



Office of the Administrative Director – Financial Services Department

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Terri L. Gearon
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October 7, 2022

MEMORANDUM

TO WHOM IT MAY CONCERN:

FROM: Terri Gearon, Financial Services Director

SUBJECT: **ADDENDUM NO. 1, REQUEST FOR PROPOSALS NO. J24022
In-Community Services for Juvenile Client and Family 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 J24022 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. J24022
To Provide In-Community Services for Juvenile Client and Family Services,
Fifth Circuit, The Judiciary, State of Hawaii

The items listed hereunder are hereby made a part of Request for Proposals No. J24022 for the above-mentioned solicitation, and shall govern the work taking precedence over previously issued specifications governing the items mentioned.

1. RFP J24022 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:

 Anger Management
 Victim Impact Classes
 Family Conferencing

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE

Authorized Signature Name & Title Date