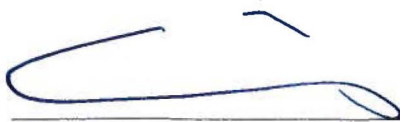


## Application Submittal Checklist

*The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.*

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
  - a) Budget request by source of funds ([Link](#))
  - b) Personnel salaries and wages ([Link](#))
  - c) Equipment and motor vehicles ([Link](#))
  - d) Capital project details ([Link](#))
  - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



AUTHORIZED SIGNATURE

JONATHON BERLINER, EXECUTIVE DIRECTOR

PRINT NAME AND TITLE

1/17/20

DATE

**received**  
1/17/20 20

3:34 pm



**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

**GREGORY HOUSE PROGRAMS**

was incorporated under the laws of Hawaii on 07/13/1988 ;  
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 14, 2016

Director of Commerce and Consumer Affairs



**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii 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, Hawaii 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.

Gregory House Programs

(Typed Name of Individual or Organization)

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

1/17/20  
\_\_\_\_\_  
(Date)

Jonathon Berliner

(Typed Name)

Executive Director

(Title)

**VERIFICATION OF PUBLIC PURPOSE  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F-102, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant verifies the following:

- (1) The name of the requesting organization or individual;
  - a. Gregory House Programs
- (2) The public purpose for the grant;
  - a. The purpose of GHP's proposed project is to ensure readily accessible supportive housing for people who are homeless, medically fragile and multi-diagnosed with mental illness and/or substance abuse through its Community Residential Program.
- (3) The services to be supported by the grant;
  - a. Planning, design and implementation of phase II necessary and substantial capital improvements for plumbing, electrical, and structural infrastructure to ensure the continued safe operation of the agency's Community Residential Program.
- (4) The target group
  - a. Community Residential Program serves 14 individuals at any one time and approximately 30 in a year. On any given day, there is a waitlist of up to ten people. The premise of the program is to improve health outcomes and quality of life for the medically fragile and multiply diagnosed resident population. Importantly, it is also the public at large that benefits from this program, which is proven to reduce costly new cases of HIV infection.
- (5) The cost of the grant and the budget.
  - a. We are requesting \$500,000 as supported by the budget documents included in this proposal.

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

Gregory House Programs  
(Typed Name of Individual or Organization)

(Signature)

(Date)

Jonathon Berliner  
(Typed Name)

Executive Director  
(Title)



**I. Background and Summary**

1. **A brief description of the applicant's background:** Gregory House Programs (GHP) was founded in Honolulu in 1988 as an IRS recognized 501(c)3 nonprofit agency (Tax ID 99-0265111) with a mission to provide affordable housing assistance and support services to persons living with HIV/AIDS. From a single 11 bed transitional housing facility, we evolved into becoming a statewide HIV/AIDS housing program and, continue to serve and advocate for clients across O`ahu and the Neighbor Islands.

Today, we're taking the lessons learned on the frontlines of the battle against one of the most lethal pandemics the world has ever known, to address a crisis of homelessness that impacts everyone living in Hawai`i. Our continuum of programs includes: emergency shelter; transitional housing; intensive case management; leadership and local implementation for key federal initiatives (including HRSA Ryan White CARE Act and HUD HOPWA); a food bank and twice weekly hot lunch; housing navigation, rapid re-housing and permanent affordable housing.

While, we remain focused on the needs of medically fragile and dually and triply diagnosed (with mental health and substance abuse) homeless and at-risk of homelessness individuals, we are continually adapting programs based on needs in the community. For more than twenty years, the agency has been a key partner with the Hawaii Department of Health – Harm Reduction Services Branch to provide statewide housing services for persons with HIV/AIDS.

The agency is recognized among the leadership of Partners in Care (PIC). PIC is comprised of homeless service providers, government stakeholders, public housing agencies, affordable housing developers, law enforcement and others. It is the lead planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within O`ahu's Continuum of Care (CoC) for homeless persons.

In 2020, we're also providing services to anyone in need, regardless of HIV status, through the Coordinated Statewide Homeless Initiative and a new CoC (federally funded) initiative known as Ānuenue Pathway to Housing, with a focus on serving among the most marginalized persons.

In the past year, GHP served approximately 400 individuals, some of the poorest and neediest members of our community, with more than 10,000 distinct assistance units to support their housing and food security. For those with housing, our case managers work tirelessly to help them to keep it. For those without, we're implementing a robust program of housing navigation and placement, paired with intensive case management. One of our newest initiatives, funded by a federal CDBG grant through the City and County of Honolulu, was the purchase of a 17-unit apartment complex demonstrating a commitment to maintaining the stock of affordable housing in Honolulu. This complements the toolbox we have to increase housing security and, create permanent affordable housing solutions, not just for our clients, but anyone in need.

- 2. The goals and objectives related to the request.** The goals of this operating request is specifically to support our Community Residential Program (CRP), which serves participants with the highest level of acuity, not just across the agency's caseload, but among the entire homeless population in Hawai'i. GHP has been operating this essential program since 2005 based on demonstrated need in the community. We purchased the property where this program operates in 2018, with a grant from the Hawaii Community Development Corporation, allowing us to shift rent payments to direct services. Nevertheless, there remains substantial unmet need

CRP serves 14 individuals at any one time. More than 30 individuals realized increased housing stability and essential care linkages here last year. There is always a waitlist for availability. Funds requested through this proposal are intended to support more and better health outcomes for residents during the grant period, as well as low and reduced instances of new HIV transmission. The CDC, estimates that each new case of HIV infection that can be prevented, represents an average lifetime cost savings of more than \$300,000.

Today, access to stable housing is the cornerstone for managing HIV, both personally and from a public health perspective. By bringing a homeless or at risk of homelessness PLWH into our program, we begin the process of linking them to specialized care and treatment. This is proven to reduce viral loads, which in turn, prevents new HIV transmissions and opportunistic infections. The premise is known as U=U, undetectable means un-transmittable. It is a guiding principle for all HIV care in the United States. The value and need for this program is that we're able to reduce costly emergency room utilization and even more costly new HIV infections

in the community by raising awareness about how to manage HIV disease for persons experiencing homelessness.

- a. **Objective 1:** Stabilize housing for up to 35 Hawai'i residents that are homeless and living with HIV/AIDS during the grant year period as documented by individual service plans which are established at enrollment and updated at 30:60:90 day periods, working towards a goal of exiting to permanent housing.
  - b. **Objective 2:** Link 100% of participants to care to increase capacity to manage their HIV disease.
  - c. **Objective 3:** Support retention in care and document reduced and low levels of viral load, as measured by lab reports that are tracked as part of each participant's individual service plan
  - d. **Objective 4:** Support reduced and low cases of new HIV infection in Hawaii as measured annually by the Hawaii Department of Health HIV Surveillance Report.
  - e. **Objective 5:** Demonstrate greater integrated care for participants as measured by the number of new and renewed collaborations the agency participates in, as demonstrated by formal written memorandums of understanding and annual report by the executive director.
3. **The public purpose to be served.** The purpose of GHP's proposed project is to ensure safe, efficient and readily accessible supportive housing for people who are medically fragile and multi-diagnosed with mental illness and/or substance abuse through its Community Residential Program. The Community Residential Program, operating since 2005, is a singular program not available anywhere in Hawaii. It provides housing that's home for up to 14 PLWH at any given time. Approximately 30 people living in unsheltered environments with the highest levels of medical fragility, are linked to care and build their housing stability with the support this program provides each year.

Throughout the last ten years the state has experienced a severe housing shortage resulting in unheard of numbers of unsheltered homeless individuals and families. According to HUD, in 2018, the median income in Honolulu County was \$96,600. This is more than eleven times the average annual income (\$7,560) of GHP program participants who are the areas poorest and neediest members – often not welcome by the traditional housing solution. The average GHP program participant earns more than four times less than the U.S. Department of Housing and Urban Development's



FY 2019 income limits for “very low income<sup>1</sup>.” According to the City & County of Honolulu *Five-Year Consolidated Plan & Action Plan* 41% of Honolulu’s households experience a housing cost burden (expending more than 30% of income on housing). In comparison, 94% of GHP program participants experience housing cost burdens. The Hawaii Fair Market Rent (FMR) for an average two-bedroom apartment is \$1,830 and without exceeding 30% of income on housing expenses the “state housing wage” would need to be adjusted to \$38.12 per hour for the Honolulu Metropolitan Statistical Area (MSA). This would be the equivalent of 3.6 full time jobs at Hawai`i's minimum wage of \$10.10/hr (2.7 FTE to afford a 1 bedroom).<sup>2</sup>

With statistics like these, there is no wonder that Hawai`i has the second highest homelessness rate in the nation (45/10,000) as reported in the *2019 Annual Homeless Assessment Report to Congress*. Obtaining and maintaining housing is a challenge for everyone, however, this is particularly true for those with disabling disease and mental illness or substance abuse indicators. It is well known that stable housing is a key indicator for positive health outcomes, especially for PLWH as “studies indicate being homeless or marginally-housed is common among PLWH and associated with poorer levels of HAART (highly active anti-retroviral therapy) access and sub-optimal treatment outcomes<sup>3</sup>.” However, it isn’t as simple as providing someone with shelter and per the U.S. Department of Housing and Urban Development “housing should be used as a structural intervention to improve health outcomes for PLWH<sup>4</sup>...”

Securing and maintaining housing in Hawai`i’s socio-economic climate is difficult for most consumers, but imagine the challenge for those who are chronically homeless and are medically fragile. As would be expected, homeless consumers have increased hospitalization rates and typically require longer inpatient stays. For these, homelessness diminishes the effectiveness of their inpatient treatment once discharged and returned to homelessness.<sup>5</sup> Ultimately this creates a cycle that worsens health outcomes and housing status; and places unnecessary financial burden on healthcare systems (through longer than needed stays or recurring admissions). Locally, it cost Straub Hospital between \$30,000 and \$50,000 in 2016 to house homeless discharged with post-discharge recovery needs.<sup>6</sup> Since 2013 Queens

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<sup>1</sup> U.S. Department of Housing & Urban Development; FY 2019 Income Limits Documentation System; Honolulu County.

<sup>2</sup> Out of Reach 2017: Hawai`i; National Low Income Housing Coalition

<sup>3</sup> Milloy, M., Marshall, B. D., Montaner, J., & Wood, E. (2012). Housing Status and the Health of People Living with HIV/AIDS. *Current HIV/AIDS Reports*, 9(4), 364-374. doi:10.1007/s11904-012-0137-5

<sup>4</sup> HUD, HOPWA In Focus, December 8<sup>th</sup>, 2016.

<sup>5</sup> Han B, Wells B. Inappropriate emergency department visits and use of the health care for the homeless program services by homeless adults in the northeastern United States. *J Public Health Manag Pract*.2003;9: 530–537.

<sup>6</sup> Consillio, K. “Cost of Homeless Care Increases.” *Star Advertiser*, September 7<sup>th</sup>, 2016.  
<http://www.staradvertiser.com/2016/09/07/hawaii-news/cost-of-homeless-care-increases/>

Hospital has averaged \$81 million a year on health care for the homeless.<sup>5</sup>

It isn't difficult to find evidence that mental illness and substance misuse play a profound role in homelessness. Additionally, it has been well demonstrated that stable shelter is a key indicator for positive medical and behavioral health outcomes. Yet in Hawai'i 20% of 'counted' homeless report a serious mental illness, of which 63% are unsheltered. Similarly, 18% report substance abuse disorders, of which 71% are unsheltered.<sup>7</sup> Mental illness and substance misuse alone are significant barriers to stable housing but the inclusion of poorly maintained HIV/AIDS status amount to critical need. There is very little data specific to homeless or at-risk for homelessness PLWH experiencing mental health and substance misuse. However, based on historical experience more than 95% of CRP residents have active mental health and/or substance abuse complications at the time of enrolling. Of these, 75% were disengaged from primary, HIV specialty, and behavioral health care with unmanaged disease. This is a direct result of their combined mental health and/or substance misuse and housing status.

Gregory House Programs has more than thirty years of experience providing housing and related services, and more than a decade housing those with substance abuse and mental health barriers. On O'ahu, there is a critical housing shortage for PLWH, particularly those who also experience chronic homelessness in addition to mental illness and/or substance misuse. *At GHP's CRP, no one is ever turned away or disqualified due to mental health status or current/active substance abuse.*

The Community Residential Program, was first funded under HUD's Supportive Housing Program (SHP) since 2005, and funding ended in 2016 due to HUD's decision to reallocate funds from transitional housing programs to Housing First-modeled permanent supportive housing programs for chronically homeless. The Governor's homeless office assisted GHP with funds to keep CRP running until February 2017. In 2018, we were able to purchase the property with a grant from the Hawaii Community Development Corporation and eliminate nearly \$12,000 in monthly rent payments. However, this cost savings has not been enough to cover the full range of staffing and services needed by the participants who have severe medical, psychiatric, substance use rehabilitation and reintegration needs, at this facility that operates on a 24:7:365 basis.

- 4. Describe the target population to be served.** The target population are homeless people living with HIV anywhere in Hawaii. According to the Department of

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<sup>7</sup> 2016 Homeless Point-in-Time Count. State of Hawai'i. January 24<sup>th</sup>, 2016

Health, at the end of 2018, there were nearly 5,000 diagnosed case of HIV infections among Hawaii residents. Of 116 newly diagnosed individuals between 2016-2018, seven were homeless at time of diagnosis. Moreover, of 334 out of care individuals, approximately 10% were homeless or at high risk of homelessness.

People who are homeless have higher rates of illness and chronic diseases than the general population. The conditions of homelessness including nutritional deficiencies, exposure to the elements and extreme weather, and other lifestyle factors, can exacerbate or cause chronic health problems. According to a study by HUD, more than two-thirds of those who were homeless suffered from a chronic illness and nearly a quarter indicated they needed to see a doctor in the last year but were unable to do so.

For homeless individuals living with HIV/AIDS the conditions of homelessness are even more dire. The impact of HIV/AIDS on a person's immune system makes homelessness a serious health risk. Homeless shelters, while they provide respite from the elements are often a significant threat to people with HIV/AIDS. Shelter conditions can expose people with HIV/AIDS to dangerous and even life threatening infections such as hepatitis A, pneumonia, tuberculosis, and skin infections. One study shows that homeless people with HIV who sleep in a shelter are twice as likely to have tuberculosis as the general shelter population.

5. **Describe the geographic area to be served.** Community Residential Program is located in the Makiki neighborhood of Honolulu on the island of O`ahu. While most residents come from the O`ahu community of unsheltered persons, admission is available to anyone in the state of Hawaii who meets the criteria.

### III. Service Summary and Outcomes

1. **Describe the scope of work, tasks and responsibilities.** Through the support of FY 2021 Grant in Aid funds, GHP will be able to hone and strengthen the program to ensure the continuing access of supportive housing is available for up to 14 individuals at any one time and up to 35 individuals in one year. The program emphasizes access for homeless individuals experiencing substance abuse or mental health related barriers. The program is designed to be consistent with a low barrier, housing first approach. Throughout the fiscal year, the CRP will maintain a 94% occupancy rate. No one is ever turned away or disqualified due to mental health status or current/active substance abuse.

For more than a decade CRP has been meeting the complex and ever-changing needs of individuals who are homeless who also experience chronic and disabling medical conditions, mental health, and/or substance abuse related barriers. The CRP provides a low barrier, housing first approach knowing that successful long-term housing is highly dependent upon fulfilling an urgent need for immediate shelter regardless of mental health and/or substance abuse status. The CRP program has an average wait time of about two weeks; clients pending space at CRP who are living outdoors are accommodated at the YMCA, YWCA, or other housing program while waiting.

Each CRP resident undergoes initial and ongoing assessment to create an individual service plan with case management staff. Each participates in structured activities with trained specialists that include: Comprehensive case management, individual and group life skills, relapse prevention, substance abuse counseling, and reintegration. Coordination services will include: Housing; linkages to primary & specialty medical care, access to pharmaceutical assistance, medication adherence programs, psychotherapeutic services; health & social assessments; enrollment assistance; advocacy; financial and eviction prevention counseling; and housing retention services. These services continue for program participants even after they have transitioned toward independent living to ensure continuity and successful maintenance of housing status. Participants are encouraged to take an active role in identifying their specific barriers, goals and desired outcomes.

Operational support proposed herein is needed to ensure the program remains robust and responsive to the needs of participants. Program participants arrive from high trauma experiences related to sexual abuse, physical violence, family neglect and/or abandonment, untreated mental health diagnoses, self-medication and substance misuse, survival sex work and, extraordinary marginalization. When they stabilize their housing with our program and get linked to care, it takes intensive 1:1 and group counseling to realize the goals of their service plan. The circumstances and negative cycles of living on the street are difficult to break and require intensive support to acclimate individuals into the community. We staff the facility 24:7:365 and continually need invest in resources to recruit, train and retain staff.

2. **Provide a projected annual timeline for accomplishing the results or outcomes of the service:** CRP is currently operational. Activities supported by FY 2021 Grant in Aid will be ongoing throughout the fiscal period. Most participants will need the full two years to build their readiness for independent living. Some exit, in as soon as three to six

months. Individual service plans are evaluated on a 30:60:90 and as needed basis. There is a weekly calendar of individual and group support activities; holiday celebrations throughout the year and a once yearly off-site retreat. Together, we're building community and creating opportunities for peers to learn and teach one another, as well as access the professional support they need.

**3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results:** Quality assurance, evaluation, and improvement is a core process for GHP. The organizational culture creates an understanding that the housing status of clients is positively impacted by the efficacy, quality, and safety of services delivered. This is further reinforced in the organizations belief that quality assurance and evaluation comes from all facets of the agency including: 1) Program participants; 2) Service delivery; 3) Program oversight; 4) Administrative & fiscal management; and 5) Facilities. Because of this the scope of GHP's quality and evaluation activities center on indicators agency-wide and uses data from the following sources:

- a. Annual consumer satisfaction surveys
- b. Resolution of client grievances
- c. Employee satisfaction
- d. Client outcomes
- e. Monthly, quarterly, and annual program, administrative, and fiscal reports.
- f. Community needs assessments
- g. Client chart reviews
- h. Compliance & Risk Management

**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 following list of measures of effectiveness will be the base for progress reporting to the state through the expending agency;

- A. Total number of enrolled program participants
- B. Monthly occupancy rates
- C. Percent of total who maintained enrollment throughout the project period
- D. Percent of total who transitioned to permanent housing (or care home if applicable)

Gregory House Programs  
Grant in Aid, Fiscal Year 2021

Operating, Community Residential Program

- E. Percent of total who realized medical stability as a result of program participation
- F. Total number of hours of comprehensive case management per enrolled client
- G. Total number of housing navigation services per enrolled client
- H. Total number of enrolled clients who have realized and maintained increased mental health stability and reduced substance abuse at three, six, nine, and twelve months.
- I. Percent of participants with documented improved tenancy skills and financial stability.

IV. **Financial**

1. All required budget forms are attached.
2. The applicant shall provide its anticipate quarterly funding requests for the fiscal year 2021.

Anticipated quarterly funding requests for the fiscal year 2019.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$81,250	\$81,250	\$81,250	\$81,250	\$325,000

3. Other sources of funding that they are being sought fiscal year 2021: Operating support from CRP will be supported in part from HUD/HOPWA, HUD/Continuum of Care and HRSA Ryan White funds. None of these programs fully underwrite the complete costs associated with this program.
4. Tax Credits: Not applicable, GHP have not received, nor does it anticipate applying for any state or federal tax credits.
5. Listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2021:

Department of Health – Harm Reduction Services Branch ASO Log No. 18-174 2/1/18 – 7/31/20 \$1,692,320.00 Peter Whitarcar, Peter.whitarcar@doh.hawaii.gov	
Department of Human Services State Homeless Shelter Program 7/1/2019 - 6/30/2020 DHS-18-HPO-5005-SA02 - \$114,000.00 Amanda Walley, 586-0974 awalley@dhs.hawaii.gov 1010 Richards Street, Suite 312 Honolulu, HI 96813	Department of Human Services State Homeless Shelter Program 8/1/2018- 6/30/2019 DHS-18-HPO-5005-SA01 \$114,000.00 Amanda Walley, 586-0974 awalley@dhs.hawaii.gov 1010 Richards Street, Suite 312 Honolulu, HI 96813

Gregory House Programs  
Grant in Aid, Fiscal Year 2021  
Operating, Community Residential Program

<p>Department of Human Resources State Homeless Shelter Program 2/1/2017 - 7/31/2018 DHS-18-5005 \$171,000.00 Amanda Walley, 586-0974 awalley@dhs.hawaii.gov 1010 Richards Street, Suite 312 Honolulu, HI 96813</p>	<p>City and County of Honolulu Emergency Solutions Grant 2/1/2018 - 10/15/2019 CT-DCS-1800155 \$372,619.00 Amber Itokazu, 768-8842 <a href="mailto:Amber.itokazu@honolulu.gov">Amber.itokazu@honolulu.gov</a> 925 Dillingham Boulevard Honolulu, HI 96817</p>
<p>HUD FY2019 HOPWA 12/01/2018-11/30/2021 HI-H180007 \$1,390,650.00 Marsha Ito, 457-4679 Marsha.e.ito@hud.gov 1132 Bishop Street, Suite 1400 Honolulu, HI 96813</p>	<p>HUD FY2015 HOPWA 12/1/15 -11/30/2018 HI-I-15-0010 \$1,390,650.00 Marsha Ito, 457-4679 Marsha.e.ito@hud.gov 1132 Bishop Street, Suite 1400 Honolulu, HI 96813</p>
<p>City and County of Honolulu FY19-20 HOPWA 1/28/2019-2/28/2020 CT-DCS-1900146 \$436,500.00 Pamela Agena, 768-7756 pagena@honolulu.gov Kapalama Hale, Suite 200 925 Dillingham Boulevard Honolulu, HI 96817</p>	<p>Department of Human Services Grant in Aid 11/1/2018-10/31/2019 DHS-19-HPO-0006 \$150,000.00 June Tong, 586-7254 jtong@dhs.hawaii.gov 1010 Richards Street, Suite 312 Honolulu, HI 96813</p>
<p>HUD – Continuum of Care FY21 \$464, 509.00 This grant has been awarded. Contract is pending</p>	<p>These are grants that have been awarded and renewal is anticipated for FY 2021</p>

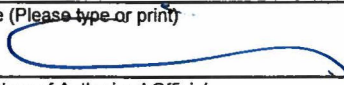
6. Balance of GHP unrestricted current assets as of December 31, 2019: \$153,886.



## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2020 to June 30, 2021

Applicant: Gregory House Programs

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	179,000	36,680	59,523	0
2. Payroll Taxes & Assessments	24,183	6,811	7,547	0
3. Fringe Benefits	30,845	8,909	19,557	0
<b>TOTAL PERSONNEL COST</b>	<b>234,028</b>	<b>52,400</b>	<b>86,627</b>	<b>0</b>
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Insurance	2,000		2,000	
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training	1,500		250	
6. Supplies	6,500		3,000	
7. Telecommunication	12,472		3,000	
8. Utilities	25,000		5,000	
9. Vehicle Expenses	1,000			
10. Repairs and Maintenance	5,000		1,000	
11. Program Activities	2,500			
12. Contractual Services - Subcontracts	35,000		3,123	
13. Contractual Services - Administrative			10,000	
14.				
15.				
16.				
17.				
18.				
19.				
20.				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>90,972</b>	<b>0</b>	<b>27,373</b>	<b>0</b>
<b>C. EQUIPMENT PURCHASES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>D. MOTOR VEHICLE PURCHASES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>E. CAPITAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL (A+B+C+D+E)</b>	<b>325,000</b>	<b>52,400</b>	<b>114,000</b>	<b>0</b>
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	325,000	Ronnie Vilorio	(808) 522-9029	
(b) Total Federal Funds Requested	52,400	Name (Please type or print)	Phone	
(c) Total County Funds Requested	114,000		Date	
(d) Total Private/Other Funds Requested	0		4/17/20	
<b>TOTAL BUDGET</b>	<b>491,400</b>	Jonathon Berliner, Executive Director		
		Name and Title (Please type or print)		

## BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant/Provider: Gregory House Programs

RFP No.: \_\_\_\_\_ Period: July 1, 2020 to June 30, 2021

Date Prepared: 1/17/2020

Contract No. (As Applicable): Community Residential Program

POSITION NO.	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT A x B
	Program Director	1	60,000.00	20.00%	12,000
	Transitional Housing Program Manager	1	50,000.00	60.00%	30,000
	Case Manager	1	40,000.00	50.00%	20,000
	Case Manager	1	40,000.00	50.00%	20,000
	Case Manager	1	40,000.00	50.00%	20,000
	Group Home Aide	1	35,000.00	50.00%	17,500
	Group Home Aide	1	35,000.00	50.00%	17,500
	Group Home Aide	1	35,000.00	50.00%	17,500
	On-Call Group Home Aide	0.25	3,500.00	100.00%	3,500
	On-Call Group Home Aide	0.25	3,500.00	100.00%	3,500
	On-Call Group Home Aide	0.25	3,500.00	100.00%	3,500
	Maintenance/Handyman	1	35,000.00	40.00%	14,000
<b>TOTAL:</b>					<b>179,000.00</b>

**JUSTIFICATION/COMMENTS:**

**BUDGET JUSTIFICATION  
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: Gregory House Programs

RFP No.: \_\_\_\_\_ Period: July 1, 2020 to June 30, 2021

Date Prepared: 1/17/2020

Community Residential Program  
(As Applicable)

179000

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>			
Social Security	As required by law	As required by law	\$ 11,098.00
Unemployment Insurance (Federal)	As required by law	As required by law	\$ -
Unemployment Insurance (State)	As required by law	As required by law	\$ 2,166.00
Worker's Compensation	As required by law	As required by law	\$ 10,024.00
Temporary Disability Insurance	As required by law	As required by law	\$ 895.00
			\$ 24,183.00
SUBTOTAL:			
<b>FRINGE BENEFITS:</b>			
Health Insurance	5 FTE		\$ 21,000.00
Retirement	5%		\$ 8,950.00
Group Disability Insurance	0.5%		\$ 895.00
SUBTOTAL:			\$ 30,845.00
<b>TOTAL:</b>			\$ 55,028.00

**JUSTIFICATION/COMMENTS:**

**BUDGET JUSTIFICATION  
CONTRACTUAL SERVICES - SUBCONTRACTS**

Applicant/Provider: Gregory House Programs

RFP No.: \_\_\_\_\_ Period: July 1, 2020 \_\_\_\_\_ to \_\_\_\_\_ June 30, 2021

Date Prepared: 1/17/2020

Contract No. (As Applicable) Community Residential Program

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
Tim Kim/InfoTech	5000	Information Technology	Computer/Technology support
Christopher Carter	15000	Clinical Therapist	Life skills development/Coping
Scott Morrice	15000	Clinical Therapist	Life skills development/Coping
<b>TOTAL:</b>	<b>35000</b>		

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2020 to June 30, 2021

Applicant: Gregory House Programs

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				
N/A				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				
N/A				

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2020 to June 30, 2021

Applicant: Gregory House Programs

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2018-2019	FY: 2019-2020	FY:2020-2021	FY:2020-2021	FY:2021-2022	FY:2022-2023
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS: <span style="float: right;">N/A</span>						

**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: Gregory House Programs

Contracts Total: 2,441,659

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY</b> (U.S. / State / Haw / Hon / Kau / Mau)	<b>CONTRACT VALUE</b>
4	Housing Assistance	2/1/18-7/31/20	Department of Health	State of Hawaii	1,692,320
1	Housing Support Services	12/1/18-11/30/21	HUD/HOPWA/Formula	US	1,390,650
2	Housing Support Services	1/28/19-2/28/20	HUD/HOPWA/SPNS	Honolulu	436,500
3	Housing Support Services	7/1/20-6/30/21	HUD/CoC	US	464,509
5	Coordinated Statewide Housing Initiative	8/1/19-7/31/20	Kamanaonahelu	State of Hawaii	150,000
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#### IV. Experience and Capability

1. **Necessary Skills and Experience:** Gregory House Programs is the only agency in Hawai'i with the skill, expertise, and proven track record to provide specialized supportive housing services for homeless, chronically homeless, and at risk for homelessness PLWH. Since incorporation in 1988, GHP has sculpted its organizational structure based on the rapidly changing housing needs of PLWH. As a result of constant adaptation and three decades of experience, GHP has acquired a history of demonstrated and verifiable success in serving their community. This same history includes significant success in collaborative efforts, grants management, and in being good stewards of federal, state, city, and privately awarded grant money.

In addition to organizational skill, GHP have acquired a long list of verifiable experience of program implementation, project management, and program monitoring and oversight. Since incorporation, federal, state, county, and private grants have been GHP's core funding and with each has demonstrated quality & successful service as well as excellent administrative and fiscal stewardship. Recent verifiable experience includes programs supported by the programs mentioned above in the list of all federal, state, and county government contracts.

Gregory House Programs has more than thirty years of experience providing housing and related services, including housing those with complex medical needs, substance abuse and mental health barriers. GHP has experience providing rental assistance to PLWH on O'ahu, Maui, Kauai and Hawai'i, and has also assisted PLWH relocate from neighbor islands to Oahu to gain access to life-saving medical care. In the State of Hawai'i, there is a critical housing shortage for PLWH, particularly those who also experience mental illness and/or substance misuse. At GHP, no one is ever turned away or disqualified due to mental health status or current/active substance abuse.

2. **Facilities:** CRP is a three building structure in the lower Makiki neighborhood of Honolulu, occupying approximately 7,090 square feet. It has housing for fourteen individuals in one, two and three bedroom apartments. The facility has shared washer/dryer units. The property was first developed in 1923 with some minor additions and upgrades over the years. One apartment in the complex is dedicated as the office, it has a kitchen, small general meeting area and private office for 1:1 case management. There are two private tenants at



this property that are not part of the program. They were inherited when we purchased the building. Their rental income generates some revenue to underwrite the program.

The property is convenient to medical care facilities, pharmacies, grocery stores, public transportation, libraries, schools and houses of worship. Participants are encouraged to learn and adopt good neighbor skills; share in some household chores to keep common areas tidy; avail themselves of resources such as a shared pantry. Living in the community, in a safe environment, with a framework of guidelines such as no illegal substance use allowed on property and no un-approved visitors helps to prepare individuals for re-integration into independent living.

Our headquarters office is located at 200 North Vineyard Blvd in the Aloha United Way building. It is convenient to public transportation and ADA accessible. The Program Director and other staff are located here. There are private and group meeting spaces available as well as computer station with Internet access for client use.

## V. Personnel: Project Organization and Staffing

**1. Proposed Staffing, Staff Qualifications, Supervision and Training:** Gregory House Programs has assembled a highly effective, qualified, and competent team to operate its CRP and serve its clients.

The Program Director shall have the following minimum qualifications: MSW or equivalent experience, LMSW a plus. Five years of experience working with people having histories of homelessness, serious mental illness, and/or substance use disorder (preferably in Hawaii.) Five years of experience supervising case management and frontline care providers to include increasing levels of responsibility with nonprofit agency management. Excellent communication skills in written and spoken word. Demonstrated proficiency using standard technology including Microsoft Office and conducting on-line research. Familiarity using HMIS and HUD guidelines, programs, policies and procedures. Three years demonstrated experience of assisting and qualifying individuals and households for public benefits. Strong skills and awareness of community resources, harm reduction and consumer-centered approach essential. Understanding of practices including Housing First and Trauma Informed Care. A strong commitment to our mission and a dedication to those we serve is paramount. Professional experience may substitute for educational requirements.

Transitional Housing Case Manager positions shall have the following minimum qualifications: Bachelor's degree in psychology, social work or related field required. MSW or equivalent experience preferred, LMSW a plus. Three years of experience working with people having histories of homelessness, serious mental illness, and/or substance use disorder (preferably in Hawaii.) Excellent communication skills in written and spoken word. Demonstrated proficiency using standard technology including Microsoft Office and conducting on-line research. Familiarity using HMIS and HUD guidelines, programs, policies and procedures. Three years demonstrated experience of assisting and qualifying individuals and households for public benefits. Strong skills and awareness of community resources, harm reduction and consumer-centered approach essential. Understanding of practices including Housing First and Trauma Informed Care. A strong commitment to our mission and a dedication to those we serve is paramount. Professional experience may substitute for educational requirements.

Resident Aides shall have the following minimum qualifications: High School graduate, strong skills and awareness of community resources, harm reduction and consumer-centered approach essential. Demonstrated proficiency using standard

technology including Microsoft Office and conducting on-line research. Familiarity using HMIS and HUD guidelines, programs, policies and procedures. Understanding of practices including Housing First and Trauma Informed Care. A strong commitment to our mission and a dedication to those we serve is paramount. Professional experience may substitute for educational requirements.

Facility Maintenance shall have the following minimum qualifications: 2+ years janitorial experience: High school diploma/GED required. Willingness to work early morning or late night shifts. Ability to work well under minimal supervision. Capacity to take direction. Strong attention to detail. Physically capable of lifting and moving objects up to 30 pounds as necessary.

The sub-contractor(s) provider for substance abuse counseling services shall have the following minimum qualifications: Bachelor's degree in psychology, social work or related field required. MSW or equivalent experience preferred, LMSW a plus. Mental Health Counselor License, Certified Substance Abuse Counselor. Professional liability insurance. Understanding of practices including Housing First and Trauma Informed Care. A strong commitment to our mission and a dedication to those we serve is paramount. Professional experience may substitute for educational requirements.

The sub-contractor(s) provider for life skills services shall have the following minimum qualifications: The sub-contractor(s) provider for substance abuse counseling services shall have the following minimum qualifications: Bachelor's degree in psychology, social work or related field required. MSW or equivalent experience preferred, LMSW a plus. Occupational Therapy License, National Board Certification in Occupational Therapy. Professional liability insurance. Understanding of practices including Housing First and Trauma Informed Care. A strong commitment to our mission and a dedication to those we serve is paramount. Professional experience may substitute for educational requirements.

GHP case management staff meet as a team each Wednesday from approximately 10:00am until Noon. This meeting brings the entire team together including project staff outlined in this proposal, as well as: Director of Quality Assurance; other Case Managers and program staff based at our headquarters office; Transitional Housing Managers from our two sites at Mott-Smith and Young Streets, and sometimes their resident aides; and AmericaCorps VISTAs.

These meetings allow staff to share information up, down and across our networks. That means that senior staff are able to set agency policies; case managers are able to identify roadblocks and instances when they need additional support; staff are able to provide peer support for one another, sharing information about particularly effective strategies and resources, as well as warnings about hazards and obstacles in the field.

Additionally, the weekly case management meeting is an opportunity to bring in trainers. In the past year, we have hosted external personnel to provide training on community resource topics related to: housing resources on Oahu including emergency shelters; Punawai rest stop; transitional shelters; tenant-based rental assistance; employment and vocational training resources; financial resources; Non-cash benefits (SNAP, LIHEAP); legal services; Limited English Proficiency services; mental health resources; service planning; confidentiality and ethics documentation requirements; community health resources; pharmacy resources; drug treatment center resources; cultural competency with LGBT communities; medical insurance eligibility resources; overdose prevention techniques and resources; suicide prevention; harm reduction; first-aid and CPR; and trauma informed care.

As new staff come on-board they will receive an agency orientation which includes comprehensive policy and procedures training with particular focus on: screening, intake and assessment; service planning; discharge planning; documentation requirements; as well as confidentiality and ethics.

GHP is committed to continually presenting new trainings to include topics such as: disaster preparedness; TANF; HMIS; Fair Housing and other topics. Training is always ongoing so that our staff are apprised of and implementing best practices; notified about changes in law or public policy; conveying the challenges and opportunities they are experiencing in realizing housing plans for program participants. This ensures that we are continually using the collective knowledge and experience of the team to best benefit program participants. GHP will begin formally documenting training records as part of each staff/volunteer member's personnel file, specifying the training they receive on an annual basis.

Project staff benefit from being part of an experienced team and are able to leverage one another's skills, experience and working strategies. In addition to the frontline staff for this project, the GHP team includes an accounting manager with a bachelor's degree and advanced certificate in accounting from the University of Hawaii at Manoa, as well as more than 12 years of professional experience; a director of quality assurance with a master's of science in public health nutrition from Columbia University, and more than

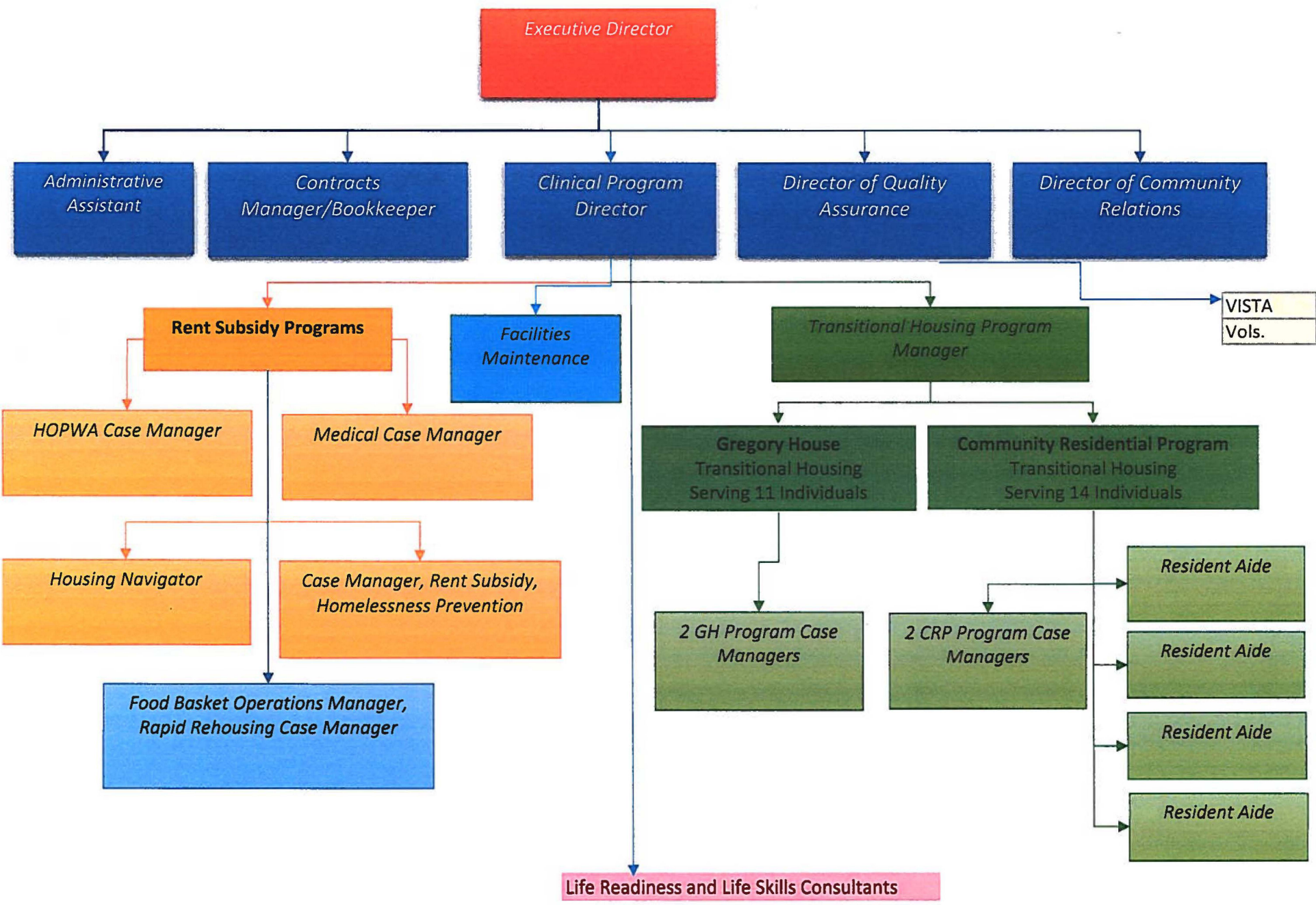
14 years of experience in health care management. Our executive director is a recognized national and local leader in housing services. He brings more than 25 years of executive experience in health and housing nonprofits and has been responsible in securing more than \$10 million of new federal funds for Hawaii through extensive outreach, advocacy, and networking. He has demonstrated unique abilities to bring stakeholders together to reach shared community goals.

Project staff will also receive at least one hour of 1:1 supervision on a bi-weekly basis. This time is dedicated to help them develop their professional skills, manage their caseload of participants utilizing best practices, and to identify other professional training opportunities. Further, it allows time to check-in to ensure staff are aware of the need and managing self-care.

2. Organization Chart is attached.

3. Compensation: Gregory House Programs is governed by a volunteer Board of Directors. The following staff are the three highest paid employees of the organization, none of which will be funded by the request.

1. Jon Berliner, Executive Director: \$116,689 per year
2. Director of Community Relations: \$75,000 per year
3. Director of Quality Assurance: \$62,400 per year



**VI. Other**

1. **Litigation:** Gregory House Programs is not currently involved in any pending or active litigation.
2. **Licensure or Accreditation:** Not applicable. Special licensure, accreditation, or other requirements are not necessary to operate the program or provide services.
3. **Private Educational Institutions:** The GHP request will not be used to support or benefit a sectarian or non-sectarian private educational institution.
4. **Future Sustainability Plan: The applicant shall provide a plan for sustaining after fiscal year 2021 the activity funded by the grant if the grant of this application is:**
  - a **Received by the applicant for fiscal year 2020-21.** GHP has a long history of working collaboratively with funding partners that are committed to strengthening a safety net that protects everyone in the community. CRP has been operating continuously since 2005 and the agency has demonstrated the value of the program as well as the ability to link interested funders. Beginning in the 2021 FY, we will be launching a new initiative we're calling the Anuenue Pathway to Housing, with competitive funding award received through the nationally competitive Continuum of Care program. It provides leveraging support to this proposal for grant in aid funds.
  - b **Not received by the applicant thereafter.** We are continuing to invest time and personnel resources to support resource development activities. We have identified new individual and institutional supporters that have expressed interest in partnering to strengthen a safety net that protects everyone in the community.