

House District 28

Senate District 11

THE TWENTY-SIXTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Rec'd JAN 28 2011

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

XXXX GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): HEALTH AND HUMAN SERVICES

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN):

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
NATIONAL KIDNEY FOUNDATION OF HAWAII

Db/a:

Street Address: 1314 S KING ST STE 304, Honolulu, HI 96814

Mailing Address: 1314 S KING ST STE 304, HONOLULU, HI 96814

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name GLEN HAYASHIDA

Title CEO

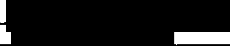

Phone # 808.593.1515

Fax # 808.589.5993

e-mail Glen@kidneyhi.org

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

NATIONAL KIDNEY FOUNDATION OF HAWAII IS SEEKING FUNDING TO BUILD A CENTER OF EXCELLENCE FOCUSED ON IMPROVING HEALTH OUTCOMES AND TRANSFORM CHRONIC KIDNEY DISEASE MANAGEMENT.

4. FEDERAL TAX ID #: 
5. STATE TAX ID #: 

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2011-2012: \$ 3,000,000

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

XXX NEW SERVICE (PRESENTLY DOES NOT EXIST)

EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:


AUTHORIZED REPRESENTATIVE

Glen Hayashida CEO
NAME & TITLE

1/28/11
DATE SIGNED

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

For a grant or subsidy used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

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

NATIONAL KIDNEY FOUNDATION OF HAWAII
(Typed Name of Individual or Organization)



(Signature)

GLEN HAYASHIDA
(Typed Name)

1/28/11

(Date)

CEO
(Title)

Application for Grants and Subsidies

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Include the following:

1. A brief description of the applicant's background

The National Kidney Foundation of Hawaii (NKFH) is a 501(c)3 and an affiliate of the National Kidney Foundation. As an affiliate, NKFH represents NKF programs and is also able to develop its own programs for Hawaii and the Pacific-area Islands.

The mission of the NKFH is to prevent kidney disease, support individuals and families affected by this disease, and increase awareness about the importance of organ donation. NKFH carries out its mission by providing services for patients with kidney disease, funding research for kidney disease and related disorders, publishing educational materials for patients and the general public about kidney disease, advocating for access to high quality health care, and providing information about organ and tissue donation.

2. The goals and objectives related to the request

The purpose of the COE for Chronic Disease is to create a new framework of partnerships, resources, and services to assist people who are diagnosed with chronic diseases. This design calls for a new set of partnerships between healthcare providers and public health organizations.

At a strategic level, the COE will create a partnership among key players in chronic diseases that encourages a holistic approach to finding solutions for chronic disease prevention, starting with CKD. At an operational level, partnerships will be created among health care providers such as physicians, medical centers, diagnostic laboratories and health care insurers to form a single coordinated and integrated system around chronic disease.

The intended objectives are to tie all disparate systems together into an integrated network that is initially focused on CKD but that will be expanded to other related chronic diseases. While the design is intended for Hawaii and the Pacific Islands,

there are the lessons from this design that might serve as a model for other areas of the nation. This new framework complements the existing health care systems and fills a gap in services.

The goal is to improve health outcomes of patients enrolled into this early intervention program. Cost savings can also be realized in general by the insured population if payment for expensive treatment can shift to cost-effective prevention services for all chronic disease. There are significant national applications for this model.

Potential Long-term Outcomes

100% of patient participants will exhibit improved health outcomes (clinical outcome measures to be determined).

Saving in healthcare costs per participants.

100% of recruited professionals will be certified in chronic disease management and adhere to established best practices.

An effective Health Information Exchange model will be established.

A surveillance system will provide a more accurate picture of the burden of chronic disease (prevalence, incidence, mortality, costs and other trends) and evaluate interventions and outcomes.

Research program will determine multiple social and biological factors that improve health outcomes and reduce health disparities.

Model will be adopted on a statewide level in Hawaii in ten years of initiating this project and progress until nationwide adoption realized.

Policy and reimbursement changes that facilitate transformation of chronic disease management.

3. State the public purpose and need to be served

The healthcare system in Hawaii is at capacity, treating about 2,700 patients in kidney dialysis. The number of individuals with CKD is estimated at 156,000 and another 100,000, which is estimated to be 20% of Hawaii's population. This suggests that bolder solutions need to be developed beyond simply adding more dialysis centers and nephrologists. Unless new systems are implemented to reduce the present CKD population, the increases in the number of people requiring

kidney dialysis and related health care costs are expected to increase exponentially in the years ahead. NKFH is poised to provide this solution.

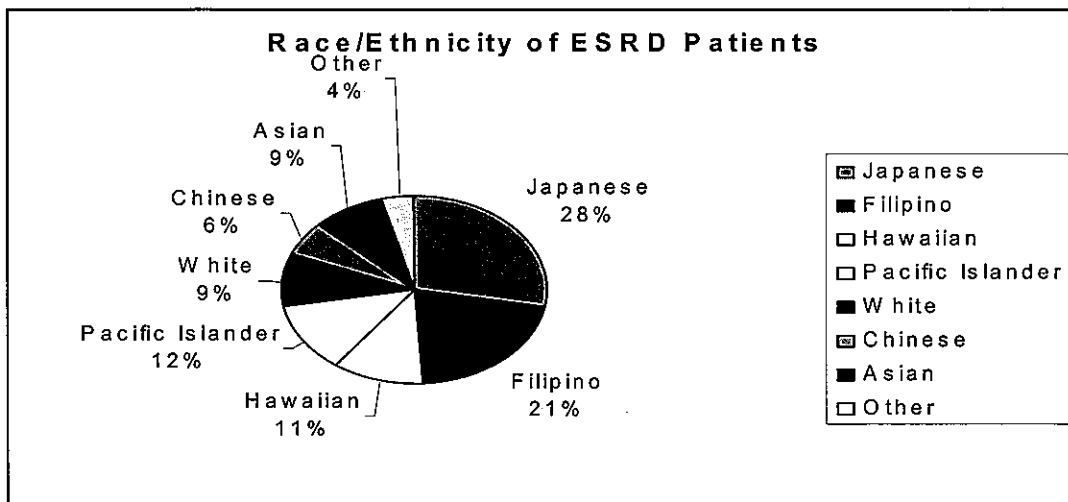
CKD affects an estimated 27 million Americans and consumes more than 24 percent of Medicare costs. While patients with end-stage kidney disease accounted for a little more than 1 percent of the Medicare population, consuming more than 7 percent of Medicare costs. Total cost for end-stage kidney disease was \$33.6 billion. Since Hawaii experiences a higher than average incidence of CKD, the percentage of Hawaii dollars affected by this disease through the State's Medicaid program should be comparable if not higher than the national average.

In Hawaii the average cost for kidney dialysis is currently \$70,000 per year. In 2009, the number of patients requiring dialysis was about 2,700. Given the current annual dialysis treatment cost per treatment we can estimate the annual dialysis costs to be \$189,000,000 per year.

The bottom line is to save healthcare dollars and improve the quality of life of patients with CKD.

4. Describe the target population to be served

Although CKD is most prevalent among Asians, Native Hawaiians and other ethnic minorities, studies focusing on these groups are almost non-existent creating a tremendous health disparity. Current mainstream medical research and programs generally focus on Caucasians, African Americans and Hispanics. Filipinos have among the highest rates of diabetes, hypertension and kidney disease per capita in the nation and Native Hawaiians are 60% more likely to die from cardiovascular diseases and 50% more likely to die from diabetes. The following chart reflects statistics from a 2007 report by the NKFH, highlighting the ethnic breakdown of Stage 5 dialysis patients in Hawaii:



5. Describe the geographic coverage

The COE will encompass statewide coverage through tele-health networking with healthcare providers across the state.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request.

1. Describe the scope of work, tasks and responsibilities

With statewide automatic GFR reporting in place, a newly identified population of individuals at the early stages of CKD is in need of care. The shortage kidney of specialists and the overburdened primary care physicians has created an opportunity for early chronic disease management and education that could be more effectively carried out by CKD clinics.

The CKD clinic format ranges from CKD information provided by a registered nurse to advanced nurse practitioner clinical and educational intervention to multi-disciplinary medical management. Multi-disciplinary clinics provide medical management by a nurse practitioner, nutritional guidance from a dietician, and a social worker services. The team also collaborates with the patient's attending physician. Education at the clinic is comprehensive and addresses other chronic diseases like diabetes and hypertension in addition to CKD. These patients may have otherwise gone unidentified and untreated until their kidneys had failed.

2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service

Year 1-3

Build Center of Excellence and establish strategic plan

Recruit project partners: Primary Care Physicians, Specialists, Medical Facilities, Hospitals, Community Health Centers, Lab Systems, Pharmacy Chains, Insurers, Department of Health, University of Hawaii

Carry out early identification and early intervention projects (i.e. screening, patient treatment/education, professional training, etc.)

Develop stage-appropriate, culturally-sensitive patient education materials

Build data platforms (i.e. collect data from partners, data sources, screening, and interventions)

Support health information technology adoption

Year 4-6

Demonstrate improved healthcare process outcomes
Develop stage-appropriate, culturally-sensitive professional education materials
Support health information technology development that will create gateways for interconnectivity establishing a health information exchange
Support the development of a telemedicine platform (VTC, webcast, etc.)
Analyze data and outcomes

Year 7-10

Demonstrate improved patient health outcomes
Create and implement professional training and certification programs
Establish surveillance system and formulate reports
Build Research Program

Year 10-15

Model adopted on a statewide level
Export model to other states, territories and countries
Policy and reimbursement changes that facilitate transformed of chronic disease management

3. The applicant shall describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results

NKFFH is working with the University of Hawaii John A. Burns School of Family Medicine and Community Health as well as the University of Pittsburgh Medical Center (UPMC) to develop the appropriate protocols necessary to monitor and evaluate the efficacies this project.

This project is also subject to the policies and guidelines of the University of Hawaii's Institutional Review Board (IRB). As such, the IRB serves as an objective third party, an oversight committee, governed by Federal Regulations (45CFR46, 20CFR50, 21CFR56) with the purpose of protecting and managing risk to human participants involved in research. Although these regulations specifically apply only to federally funded research, the policy of the University of Hawaii is that all research conducted under its banner should meet the same standard. Following is a short list of specific aims of the IRB:

- To promote the safety and well being of human participants
- To ensure adherence to the ethical values and principles underlying research
- To ensure that only ethical and scientifically valid research is implemented
- To allay concerns by the general public about the responsible conduct of research

Using the results of the research and working with the it's physician partners, collaborators and researchers NKFH seeks to create best practice protocols that will have an impact on stabilizing or slowing the progression of chronic disease.

The NKFH will employ two types of evaluations to assess the implementation and performance of the statewide COE initiative. The *Formative Evaluation* will be initiated during project development and implementation and will continue throughout the life of the project. Its intent is to assess ongoing project activities and provide information to better monitor and improve the project

The *Summative Evaluation* is utilized to assess a "mature" or completed project's success in reaching its stated goals and objectives. Summative evaluations (occasionally referred to as "impact" or "outcome" evaluations) usually occur after the project has been established and operational for a period of time. This type of evaluation focuses on the broad, longer-term impacts or results of a project. A summative evaluation might address these basic questions:

- To what extent does the project meet the stated goals and objectives?
- Which project components are the most effective?
- Which project components are in need of improvement?
- Were the results of the project worth the cost of the project?
- Can the project be sustained?
- Can the project be replicated and is it transportable?

As part of the evaluation effort for the COE initiative, the NKFH will be responsible for the following:

- Identifying or designating an in-house project member to have overall responsibility for the project evaluation (Team Leader);
- Assembling an evaluation team;
- Planning, preparing, and designing the evaluation;
- Preparing a formal (written) "evaluation plan";
- Collecting relevant project evaluation information and data;
- Organizing, structuring, and analyzing the evaluation information; and
- Preparing a formal (written) project evaluation report.

A critical decision that needs to be made before the evaluation process is initiated is to determine who will be responsible for conducting it. As indicated above, project evaluation is best viewed as a team effort. Although one person heads the team and has primary responsibility for the evaluation, this individual will need the cooperation and assistance of other project personnel. The NKFH has made an administrative decision to utilize the services of an outside evaluator (which may be an individual, research institute, educational team, or a consulting firm).

4. The applicant shall list the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

COE operational deliverables include:

- Early identification and detection through statewide automatic GFR reporting and increased community screenings (community health center partnerships).
- Expansion of early intervention and treatment for CKD patients in Stages 1 through 4 to stabilize the surge of patients entering kidney failure.
- Development and delivery of culturally appropriate and stage-specific patient education for disease prevention and management of CKD patients in Stages 1 through 4.
- Implementation of a broadband tele-health system and network of specialists that provides outreach to remote areas with limited or no access to healthcare.
- Development and delivery of evidence-based best practices for professional education, training & certification.
- Quality hands-on training using state-of-art simulator equipment.
- Promotion and support of electronic health record adoption to improve access to immediate and accurate patient information, provide evidenced-based clinical decision support, increase compliance with federal quality of care guidelines, and reduce costly service duplication and medical errors.
- Leveraging health information technology to create a health information exchange (initiated with a nephrology based network) for interoperability between participating healthcare providers, health plans, community health centers, public health agencies and researchers.
- Creating a chronic disease (starting with CKD) data repository that will feed a surveillance system that measures the burden of disease, monitors trends, and evaluates programs and outcomes.

- Facilitating comparative research and clinical trials that support efforts to better understand, prevent, and manage chronic disease (starting with CKD and health disparities within the Asian American and Pacific Islander population) working with the Universities of Pittsburgh and the University of Hawaii.

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2011-2012.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$3,000,000				

3. The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2011-2012.

IV. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

Presently the NKFH has implemented several projects that are testing the practical application of COE principles for various populations:

- Statewide Initiative (CKD Clinic FMC – HMSA pilot) >>> Insured
- Community Health Centers (Kalihi-Palama) >>> Underinsured
- Beacon Community (Big Island) >>> General Population
- Veteran Community >>> Veterans
- Electronic Health Record Adoption by Nephrologists >>> Professionals

Statewide Initiative

Building on the successes of the NKFH GFR Alliance and relationships that cut across healthcare silos, the NKFH is positioned to pursue COE principles on a statewide basis. With statewide automatic GFR reporting in place, a newly identified population of individuals at the early stages of CKD is in need of care. The shortage kidney of specialists and the overburdened primary care physicians has created an opportunity for early chronic disease management and education that could be more effectively carried out by CKD clinics.

The CKD clinic format ranges from CKD information provided by a registered nurse to advanced nurse practitioner clinical and educational intervention to multi-disciplinary medical management. Multi-disciplinary clinics provide medical management by a nurse practitioner, nutritional guidance from a dietician, and a social worker services. The team also collaborates with the patient's attending physician. Education at the clinic is comprehensive and addresses other chronic diseases like diabetes and hypertension in addition to CKD. These patients may have otherwise gone unidentified and untreated until their kidneys had failed.

NKFH's GFR Alliance Initiative facilitated a Hawaii Medical Services Association (HMSA – Hawaii's largest insurance provider) two-year pilot program for the Fresenius Medical Care CKD Clinic where clinical and educational CKD clinic services will be reimbursed. The goal is to improve health outcomes of patients enrolled into this early intervention program. Cost savings can also be realized in general by the insured population if payment for expensive treatment can shift to cost-effective prevention services for all chronic disease. There are significant national applications for this model.

Community Health Centers

The NKFH is partnering with Kalihi-Palama Health Center (KPHC) to incorporate COE chronic disease management concepts to improve the health outcomes of the population they serve. This population is traditionally under/uninsured and increased risk for chronic disease. This project will focus on CKD, but will have applications chronic disease as a whole.

This partnership should result in improvements on two levels, on a direct community level and on a system level. The community will benefit from early detection and prevention using best practices delivered by well-trained providers. Systemic change will involve standardization of care and evaluation of outcomes (data management, health information technology use, surveillance, research, etc.) that in a manner that can transform chronic disease management and improve lives. Ultimately, we hope to export this partnership model for comprehensive care to other community health centers here and throughout the nation.

Beacon Community - Big Island

The University of Hawaii's School of Pharmacy on the Big Island was awarded a \$16 million dollar Beacon Grant. NKFH will employ COE principles to achieve the Beacon goal of creating a community with improved health care quality, safety, efficiency, and population health. A proposal for program deliverables is in development. The project will be designed to transform chronic disease, starting with CKD, in a general community setting by exercising collaborative efforts with traditionally fragmented healthcare entities in order to significantly improve health outcomes.

Veteran Community

The Veterans Administration is interested in innovative strategies and solutions that can improve quality care of provided to veterans. The areas that the NKFH through COE efforts plans to focus on as a part of this initiative include, but are not limited to, enhancing disease management of veterans at risk of kidney failure, enhancing care coordination, embedding tools for clinical practice guidelines (CPG) into work flow process, facilitating the patient-centered medical home model and carrying out patient education initiatives. The lessons learned from this project will extend CKD to other disease processes and have valuable national applications.

Electronic Health Record Adoption by Nephrologists

Health Information Technology is a key component for the COE initiative. Electronic Health Record Adoption will facilitate the COE's goal to impact disease management and improve quality of life. Currently, 100% of Nephrologists have EHRs or have signed contracts to adopt EHRs. By the end of 2010, all of the Nephrologists should have systems installed. The next steps of this project include facilitating meaningful use, creating an exchange platform for the coordination care, and gathering and analyzing outcomes data.

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable.

NKFH is seeking funding to build a central facility for the COE. Discussions are currently taking place to secure state land for a long term lease to build the COE facility. NKFH will meet or exceed all ADA requirements in the design and construction of its COE facility.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Project Director (s): Glen Hayashida, CEO of NKFH and Victoria Page RN, Director of NKFH will serve as Project Directors. The Project Directors will be responsible for the overall strategic and operational direction of the entire project.

Glen will devote 10% of his time and Victoria will allocate 20% of her time to the program.

Project Lead: This person is responsible for the day-to-day operational deliverables and will serve as NKFH staff. The Project Lead will devote 1FTE to the program.

Medical Director: The Medical Director will be responsible for clinical standards. And devote 25% of his time to the program.

Information Technology (IT) and Data Director/Epidemiologist/Researcher: This person is responsible for technology, data collection and analysis, research and program evaluation. The IT and Data Director will devote 1 FTE to the program.

IT/Data Coordinators (2): These persons are responsible for data collection & entry and for supporting the IT/Data Director. The Coordinators (2) will each devote .5 FTE to the program.

Educator: This person will be responsible for educational activities and patient education. The Educator will devote .5 FTE to the program.

Nurse Practitioner: This person will be responsible for directing clinic activities and patient education. The Nurse Practitioner will devote .5 FTE to the program.

Registered Dietitian: This person will be responsible for all nutrition services. The Registered Dietitian will devote .5 FTE to the program.

Social Worker: This person will be responsible for all social services. The Social Worker will devote .25 FTE to the program.

Clinic Secretary: This person will be responsible for receptionist and secretarial duties. The Clinic Secretary will devote .25 FTE to the program.

Spiritual Advisor: This person will be responsible for spiritual services (holistic care). The Spiritual Advisor will devote .25 FTE to the program.

Psychologist: This person will be responsible for all counseling services (holistic care). The Psychologist will devote .25 FTE to the program.

Pharmacist: This person will be responsible for pharmaceutical education and counseling (holistic care). The Pharmacist will devote .25 FTE to the program.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

No pending Litigation.

B. Licensure or Accreditation

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

NATIONAL KIDNEY FOUNDATION OF HAWAII

Period: July 1, 2011 to June 30, 2012

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2009-2010	FY: 2010-2011	FY:2011-2012	FY:2011-2012	FY:2012-2013	FY:2013-2014
PLANS			150000			
LAND ACQUISITION						
DESIGN			150000			
CONSTRUCTION			2700000			
EQUIPMENT						
TOTAL:			3,000,000			
JUSTIFICATION/COMMENTS:						

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

NATIONAL KIDNEY FOUNDATION OF HAWAII

Period: July 1, 2011 to June 30, 2012

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

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

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: _____

NATIONAL KIDNEY FOUNDATION OF HAWAII

Period: July 1, 2011 to June 30, 2012

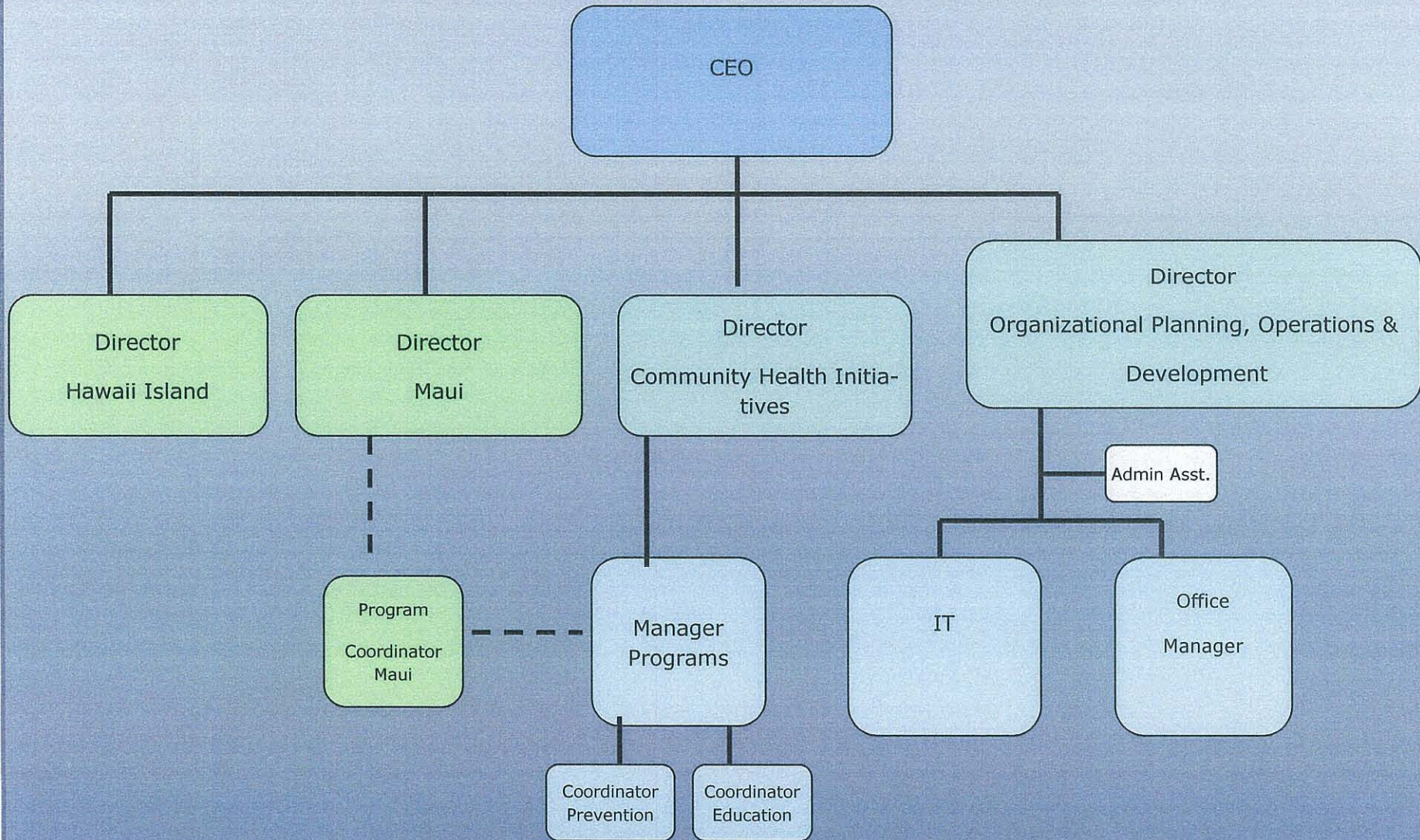
POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
NOT APPLICABLE				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				
JUSTIFICATION/COMMENTS:				
NOT APPLICABLE				

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2011 to June 30, 2012)

Applicant: _____ NATIONAL KIDNEY FOUNDATION OF HAWAII

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	3,000,000			
TOTAL (A+B+C+D+E)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	3,000,000	Name (Please type or print) _____ Phone _____		
(b)		Signature of Authorized Official _____ Date _____		
(c)				
(d)				
TOTAL BUDGET	3,000,000	Name and Title (Please type or print) _____		

NKFH Organizational Chart



**Center of Excellence (COE)
Organizational Chart – Proposed**

