ensure that applications comply with program guidelines, the PM will receive referrals from partner agencies, and review each referral received (See Attachment E). The PM will work with the Program Assistant (PA) who will be primarily responsible for helping to implement the new inventory tracking software and operation of the new security system as well as assisting with the processing of the increased volume of applications.

The PM, with support from the Warehouse Workers, will schedule eligible clients to come in for an appointment to pick up items from the CCH warehouse. The PM requests on a daily basis for the CCH Driver to pick up donated items that will be distributed later through the CCH Warehouse. For re-housing services and supports provided to Housing First clients, the PM will coordinate directly with the referring Housing First organizations to include items needed and schedule the driver for move-in assistance (if needed).

The CCH Driver picks up from a different geographic area on the island of Oahu each weekday to ensure island-wide coverage for donation pickup. The function of the driver is essential to not only ensure accessibility to donors and maintain a high level of donations available for potential CCH clients, but also to provide assistance to homeless individuals and households who the CCH assists through the Housing First programs.

When donated items are received at the CCH warehouse, the Warehouse Workers will work with the PA to maintain an inventory of donated material items in the CCH warehouse to ensure the smooth function of general warehouse operations. In addition, the Warehouse Workers receive donated items from the public who drop items off to the warehouse directly, and help to distribute these items to eligible clients who are referred to CCH by a social service partner agency.

#### **Staff Qualifications**

Minimum qualifications (i.e. level of education, special licenses and/or certifications, and work experience) for all proposed staff positions are outlined in agency Job Descriptions, which are provided along with this proposal.

Please refer to Attachment F for Job Descriptions.

#### Supervision of Project Staff

The PM will be responsible for the supervision of all proposed program staff. Supervision for the PM will be provided by the President & CEO.

Supervision will be held with staff on a weekly basis, and more frequently as needed.

All HHH staff are evaluated and given feedback on a regular basis by their supervisor, with formal Performance Appraisals to occur at 90 days from the date of hire, and annually thereafter.

Staff training begins with New Hire Orientation. New Hire Orientation is provided by the Human Resources Department. All new employees regardless of their status must complete orientation before employment begins. This training covers employment, benefits, HIPAA, and agency rules and regulations, including but not limited to, confidentiality, code of ethics, and safety procedures.

In addition to general staff training, more specific training will be provided to staff depending on their respective duties relating to the proposed emergency assistance/housing stabilization services.

In addition to the direct supervision described above, Helping Hands Hawaii has experienced and strong leadership in its Board of Directors, Senior Management, Human Resources, and Accounting offices to support all of its programs and its employees. Policies and procedures are developed in compliance with state and federal laws and are regularly assessed to accommodate for changes in laws, to ensure appropriate service levels and to provide added security measures.

#### Training of Relevant Program Staff

Staff training begins with New Hire Orientation, as provided by the Human Resources Department. All new employees regardless of their status must complete orientation before engaging in their job responsibilities. This training covers employment, benefits, HIPAA, and agency rules and regulations including but not limited to confidentiality, code of ethics, and safety procedures.

All staff will receive specific training in the delivery of Community Clearinghouse services and upon hire will shadow existing HHH employees who can assist with on-the-job training. Annual training is also conducted by HR as well as Program Managers and tracked in employee files.

Professional development opportunities will be made available to program staff as well as opportunities to engage in community/network discussions regarding the various socioeconomic issues facing the households and individuals we will be assisting.

#### 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.

HHH has provided the program organization chart for the proposed Community Clearinghouse services, as well as the agency-wide organization chart. Please see the attached organizational charts in order to reference each staff position and line of responsibility / supervision.

See Attachment G for organizational charts (Program and Agency-Wide).

#### 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.

| Chief Executive Officer       | \$101,900 |
|-------------------------------|-----------|
| Director of Behavioral Health | \$80,000  |
| Chief Financial Officer       | \$76,500  |

#### 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.

HHH does not having any current or pending litigation to which it is a party.

#### 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.

There are no licensure or accreditation requirements relevant to the proposed program. However, the agency recently received continued accreditation for its behavioral health services in 2015 by the Commission on Accreditation for Rehabilitation Facilities (CARF) for a three-year period, which will expire in 2018. While related to our behavioral health

services, the CARF accreditation review process includes an in-depth analysis of all administrative/organizational functions as well, including leadership/management, safety, Board oversight, financial management, risk management, and a number of other critical areas of operation.

#### 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.

N/A

#### 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
- (2) Not received by the applicant thereafter.

The majority of this GIA request is for one-time expenditures. In the event that HHH does not receive the requested GIA funding for the FY2017-2018 State fiscal year the agency will continue to seek other funding to provide for the implementation of the proposed improvements to the existing Community Clearinghouse services. In addition, any costs that are ongoing and not just one-time funding would be included in the ongoing CCH budget as CCH and its services are considered a core program of HHH and the agency is committed to continuing to deliver the program services for the community as it has since 1974.

#### E. Certificate of Good Standing (If the Applicant is an Organization)

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.

See Attachment H for Certificate of Good Standing (COGS).

## ATTACHMENT A BUDGET

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

Period: July 1, 2017 to June 30, 2018

Applicant: Helping Hands Hawaii

|        | UDGET<br>ATEGORIES                                          | Total State<br>Funds Requested<br>(a) | Total Federal<br>Funds Requested<br>(b) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total Private/Othe<br>Funds Requeste<br>(d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------|-------------------------------------------------------------|---------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ٩.     | PERSONNEL COST                                              |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 1. Salaries                                                 | 13,000                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|        | 2. Payroli Taxes & Assessments                              | 1,521                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | Fringe Benefits                                             | 0                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | TOTAL PERSONNEL COST                                        | 14,521                                |                                         | 00145<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3,     | OTHER CURRENT EXPENSES                                      |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 1. Airfare, Inter-Island                                    | 0                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 2. Insurance                                                | 1,300                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 3. Lease/Rental of Equipment                                | 0                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 4. Lease/Rental of Space                                    | 0                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 5. Staff Training                                           | 500                                   |                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 6. Supplies                                                 | 1,500                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 300 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|        | 7. Telecommunication (Phone, Ceil,<br>Internet)             | 1,300                                 | ,                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 8. Ütilities                                                | 1,000                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 9. Inventory Tracking Software                              | 37,500                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 10                                                          | 01,000                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|        | 11                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 12                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 13                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 14                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 15                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 16                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 17                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 18                                                          | ,                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | 19                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|        | 20                                                          |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | TOTAL OTHER CURRENT EXPENSES                                | 43,100                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.     | EQUIPMENT PURCHASES                                         | 8,160                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 77.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Э.     | MOTOR VEHICLE PURCHASES                                     | 0                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The standing contraction of the standard contraction of th |
| -<br>- | CAPITAL                                                     | 0                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TO     | OTAL (A+B+C+D+E)                                            | 65,771                                | *************************************** | AND THE RESIDENCE OF THE PARTY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        |                                                             |                                       | Budget Prepared                         | By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| JU     | DURCES OF FUNDING                                           |                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2521 Mgs. N. A. N. A. Schools.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|        | (a) Total State Funds Requested                             | 65,771                                | Gerald Hew                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 538-2734                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|        | (b) Total Federal (CDBG) Funds<br>Awarded (2/17/17-2/16/18) | 196,825                               | Name (Please type or p                  | orint)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|        | (c) Total County Funds Requested                            | 0                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1/10/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|        | (d) Total Private/Other Funds Requested                     | 275,344                               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|        |                                                             |                                       | Jatan, Harada, Preside                  | ent & CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 30.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Tr     | OTAL BUDGET                                                 | 537,940                               | Name and Title (Please                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|        | AIRE DOUGE!                                                 | 001,040                               | LIGHT WING LING (1-1692)                | Also or hund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

Period: July 1, 2017 to June 30, 2018

Applicant: Helping Hands Hawaii

| POSITION TITLE                             | FULL TIME<br>EQUIVALENT | ANNUAL SALARY<br>A | % OF TIME<br>ALLOCATED TO<br>GRANT REQUEST<br>B | STA | TOTAL<br>ATE FUNDS<br>QUESTED<br>(A x B) |
|--------------------------------------------|-------------------------|--------------------|-------------------------------------------------|-----|------------------------------------------|
| ommunity Clearinghouse - Program Assistant | 0.5                     | \$13,000.00        | 100.00%                                         | \$  | 13,000.00                                |
|                                            |                         |                    |                                                 | \$  | -                                        |
|                                            |                         |                    |                                                 | \$  |                                          |
|                                            |                         |                    |                                                 | \$  | -                                        |
|                                            |                         |                    |                                                 | \$  | <del>-</del>                             |
|                                            |                         |                    |                                                 | \$  | _                                        |
|                                            |                         |                    |                                                 | \$  | <u>-</u>                                 |
|                                            |                         |                    |                                                 | \$  | -                                        |
|                                            |                         |                    |                                                 | \$  | <u>.</u>                                 |
|                                            |                         |                    |                                                 | \$  | -                                        |
|                                            |                         |                    |                                                 | \$  | -                                        |
|                                            |                         |                    |                                                 | \$  |                                          |
|                                            |                         |                    |                                                 | \$  |                                          |
|                                            |                         |                    |                                                 | \$  |                                          |
| TOTAL:                                     |                         |                    |                                                 |     | 13,000.0                                 |

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

Period: July 1, 2017 to June 30, 2018

Applicant: Helping Hands Hawaii

| DESCRIPTION<br>EQUIPMENT | NO. OF<br>ITEMS | COST PER   | TOTAL<br>COST | TOTAL<br>BUDGETED |
|--------------------------|-----------------|------------|---------------|-------------------|
| Pallet Jack              | 1               | \$500.00   | \$ 500.00     | 500.00            |
| Hand Truck               | 1               | \$300.00   | \$ 300.00     | 300.00            |
| Dolly                    | 1               | \$150.00   | \$ 150.00     | 150.00            |
| Security Camera System   | 1               | \$4,200.00 | \$ 4,200.00   | 4,200.00          |
| Desktop Computers (Dell) | 3               | \$1,000.00 | \$ 3,000.00   | 3,000.00          |
| TOTAL:                   | 7               |            | \$ 8,150.00   | 8,150.00          |

JUSTIFICATION/COMMENTS: See Proposal Narrative for justification of above-mentioned Equipment purchases. The Desktop computers are to be able to upgrade to what's needed in order to handle the inventory tracking software and security camera system.

| DESCRIPTION<br>OF MOTOR VEHICLE | NO. OF<br>VEHICLES | COST PER<br>VEHICLE | TOTAL<br>COST | TOTAL<br>BUDGETED |
|---------------------------------|--------------------|---------------------|---------------|-------------------|
| N/A                             |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
| TOTAL:                          |                    |                     |               |                   |

JUSTIFICATION/COMMENTS:

#### **BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2017 to June 30, 2018

Applicant: Helping Hands Hawaii

| TOTAL PROJECT COST |               |               | 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              |               |               |                          |                       |                                        |              |  |
| LAND ACQUISITION . |               |               |                          |                       |                                        |              |  |
| DESIGN             |               |               |                          |                       |                                        |              |  |
| CONSTRUCTION       |               |               |                          |                       |                                        |              |  |
| EQUIPMENT          |               |               |                          |                       | ************************************** |              |  |
| TOTAL:             |               |               |                          |                       |                                        |              |  |

## ATTACHMENT B

## LIST OF GOVERNMENT CONTRACTS AND GRANTS

#### GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: Helping Hands Hawaii Contracts Total: 1,054,400

|   | CONTRACT DESCRIPTION                                                                                                                                                        | EFFECTIVE<br>DATES | AGENCY                                                        | GOVERNMENT<br>ENTITY<br>(U.S. / State / Haw /<br>Hon / Kau / Mau) | CONTRACT<br>VALUE |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------|-------------------------------------------------------------------|-------------------|
|   | TANF MOE Contract — providing funding for HHH Community Clearinghouse services to TANF-eligible households, including \$20,000 for emergency financial assistance.          | 1/1/17-12/31/17    | Dept. of Human Services<br>(DHS)                              | State of Hawaii                                                   | 100,000           |
| 2 | Community Development Block Grant (CDBG) public service contract award — funding for Community Clearinghouse services.                                                      | 2/18/17 - 2/17/18  | City & County of Honolulu -<br>Dept. of Community<br>Services | Honolulu                                                          | 196,825           |
| 3 | Community Development Block Grant (CDBG) public service contract award – funding for Community Clearinghouse services.                                                      | 11/18/15-2/17/17   | City & County of Honolulu -<br>Dept. of Community<br>Services | Honolulu                                                          | 160,934           |
|   | TANF MOE Contract – providing funding for HHH<br>Community Clearinghouse services to TANF-eligible<br>households, including \$20,000 for emergency financial<br>assistance. | 1/1/16-12/31/16    | Department of Human<br>Services (DHS)                         | State of Hawaii                                                   | 100,000           |
| 5 | City & County of Honolulu Grant-In-Aid (GIA) - For<br>Community Clearinghouse activities                                                                                    | 7/1/15-9/30/15     | City & County of Honolulu -<br>Dept. of Community<br>Services | Honolulu                                                          | 32,772            |
| 6 | TANF MOE Contract – providing funding for HHH<br>Community Clearinghouse services to TANF-eligible<br>households, including \$20,000 for emergency financial<br>assistance. | 1/1/15-12/31/15    | Department of Human<br>Services (DHS)                         | State of Hawaii                                                   | 100,000           |
| 7 | City & County of Honolulu Grant-In-Aid (GIA) - For Community Clearinghouse services, including purchase of 2 new CCH vehicles.                                              | 1/16/14-1/15/15    | City & County of Honolulu -<br>Dept. of Community<br>Services | Honolulu                                                          | 98,315            |
| 8 | TANF MOE Contract – providing funding for HHH<br>Community Clearinghouse services to TANF-eligible<br>households, including \$20,000 for emergency financial<br>assistance. | 1/1/14-12/31/14    | Department of Human<br>Services (DHS)                         | State of Hawaii                                                   | 100,000           |
| 9 | Community Development Block Grant (CDBG) public service contract award – funding for Community Clearinghouse services.                                                      | 10/17/13-10/16/14  | City & County of Honolulu -<br>Dept. of Community<br>Services | Honolulu                                                          | 165,554           |

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

The undersigned authorized representative of the applicant certifies the following:

 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 prohibiling 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) h 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.
- 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.

| Helping Hands Hawaii                       |                 |   |
|--------------------------------------------|-----------------|---|
| (Typed Name of Individual or Organization) |                 |   |
|                                            | 1-19-17         |   |
| . automotive                               | (Date)          |   |
| Jan IVI. Haraqa                            | President & CEO | 7 |
| (Typed Name)                               | (Title)         |   |
|                                            |                 |   |

Rev 12/2/16

Application for Grants

## ATTACHMENT C

## COMMUNITY CLEARINGHOUSE DONOR SATISFACTION SURVEY



#### **COMMUNITY CLEARINGHOUSE**

**Donor Satisfaction Survey** 

**DIRECTIONS:** Helping Hands Hawaii is always looking for ways to improve its programs. Please fill out this survey and return it by email to mvuong@helpinghandshawaii.org; fax to 536-7236; or mail/in person to 2100 N. Nimitz Hwy., Honolulu, HI 96819.

Address (Optional)

Survey Participant's Name (Optional) Contact Number (Optional)

| N .                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |                     |  |
|-----------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|---------------------|--|
| How Did You Hear About Us?                                                              | Date of Donation       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Type of Donation |                     |  |
|                                                                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Drop Off 🗌       | Pick Up 🔲           |  |
| Please rate the following:                                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |                     |  |
|                                                                                         | Completely<br>Disagree | Disagree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Neutr                  | al Agree         | Completely<br>Agree |  |
| My overall experience with Community Clearinghouse was positive.                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | and the          |                     |  |
| Donating to Community Clearinghouse was easy.                                           |                        | and the state of t |                        |                  |                     |  |
| Community Clearinghouse staff was helpful.                                              |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |                     |  |
| Community Clearinghouse staff were efficient in greeting me and processing my donation. |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |                     |  |
| I would recommend that my friends donate to Community Clearinghouse.                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | prioritization (       |                  |                     |  |
| Do you have any suggestions or recommendation                                           | ne for how we          | con improve t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | he progr               | am to better me  | et vour needs?      |  |
| Do you have any suggestions of recommendation                                           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |                     |  |
| Do you have any other comments?                                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | audukanian (1966-1964) |                  |                     |  |
| <b>▼</b>                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                  |                     |  |

Thank you for your participation. If you have any further questions or comments, please contact Helping Hands Hawaii at 440-3857. We appreciate your ongoing support and feedback

## ATTACHMENT D

## COMMUNITY CLEARINGHOUSE CLIENT SATISFACTION SURVEY



#### **COMMUNITY CLEARINGHOUSE**

**Consumer Satisfaction Survey** 

**DIRECTIONS:** Helping Hands Hawaii is always looking for ways to improve its programs. Please fill out this survey and return it by email to mvuong@helpinghandshawaii.org; fax to 536-7236; or mail/in person to 2100 N. Nimitz Hwy., Honolulu, HI 96819.

| Survey Participant's Name (Optional)                                                                                          |                |                  | Contact Number (Optional) |                   |             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|---------------------------|-------------------|-------------|--|--|
|                                                                                                                               |                |                  |                           |                   |             |  |  |
| <b>.</b>                                                                                                                      | •              |                  | D. 22 - CA                |                   |             |  |  |
| Participant Relation                                                                                                          | snip           |                  | Date of A                 | ppointment        | <u></u>     |  |  |
| CCH Consumer Referring Par                                                                                                    | rtner 🔲        |                  |                           |                   |             |  |  |
| Please rate the following:                                                                                                    |                |                  |                           |                   |             |  |  |
|                                                                                                                               |                | Yes              | No                        |                   |             |  |  |
| Has material assistance from the Clearinghouse helped with your situation/home environment?                                   |                |                  |                           | If "No" then why: |             |  |  |
| After receiving material assistance from the Clearinghouse, do you feel that you would be more likely to seek other services? |                |                  |                           | If "No" then why: |             |  |  |
| Please rate the following:                                                                                                    |                |                  |                           |                   |             |  |  |
|                                                                                                                               | Unsatisfactory | Below<br>Average | Satisfactory              | Very Good         | Exceptional |  |  |
| Overall Experience with the Program                                                                                           |                |                  |                           |                   |             |  |  |
| Ease of the Referral /Application<br>Process                                                                                  |                |                  |                           |                   |             |  |  |
| Quality of Staff Interaction                                                                                                  |                |                  |                           |                   |             |  |  |
| Timeliness of Application Process                                                                                             |                |                  |                           |                   |             |  |  |
| Availability of Items                                                                                                         |                |                  |                           |                   |             |  |  |
| Do you have any suggestions or recommendations for how we can improve the program to better meet your needs?                  |                |                  |                           |                   |             |  |  |
|                                                                                                                               |                |                  |                           |                   |             |  |  |
| Do you have any other comments?                                                                                               |                |                  |                           |                   |             |  |  |
|                                                                                                                               |                |                  |                           |                   |             |  |  |
|                                                                                                                               |                |                  |                           |                   |             |  |  |

# ATTACHMENT E COMMUNITY CLEARINGHOUSE APPLICATION FORM

| CCH Staff Use Only     |  |
|------------------------|--|
| Appointment Date/Time: |  |

Community Clearinghouse Application (Please FAX completed form to 536-7236)

|                                                      |                                                                     | X complete                                    |                                           | 536-7236)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                                                                                               |
|------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Referring Agency Infor                               | mation (To be Complete                                              | d by Case Ma                                  | ınager) -                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
| Agency Name                                          |                                                                     |                                               | Agency / Ca<br>Phone No.                  | ase Worker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                                                                               |
| Case Worker Name                                     |                                                                     |                                               | Case Work<br>mail Addre                   | er Fax <u>or</u> E-<br>ss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                                                                                               |
|                                                      |                                                                     |                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
| CCH Client / Head of I client is a minor under 18 am | lousehold Information (1<br>d there is <u>no adult in the house</u> | The CCH client <u>n</u><br>hold, call 440-380 | n <u>ust</u> be an adu<br>10 for guidance | lt head of househo<br>e on how to compl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | old, who is over t<br>etc this section) | he age of 18. If your                                                                                         |
| Client Last Name                                     |                                                                     |                                               | Client Fire                               | st Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                               |
| Client Street Address                                |                                                                     |                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Is client<br>currently<br>homeless      | ☐ Yes<br>☐ No                                                                                                 |
| Client City                                          |                                                                     |                                               | Client Zip                                | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                               |
|                                                      | Primary:                                                            |                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
| Client Phone No.                                     | Alternate:                                                          |                                               | Special In                                | structions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                                                                                               |
|                                                      |                                                                     |                                               | I                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
| Language Access Infor                                | шямов                                                               |                                               | If the clier                              | nt is unable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                                                                                               |
|                                                      | <br>  □ Vos                                                         |                                               | to speak, o                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes                                   |                                                                                                               |
| Is English the                                       | Yes                                                                 |                                               | understand English,                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [] <b>.</b>                             |                                                                                                               |
| primary language?                                    | No If no please stat                                                | te primary                                    | will a family member accompany client to  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ No                                    |                                                                                                               |
|                                                      | language:                                                           |                                               | accompan                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
|                                                      |                                                                     |                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
| Other Client Demograp                                | ohic Information                                                    |                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
|                                                      | ☐ Hawaiian                                                          | ☐ White(Ca                                    | nucasian)                                 | ☐ Black<br>(African-Ame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rican)                                  | Other Asian                                                                                                   |
| Ethnicity (Pick All                                  | ☐ Japanese                                                          | ☐ Filipino                                    |                                           | Samoan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | Other:                                                                                                        |
| That Apply)                                          | Chinese                                                             | ☐ Hispanic                                    |                                           | ☐ Micronesia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | an                                      |                                                                                                               |
|                                                      | Korean                                                              | ☐ American                                    |                                           | Other Paci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | fic                                     |                                                                                                               |
|                                                      |                                                                     | Indian/Alask                                  | an Native                                 | Islanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Male                                    |                                                                                                               |
| Military (Check One)                                 | Yes No                                                              |                                               | Gender (C                                 | Check One)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Femal                                   | le                                                                                                            |
|                                                      |                                                                     |                                               |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | l de la companya de |
| Client Benefit Information                           | tion                                                                |                                               | I                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                               |
| Does the household receive TANF?                     | ☐ Yes                                                               |                                               | Does the h                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes                                   |                                                                                                               |
| (Welfare for families with children)                 | □ No                                                                |                                               | receive Fo                                | ood Stamps?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | □ No                                    |                                                                                                               |
| Does the household receive other govt.               | ☐ Yes                                                               |                                               | U.S Citize<br>Lawfully                    | the office of the control of the con | ☐ Yes                                   |                                                                                                               |
| benefits (i.e. GA, VA, SSI/SSDI)                     | □ No                                                                |                                               |                                           | en (includes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | □ No                                    |                                                                                                               |
| Is there at least one                                | Yes                                                                 |                                               | 11144511                                  | ne obtained                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Yes                                   |                                                                                                               |
| member of the household who is                       |                                                                     |                                               | employme                                  | ent in the last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ No                                    | **************************************                                                                        |
| currently employed?                                  | ☐ No                                                                |                                               | 6 months?                                 | 6 months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                                                                                               |

| Client & Household Information                                          | on (Please include the Head of House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | hold when listing <u>all</u> of t | ie members of the h                     | ousehold in the |                            |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|-----------------|----------------------------|
| First Name                                                              | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Relationship to Client            | Date of Birth                           | Gender          | Legally<br>Disabled<br>Y/N |
| 1.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Self                              |                                         |                 |                            |
| 2.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 441                               |                                         |                 |                            |
| 3.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
| 4.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
| 5.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
| 6.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
| 7.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
| 8.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         | <u> </u>        |                            |
| Income").                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
| 2. What type of items is the hou                                        | usehold hoping to receive from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the Community Cl                  | earinghouse?                            |                 |                            |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |
| 3. Does the Agency / Case Wor                                           | ker give approval to allow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Yes                             |                                         |                 |                            |
| the client to ask for items differ<br>all items requested are not avail | and the second s | □ No                              |                                         |                 |                            |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes                             |                                         |                 | ***                        |
| 4. Will the Client be accompanthe Case Worker?                          | ied to their appointment by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | □ No                              |                                         |                 |                            |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes (Name:                        |                                         |                 | )                          |
| 5. Does the Client authorize and themselves) to schedule and att        | end the appointment in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | he other person m<br>appointment in the |                 |                            |
| client's place if the client is not                                     | avanasic:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ No                              |                                         |                 |                            |
| 1                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                         |                 |                            |

#### IMPORTANT REMINDERS FOR THE INCOME & EXPENSE SECTION

You <u>must</u> complete the Income & Expense if the client's income has <u>changed</u> since the last visit to the Community Clearinghouse <u>OR</u> if it has been <u>over 12-months</u> since the client last submitted income verification. If you are unsure about income verification, call 440-3857.

| Household Income & Expenses    |                   | CCH Staff Use   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CCH Staff Use |
|--------------------------------|-------------------|-----------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Monthly Income                 | Amount            | Only            | Monthly Expenses  | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Only          |
| Employment / Wages (Net or "Ta | ke Home" wag      | es)             | Rent/Mortgage     | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$            |
|                                | s                 | \$              | Electricity       | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$            |
| 2.                             | \$                | \$              | Water/Sewer       | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$            |
| 3.                             | \$                | \$              | Gas               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| 1.                             | \$                | \$              | Home Phone        | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$            |
| 5.                             | \$                | \$              | Cell Phone        | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| OHS Cash (Welfare)             | \$                | \$              | Cable             | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| SNAP (Food Stamps)             | \$                | \$              | Food              | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| Social Security                | \$                | \$              | Clothing          | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| Section 8                      | \$                | S               | Car Payment       | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| SSI/SSDI                       | \$                | \$              | Car Insurance     | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| Child Support                  | \$                | \$              | Gas (Automobile)  | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| Jnemployment                   | \$                | \$              | Bus Fare/Bus Pass | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s             |
| Veteran's Benefit              | \$                | \$              | Car Maintenance   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| Alimony                        | \$                | \$              | Medical Bills     | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| Other Agencies/Grants          | \$                | \$              | Recreation        | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| TDI                            | \$                | \$              | Toiletries        | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S             |
| Pension/Retirement             | \$                | \$              | Credit Card(s)    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S             |
| Childcare Subsidy              | \$                | \$              | Loan(s)           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S             |
|                                | \$                | \$              | Misc. Debt        | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
|                                | S                 | \$              |                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
|                                | \$                | \$              |                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
| TOTAL INCOME                   | \$                | \$              | TOTAL EXPENSES    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$            |
|                                |                   |                 | A                 | and a second control of the second control o |               |
| FOTAL INCOME (\$               | ) <u>minus</u> TO | TAL EXPENSES (S | ) = <b>BOTT</b> C | M LINE (\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )             |

| Statement                                                                                                                                                                                                                 |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The Client must be refereed by a registered agency. It is the Case Worker's responsibility Client.                                                                                                                        | to verify and asses the need of the   |
| I understand that income verification must be submitted with the initial application, or household's income.                                                                                                              | when there are any changes in the     |
| I understand that NOT ALL ITEMS may be available from the Community Clearinghouse.                                                                                                                                        |                                       |
| I understand that Community Clearinghouse appointments are 30 minutes.                                                                                                                                                    |                                       |
| I understand that all items are used items and received in "as-is" condition. Items received may not be exchanged at a later date for any reason.                                                                         | from the Community Clearinghouse      |
| I understand that the Community Clearinghouse <u>does not deliver</u> items. It is the Client's res to be available on the date and time of the appointment.                                                              | ponsibility to arrange transportation |
| I understand that the Client MUST MAKE AN APPOINTMENT to receive items from the                                                                                                                                           | Community Clearinghouse.              |
| I understand that visits to the Community Clearinghouse are limited to ONCE A MONTH (                                                                                                                                     | ONLY.                                 |
| I understand that the Client <u>must present Picture I.D.</u> to verify their identity at the time of required to ensure that we are giving the correct items to the person who requested them).                          | of their appointment (Picture I.D. is |
| I understand that the Client must pick up and take home all items at the time of their app                                                                                                                                | ointment,.                            |
| I understand that <u>ONLY ONE PERSON</u> (which is the Client unless otherwise authorized "shop" for items during the appointment.                                                                                        | d on this application) is allowed to  |
| I understand that NO CHILDREN are allowed inside the warehouse due to safety reason                                                                                                                                       | ns during the appointment.            |
| I understand that it is the Client's responsibility to <u>bring ropes</u> , <u>bungee cords</u> , <u>etc.</u> to tie debring a Guest to assist in loading / unloading items from the vehicle.                             | own any items to their vehicle or to  |
| I understand that Community Clearinghouse staff can not assist Client with loading/un reasons.                                                                                                                            | loading of vehicle due to liability   |
| I understand that the Community Clearinghouse <u>reserves the right to refuse services to any</u>                                                                                                                         | y Client or Household.                |
| By signing below, I certify that I have read and understood all statements listed above, statements above will affect your ability to apply for assistance with Helping Hands Ha the referring agency's ability to refer: |                                       |
| Applicant Name (Print):                                                                                                                                                                                                   | Date:                                 |
| Applicant Signature:                                                                                                                                                                                                      |                                       |
| Case Worker Name (Print):                                                                                                                                                                                                 | Date:                                 |
| Case Worker Signature:                                                                                                                                                                                                    |                                       |

### Community Clearinghouse Reminder Letter (CASE WORKER: Please separate this page and give to Client)

Dear Client:

Your Case Worker has completed an application to the Community Clearinghouse at Helping Hands Hawaii. This letter will go over important information about your Community Clearinghouse application. Please read and review this letter carefully. The following are important reminders:

- It will take <u>up to two (2) business days</u> for the Community Clearinghouse to process your application. After your application has been processed, the Community Clearinghouse staff will call you at the phone number listed on your application to schedule an appointment. <u>You must make an appointment to come to the Community Clearinghouse.</u>
- If you do not hear from the Community Clearinghouse <u>after two (2) business days</u>, please call **440-3800** to ask about the status of your application. Your application may be missing information (which needs to be provided to us by your Case Worker), or an incorrect phone number may have been listed on your application form.
- Make sure that you <u>make arrangements for transportation</u> BEFORE calling the Community Clearinghouse to schedule an appointment to pick up items. <u>You will need to show us at your appointment time that you have transportation available, or your application will be canceled and you will need to reschedule.</u>
- Make arrangements for childcare on the date of your appointment because <u>children are NOT</u> <u>allowed to accompany you into the warehouse for your appointment</u> due to safety reasons.
- Make sure that you have ropes, bungee cords, etc. and people to assist you in loading your vehicle if you are planning to pick up large items. <u>Equipment and labor to load / unload your vehicle will NOT be provided by the Community Clearinghouse staff due to safety / liability reasons.</u>
- Make sure that you <u>have Photo I.D. available</u> at the time of your appointment. We will need to verify your identity to start your appointment.
- Please understand that <u>all items in the Community Clearinghouse are USED / donated items</u> and that items must be accepted "as is" and cannot be returned / exchanged after being received.
- All consumer/client complaints will be reviewed by the program manager in charge, and addressed with the person against whom the consumer/client's complaint is being filed. If the consumer/client requests a status report of the complaint, the program manager will provide verbal feedback to the consumer/client.
- All CCH related grievances will be handled in accordance to HHH's Complaint and Grievance Procedures. Policy 100.44 (400.08)
- Please understand that <u>items in the Community Clearinghouse are subject to change</u> and that we may not have any or all of the items that you have requested on your application form. Even if you call in advance for items, our inventory changes on a daily (sometimes hourly) basis, and <u>we cannot hold items for clients.</u>

The Community Clearinghouse is located at 2100 North Nimitz Highway Honolulu, HI 96819 (on the corner of Nimitz Highway & Pu'uhale Road in Kalihi. Our entrance is located on the back side of our building (on P'uuhale Place, across from Ohana Storage). If you have any questions, please call us at 440-3800.

Mahalo.

Community Clearinghouse Staff

## ATTACHMENT F JOB DESCRIPTIONS

(1) PROGRAM MANAGER
(2) WAREHOUSE WORKER II
(3) WAREHOUSE WORKER
(4) DRIVER
(5) PROGRAM ASSISTANT

Position: Program Manager Reports To: President & CEO Division: Human Services

**Department:** Community Clearinghouse/Emergency Assistance Program

Type: Full-time FLSA Status: Salary; Exempt

**EEO Code:** 1 – Officials and Managers

Location: 2100 N. Nimitz Highway, Honolulu, HI 96819

#### **OBJECTIVES:**

Provides general coordination and day-to-day supervision of staff responsible for emergency support, material assistance, and short-term financial assistance payments. Works together with the President & CEO to ensure compliance with all State, Federal and private contract and grant requirements relating to the delivery of material assistance, financial assistance and emergency support under the agency's Community Clearinghouse (CCH) and Emergency Assistance Program (EAP). Ensures compliance with company code of ethics, confidentiality practices, HIPAA, safety and all other policies and procedures.

#### **ESSENTIAL DUTIES & RESPONSIBILITIES:**

- 1. Assists the President & CEO in developing, implementing and evaluating policies and procedures for the CCH and EAP. Recommends new approaches and/or needed amendments to existing policies and procedures to effect continual improvement of efficiency of program services.
- 2. Ensures delivery of needed services to the community through development, promotion and maintenance of effective and cooperative relationships with appropriate public and non-profit community agencies/partners, schools, private corporations, funding sources, and other professionals.
- 3. Monitors CCH staff interaction with clients, donors, vendors, and volunteers, and engages in direct interaction when necessary.
- 4. Updates and maintains the CCH centralized calendar for donation pick-up appointments.
- 5. Ensures Warehouse Workers/Warehouse Worker II maintain a general inventory of items in the CCH warehouse, and oversees distribution of CCH items to qualified clients and/or social service partner agency. Provides final CCH review of application for material assistance before returning to staff to schedule appointment or request additional information that may be needed to process the client's application.
- 6. Provides final EAP review of applications for payment assistance and submits a recommendation to the President & CEO regarding applicant's eligibility to receive such payments through HHH.
- 7. Develops and promotes outreach strategies to promote the various services provided by HHH to low-income communities and agencies servicing these communities.
- 8. Ensures EAP staff are processing and maintaining a caseload of applications for financial assistance payments, including following through to ensure the completion of applications if necessary.
- 9. Assists the President & CEO by developing and ensuring the population of appropriate data and outcome gathering tools.
- 10. Assists the President & CEO with quality assurance and monitoring of HHH sub-contractors providing services in collaboration with HHH for emergency assistance programs.
- 11. Maintains current knowledge of relevant events, discussions, policy decisions, and economic indicators that impact the people being served. Examples include, but are not limited to: local, state and federal budget discussions on benefits for low-income households; community debate/discussion regarding

best practice strategies for addressing homelessness prevention; capabilities of partner agencies (what they are able to provide/do for people served); and county and/or state regulatory (rules, laws, etc.) action impacting the people served.

#### SUPERVISORY RESPONSIBILITIES:

- 1. Provide day-to-day supervision of the CCH Warehouse Workers, CCH Warehouse Worker II, CCH Van Driver, CCH Program Assistant, EAP Program Specialist, and EAP Case Manager.
- 2. Ensure that requested and required reports and documents are submitted in an accurate and timely manner.

#### REPORTING REQUIREMENTS:

- 1. Prepare periodic written and/or verbal reports to the President & CEO as necessary/required.
- Prepare and submit statistical reports associated with the program as needed/required.

#### **OTHER DUTIES:**

1. Performs other duties as assigned by the President & CEO.

**Note:** The Company reserves the right to assign additional duties and to add, delete, or modify any essential or marginal job functions.

#### **WORKING CONDITIONS:**

Indoors, office setting, occasionally outdoors; may travel to see employees, other program sites, meeting sites, etc. as required by the job.

#### **WORKING HOURS:**

Primarily Monday - Friday, 8:00 a.m. to 4:30 p.m. Additional hours may be required to meet business needs.

#### **EQUIPMENT USE:**

Personal computer, standard office equipment and tools.

#### **MENTAL & PHYSICAL DEMANDS:**

- 1. Duties require the use of considerable initiative and judgment, with the ability to work independently.
- 2. Requires the ability to meat deadlines and at times work under pressure.
- Requires the ability to appropriately and professionally deal with difficult people or situations.
- 4. Requires the ability to establish and maintain cooperative and productive work relationships internally and externally.
- 5. Requires sitting for an extended period of time.
- 6. Requires traveling to various business locations as required by the job.

#### **COMMUNICATION DEMANDS:**

Requires strong English oral and written communication skills, the ability to give instructions or directions to others, the judgment to know when to ask questions and/or ask for help, and the ability to research necessary information from a variety of sources.

#### **MINIMUM QUALIFICATIONS:**

1. Bachelor's degree in social science field from an accredited college or university and three (3) years of progressive work experience in the Human Services environment.

- 2. An exception may be made for the above-mentioned educational requirements, on an individual caseby-case basis, if a candidate meets the following combination of required minimum education & experience:
  - a. HS diploma or equivalent, and four (5) years of progressive job-related experience where knowledge and abilities have been demonstrated, preferably in the Human Services environment.
- 3. Effective communication skills (i.e. verbal/written and listening skills).
- Working knowledge of Windows and other MS Office programs (Word, Excel, Powerpoint).
- 5. Ability to work directly, cooperatively and collaboratively with multi-faceted and multi-ethnic programs, staff, and volunteer force.
- 6. Prior supervisory experience.
- 7. Valid Driver's license and willingness to use properly insured car.
- 8. TB Clearance.

#### PREFERRED QUALIFICATIONS:

- 1. Relevant program experience in the fields of homelessness prevention, housing stabilization, homelees rehousing work, and/or working within low-income communities.
- 2. Relevant program development experience, to include assessing community needs, developing program ideas, and implementing programs to meet those needs, including experience with program evaluation.

#### **COMPANY RIGHTS:**

The above information has been designated to indicate the general nature and level of work performed for this position. It is not to be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications of the employee assigned to this job. This job description does not constitute an employment contract. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions.

| I, (print name), responsibilities as the Program Manager. | hereby | acknowledge | and               | accept | ail         |
|-----------------------------------------------------------|--------|-------------|-------------------|--------|-------------|
| Signature:                                                | D      | ate:        | ~20.0×10>22×10>00 |        | mmadeldelle |

An Equal Opportunity Employer

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Position:

Warehouse Worker II

Reports To: Division: Program Manager Human Services

Department:

Community Clearinghouse

Type:

Full Time

FLSA Status:

Hourly, Non-exempt

**EEO Code:** 

9 - Service

Location:

2100 N. Nimitz Hwy., Honolulu, HI 96819

#### **OBJECTIVES:**

To receive all incoming goods, pulling orders for distribution, and the general up-keep of the warehouse area to assure safe and efficient operation of the Community Clearinghouse warehouse. To comply with company code of ethics, confidentiality practices, HIPAA, safety and all other policies and procedures.

#### **ESSENTIAL DUTIES & RESPONSIBILITIES:**

- 1. Receives all incoming goods, which may include the unloading of donor vehicles.
- Manage client appointments including scheduling, check-ins, and check out of appointments which will
  also include ensuring that items from the Community Clearinghouse are properly secured onto
  customer/clients vehicle. Checks order to ensure accuracy.
- 3. Assists clients in pulling good(s)/items from the Community Clearinghouse for customer/clients to load onto their vehicle.
- 4. Organizes donated materials or items on racks, shelves or in bins according to predetermined sequence such as size, type or order.
- 5. Responsible to organize and distribute food items from the food pantry for clients/customers.
- 6. Records and logs amount of materials or items received or distributed to clients. Ensures that all necessary paperwork are signed and dated at the time the client/customer checks in for their appointment.
- 7. Organizes and maintains back warehouse to ensure safe storage and easy access to items.
- 8. Organize the back warehouse adequately for space and storage during seasonal programs such as Adopt-A-Family and Ready-To-Learn.
- 9. Assists in the warehouse office as needed or directed by the Program Manager.
- 10. Drive the second van to assist in smaller item donation pick-ups.
- 11. Assists the van driver with donation pick-ups as needed or directed by the Program Manager.

#### SUPERVISORY RESPONSIBILITIES:

N/A

#### REPORTING REQUIREMENTS:

Monthly Food Bank report

#### **OTHER DUTIES:**

- 1. Performs additional related responsibilities as assigned by the Program Manager.
- 2. Maintains confidentiality.

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Note: The Company reserves the right to assign additional duties and to add, delete or modify any essential or marginal job functions.

#### **WORKING CONDITIONS:**

Indoor warehouse environment, office setting, occasionally outdoors; may travel to see employees, other program sites, meeting sites, etc. as required by the job.

#### **WORKING HOURS:**

Primarily Monday - Friday, 8:00 a.m. to 4:30p.m. Additional hours may be required to meet business needs.

#### **EQUIPMENT USE:**

Personal computer, standard office equipments and tools.

#### **MENTAL & PHYSICAL DEMANDS:**

- 1. Duties require the use of considerable initiative and judgment.
- 2. Work under minimal supervision and direction.
- 3. Requires working under deadlines and pressure.
- 4. Requires dealing with difficult people or situations.
- 5. Establishes and maintains cooperative and productive work relationships.
- 6. Requires sitting for an extended period of time.
- 7. Requires traveling to various business locations as required by the job.

#### **COMMUNICATION DEMANDS:**

Requires communicating effectively both orally and in writing in the English language; giving instructions or directions to others; and seeking information from a variety of sources.

#### MINIMUM QUALIFICATIONS:

- 1. High School Diploma or equivalent required.
- 2. One (1) year of experience in warehouse operations and/or related field.
- 3. Working knowledge of computer software programs (i.e. Excel and Word).
- 4. Valid Driver's license and willingness to use properly insured car.

#### **COMPANY RIGHTS:**

The above information has been designated to indicate the general nature and level of work performed for this position. It is not to be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications of the employee assigned to this job. This job description does not constitute an employment contract. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions.

| I, (print<br>responsibil | name), ities as a Warehouse Worker II. | , h  | ereby      | acknowledge                                                                           | and | accept | all |
|--------------------------|----------------------------------------|------|------------|---------------------------------------------------------------------------------------|-----|--------|-----|
| Signature:               | Γ                                      | Date | { <b>₹</b> | e as is as sain at one on many sone same or no as as as as no one any ormal anisones. | ·   |        |     |

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Position:

Warehouse Worker

Reports To: Division: Program Manager Human Services

Department:

Community Clearinghouse

Type:

Part Time

FLSA Status:

Hourly, Non-exempt

EEO Code:

9 - Service

Location:

2100 N. Nimitz Hwy., Honolulu, HI 96819

#### **OBJECTIVES:**

To receive all incoming goods, pulling orders for distribution, and the general up-keep of the warehouse area to assure safe and efficient operation of the Community Clearinghouse warehouse. To comply with company code of ethics, confidentiality practices, HIPAA, safety and all other policies and procedures.

#### **ESSENTIAL DUTIES & RESPONSIBILITIES:**

- 1. Receives all incoming goods, which may include the unloading of donor vehicles.
- 2. Manage client appointments including scheduling, check-ins, and check out of appointments which will also include ensuring that items from the Community Clearinghouse are properly secured onto customer/clients vehicle. Checks order to ensure accuracy.
- Assists clients in pulling good(s)/items from the Community Clearinghouse for customer/clients to load onto their vehicle.
- 4. Organizes donated materials or items on racks, shelves or in bins according to predetermined sequence such as size, type or order.
- 5. Responsible to organize and distribute food items from the food pantry for clients/customers.
- 6. Records and logs amount of materials or items received or distributed to clients. Ensures that all necessary paperwork are signed and dated at the time the client/customer checks in for their appointment.
- 7. Organizes and maintains front warehouse to ensure safe storage and easy access to items.
- 8. Coordinates, schedules and trains warehouse volunteers.
- 9. Maintains volunteer log to ensure accuracy.
- 10. Assists in the warehouse office as needed or directed by the Program Manager.
- 11. Assists the van driver with donation pick-ups as needed or directed by the Program Manager.

#### SUPERVISORY RESPONSIBILITIES:

N/A

#### REPORTING REQUIREMENTS:

1. Monthly Food Bank report

#### **OTHER DUTIES:**

- 1. Performs additional related responsibilities as assigned by the Program Manager.
- 2. Maintains confidentiality.

**Note:** The Company reserves the right to assign additional duties and to add, delete or modify any essential or marginal job functions.

#### WORKING CONDITIONS:

Indoors warehouse environment, office setting, occasionally outdoors; may travel to see employees, other program sites, meeting sites, etc. as required by the job.

#### **WORKING HOURS:**

Approximately 19 hours a week. Schedule may vary depending on program needs during peak or seasonal programs. Additional hours may be required.

#### **EQUIPMENT USE:**

Personal computer, standard office equipments and tools.

#### **MENTAL & PHYSICAL DEMANDS:**

- 1. Duties require the use of considerable initiative and judgment.
- 2. Work under minimal supervision and direction.
- 3. Requires working under deadlines and pressure.
- 4. Requires dealing with difficult people or situations.
- 5. Establishes and maintains cooperative and productive work relationships.
- 6. Requires sitting for an extended period of time.
- 7. Requires traveling to various business locations as required by the job.

#### **COMMUNICATION DEMANDS:**

Requires communicating effectively both orally and in writing in the English language; giving instructions or directions to others; and seeking information from a variety of sources.

#### MINIMUM QUALIFICATIONS:

- 1. High School Diploma or equivalent required.
- 2. One (1) year of experience in warehouse operations and/or related field.
- 3. Working knowledge of computer software programs (i.e. Excel and Word).

#### **COMPANY RIGHTS:**

The above information has been designated to indicate the general nature and level of work performed for this position. It is not to be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications of the employee assigned to this job. This job description does not constitute an employment contract. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions.

| l, (print name) responsibilities as a Warehouse Worker. | ,  | here   | by | acknowledge | and | accept | all |
|---------------------------------------------------------|----|--------|----|-------------|-----|--------|-----|
| Signature:                                              | Da | ite: _ |    |             |     |        |     |

An Equal Opportunity Employer

Position:

Van Driver/Warehouse Worker

Reports To: Division:

Program Manager Human Services

Department:

Community Clearinghouse (CCH)

Type:

**Full Time** 

FLSA Status:

Hourly, Non-Exempt

EEO Code:

9 - Service

Location:

2100 N. Nimitz Hwy., Honolulu, HI 96819

#### **OBJECTIVES:**

To provide timely pick-up, warehousing, and distribution of incoming goods, which may include pulling and selecting with a forklift, and/or pallet jack, and/or manually. Organizes route and ensures trip list is timely and accurate. Ensures that pick-ups are conducted in a courteous manner. To comply with company code of ethics, confidentiality practices, HIPAA, safety and all other policies and procedures.

#### **ESSENTIAL DUTIES & RESPONSIBILITIES:**

- 1. Coordinates and organizes with Program Manager on scheduled times and routes for pick-up and delivery of donated goods.
- 2. Completes the pick-ups and deliveries of donated goods in accordance with all policies, procedures, and applicable traffic laws.
- 3. Responsible for unloading company vehicle of items picked up and received from donors.
- 4. Maintains cleanliness of company vehicle and performs daily maintenance, including ensuring proper fuel, oil and fluid levels.
- 5. Notifies Program Manager of any client and/or vehicle problems including accidents and/or motor vehicle citations.
- 6. Completes all paperwork at each destination and returns them to Program Manager when done, to include the processing and distribution of tax receipts to donors.
- 7. Provides timely and orderly transportation of damaged items, recyclable metals and other recyclable items to appropriate facilities.
- 8. Signs out for company vehicle keys and cellular phone at the beginning of every shift and returns keys and cellular phone to the Program Manager promptly after every shift.
- 9. Calls donors to notify of pick-up status and/or impending arrival using the company cellular phone and hands-free device.
- 10. Obtains proper authorization for credit card usage when refueling the company vehicle.
- 11. Submits petty cash and other receipts to Program Manager on a timely basis.
- 12. Organizes and maintains back warehouse to ensure safe storage and easy access to items.
- 13. Assists as a backup for the Warehouse Worker when needed.
- 14. Assists in the office as needed or directed by Program Manager.

#### SUPERVISORY RESPONSIBILITIES:

N/A

#### REPORTING REQUIREMENTS:

N/A

#### OTHER DUTIES:

- 1. Performs additional related responsibilities as assigned by the Program Manager.
- 2. Maintains confidentiality.

**Note:** The Company reserves the right to assign additional duties and to add, delete or modify any essential or marginal job functions.

#### **WORKING CONDITIONS:**

Frequent travel to various locations on Oahu. Warehouse and occasional office setting as required by the job.

#### **WORKING HOURS:**

Primarily Monday - Friday, 8:00 a.m. to 4:30 p.m. Additional hours may be required to meet business needs.

#### **EQUIPMENT USE:**

Cellular phone, GPS, hand truck, dolly, personal computer, standard office equipments and tools.

#### **MENTAL & PHYSICAL DEMANDS:**

- 1. Duties require the use of considerable initiative and judgment.
- Work independently under minimal supervision and direction.
- 3. Requires working under deadlines and pressure.
- 4. Requires dealing with difficult people or situations.
- 5. Establishes and maintains cooperative and productive work relationships.
- 6. Requires traveling to various residential and business locations as required by the job.
- 7. Requires the ability to lift 50 lbs on a regular basis and 75 lbs occasionally.
- 8. Requires the ability to bend, stoop & kneel.
- 9. Requires the ability to reach and work overhead.
- 10. Requires the ability to push and pull an object of 100 lbs occasionally.

#### **COMMUNICATION DEMANDS:**

Requires communicating effectively both orally and in writing in the English language; giving instructions or directions to others; and seeking information from a variety of sources.

#### **MINIMUM QUALIFICATIONS:**

- 1. High School Diploma or equivalent required.
- 2. One (1) to two (2) years of experience driving a large delivery vehicle.
- 3. Ability to work under stressful conditions.
- 4. Ability to operate forklift and willingness to obtain certification.
- 5. Valid Driver's license and clean traffic abstract.
- 6. Familiar with the major roads and highways on the island of Oahu.

#### **COMPANY RIGHTS:**

The above information has been designated to indicate the general nature and level of work performed for this position. It is not to be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications of the employee assigned to this job. This job description does not constitute an employment contract. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions.

|                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>, , , , , , , , , , , , , , , , , , , </del> | *************************************** | 2000 <b>2000000000000</b> |
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| I, (print name) responsibilities as a Van Driver/Warehouse Worker - Community Clea |       | acknowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and                                               | accept                                  | all                       |
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An Equal Opportunity Employer

Position: Reports To: Program Assistant Program Manager

Division:

Human Services

Department:

Community Clearinghouse (CCH)

Type:

Part Time

FLSA Status:

Hourly, Non-Exempt

EEO Code:

5 – Administrative Support Workers

Location:

2100 N. Nimitz Hwy. Honolulu, HI 96819

#### **OBJECTIVES:**

To perform a variety of administrative tasks and projects, related to the Community Clearinghouse (CCH), include reviewing and processing applications for material assistance from social service partner agencies. To comply with company code of ethics, confidentiality practices, HIPAA, safety and all other policies and procedures.

#### **ESSENTIAL DUTIES & RESPONSIBILITIES:**

- 1. Completes administrative tasks, which include but may not be limited to: forms processing, data entry, photocopying, word processing and filing.
- 2. Assists with answering incoming phone lines and routes to appropriate departments and/or contact person.
- 3. Works collaboratively with the Program Manager in responding to requests for information and referral.
- 4. Processes and maintains applications for material assistance received from social service partner agencies, including the completion of applications.
- 5. Reviews income information submitted with applications for material assistance, and completes any follow-up as necessary.

#### SUPERVISORY RESPONSIBILITIES:

N/A

#### REPORTING REQUIREMENTS:

As directed by Program Manager.

#### OTHER DUTIES:

- 1. Develop and maintain cooperative relationships and positive communication with other Helping Hands Hawaii staff, volunteers, corporate, school and community partners.
- 2. Performs additional related responsibilities as assigned by Program Manager.

#### **WORKING CONDITIONS:**

Indoors, office setting, occasionally outdoors; may travel to see employees, other program sites, meeting sites, etc. as required by the job.

#### **WORKING HOURS:**

Primarily Monday - Friday, 8:00 a.m. to 12:00 p.m.

**Note:** The Company reserves the right to assign additional duties and to add, delete or modify any essential or marginal job functions.

#### **EQUIPMENT USE:**

Personal computer, Audix PBX telephone system, standard office equipments and tools.

#### **MENTAL & PHYSICAL DEMANDS:**

- 1. Duties require the use of considerable initiative and judgment.
- 2. Work under minimal supervision and direction.
- 3. Requires working under deadlines and pressure.
- Requires dealing with difficult people or situations.
- 5. Establishes and maintains cooperative and productive work relationships.
- 6. Requires sitting for an extended period of time.
- 7. Requires traveling to various business locations as required by the job.

#### **COMMUNICATION DEMANDS:**

Requires communicating effectively both orally and in writing in the English language; giving instructions or directions to others; and seeking information from a variety of sources.

#### MINIMUM QUALIFICATIONS:

- 1. High School Diploma or equivalent, progressive job-related experience where knowledge and abilities have been demonstrated, preferably in the Human Services environment.
- 2. Extensive working knowledge of computer programs including but not limited to Microsoft Word and Excel, Power Point and other database operational software.
- 3. Ability to work directly and collaboratively with diverse persons and programs found in a multi-faceted agency and community.
- 4. Effective Communication skills (listening, speaking and writing) with proven ability to take and relay detailed and accurate information.
- 5. Detail oriented and ability to multi-task.
- 6. Current TB Clearance.

#### PREFERRED QUALIFICATIONS:

- 1. One (1) year of experience in warehouse operations (or related field).
- 2. Working knowledge of computer software programs (i.e. Excel and Word).
- 3. One (1) year of experience working in social services.

#### **COMPANY RIGHTS:**

The above information has been designated to indicate the general nature and level of work performed for this position. It is not to be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications of the employee assigned to this job. This job description does not constitute an employment contract. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions.

| l, (print name)responsibilities as the Program Assistant. | <b>y</b> | hereb | y acknowledge | and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | accept | all |
|-----------------------------------------------------------|----------|-------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|
| Signature:                                                | Da       | ıte:  | <u> </u>      | and the second of the second o |        | ~   |

An Equal Opportunity Employer

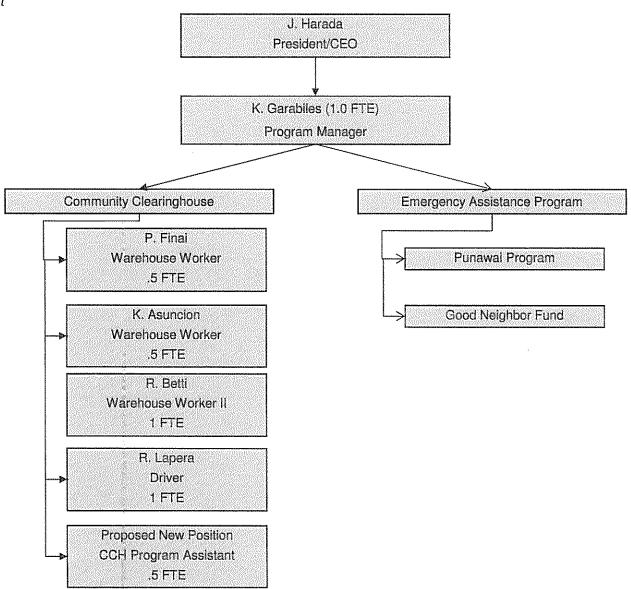
## ATTACHMENT G ORGANIZATION CHARTS

- (1) PROGRAM
  - (2) AGENCY

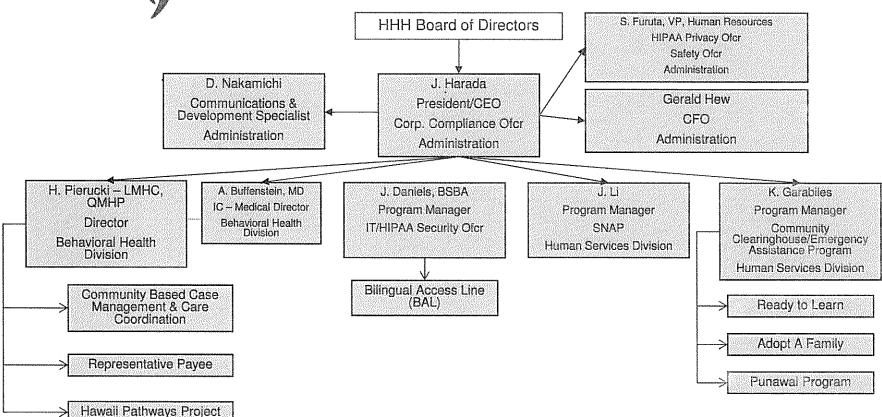
Community Clearinghouse (CCH) Program

Program-Wide Organization Chart





Helping Hands Hawaii



# ATTACHMENT H CERTIFICATE OF GOOD STANDING



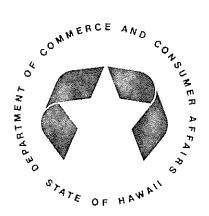
#### Department of Commerce and Consumer Affairs

#### CERTIFICATE OF GOOD STANDING

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

#### HELPING HANDS HAWAII

was incorporated under the laws of Hawaii on 02/04/1974; 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: November 08, 2016

Cather. Owal Color

Director of Commerce and Consumer Affairs