STATE OF HAWAII

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NOTICE OF AND REQUEST FOR
RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO §103F-403, HRS

STATE PROCUREMENT OFFICE
STATE OF HAWAII

To: Chief Procurement Officer

From: Human Services/Benefit, Employment & Support Services Division/ETPO
Department/Division/Branch or Office

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

1.	Title and description of health and human service(s): The Department seeks to provide services to assist TANF eligible families to claim the Earned Income Tax Credit (EITC) by increasing their awareness about the availability of the EITC and providing free tax assistance to claim the EITC. The Department also seeks to provide to TANF eligible families who have claimed the EITC, financial literacy services and asset-building skills in order to assist them make better financial decisions to maximize the use of their tax returns and EITC so they may move toward self-sufficiency.	
2.	Provider Name and Address:	Hawaii Alliance for Community-Based Economic Development (HACBED) 677 Ala Moana Blvd., Suite 702, Honolulu, HI 96813
3.	Total Contract Funds: Contract Funds per Year (if applicable):	$125,000
4.	RH No. of Previous Request for this Service (if applicable)	08-02
5.	Term of Contract: Start: 01/01/10 End: 12/31/10 If the contract term is longer than 1 year, provide justification for the extended term:	

RH No. 10-10

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6. Describe the circumstances justifying a restrictive purchase:

The Department is seeking established services for our clients that are able to provide for, and support, the Temporary Assistance for Needy Families (TANF) purpose 2 which is to end the dependence of needy parents on government benefits through the promotion of job preparation, work and marriage. Through the Family & Individual Self-Sufficiency Program (FISSP) administered by HACBED, TANF families will be provided services that compliment their current employment and supplements their wage earnings so that they may end their dependency on government benefits.

By utilizing a statewide network of non-profit agencies and volunteers, the FISSP has been providing free tax assistance services and linkages to financial literacy efforts at no cost to the general public who qualify for the services since 2005. FISSP's tax assistance sites statewide assists families with tax preparation to claim the EITC, giving TANF eligible families additional funds, thus increasing their assets and helping them with finding jobs and preparing for employment.

The FISSP was originally established under Aloha United Way in 2005. The program and staff were moved to HACBED on July 1, 2009 in order to better link free tax assistance to asset building strategies.

7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:

The FISSP has been providing volunteer tax preparation to low-income taxpayers since 2005 and has developed a statewide network of tax assistance sites. Qualification is based on income eligibility with low-income wage earners being the target population. The FISSP also partners with organizations that offer financial literacy and asset building services so families can be enrolled for these services at the tax assistance sites.

The American Association of Retired Persons (AARP) and Legal Aid Society of Hawaii (LASH) provide free tax preparation services, however, are not partnered with organizations that offer financial literacy services, therefore, families must enroll on their own. HACBED through the FISSP, is the only organization that provides free tax preparation services and linkages to financial literacy and asset-building services at one site.

8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Lillian B. Koller, Director
Pankaj Bhanot - Division Administrator
Scott Nakasone - Acting Employment & Training Program Administrator
Gwen Murashige - First-to-Work Program Specialist

9. Direct questions to (name & position): Gwen Murashige, FTW Program Specialist

Phone number: 586-7110

e-mail address: gmurashige@dhs.hawaii.gov

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

Department Head Signature 11/18/09 *Date*

Lillian B. Koller
Typed Name

PB 11/10/09

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at www.spo,hawaii.gov, click *Statutes and Rules* and *Procurement of Health and Human Services.* Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer **and** head of the purchasing agency:

Procurement Officer for this Procurement
Pankaj Bhanot
Benefit, Employment & Support Services Division
820 Mililani St., Ste., 606 Honolulu, HI 96813

Head of Purchasing Agency
Lillian B. Koller, Director
Department of Human Services
1390 Miller St., Rm. 209, Honolulu, HI 96813

Protest forms and instructions are on the web at: www.spo.hawaii.gov, click *Health and Human Services, Chapter 103F…* and *Forms for Private Providers*. Questions should be directed to the contact person noted in item 9 of the request.

Published: NOV 19 2009

Chief Procurement Officer's Comments:

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☐ **APPROVED** ☐ **DISAPPROVED** ☐ **NO ACTION**

Chief Procurement Officer Signature *Date*

Please ensure adherence to applicable administrative requirements.