



Office of the Administrative Director – Financial Services Department
THE JUDICIARY • STATE OF HAWAII • 1111 ALAKEA STREET, 6TH FLOOR • HONOLULU, HAWAII 96813-2807
TELEPHONE (808) 538-5800 • FAX (808) 538-5802

Rodney A. Malle
ADMINISTRATIVE DIRECTOR

Terri L. Gearon
FINANCIAL SERVICES DIRECTOR

Brandon M. Kimura
DEPUTY ADMINISTRATIVE DIRECTOR

October 7, 2022

MEMORANDUM

TO WHOM IT MAY CONCERN:

FROM: Terri Gearon, Financial Services Director 

SUBJECT: **ADDENDUM NO. 1, REQUEST FOR PROPOSALS NO. J24014
Adult Substance Abuse Treatment services, Fifth Circuit, The Judiciary,
State of Hawaii**

Transmitted herewith for your review is one copy of Addendum No. 1, and is hereby made a part of Request for Proposals J24014 for the above-mentioned solicitation, and shall govern the work taking precedence over previously issued specifications governing the items mentioned.

ADDENDUM NO. 1
REQUEST FOR PROPOSALS NO. J24014
To Provide Adult Substance Abuse Treatment Services,
Fifth Circuit, The Judiciary, State of Hawaii

The items listed hereunder are hereby made a part of Request for Proposals No. J24014 for the above-mentioned solicitation, and shall govern the work taking precedence over previously issued specifications governing the items mentioned.

1. RFP J24014 Section Five – Attachment B Proposal Application Identification Form shall be replaced in its entirety with the attached Proposal Application Identification Form.

END OF ADDENDUM NO. 1

STATE OF HAWAII

THE JUDICIARY

PROPOSAL APPLICATION IDENTIFICATION FORM

RESPONSE TO RFP NO. _____

SVC SPEC. NO./CODE/DESCRIPTION: _____

TITLE OF APPLICANT'S PROGRAM: _____

Check one:

 INITIAL PROPOSAL APPLICATION FINAL REVISED PROPOSAL (COMPLETE ITEMS _____ - _____ ONLY)

1. APPLICANT INFORMATION

LEGAL NAME: _____

DBA: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name _____

Title _____

Phone# _____

Fax# _____

E-mail _____

3. TYPE OF BUSINESS ENTITY

- NON PROFIT CORPORATION SOLE PROPRIETORSHIP
 FOR PROFIT CORPORATION PARTNERSHIP
 LIMITED LIABILITY COMPANY

4. STATE OF INCORPORATION (if applicable)

5. TAX IDENTIFICATION:

FEDERAL TAX ID#: _____ STATE TAX ID#: _____

6. GEOGRAPHIC AREA(S) APPLICANT IS TO SERVE

- East Hawaii'I Kaua'i
 West Hawaii'I Leeward O'ahu
 Maui Central O'ahu
 Moloka'i Windward O'ahu
 Lanai Honolulu

7. TARGET GROUP(S) APPLICANT IS ABLE TO SERVE

- Infants and toddlers: 0-3 years of age
 Children: 3-5 years of age
 Children: 5-10 years of age
 Adolescents: 10-18 years of age
 Adolescents & Adults: 18-21 years of age
 Adults: 21-59+ years of age
 Elders: 60+ years of age
 Families
 Other: _____

8. FUNDING REQUEST:

FY _____ \$ _____

FY _____ \$ _____

FY _____ \$ _____

FY _____ \$ _____

TOTAL \$ _____

9. SERVICE ACTIVITIES APPLICANT WILL PROVIDE:

- Substance Abuse Assessment
 Assessments for First-Time Drug Offender
 Substance Abuse Education
 Pre-treatment/Motivational Enhancement Services
 Outpatient Treatment
 Intensive Outpatient Treatment
 Day Treatment
 Residential Treatment
 Continuing Care or After Care
 Therapeutic Living

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE

Authorized Signature_____
Name & Title_____
Date