AMVETS HAWAII SUICIDE PREVENTION PROGRAM (AHSPP)

FY27 STAFF SERGEANT PARKER GORDON FOX SUICIDE PREVENTION GRANT PROGRAM

COMPLETE AWARD & IMPLEMENTATION PACKAGE
Final Governing Board · Management · Compliance Edition

Federal Award: $683,905
FAIN OSPI-000276-27 | Grant ID HI-SSG-4100-27
Period of Performance: September 30, 2026 – September 30, 2027

Prepared for:

Commander, AMVETS Department of Hawaii

President & CEO, AMVETS Hawaii Service Foundation Corp

AMVETS Governing Board, Officers, Staff, Employees & Volunteers

Final consolidated edition • September 13, 2026

FINAL AWARD CONTROL SHEET

Award Element	Final Information
Legal Recipient	AMVETS Hawaii Service Foundation Corp
EIN	83-0550908
UEI	LEJDJYEFDF93
CAGE Code	7SC72
Federal Award	$683,905
FAIN	OSPI-000276-27
Grant ID	HI-SSG-4100-27
Award Date	September 30, 2026
Period of Performance	September 30, 2026 – September 30, 2027
Assistance Listing	64.055
Statutory Authority	38 U.S.C. § 1720F (Hannon Act)
Indirect Cost Rate	15%
Approved Cost Sharing	$0
Year 1 Enrollment Target	150 eligible Veterans
Cost per Participant	$4,559.37
Payment Method	Reimbursement / HHS Payment Management System
VA Program Contact	Sandra Foley, SSG Fox SPGP Director — VASSGFoxGrants@va.gov

Document Status: FINAL CONSOLIDATED GOVERNANCE AND IMPLEMENTATION PACKAGE. Draft labels, TBD placeholders, confirmation notes, and pre-award working instructions are excluded from this consolidated edition. The executed VA Grant Agreement and written VA direction remain controlling in the event of any conflict.

Package Contents

1. Governing Board Executive Summary
2. FY27 Implementation Action Plan
3. FY27 Grant Compliance Checklist
4. Program Standard Operating Procedures Package
5. 30/60/90-Day Startup Plan & Budget Tracker
6. FY27 Organizational Chart
7. Whistleblower Protection & Reporting Policy
8. President & CEO Welcome Letter — Mission, Purpose & Intent

SECTION 1

GOVERNING BOARD EXECUTIVE SUMMARY

AMVETS Hawaii Suicide Prevention Program (AHSPP)

FY27 Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program

Federal Award	$683,905	**FAIN**	OSPI-000276-27
Grant ID	HI-SSG-4100-27	**Period of Performance**	Sept. 30, 2026 – Sept. 30, 2027
Recipient	AMVETS Hawaii Service Foundation Corp.	**Enrollment Target**	150 Veterans
Assistance Listing	64.055	**Cost per Participant**	$4,559.37
Indirect Cost Rate	15%	**Federal Cost Share**	$0

Executive Overview

AMVETS Hawaii Service Foundation Corp. has been awarded **$683,905** by the U.S. Department of Veterans Affairs to implement the AMVETS Hawaii Suicide Prevention Program (AHSPP) for a one-year period beginning September 30, 2026. The program will provide community-based, non-clinical suicide prevention services to 150 eligible Veterans, using the West Oahu Veterans Center and AMVETS Hawaii's established Adaptive Fitness Program as a primary engagement platform.

The award moves AHSPP from application planning into federal grant execution. The Governing Board's principal role is fiduciary and organizational oversight: ensuring the award is implemented within the approved scope, federal funds are properly controlled, program performance is monitored, participant safety and privacy requirements are maintained, and material compliance issues are elevated promptly.

Program Purpose and Service Model

- AHSPP is a community-based, non-clinical suicide prevention initiative designed to reach Veterans at elevated risk, including Veterans who are not currently engaged with VA care.
- Core services include VA-required baseline mental health screening, suicide-risk screening, individualized service planning, case management, trained Veteran peer support, suicide-prevention education, lethal-means safety counseling, VA benefits assistance, stability supports, and warm hand-offs to VA or other appropriate providers.

- Adaptive Fitness is used as a nontraditional engagement and social-connectedness platform under 38 CFR § 78.85; it does not replace clinical mental health care.
- Emergency and non-emergent clinical services are referred to qualified VA/community clinical providers rather than delivered as routine AHSPP clinical treatment.

Year 1 Performance Commitments

Measure	Year 1 Target
Eligible Veterans enrolled	150
Individuals screened	Approximately 300
Participants not receiving VA care at intake	50%
Participants referred to VA	75%
Participants completing services with improvement in ≥1 outcome domain	85%
Warm hand-off for high-risk participants	100% when indicated

Financial and Internal-Control Framework

- Federal funds obligated: $683,905; approved cost sharing: $0. The executed award identifies a 15% indirect cost rate.
- Payments are reimbursement-based through the HHS Payment Management System and require properly prepared, documented payment requests.
- AMVETS Hawaii's financial-control model separates payment initiation, CFO review, PMS processing, and authorized-signatory approval.
- Costs must be allowable, allocable, reasonable, documented, and charged only to the approved award. Costs shared with the VA Adaptive Sports Grant must be separately tracked to prevent duplicate charging.
- Financial records, supporting documents, statistical records, and other award records must generally be retained for three years following the applicable final expenditure report, subject to longer retention when required by audit, litigation, claims, or property rules.

Approved Budget Framework

Budget Category	Amount
Personnel – Operational	$324,750
Personnel – Administrative	$32,000
Operations	$170,000
Equipment	$25,000
Supplies	$35,000
Administrative – Non-Personnel	$26,905
Other Suicide Prevention Stability Funds	$70,250
TOTAL	**$683,905**

Staffing and Management Structure

- President & CEO / Authorized Signatory: Donovan A. Lazarus — executive oversight, grant signatory responsibilities, financial/reporting approval, and Governing Board liaison.

- Project Director: Alim H. Shabazz — day-to-day program leadership, VA program coordination, reporting, privacy oversight, phased hiring, and remediation coordination.
- Chief Financial Officer: Cydney Shabazz — federal financial controls, grant accounting oversight, HHS PMS drawdowns, financial reporting, cost separation, and security coordination.
- Grant-funded service capacity includes a Suicide Prevention Coordinator, two Veteran Peer Support Specialists, a Case Manager, a licensed Health & Wellness Psychologist/Clinical Consultant, bridge case-management capacity, and external quality/evaluation support.
- New staff will complete required suicide-prevention, privacy/security, crisis-response, data-system, and role-specific training before participant contact.

Participant Safety, Privacy, and Clinical Boundaries

- All enrolled participants receive required screening using VA-provided instruments and an individualized service plan based on identified risks, protective factors, and needs.
- High-risk situations trigger an established escalation and warm hand-off process to VA Pacific Islands Health Care System, the Veterans Crisis Line/988, emergency services, or other appropriate clinical care.
- AHSPP is non-clinical except for the limited emergency-treatment provisions permitted by the grant. Routine psychotherapy, psychiatry, and medical care are outside the grant-funded service model.
- Protected personally identifiable information must be safeguarded through access controls, secure systems, staff training, and appropriate privacy procedures. PII may not be submitted through VA's electronic grants management system.

Federal Compliance Requirements Requiring Board Awareness

- The organization assumes legal, financial, administrative, and programmatic responsibility for the award and must comply with the executed Grant Agreement, 38 CFR Part 78, applicable portions of 2 CFR Part 200, the NOFO, and incorporated federal requirements.
- SAM registration must remain active, and personnel, contractors, and any sub-recipients must remain eligible to participate in federal awards.
- VA may conduct programmatic, fiscal, virtual, or on-site monitoring and has access rights to pertinent records and personnel.
- Required disclosures involving credible evidence of fraud, conflicts of interest, bribery, gratuity violations, or False Claims Act violations must be made in accordance with federal requirements.
- Federal funds may not be used for lobbying, unapproved activities, prohibited clinical services, direct cash assistance to participants, vehicle purchases, or other costs outside the approved award.
- Publicity concerning the agreement or program, use of VA names/symbols, and publication of program data are subject to the award's VA approval and disclaimer requirements.
- Final financial, performance, and other closeout reports are due within the award's prescribed deadlines; the executed agreement generally requires final reports within 120 calendar days after the project period ends.

Governing Board Oversight Priorities

- Receive regular program and financial performance reports comparing actual results with the approved budget and Year 1 targets.
- Review material compliance, participant-safety, privacy/security, audit, fiscal, or performance issues and management's corrective actions.
- Ensure management maintains segregation of duties, documentation, cost allocation, procurement controls, and grant-specific accounting.
- Monitor hiring and training progress to ensure service capacity is established without compromising participant safety or grant compliance.

- Confirm that any material change to program scope, budget, staffing structure, or grant-funded activities requiring VA approval is not implemented before written approval is obtained.
- Review annual program evaluation and closeout readiness, including records retention, property accountability, final reporting, and reconciliation of federal funds.

Board-Level Conclusion

The $683,905 FY27 SSG Fox SPGP award is a significant expansion of AMVETS Hawaii's Veteran-service capacity and establishes a dedicated community-based suicide prevention program for Honolulu County. Successful execution will depend on disciplined federal grant administration, timely staffing and training, documented participant safety procedures, strong VA coordination, reliable performance data, and sustained Governing Board oversight. The Board should treat AHSPP as a major federally funded program requiring routine fiduciary, compliance, risk, and performance review throughout the September 30, 2026–September 30, 2027 period of performance.

RECOMMENDED GOVERNING BOARD ACTION

- Acknowledge receipt of the FY27 SSG Fox SPGP award and the Governing Board's oversight responsibilities.
- Direct management to provide recurring programmatic and financial performance reporting during the period of performance.
- Require prompt escalation to the Governing Board of material compliance, fiscal, participant-safety, privacy/security, audit, or performance issues.

SECTION 2

IMPLEMENTATION ACTION PLAN

AMVETS Hawaii Suicide Prevention Program (AHSPP)

FY27 Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program
FAIN OSPI-000276-27 | Grant ID HI-SSG-4100-27 | Federal Award: $683,905

1. Purpose

This Implementation Action Plan converts the executed FY27 SSG Fox Suicide Prevention Grant award into an operational roadmap for AMVETS Hawaii Service Foundation Corp. It establishes implementation phases, responsible leadership, deliverables, internal controls, performance checkpoints, and Governing Board oversight for the September 30, 2026 through September 30, 2027 period of performance.

2. Year 1 Mission and Priority Outcomes

- Launch a safe, compliant, community-based, non-clinical suicide prevention program serving 150 eligible Veterans.
- Screen approximately 300 individuals and maintain a target of 50% of enrolled participants not receiving VA care at intake.
- Refer at least 75% of enrolled participants to VA and achieve improvement in at least one measured outcome domain for at least 85% of participants completing services.
- Establish trained Veteran peer support, case management, suicide-risk screening, individualized service planning, stability supports, and documented warm hand-offs.
- Maintain strict federal financial controls, grant-specific accounting, privacy/security safeguards, timely VA reporting, and active Governing Board oversight.

3. Leadership and Accountability

Role	Lead	Primary Accountability
President & CEO / Authorized Signatory	Donovan A. Lazarus	Executive oversight; authorized-signatory duties; financial/report approval; Governing Board liaison; escalation of material risks.
Project Director	Alim H. Shabazz	Day-to-day implementation; VA program coordination; staffing; performance reporting; privacy oversight; remediation coordination.
Chief Financial Officer	Cydney Shabazz	2 CFR Part 200 controls; PMS reimbursement requests; financial reporting; cost allocation; grant separation; audit
Suicide Prevention Coordinator	Grant-funded hire	Screening fidelity; high-risk safety protocol; VA Suicide Prevention Coordinator liaison; staff supervision; case-quality oversight.
Governing Board	AMVETS Hawaii Service Foundation Corp.	Fiduciary, compliance, risk, financial and program-performance oversight.

4. Phased Implementation Action Plan

Phase	Timeline	Lead	Required Actions	Deliverables / Exit Criteria
Phase 1: Award Activation & Controls	Day 0-30	CEO / Project Director / CFO	Activate grant cost center and accounting controls; establish reporting calendar; confirm PMS reimbursement workflow; initiate secure case-management/CRM procurement; prepare private screening/work areas; issue staffing requisitions; confirm written policies for intake, screening, privacy, incident response, procurement, time-and-effort, and cost allocation.	Grant operational file established; financial controls active; implementation calendar approved; recruitment launched; program policies assembled.
Phase 2: Cohort 1 Staffing & Training	Day 30-90	Project Director	Hire/onboard Suicide Prevention Coordinator, Veteran Peer Support Specialist #1, and Health & Wellness Psychologist/Clinical Consultant; establish bridge case-management capacity; complete required pre-participant-contact training; conduct background/ onboarding requirements; establish supervisory cadence.	Cohort 1 operational; training records complete; staff cleared for participant contact; bridge case-management capacity available.
Phase 3: VA Coordination & Service Launch	Day 30-90	Project Director / Suicide Prevention Coordinator	Establish operating contact with VAPIHCS suicide prevention resources; implement warm hand-off procedures; resume/expand outreach; begin eligibility verification and VA-required screening; establish individualized service plans; begin peer support, case management, education, stability supports, and adaptive-fitness engagement.	First participants enrolled and receiving documented services; warm hand-off pathway operational; VA Data Collection Tool workflow active.
Phase 4: Cohort 2 Expansion	Day 90-180	Project Director / Suicide Prevention Coordinator	Recruit and onboard Case Manager and Veteran Peer Support Specialist #2; complete role-specific training; expand caseload and outreach; transfer bridge-consultant cases through documented warm transitions; increase enrollment toward Year 1 target.	Full Year 1 service team substantially established; bridge transition completed; caseload capacity expanded.
Phase 5: Mid-Year Performance Review	Around Day 180	Project Director / CFO / CEO	Compare enrollment, screening, referral, outcome, budget, staffing, data quality, participant safety, and spending against targets; identify variances; implement corrective action where required; brief Governing Board.	Mid-year management review and Governing Board status report; corrective actions documented where necessary.
Phase 6: Full Operations & Quality Improvement	Day 181-300	Project Director / Program Team	Maintain service delivery; conduct case-file audits; monitor participant outcomes; review high-risk incidents; reconcile grant expenditures; maintain training/certification currency; conduct partner coordination; prepare recurring VA reports.	Stable service delivery; documented quality assurance; current fiscal and program reporting; risks actively managed.
Phase 7: Year-End Evaluation & Closeout Readiness	Day 301-365	Project Director / CFO / External Evaluator	Drive completion of Year 1 enrollment and outcome targets; complete exit screenings; conduct independent program evaluation; reconcile budget; inventory grant-funded property; review records retention; prepare final/annual VA reports and continuation planning.	Year 1 evaluation; reconciled financial records; closeout/ renewal readiness; Governing Board year-end report.

5. Core Implementation Workstreams

Workstream	Key Actions	Owner	Review Cadence
Governance & Compliance	Maintain executed award, NOFO, policies, SAM eligibility, conflict-of-interest controls, mandatory disclosures, and prior-approval requirements.	CEO / Project Director	Monthly management review; quarterly Board review
Financial Management	Grant-specific ledger; reimbursement documentation; separation of duties; cost allocation; time-and-effort; procurement; reconciliations; audit	CFO	Monthly reconciliation; quarterly Board financial report
Staffing & HR	Recruitment, background checks, PEO onboarding, role descriptions, supervision, training and certification tracking.	Project Director	Weekly during startup; monthly thereafter
Participant Intake & Screening	Eligibility verification; PHQ-9, ISEL-12, SES, WEMWBS and C-SSRS; informed consent; individualized service plan.	SP Coordinator / Case Manager	Per intake; quality review monthly
Safety & Warm Hand-Off	High-risk escalation; connection to VA/988/emergency care; follow-up; incident documentation and review.	SP Coordinator	Real time; incident review within established protocol
Peer Support & Case Management	Scheduled participant contacts, service-plan reviews, referrals, family engagement with consent, stability-support coordination.	SP Coordinator / Case Manager / Peer Specialists	Ongoing
Data & Evaluation	VA Data Collection Tool; case documentation; pre/post outcomes; data-quality audits; satisfaction surveys; external evaluation.	SP Coordinator / Project Director	Real time; quarterly aggregate review
Outreach & Partnerships	West Oahu Veterans Center, Adaptive Fitness touchpoints, Akaka VA outreach, military/VSO/ community referral channels.	Project Director	Monthly/quarterly by channel
Privacy & Cybersecurity	Access controls, protected information safeguards, secure communications, training, incident response, BAA/vendor controls.	Project Director / CFO	Ongoing; quarterly review

6. Performance Dashboard

Key Performance Indicator	Target	Review
Eligible individuals enrolled	150	Monthly
Individuals screened	300	Monthly
Not receiving VA care at intake	50%	Quarterly
Participants referred to VA	≥75%	Quarterly
Completers improving in ≥1 outcome domain	≥85%	Quarterly / Year-end
Exit screening completion	≥95%	Quarterly
Average intake-to-first-service	≤14 days	Monthly
High-risk warm hand-offs completed when indicated	100%	Immediate / Quarterly aggregate
Participant satisfaction	≥80% Satisfied/Highly Satisfied	Quarterly
Budget-to-actual variance	Within approved budget and authorized modifications	Monthly / Quarterly

7. Governing Board Reporting and Decision Cycle

- Quarterly Executive Dashboard: enrollment, screenings, referrals, outcomes, staffing, training, safety events, partner coordination, budget-to-actual, reimbursement status, and compliance issues.
- Material-Issue Escalation: significant participant-safety events, suspected fraud or misuse, privacy/security incidents, audit findings, material budget variances, federal compliance issues, or inability to meet critical performance targets are elevated promptly through the CEO to the Governing Board.
- Prior-Approval Control: management will not implement material changes requiring VA approval until written approval is received.
- Year-End Review: Governing Board receives the annual evaluation, financial status, performance against targets, closeout readiness, and continuation/renewal strategy.

8. Immediate First 30-Day Action Checklist

□ Establish AHSPP grant cost center and budget controls.

□ Confirm HHS PMS access, reimbursement documentation workflow, and authorized-signatory controls.

□ Publish internal implementation calendar and VA reporting calendar.

□ Launch Cohort 1 recruitment and bridge case-management procurement.

□ Prepare private participant intake/screening space at the West Oahu Veterans Center.

□ Initiate secure case-management/CRM and data-security setup.

□ Finalize staff onboarding and pre-participant-contact training schedule.

□ Activate written participant intake, eligibility, screening, service-plan, privacy, safety, incident, referral, and warm hand-off procedures.

□ Establish operating coordination with VA Pacific Islands Health Care System for suicide-prevention referrals and crisis hand-offs.

□ Prepare Governing Board quarterly dashboard template and risk/escalation log.

SECTION 3

FY27 GRANT COMPLIANCE CHECKLIST

AMVETS Hawaii Suicide Prevention Program (AHSPP)

Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program
FAIN OSPI-000276-27 I Grant ID HI-SSG-4100-27 I Award $683,905 I 09/30/2026–09/30/2027

Purpose and Use

This checklist is a management and Governing Board control tool for monitoring compliance with the executed VA award, 38 CFR Part 78, applicable 2 CFR Part 200 requirements, the approved application and budget, and incorporated award conditions. Each item should be marked Complete, In Progress, Not Applicable, or Corrective Action Required, with supporting documentation retained in the official grant file.

Compliance Review Period:	_____	**Reviewed By:**	_____
Review Date:	_____	**Next Review:**	_____
Overall Status:	☐ Compliant ☐ Issues Identified	**Board Review Date:**	_____

1. Award Administration and Eligibility

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Maintain executed Grant Agreement, approved application, budget, award correspondence, and written VA modifications in official grant file.	Project Director / Grants Admin	Continuous	
☐	Maintain active SAM registration and current UEI/ entity information.	CFO / Grants Admin	Continuous; verify quarterly	
☐	Ensure employees, contractors, and subrecipients involved in the award are not excluded or debarred from federal participation.	Project Director / CFO	Before engagement; periodically thereafter	
☐	Use grant funds only for activities and purposes authorized by the approved award; obtain written VA prior approval when required.	CEO / Project Director / CFO	Before change or expenditure	
☐	Establish the project and obtain funds within the timeframe required by the award; failure to obtain funds within 180 days may subject the grant to withdrawal unless VA approves otherwise.	CFO / Project Director	Startup / first 180 days	
☐	Maintain current federal debt status and notify VA immediately if the organization becomes delinquent on federal debt.	CEO / CFO	Continuous	

2. Financial Management and Payment Controls

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Maintain grant-specific accounting records sufficient to trace federal funds to authorized activities, obligations, expenditures, assets, liabilities, and balances.	CFO	Monthly	
☐	Use documented separation of duties for payment initiation, CFO review, PMS processing, and authorized-signatory approval.	CFO / CEO	Every payment request	
☐	Submit properly prepared and fully documented reimbursement requests through HHS Payment Management System within 30 calendar days after month-end unless VA authorizes another cadence.	CFO / CEO	Monthly	
☐	Do not draw general grant funds for specific projects without affirmative VA authorization; retain written explanation/support for drawdown requests.	CFO	Every drawdown	
☐	Compare actual expenditures to the approved budget and investigate material variances.	CFO / Project Director	Monthly; Board quarterly	
☐	Apply allowability, allocability, reasonableness, and applicable cost-principle tests before charging costs to the award.	CFO	Every expenditure	
☐	Maintain time-and-effort documentation for personnel charged to AHSPP and prevent duplicate charging to SPORTS-25-025 or other awards.	CFO / Supervisors	Each payroll cycle	
☐	Track program income, if any, and apply it in accordance with federal requirements.	CFO	As incurred	
☐	Promptly refund unauthorized or excess federal cash balances when required.	CFO / CEO	As required	
☐	Maintain procurement documentation and required competition/price support for grant-funded purchases.	CFO / Project Director	Each procurement	

3. Program Eligibility, Screening and Service Delivery

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Verify each participant meets applicable SSG Fox SPGP eligible-individual requirements before enrollment.	SP Coordinator / Case Manager	Every enrollment	
☐	Administer required VA baseline screening instruments (PHQ-9, ISEL-12, SES, WEMWBS) and required suicide-risk screening procedures.	SP Coordinator / Case Manager	Intake and exit; as required	
☐	Develop an individualized suicide prevention service plan based on participant needs and documented screening results.	Case Manager	After enrollment; update as required	
☐	Provide only allowable SSG Fox SPGP services within approved scope.	Project Director / SP Coordinator	Continuous	
☐	Do not use grant funds for routine psychotherapy, psychiatry, medical care, or other prohibited clinical services; emergency treatment is limited to applicable grant authority.	SP Coordinator / Project Director	Continuous	
☐	Document referrals and warm hand-offs to VA and other providers, including referrals for individuals not enrolled when appropriate.	Case Manager / SP Coordinator	Per referral	
☐	Track participant stability assistance and ensure applicable §78.90 payments do not exceed $750 per participant during a one-year period.	CFO / Case Manager	Per payment; monthly reconciliation	
☐	Make applicable stability-support payments to third parties rather than direct cash payments to participants/ families.	CFO / Case Manager	Every applicable payment	

4. Participant Safety and Crisis Response

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Maintain a written high-risk participant safety and escalation protocol.	SP Coordinator / Project Director	Before service launch; review quarterly	
☐	Ensure direct-service staff complete required suicide-prevention, C-SSRS, safety-planning, lethal-means, crisis/de-escalation and other assigned training before participant contact.	Project Director / SP Coordinator	Before participant contact	
☐	When immediate/elevated risk is identified, maintain participant engagement while initiating appropriate VA/988/emergency warm hand-off procedures.	SP Coordinator / Direct-Service Staff	Every high-risk event	
☐	Document safety incidents, hand-offs, follow-up actions, and supervisory review in the authorized system.	SP Coordinator	Every incident	
☐	Review significant safety events for corrective action and escalate material issues to executive leadership/Governing Board as appropriate.	Project Director / CEO	Promptly	

5. Privacy, PII and Cybersecurity

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Maintain reasonable cybersecurity and privacy safeguards for PII and sensitive information.	Project Director / CFO	Continuous	
☐	Do not transmit participant PII through VA's electronic grants management system.	All Staff	Continuous	
☐	Use secure/encrypted communications when PII must be transmitted and transmission is authorized/necessary.	All Staff	Every transmission	
☐	Limit system access to personnel with an authorized business need and review access when roles change.	Project Director / Security Owner	At onboarding/change/termination	
☐	Maintain appropriate privacy/security agreements and controls for contractors/vendors handling protected information.	CFO / Project Director	Before access; annually	
☐	Complete and document required privacy, cybersecurity, and confidentiality training.	All Staff	At onboarding; annually	

6. Performance Measurement and VA Reporting

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Enter required participant/ service data regularly into VA's web-based Data Collection Tool.	SP Coordinator / Case Managers	Per service / VA schedule	
☐	Monitor Year 1 enrollment target of 150 eligible Veterans and approximately 300 screenings.	Project Director	Monthly	
☐	Monitor target of 50% of enrolled participants not receiving VA care at intake.	Project Director / SP Coordinator	Quarterly	
☐	Monitor ≥75% referral-to-VA target for enrolled participants.	SP Coordinator	Quarterly	
☐	Monitor ≥85% improvement in at least one outcome domain among applicable program completers.	Project Director / Evaluator	Quarterly / Year-end	
☐	Conduct data-quality review for completeness, consistency, accuracy, and supporting case documentation before VA submissions.	SP Coordinator / Project Director	Before each submission	
☐	Submit required programmatic and performance reports by VA-established deadlines.	Project Director	Per award/VA schedule	
☐	Provide participant satisfaction survey process consistent with VA requirements.	Case Managers / SP Coordinator	At/near program exit	

7. Publications, Publicity and VA Branding

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Include required VA funding acknowledgment/disclaimer on publications, brochures, flyers, posters, billboards, and other applicable grant-funded graphic materials.	Project Director	Before release	
☐	Obtain written VA prior approval for publicity concerning the agreement/ program when required by the award.	Project Director / CEO	Before public release	
☐	Do not use VA logos, seals, flags, or other VA symbols without written prior approval.	Project Director	Before use	
☐	Do not publish program data without written VA prior approval unless disclosure is legally required; provide notice to VA when permitted.	Project Director / CEO	Before publication	

8. Ethics, Disclosures, Nondiscrimination and Other Federal Conditions

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Promptly disclose credible evidence of federal criminal-law violations involving fraud, conflict of interest, bribery, gratuity violations, or civil False Claims Act violations to required federal entities.	CEO / CFO / Legal	Immediately when applicable	
☐	Maintain conflict-of-interest controls for Board members, staff, contractors, and volunteers.	CEO / Board	Continuous; annual disclosure	
☐	Do not use federal award funds for prohibited lobbying activities.	CEO / CFO	Continuous	
☐	Maintain compliance with applicable federal nondiscrimination and civil-rights requirements and award certifications.	CEO / Project Director	Continuous	
☐	Provide required faith-based equal-treatment notices if applicable to program operations.	Project Director	As applicable	
☐	Maintain whistleblower-rights notices/protections for employees as required by federal award rules.	CEO / HR	At onboarding / continuous	
☐	Comply with applicable Executive Orders and other national-policy conditions incorporated into the executed award.	CEO / Project Director	Continuous	

9. Monitoring, Audit, Records and Site Visits

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Maintain financial, programmatic, statistical, procurement, payroll, and supporting award records for the required retention period.	CFO / Project Director	Continuous; through retention period	
☐	Provide timely and unrestricted access to pertinent records/ personnel to authorized VA, Inspector General, or Comptroller General representatives.	CEO / CFO / Project Director	Upon authorized request	
☐	Cooperate with VA in-person or virtual site visits and provide reasonable facilities and assistance.	Project Director	Upon VA request	
☐	Track federal expenditures and comply with applicable organizational audit requirements; notify VA when required by the award.	CFO	At least quarterly / annually	
☐	Maintain property/equipment records for items acquired with federal funds and follow applicable disposition requirements.	CFO / Property Custodian	At acquisition; annual inventory; disposition	
☐	Document and close corrective actions resulting from audits, monitoring, fiscal reviews, or internal quality reviews.	Project Director / CFO	Until resolved	

10. Closeout and Final Reporting

Status	Compliance Requirement	Owner	Frequency / Due	Evidence / Notes
☐	Stop charging new obligations outside the approved budget/ project period except allowable closeout costs.	CFO / Project Director	At period end	
☐	Liquidate allowable obligations within 120 calendar days after project-period end unless VA authorizes an extension.	CFO	Within 120 days after 09/30/2027	
☐	Submit final financial, performance, and other required reports within 120 calendar days after project-period end unless VA authorizes an extension.	CFO / Project Director	Within 120 days after 09/30/2027	
☐	Submit final SF-425 Federal Financial Report within the required deadline.	CFO / CEO	Within 120 days after project-period end	
☐	Reconcile federal funds, return applicable unobligated balances, and resolve disallowed costs or audit adjustments.	CFO / CEO	Closeout	
☐	Account for grant-funded property and complete required property reporting/disposition actions.	CFO / Property Custodian	Closeout	
☐	Archive grant records and establish retention/destruction dates consistent with federal requirements.	CFO / Project Director	Closeout	

11. Governing Board Quarterly Review

☐ Reviewed enrollment, screening, referral, outcome and service-delivery performance.

☐ Reviewed budget-to-actual expenditures, reimbursement status, cash management and material variances.

☐ Reviewed staffing, required training/certification status and vacancies.

☐ Reviewed participant-safety events and corrective actions at the appropriate governance level.

☐ Reviewed privacy/security incidents and remediation, if any.

☐ Reviewed VA monitoring, audit, reporting or compliance correspondence.

☐ Reviewed material risks, corrective-action plans and items requiring VA prior approval.

☐ Confirmed management has an action plan for unresolved compliance items.

President & CEO / Authorized Signatory	Date
Donovan A. Lazarus: _____	_____
Governing Board Review / Secretary Certification: _____	Date: _____

STATUS KEY: ☐ Complete ☐ In Progress ☐ Not Applicable ☐ Corrective Action Required

SECTION 4

PROGRAM STANDARD OPERATING PROCEDURES (SOP) PACKAGE

AMVETS Hawaii Suicide Prevention Program (AHSPP)

FY27 Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program
FAIN OSPI-000276-27 | Grant ID HI-SSG-4100-27 | Award $683,905
September 30, 2026 – September 30, 2027

Document Control	Assignment
Document Owner	Alim H. Shabazz, Project Director
Executive Authority	Donovan A. Lazarus, President & CEO / Authorized Signatory
Financial Control	Cydney Shabazz, Chief Financial Officer
Governance	AMVETS Hawaii Service Foundation Corp. Governing Board

CONTROL STATEMENT. The executed Grant Agreement, written VA direction, applicable law/regulation, and approved award modifications control over this package. Changes requiring prior approval will not be implemented before written VA approval.

Program-Wide Operating Rules

- AHSPP is a community-based, non-clinical suicide prevention program; routine clinical care is referred to qualified providers.
- Participant safety takes priority over routine workflow. Elevated or immediate risk triggers the crisis/warm hand-off SOP.
- Participant PII is not submitted through VA's electronic grants management system.
- Federal funds are used only for approved, allowable, allocable, reasonable, and documented costs; duplicate charging is prohibited.
- All participant services, referrals, assistance, incidents, financial transactions, and required outcomes are documented promptly.
- Material safety, privacy/security, fiscal, audit, or compliance issues are escalated through management and, as appropriate, to the Governing Board and VA.

SOP 01 — Governance, Authority & Document Control

Control	Assignment
Process Owner	President & CEO / Project Director
Applies To	AHSPP personnel and contractors as applicable

Procedure

9. President & CEO serves as Authorized Signatory and Governing Board liaison; Project Director leads operations; CFO owns federal financial controls; Suicide Prevention Coordinator owns screening fidelity and participant-safety operations.
10. Only authorized officials may bind AMVETS Hawaii on grant commitments, certifications, or modifications.
11. Review SOPs at least annually and after controlling written changes. Archive superseded versions and train affected staff before implementing material revisions.
12. Maintain a quarterly Governing Board dashboard covering program, fiscal, compliance, safety, staffing, and corrective-action status.

Required Records

- Executed award and modifications
- SOP revision log
- Staff acknowledgments
- Quarterly Board dashboard

SOP 02 — Outreach, Intake, Eligibility & Enrollment

Control	Assignment
Process Owner	Suicide Prevention Coordinator
Applies To	AHSPP personnel and contractors as applicable

Procedure

13. Use approved WOVC, Adaptive Fitness, VA/community, military/VSO, partner, and digital outreach channels.
14. At intake explain the non-clinical role, voluntary participation, privacy practices, eligibility process, and emergency-response limits.
15. Verify eligible Veteran/Service member status and document the basis; complete VA-authorized risk/eligibility screening before enrollment.
16. Complete required participant acknowledgments and consents. Do not promise eligibility, assistance, clinical treatment, or benefits outcomes before required review.
17. Individuals not enrolled receive appropriate referral or warm connection when indicated; safety concerns are handled under SOP 04.

Required Records

- Outreach log
- Eligibility checklist
- Consent/acknowledgment
- Enrollment/referral record

SOP 03 — Screening & Individualized Service Planning

Control	Assignment
Process Owner	Suicide Prevention Coordinator / Case Manager
Applies To	AHSPP personnel and contractors as applicable

Procedure

18. Use VA-provided/authorized PHQ-9, ISEL-12, SES, WEMWBS, and C-SSRS instruments; only trained personnel administer them.
19. Review screening results for immediate safety concerns before routine planning continues.
20. Develop an Individualized Suicide Prevention Service Plan addressing risks, protective factors, goals, allowable services, referrals, frequency, and participant preferences.
21. Review/update the plan when needs materially change and at established intervals; complete required exit screening when feasible and required.
22. Do not diagnose or interpret results beyond staff scope; clinical decisions are referred to qualified clinicians.

Required Records

- Screening record
- Individualized Service Plan
- Plan review

- Exit/outcome record

SOP 04 — Suicide-Risk Escalation, Crisis Response & Warm Hand-Off

Control	Assignment
Process Owner	Suicide Prevention Coordinator
Applies To	AHSPP personnel and contractors as applicable

Procedure

23. Remain engaged with an acutely unsafe participant until an appropriate hand-off is completed; notify the Suicide Prevention Coordinator immediately.
24. Connect directly to VAPIHCS, the Veterans Crisis Line by dialing 988 then Press 1, or 911/emergency services based on circumstances. Use a direct introduction or three-way connection when practicable.
25. Use licensed clinical consultation when appropriate and available; arrange allowable transportation/ accompaniment when needed to complete the hand-off.
26. Document the concern, actions, receiving resource, known disposition, and follow-up without unnecessary sensitive detail.
27. Escalate serious incidents to the Project Director and President & CEO and determine whether VA, mandatory-reporting, or other external notification is required.

Required Records

- Risk/safety note
- Warm hand-off record
- Incident report
- Follow-up record
- Required notifications

SOP 05 — Case Management, Peer Support & Referrals

Control	Assignment
Process Owner	Suicide Prevention Coordinator
Applies To	AHSPP personnel and contractors as applicable

Procedure

28. Assign each participant to authorized case-management coverage and maintain contacts based on risk, needs, service plan, and program requirements.
29. Coordinate allowable referrals for VA care, benefits, housing, employment, food, transportation, legal resources, substance-use treatment, family support, and other identified needs.
30. Peer Support Specialists must meet applicable qualification requirements under the approved program and 38 U.S.C. § 7402(b)(13). Peer services focus on engagement, recovery support, navigation, and social connection.
31. Peers do not diagnose, provide psychotherapy, independently interpret clinical screening results, or exceed scope. Safety concerns are escalated immediately.

32. Obtain authorization before sharing participant information unless disclosure is legally permitted or required. Track referral connection and follow-up through case closure.

Required Records

- Case notes
- Peer contact notes
- Referral tracker
- Authorizations
- Supervision log
- Case closure record

SOP 06 — Adaptive Fitness & Participant Stability Supports

Control	Assignment
Process Owner	Project Director / Case Manager / CFO
Applies To	AHSPP personnel and contractors as applicable

Procedure

33. Use Adaptive Fitness when consistent with the participant's service plan; do not represent fitness as clinical mental-health treatment.
34. Keep AHSPP services and costs distinguishable from the separate VA Adaptive Sports Grant; personnel time and expenses are allocated to the benefiting award with no duplicate charging.
35. Before participant financial/stability assistance, document need, suicide-prevention purpose, authority, amount, vendor/payee, and service-plan justification.
36. CFO reviews allowability, budget availability, source support, and applicable caps before payment.
37. Payments under 38 CFR § 78.90 are made to third parties and tracked so the $750 per-participant one-year cap is not exceeded; § 78.80 assistance is separately documented.

Required Records

- Service/attendance record
- Time-and-effort record
- Assistance request/approval
- Vendor invoice/receipt
- Participant cap ledger

SOP 07 — Privacy, PII, Information Security & Data Quality

Control	Assignment
Process Owner	Project Director / CFO / Suicide Prevention Coordinator
Applies To	AHSPP personnel and contractors as applicable

Procedure

38. Collect only information necessary for eligibility, services, safety, reporting, financial administration, and evaluation; restrict access to personnel with an authorized business need.
39. Do not submit participant PII through VA eGMS. Use approved secure/encrypted methods when PII transmission is necessary and authorized.
40. Maintain privacy/security training, confidentiality obligations, access controls, device safeguards, and appropriate vendor controls.
41. Document service contacts promptly and enter required data in VA's web-based Data Collection Tool on the required cadence using standardized definitions.
42. Review data for completeness, consistency, timeliness, and source support; maintain submission and correction logs.
43. Immediately report suspected unauthorized access, loss, or misdirected transmission and preserve evidence for required response.

Required Records

- Access list
- Training log
- Case/data records
- Data-quality audit
- Submission log
- Privacy/security incident log

SOP 08 — Staff Hiring, Training & Supervision

Control	Assignment
Process Owner	Project Director
Applies To	AHSPP personnel and contractors as applicable

Procedure

44. Use approved job descriptions/hiring criteria and verify required credentials, experience, background/HR requirements, confidentiality duties, and system-access approvals.
45. Before participant contact, complete assigned suicide-prevention, C-SSRS, safety-planning, lethal-means, crisis/de-escalation, privacy/security, VA data, trauma-informed care, warm hand-off, and role-specific training.
46. Track training, certifications, expiration dates, and refreshers centrally. Restrict duties if a required credential or competency lapses.
47. Provide documented supervision and performance review tied to participant safety, documentation quality, caseload/workload, engagement, and outcomes.

48. Use established HR procedures for coaching, performance improvement, corrective action, and separation.

Required Records

- Personnel qualification file
- Background/onboarding record
- Training matrix
- Supervision notes
- Performance review

SOP 09 — Financial Management, Procurement & Property

Control	Assignment
Process Owner	Chief Financial Officer
Applies To	AHSPP personnel and contractors as applicable

Procedure

49. Maintain a separate AHSPP cost center and source documentation sufficient to trace every federal charge.
50. Use documented payment initiation, CFO review for allowability/allocability/reasonableness and budget capacity, and Authorized Signatory approval.
51. Submit reimbursement requests through HHS Payment Management System at the award-required cadence and retain complete supporting documentation.
52. Compare budget-to-actual monthly; maintain time-and-effort records across AHSPP, SPORTS-25-025, and other activities; duplicate charging is prohibited.
53. Follow applicable federal/organizational procurement standards; document competition, reasonableness, conflicts, contractor eligibility, selection, contracts, invoices, and deliverables.
54. Maintain property/equipment inventory and safeguards. Obtain written VA prior approval before costs or changes that require it.

Required Records

- General ledger
- Payment Request Packet
- PMS support
- Reconciliation
- Time-and-effort
- Procurement file
- Property inventory

SOP 10 — Reporting, Public Communications, QA, Incidents & Closeout

Control	Assignment
Process Owner	Project Director / CFO / President & CEO
Applies To	AHSPP personnel and contractors as applicable

Procedure

55. Monitor Year 1 targets: 150 enrolled; approximately 300 screened; 50% not receiving VA care at intake; at least 75% referred to VA; at least 85% improvement in one outcome domain among applicable completers.
56. Conduct recurring case/data/financial quality reviews. For deficiencies, document issue, root cause, corrective action, owner, deadline, verification, and closure; notify VA when required.
57. Include required VA funding acknowledgment/disclaimer on applicable materials; obtain written VA approval for publicity, VA symbols, or publication of program data when required by the award.
58. Promptly escalate participant-safety incidents, suspected misuse/fraud/conflicts/bribery, privacy/security events, or other material compliance concerns. Make mandatory disclosures required by the award and 2 CFR § 200.113; prohibit retaliation for protected disclosures.
59. Maintain award records for the required retention period and cooperate with authorized VA/audit/site-visit access.
60. At closeout, liquidate allowable obligations and submit final financial, performance, SF-425, and other required reports within 120 calendar days after the project period ends unless VA authorizes an extension; reconcile funds, property, and records.

Required Records

- Performance dashboard
- QA/Corrective Action Log
- VA/publicity approvals
- Incident/disclosure records
- Audit/site-visit file
- Final reports and reconciliation

Appendix A — Required Forms and Logs

Form / Log	Primary Use
Participant Intake & Eligibility Checklist	Eligibility/enrollment
Baseline & Exit Screening Record	Required screening
Individualized Service Plan	Case management
Warm Hand-Off / Crisis Response Record	Safety
Referral Tracking Log	Coordination
Participant Stability Assistance Request	§78.80/§78.90 control
Peer Support Contact Note	Peer services
Incident Report	Safety/compliance
Privacy/Security Incident Log	Information security
Training & Credential Matrix	HR/compliance
Payment Request Packet	Financial control
Procurement Checklist	Purchasing
Property/Equipment Inventory	Asset control
VA Submission Log	Reporting
Corrective Action Plan Log	Quality assurance
Governing Board Quarterly Dashboard	Governance

Appendix B — Performance Dashboard

Indicator	Year 1 Target
Eligible individuals enrolled	150
Individuals screened	Approximately 300
Not receiving VA care at intake	50%
Participants referred to VA	≥75%
Completers improving in ≥1 outcome domain	≥85%
Exit screening completion	≥95% program target
Average intake to first service	≤14 days program target
High-risk warm hand-offs when indicated	100% program target
Participant satisfaction	≥80% Satisfied/Highly Satisfied program target

Appendix C — Approval and Review

Role	Name	Signature	Date
President & CEO / Authorized Signatory	Donovan A. Lazarus	_____	_____
Project Director	Alim H. Shabazz	_____	_____
Chief Financial Officer	Cydney Shabazz	_____	_____
Governing Board Approval	Authorized Board Representative	_____	_____

Review Cycle: At least annually and upon material change to the executed award, applicable requirements, or approved program operations.

SECTION 5

30 / 60 / 90-DAY STARTUP PLAN & BUDGET TRACKER

AMVETS Hawaii Suicide Prevention Program (AHSPP)

FY27 Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program
FAIN OSPI-000276-27 I Grant ID HI-SSG-4100-27 I Award $683,905
Period of Performance: September 30, 2026 – September 30, 2027

Control	Assignment
Executive Authority	Donovan A. Lazarus, President & CEO / Authorized Signatory
Startup Lead	Alim H. Shabazz, Project Director
Financial Lead	Cydney Shabazz, Chief Financial Officer
Governance	AMVETS Hawaii Service Foundation Corp. Governing Board
Startup Objective	Operational service launch by Day 90 with compliant financial, staffing, safety, privacy, data, and VA-coordination systems.

STARTUP CONTROL RULE. No activity, expenditure, staffing change, or program modification requiring VA prior approval will be implemented before written approval. Actual expenditures must be supported by source documentation and reconciled to the official accounting records.

1. Startup Success Criteria

- Grant-specific financial controls and reimbursement workflow operational.
- Cohort 1 recruitment/onboarding substantially complete and required pre-participant-contact training documented.
- Participant intake, eligibility, screening, service planning, privacy, crisis response, warm hand-off, case documentation, and VA data workflows operational.
- VA Pacific Islands coordination pathway established for clinical referral and crisis hand-offs.
- Outreach and eligibility screening underway; first eligible participants receiving documented services no later than the Day 60–90 launch window.
- Governing Board receives startup status, financial position, risks, and corrective actions.

2. First 30 Days — Foundation & Control

Workstream	Action	Owner	Due	Status
Grant administration	Open AHSPP cost center; organize executed award/ application/budget; reporting calendar; SAM/PMS controls.	CFO / Project Director	Day 10	☐
Financial controls	Activate payment request, separation-of-duties, time-and-effort, procurement and reimbursement procedures.	CFO / CEO	Day 15	☐
Staffing	Post/recruit Cohort 1: Suicide Prevention Coordinator, Peer Support Specialist #1, Clinical Consultant; engage bridge case-management capacity.	Project Director	Day 30	☐
HR/PEO	Establish onboarding, payroll, benefits, background checks, timekeeping, confidentiality and training files.	Project Director / CFO	Day 30	☐
Program operations	Prepare private intake/screening space; intake, eligibility, screening, service-plan, referral and incident workflows.	Project Director	Day 30	☐
Privacy/data	Initiate secure case-management/ CRM setup, access controls, data dictionary, VA Data Collection workflow and submission log.	Project Director / CFO	Day 30	☐
Safety	Activate high-risk escalation, 988/ VA/911 warm hand-off, incident reporting, follow-up and staff escalation procedures.	Project Director	Day 30	☐
VA coordination	Establish operational contact/ referral pathway with VAPIHCS and define warm hand-off communication process.	Project Director	Day 30	☐
Board oversight	Issue Day-30 startup dashboard: staffing, systems, budget, risks, VA coordination, readiness.	CEO / Project Director / CFO	Day 30	☐

3. Days 31–60 — Staffing, Training & Controlled Launch

Workstream	Action	Owner	Due	Status
Cohort 1 onboarding	Complete onboarding for available Cohort 1 personnel and bridge case-management provider.	Project Director	Day 60	☐
Training	Complete required suicide prevention, C-SSRS, safety planning, lethal-means, crisis/de-escalation, privacy/security, VA data and role-specific training before participant contact.	SP Coordinator / Project Director	Before contact	☐
Systems test	Test intake, eligibility, screening, service-plan, referral, incident, financial-assistance and data-entry workflows using non-participant test cases.	Project Director / CFO	Day 45	☐
Outreach	Begin/expand approved outreach through WOVC, Adaptive Fitness, VA/community and military/VSO channels.	Project Director	Day 30–60	☐
Screening	Begin eligibility verification and screening as trained staff become cleared.	SP Coordinator	Day 45–60	☐
Financial	Complete first monthly reconciliation and reimbursement package based on documented allowable expenditures.	CFO / CEO	Within award cadence	☐
Quality assurance	Review first intake/service files and correct documentation or workflow gaps before scaling.	SP Coordinator / Project Director	Day 60	☐
Risk review	Update startup risk register and corrective-action log.	Project Director	Day 60	☐

4. Days 61–90 — Full Service Launch & Stabilization

Workstream	Action	Owner	Due	Status
Service launch	Provide full approved service set to initial enrolled participants: service planning, case management, peer support, education, referrals, stability supports and adaptive-fitness engagement as applicable.	Program Team	Day 60–90	☐
Warm hand-off	Validate real-world VA/988/ emergency referral workflow and document any required process corrections.	SP Coordinator	Ongoing	☐
Data/reporting	Confirm all participant contacts and required outcomes are captured in authorized systems; conduct first formal data-quality audit.	SP Coordinator	Day 90	☐
Performance	Establish baseline dashboard for screenings, enrollment, VA affiliation at intake, referrals, service contacts and outcome completion.	Project Director	Day 90	☐
Budget	Complete 90-day budget-to-actual review, obligations forecast, reimbursement status and variance analysis.	CFO	Day 90	☐
Cohort 2 planning	Prepare recruitment schedule for Case Manager and Peer Support Specialist #2 for Day 120–180 onboarding.	Project Director	Day 90	☐
Board report	Present 90-day startup report with readiness status, participant activity, staffing, financials, compliance, risks and next-quarter priorities.	CEO / Project Director / CFO	Day 90	☐

5. 30/60/90 Executive Dashboard

Indicator	Day 30	Day 60	Day 90
Financial controls	Operational	1st reconciliation underway/complete	Budget-to-actual + reimbursement status
Cohort 1 staffing	Recruitment active	Onboarding substantially underway	Core team operational
Required training	Scheduled	In progress / completed before contact	Current and documented
VA coordination	Contact/pathway established	Warm hand-off workflow tested	Operational
Participant systems	Configured	Tested	Operational
Outreach	Launch-ready	Active	Active and measured
Screening/enrollment	Workflow ready	Begins	Active pipeline + initial enrollment
Case management/peer support	Ready	Controlled startup	Full initial service delivery
Board oversight	Day-30 dashboard	Management checkpoint	Formal 90-day report

6. FY27 Approved Budget Tracker

Instructions: Enter actual expenditures and outstanding obligations from the official ledger. Remaining Balance = Approved Budget minus Actual Expenditures minus Outstanding Obligations. Do not use this working tracker as the accounting system of record.

Budget Category	Approved	Actual	Obligated	Remaining	% Spent	Notes / Variance
Personnel — Operational	$324,750.00	$_____	$_____	$_____	_____%	_____
Personnel — Administrative	$32,000.00	$_____	$_____	$_____	_____%	_____
Operations	$170,000.00	$_____	$_____	$_____	_____%	_____
Equipment	$25,000.00	$_____	$_____	$_____	_____%	_____
Supplies	$35,000.00	$_____	$_____	$_____	_____%	_____
Administrative — Non-Personnel	$26,905.00	$_____	$_____	$_____	_____%	_____
Other Suicide Prevention Stability Funds	$70,250.00	$_____	$_____	$_____	_____%	_____
TOTAL	$683,905.00	$_____	$_____	$_____	_____%	

7. Startup Budget Detail Tracker

Category	Line Item	Budget	Actual	Obligated	Balance	Timing / Notes
Personnel	SP Coordinator	$94,000	$_____	$_____	$_____	Cohort 1
Personnel	Peer Support Specialist #1	$59,000	$_____	$_____	$_____	Cohort 1
Personnel	Clinical Consultant	$50,000	$_____	$_____	$_____	Cohort 1
Personnel	Case Manager	$36,000	$_____	$_____	$_____	Cohort 2 / partial Year 1
Personnel	Peer Support Specialist #2	$29,500	$_____	$_____	$_____	Cohort 2 / partial Year 1
Personnel	Project Director allocation	$56,250	$_____	$_____	$_____	Existing / allocated
Admin Personnel	CFO allocation	$15,000	$_____	$_____	$_____	Existing / allocated
Admin Personnel	President & CEO allocation	$5,000	$_____	$_____	$_____	Existing / allocated
Admin Personnel	Bookkeeper allocation	$9,000	$_____	$_____	$_____	Existing / allocated
Admin Personnel	Grants Administration	$3,000	$_____	$_____	$_____	Existing / allocated
Operations	Staff suicide-prevention gatekeeper training	$12,000	$_____	$_____	$_____	Startup priority
Operations	Mental Health First Aid	$8,000	$_____	$_____	$_____	Startup priority
Operations	Trauma-informed care training	$4,000	$_____	$_____	$_____	Startup
Operations	C-SSRS training	$2,000	$_____	$_____	$_____	Startup
Operations	Crisis intervention/de-escalation training	$4,000	$_____	$_____	$_____	Startup
Operations	Office space allocation	$40,000	$_____	$_____	$_____	Annual
Operations	Utilities allocation	$7,500	$_____	$_____	$_____	Annual
Operations	Communications	$10,000	$_____	$_____	$_____	Annual
Operations	Outreach events	$20,000	$_____	$_____	$_____	Program
Operations	Outreach materials	$15,000	$_____	$_____	$_____	Program
Operations	Oahu travel	$7,000	$_____	$_____	$_____	Program
Operations	VA-mandated travel	$8,000	$_____	$_____	$_____	As required
Operations	Background checks/ onboarding	$4,500	$_____	$_____	$_____	Startup
Operations	MOU/legal coordination	$6,000	$_____	$_____	$_____	Startup/program
Operations	Bridge Case Management Consultant	$10,000	$_____	$_____	$_____	Day 30–180
Operations	External evaluation consultant	$4,000	$_____	$_____	$_____	Annual
Operations	ProService Hawaii PEO	$8,000	$_____	$_____	$_____	Annual
Equipment	Secure mobile tablets	$12,500	$_____	$_____	$_____	5 units
Equipment	Staff laptops	$7,500	$_____	$_____	$_____	5 units
Equipment	Office furniture	$5,000	$_____	$_____	$_____	5 stations
Supplies	Gatekeeper training materials	$7,000	$_____	$_____	$_____	Program
Supplies	Lethal-means safe-storage supplies	$15,000	$_____	$_____	$_____	Participant-facing
Supplies	Screening/intake kits	$4,000	$_____	$_____	$_____	Program
Supplies	Office/outreach supplies	$9,000	$_____	$_____	$_____	Program
Admin Non-Personnel	Case-management CRM	$12,000	$_____	$_____	$_____	Annual
Admin Non-Personnel	Data security/backup	$5,000	$_____	$_____	$_____	Annual
Admin Non-Personnel	IT support/infrastructure	$5,000	$_____	$_____	$_____	Annual
Admin Non-Personnel	Audit allocation	$2,905	$_____	$_____	$_____	Annual
Admin Non-Personnel	Office admin expenses	$2,000	$_____	$_____	$_____	Annual
Stability Funds	Transportation assistance	$25,000	$_____	$_____	$_____	§78.80
Stability Funds	Employment-related assistance	$20,000	$_____	$_____	$_____	§78.90
Stability Funds	Lethal-means safe-storage assistance	$10,000	$_____	$_____	$_____	§78.90
Stability Funds	Emergent food assistance	$15,250	$_____	$_____	$_____	§78.80

8. Monthly Cash & Reimbursement Tracker

Period	Eligible Costs	PMS Request	Request Date	VA/HHS Reimbursed	Receipt Date	Variance / Notes
Oct 2026	$_____	$_____	_____	$_____	_____	_____
Nov 2026	$_____	$_____	_____	$_____	_____	_____
Dec 2026	$_____	$_____	_____	$_____	_____	_____
Jan 2027	$_____	$_____	_____	$_____	_____	_____
Feb 2027	$_____	$_____	_____	$_____	_____	_____
Mar 2027	$_____	$_____	_____	$_____	_____	_____
Apr 2027	$_____	$_____	_____	$_____	_____	_____
May 2027	$_____	$_____	_____	$_____	_____	_____
Jun 2027	$_____	$_____	_____	$_____	_____	_____
Jul 2027	$_____	$_____	_____	$_____	_____	_____
Aug 2027	$_____	$_____	_____	$_____	_____	_____
Sep 2027	$_____	$_____	_____	$_____	_____	_____
Closeout	$_____	$_____	_____	$_____	_____	_____

9. Startup Risk & Corrective-Action Tracker

Risk / Issue	Impact	Owner	Corrective Action	Due	Status
Cohort 1 hiring delay	Service launch/capacity	Project Director	Use phased recruitment and bridge capacity	_____	☐
Training/certification delay	Participant-contact readiness	SP Coordinator	No participant contact until required training is complete	_____	☐
CRM/data setup delay	Documentation/privacy	Project Director / CFO	Use only approved secure interim workflow; accelerate vendor setup	_____	☐
VA referral contact disruption	Warm hand-off continuity	Project Director	Maintain role/office-based coordination and alternate authorized contacts	_____	☐
Budget variance or delayed reimbursement	Cash flow/program execution	CFO	Monthly forecast, early documentation review, escalation as required	_____	☐
Performance below enrollment/referral targets	Grant outcomes	Project Director	Root-cause review and documented corrective action	_____	☐

10. 90-Day Certification / Governing Board Review

Review Item	Status / Certification
Program startup readiness	☐ Ready ☐ Conditional ☐ Corrective Action Required
Financial controls and budget tracking	☐ Compliant ☐ Corrective Action Required
Staff training and participant-contact clearance	☐ Complete ☐ In Progress
VA coordination / warm hand-off process	☐ Operational ☐ Corrective Action Required
Privacy, data and documentation controls	☐ Operational ☐ Corrective Action Required
Governing Board review	Date: _____ Minutes/Resolution Ref: _____

Role	Name	Signature	Date
President & CEO / Authorized Signatory	Donovan A. Lazarus	_____	_____
Project Director	Alim H. Shabazz	_____	_____
Chief Financial Officer	Cydney Shabazz	_____	_____
Governing Board Representative	_____	_____	_____

SECTION 6

AMVETS HAWAII SUICIDE PREVENTION PROGRAM (AHSPP)

FY27 ORGANIZATIONAL CHART

FAIN OSPI-000276-27 | Grant ID HI-SSG-4100-27 | Federal Award $683,905

AMVETS Hawaii Service Foundation Corp. **501(c)(3) Public Nonprofit** **EIN 83-0550908	UEI LEJDJYEFDF93	CAGE 7SC72**	**GOVERNING BOARD** **Governance · Fiduciary Oversight · Compliance · Risk**	**Period of Performance** **September 30, 2026 – September 30, 2027** **Year 1 Target: 150 Veterans**

▼

President & CEO / Authorized Signatory **DONOVAN A. LAZARUS** **0.05 FTE allocated to AHSPP** **Executive Oversight · Board Liaison · Final Approval**	**Chief Financial Officer** **CYDNEY SHABAZZ** **0.15 FTE allocated to AHSPP** **2 CFR Part 200 · PMS · Financial Controls · Reporting**	**Project Director — AHSPP** **ALIM H. SHABAZZ** **0.30 FTE allocated to AHSPP** **Program Leadership · VA Coordination · Reporting · Remediation**

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Vice President	Secretary	Treasurer	Veterans Service Officer	Provost Marshall	Bookkeeper / Grants Administration
Ronald Y.K. Lam	**Marcus DeValentino**	**Luis Linares**	**Edgar Ocampo**	**Carmelo Diaz**	**Existing Administrative Support**

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AHSPP GRANT-FUNDED PROGRAM TEAM

Suicide Prevention Coordinator	Veteran Peer Support Specialist #1	Health & Wellness Psychologist / Clinical Consultant	Case Manager	Veteran Peer Support Specialist #2
Cohort 1 • Day 30–90 1.00 FTE Screening • Safety • VA SPC Liaison • Team Supervision	Cohort 1 • Day 30–90 1.00 FTE Peer Engagement • Warm Hand-Off Support	Cohort 1 • Day 30–90 0.50 FTE / PT-Contract Clinical Consultation • High-Risk Protocol Support	Cohort 2 • Day 120–180 Partial Year 1 Service Plans • Referrals • Case Management	Cohort 2 • Day 120–180 Partial Year 1 Expanded Peer Support Capacity

CONTRACTED / EXTERNAL SUPPORT

Bridge Case Management Consultant **Day 30–180** **Interim case-management capacity**	**ProService Hawaii — PEO** **Payroll · Benefits · Workers' Compensation · HR Compliance**	**External Program Quality & Evaluation Consultant** **Annual independent quality/evaluation review**

EXISTING ADAPTIVE FITNESS PROGRAM — SEPARATE VA ADAPTIVE SPORTS GRANT

Michael Perkins **Certified Adaptive Trainer**	**Chris Alessi** **Certified Adaptive Trainer**	**Adriana Gradillas** **Certified Adaptive Trainer**	**Veteran Peer Coaches & Volunteers** **Existing Program Capacity**

COST-SEPARATION NOTE: Adaptive Fitness Program personnel and costs funded under the separate VA Adaptive Sports Grant are not charged to AHSPP. Shared activities must be allocated to the benefiting award with documented time-and-effort and no duplicate charging.

AHSPP REPORTING & ACCOUNTABILITY STRUCTURE

Position / Function	Reports To / Accountable To	Primary Responsibility
Governing Board	President & CEO / Authorized Signatory	Governance, fiduciary oversight, compliance, risk, executive accountability
President & CEO — Donovan A. Lazarus	Governing Board	Authorized signatory, executive oversight, Board liaison, final grant approval
Project Director — Alim H. Shabazz	President & CEO	Day-to-day program leadership, VA program contact, performance reporting, privacy
Chief Financial Officer — Cydney Shabazz	President & CEO	Federal financial controls, PMS reimbursement, accounting, cost allocation, financial reporting,
Suicide Prevention Coordinator	Project Director	Screening fidelity, participant safety, VA suicide-prevention coordination, Case Manager/Peer
Case Manager	Suicide Prevention Coordinator	Individualized service plans, case management, referrals, participant assistance coordination
Peer Support Specialists #1 and #2	Suicide Prevention Coordinator	Veteran peer engagement, participant support, warm hand-off accompaniment, documentation
Health & Wellness Psychologist / Clinical Consultant	Project Director	Clinical consultation, screening/risk protocol consultation, high-risk protocol support
Bridge Case Management Consultant	Project Director / SP Coordinator	Interim case-management capacity through permanent Case Manager transition
Bookkeeper / Grants Administration	CFO	Grant accounting support, reconciliation, reporting mechanics, documentation retention
External Quality & Evaluation Consultant	Project Director / Governing Board oversight	Independent program quality and evaluation
ProService Hawaii PEO	Project Director / CFO	Payroll, benefits, workers' compensation, onboarding and HR compliance support

GOVERNANCE PRINCIPLE: The Governing Board exercises governance and fiduciary oversight; program management remains with the President & CEO, Project Director, CFO, and designated program leadership. Material compliance, fiscal, participant-safety, privacy/security, audit, and performance issues are escalated through executive leadership to the Governing Board as appropriate.

Organizational Chart Approval

Role	Name	Signature	Date
President & CEO / Authorized Signatory	Donovan A. Lazarus	_____	_____
Project Director	Alim H. Shabazz	_____	_____
Chief Financial Officer	Cydney Shabazz	_____	_____

SECTION 7

WHISTLEBLOWER PROTECTION & REPORTING POLICY

AMVETS Hawaii Suicide Prevention Program (AHSPP)

FY27 Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program
FAIN OSPI-000276-27 | Grant ID HI-SSG-4100-27 | Federal Award $683,905
Period of Performance: September 30, 2026 – September 30, 2027

Policy Owner	President & CEO / Authorized Signatory
Program Administrator	Project Director, AHSPP
Financial Compliance	Chief Financial Officer
Governance Oversight	AMVETS Hawaii Service Foundation Corp. Governing Board
Applies To	Board members, officers, employees, grant-funded staff, contractors, consultants and volunteers

1. Policy Statement

AMVETS Hawaii Service Foundation Corp. is committed to lawful, ethical, transparent, and accountable administration of the AHSPP federal award. Individuals are encouraged to report in good faith suspected fraud, waste, abuse, gross mismanagement, misuse of federal funds, conflicts of interest, bribery, gratuity violations, false claims or statements, substantial and specific dangers to public health or safety, violations of law or regulation, participant-safety concerns, privacy/security violations, or material noncompliance with the grant.

No individual may be discharged, demoted, threatened, harassed, discriminated against, or otherwise retaliated against for making a protected disclosure or participating in a lawful review or investigation. This policy supplements, and does not limit, rights or reporting channels available under federal or state law.

2. Matters That Should Be Reported

- Fraud, theft, embezzlement, falsification of records, false claims, or deliberate material misstatements.
- Misuse, diversion, unauthorized expenditure, duplicate charging, or improper drawdown of federal grant funds.
- Undisclosed or improperly managed conflicts of interest, bribery, kickbacks, or gratuities.

- Gross mismanagement, waste, serious internal-control failures, or intentional circumvention of grant requirements.
- Participant-safety violations, failure to follow suicide-risk escalation procedures, or concealment of a serious incident.
- Unauthorized access, disclosure, loss, or misuse of participant PII or other sensitive information.
- Retaliation or threatened retaliation against an individual for raising a good-faith concern.
- Material violations of the executed VA Grant Agreement, 38 CFR Part 78, applicable 2 CFR Part 200 requirements, or other controlling laws and regulations.

3. Internal Reporting Channels

A concern may be reported to any appropriate level that is not implicated in the concern. Reports may be made to:

- President & CEO / Authorized Signatory — Donovan A. Lazarus.
- Project Director — Alim H. Shabazz.
- Chief Financial Officer — Cydney Shabazz, particularly for financial, accounting, procurement, reimbursement, or federal-funds concerns.
- An authorized member or officer of the AMVETS Hawaii Service Foundation Corp. Governing Board when executive management is implicated or when direct Board reporting is appropriate.

Reports should include, when known: the nature of the concern; relevant dates; persons or entities involved; affected program, transaction, participant, or record; available supporting documents; and whether immediate safety, financial, privacy, or evidence-preservation action is needed. A reporter is not required to prove misconduct before making a good-faith report.

4. External Federal Reporting

Nothing in this policy requires an individual to report internally before contacting an authorized government entity. The executed award identifies the VA Office of Inspector General (OIG) as an authorized recipient of disclosures concerning matters such as gross mismanagement of a federal grant, fraud, waste of federal funds, abuse of authority, substantial and specific danger to public health or safety, or violations of law, rule, or regulation related to a federal grant.

VA OIG Hotline	1-800-488-8244
Online	VA Office of Inspector General Hotline web form
Mail	VA Inspector General Hotline (53H), 810 Vermont Ave., NW, Washington, DC 20420
Award Program Contact	Sandra Foley, SSG Fox SPGP Director / VASSGFoxGrants@va.gov

5. Mandatory Disclosure by the Organization

When AMVETS Hawaii has credible evidence, in connection with the federal award or activities/subawards under it, of a violation of federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations, or a violation of the civil False Claims Act, responsible leadership will promptly make the disclosures required by the executed award and 2 C.F.R. § 200.113 to the appropriate federal entities, including the federal agency and agency Office of Inspector General, as applicable.

Potential mandatory-disclosure matters must be escalated immediately to the President & CEO and CFO, unless either is implicated, in which case the matter must be elevated to an unimplicated Governing Board authority and appropriate external authorities.

6. Non-Retaliation

- Retaliation is prohibited against any person who makes a good-faith report, seeks guidance, refuses to participate in suspected misconduct, assists an authorized inquiry, or makes a protected disclosure.
- Prohibited retaliation includes termination, demotion, reduction in hours or duties, threats, intimidation, harassment, adverse scheduling, exclusion from opportunities, or other discriminatory treatment motivated by the protected activity.
- A retaliation allegation is treated as a separate compliance matter and may be escalated directly to the Governing Board or an authorized government entity.
- Knowingly making a deliberately false allegation is not protected misconduct; however, a good-faith report that is ultimately unsubstantiated remains protected.

7. Intake, Triage and Investigation Procedure

61. Receive and log the concern using a restricted-access Whistleblower/Compliance Report Log.
62. Immediately assess whether participant safety, evidence preservation, financial loss, privacy/security, or other urgent harm requires protective action.
63. Assign review responsibility to an impartial person or external professional who is not implicated in the allegation.
64. Preserve relevant records, electronic data, communications, financial documentation, and other evidence. No person may alter, destroy, conceal, or retaliate regarding relevant evidence.
65. Determine whether immediate notification to VA, VA OIG, law enforcement, another regulator, insurer, legal counsel, or the Governing Board is required.
66. Conduct a fair, documented review using need-to-know access and appropriate confidentiality safeguards.
67. Document findings, required corrective action, responsible owner, due date, federal reporting obligations, and closure verification.
68. Report material findings and corrective-action status to the Governing Board at the appropriate level of confidentiality.

8. Confidentiality and Anonymous Reports

AMVETS Hawaii will protect the identity of a reporter to the extent reasonably possible and consistent with a fair investigation, participant safety, legal obligations, and required federal disclosures. Information will be shared only with persons who need it to evaluate, investigate, respond to, or report the matter. The VA OIG award language states that reports are treated as sensitive and submitters may decline to provide their names if they choose to remain anonymous.

9. Governing Board Responsibilities

- Ensure an independent reporting path exists when executive management is implicated.
- Receive notice of material substantiated findings, significant unresolved allegations, retaliation claims, and corrective-action status.
- Ensure management does not interfere with protected reporting or required federal disclosures.

- Require corrective action, restitution/recovery, policy changes, discipline, training, or referral to authorities when warranted.
- Monitor recurring compliance trends and verify closure of significant corrective actions.

10. Records Retention

Whistleblower reports, investigation records, evidence, findings, corrective-action documentation, and required disclosure records are maintained securely and retained in accordance with the federal award's records-retention requirements and any longer period required because of litigation, claims, audit, fiscal review, investigation, property rules, or other controlling law.

11. Employee Notice and Acknowledgment

AHSPP employees and applicable contractors will be informed in writing of whistleblower rights and protections. This policy will be included in onboarding and compliance training and made reasonably accessible throughout the period of performance.

Appendix A — Whistleblower / Compliance Report Form

Date of Report	_____
Reporter Name (optional)	_____
Preferred Contact (optional)	_____
Person/Entity Involved	_____
Date(s) of Event	_____
Type of Concern	☐ Fraud ☐ Waste ☐ Abuse ☐ Conflict ☐ Safety ☐ Privacy/ Security ☐ Retaliation ☐ Other
Immediate Risk?	☐ No ☐ Yes — describe below
Description	
Supporting Documents / Witnesses	
Requested Confidentiality	☐ Yes ☐ No
Received By / Date	_____

Appendix B — Management Review / Corrective Action

Case / Log Number	_____
Triage Level	☐ Routine ☐ Significant ☐ Critical
Assigned Reviewer	_____
External Notification Required	☐ No ☐ VA ☐ VA OIG ☐ Law Enforcement ☐ Other
Finding	☐ Substantiated ☐ Partially Substantiated ☐ Unsubstantiated ☐ Referred
Corrective Action	
Target / Closure Date	_____
Board Review / Reference	_____

Policy Approval

Role	Name	Signature	Date
President & CEO / Authorized Signatory	Donovan A. Lazarus	_____	_____
Project Director	Alim H. Shabazz	_____	_____
Chief Financial Officer	Cydney Shabazz	_____	_____

SECTION 8

September 13, 2026

WELCOME TO THE AMVETS HAWAII SUICIDE PREVENTION PROGRAM

A Message from the President & CEO

To: All Employees, Staff, Contractors, Volunteers, Peer Support Team Members, and Program Partners Supporting AHSPP

Subject: Welcome, Mission, Purpose, and Command Intent for FY27

Aloha Team,

Welcome to the AMVETS Hawaii Suicide Prevention Program (AHSPP). Whether you are joining us as an employee, staff member, contractor, peer support specialist, volunteer, or supporting member of our AMVETS Hawaii family, thank you for accepting the responsibility to serve Veterans through this important mission.

AMVETS Hawaii Service Foundation Corp. has been awarded $683,905 by the U.S. Department of Veterans Affairs through the FY27 Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. This award allows us to establish a dedicated, community-based suicide prevention program serving Veterans in Honolulu County during the September 30, 2026 through September 30, 2027 period of performance. Our Year 1 goal is to enroll 150 eligible Veterans while reaching many more through outreach, screening, referral, education, and connection to care.

This program is built on a principle that has guided AMVETS Hawaii for years: we must meet Veterans where they are. For some Veterans, the first step toward help will not be a clinical appointment. It may be walking through the doors of the West Oahu Veterans Center, participating in Adaptive Fitness, talking with another Veteran, attending an outreach event, or simply finding someone willing to listen and help make the next connection.

OUR MISSION To reduce Veteran suicide risk by creating a trusted, accessible, community-based pathway that connects Veterans to screening, peer support, case management, practical assistance, protective social connections, and appropriate VA and community services.
OUR PURPOSE To identify and engage Veterans who may be at elevated risk—including those who are not currently connected to VA care—and provide timely, respectful, non-clinical suicide prevention services while ensuring direct warm hand-offs to qualified clinical and emergency resources when needed.

OUR INTENT
Every Veteran who comes into contact with AHSPP will be treated with dignity, respect, compassion, and urgency. We will build trust, strengthen protective factors, reduce barriers to assistance, and ensure that no Veteran experiencing a safety crisis is simply handed a telephone number and left to navigate the system alone.

What I Expect From Every Member of This Team

- Put the Veteran first. Treat every person with dignity and respect. Listen before assuming, and never allow administrative convenience to replace responsible service.
- Know your role and stay within it. AHSPP is a non-clinical suicide prevention program. We support, screen, educate, coordinate, refer, and connect. We do not substitute our services for qualified emergency or ongoing clinical care.
- Take safety seriously. If a Veteran shows signs of immediate or elevated suicide risk, follow the established escalation and warm hand-off procedures without delay. When safety is involved, act—do not assume someone else will.
- Protect confidentiality. Participant information belongs only in authorized systems and with personnel who have a legitimate need to know. Privacy and cybersecurity are part of Veteran care.
- Document the work. If a service, referral, payment, screening, incident, or follow-up is not properly documented, we cannot demonstrate that it occurred. Accurate records protect the Veteran, the employee, the organization, and the federal award.
- Protect public funds. Every federal dollar entrusted to AMVETS Hawaii must be used only for its authorized purpose. Fraud, waste, abuse, conflicts of interest, duplicate charging, falsification, and misuse of grant resources will not be tolerated.
- Speak up. Every employee, volunteer, and contractor has both the right and responsibility to raise concerns about safety, ethics, financial controls, privacy, or grant compliance. Retaliation against a person making a good-faith report is prohibited.
- Work as one team. Suicide prevention cannot be accomplished by one position or one organization. Case management, peer support, outreach, Adaptive Fitness, VA coordination, financial administration, volunteers, and community partnerships must operate as one disciplined system.

Our Standard

Our standard is not simply to meet the minimum requirements of a federal grant. Our standard is to operate a program worthy of the Veterans who trust us and worthy of the public resources entrusted to this organization. Compliance, compassion, accountability, and measurable results are not competing priorities—they are all part of the same mission.

The Governing Board, executive leadership, Project Director, Chief Financial Officer, Suicide Prevention Coordinator, Case Managers, Peer Support Specialists, clinical consultant, administrative staff, trainers, contractors, and volunteers each have different responsibilities, but we share one purpose: helping Veterans stay connected to life, community, resources, and appropriate care.

I ask each of you to learn the AHSPP Standard Operating Procedures, understand the requirements that apply to your position, complete all required training, ask questions when something is unclear, and immediately elevate concerns that could affect a Veteran's safety or the integrity of this program.

We have been given an important opportunity and an equally important responsibility. The success of AHSPP will not be measured only by reports or numbers. It will be measured by whether Veterans know they have somewhere to turn, whether they are connected to the right help at the right time, and whether our team earns and keeps their trust.

Welcome to the team. Thank you for choosing to serve. Together, we will carry this mission forward with discipline, compassion, accountability, and purpose.

Respectfully,

Donovan A. Lazarus
President & CEO, AMVETS Hawaii Service Foundation Corp.
State Commander, AMVETS Department of Hawaii
Authorized Signatory — AHSPP
U.S. Army, Retired

EMPLOYEE / STAFF / VOLUNTEER ACKNOWLEDGMENT

AMVETS Hawaii Suicide Prevention Program (AHSPP)
FAIN OSPI-000276-27 | FY27 SSG Fox Suicide Prevention Grant Program

I acknowledge that I received and reviewed the President & CEO Welcome Letter describing the mission, purpose, intent, standards, and expectations of the AMVETS Hawaii Suicide Prevention Program. I understand that my role requires compliance with applicable AHSPP policies, Standard Operating Procedures, participant-safety requirements, confidentiality and information-security rules, financial and ethical standards, and assigned training requirements.

I understand that I am expected to promptly report participant-safety concerns, suspected fraud, waste or abuse, privacy/security incidents, conflicts of interest, or other material compliance concerns through the appropriate reporting channels. I understand that good-faith reporting is protected from retaliation.

I understand that this acknowledgment does not replace the executed federal award, applicable law, AMVETS Hawaii policies, my position description, or role-specific training requirements.

Printed Name	_____
Position / Volunteer Role	_____
Department / Program	_____
Signature	_____
Date	_____
Supervisor / Program Lead	_____

Mission Reminder: Meet Veterans where they are. Protect their dignity. Act when safety is at risk. Make the connection. Document the work. Protect the trust.