

House District 23

Senate District 12

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

Log No: 75-0

For Legislature's Use Only

REC'D JAN 27 2011

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

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):

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual: National Alliance on Mental Illness Hawaii

Dbas: NAMI Hawaii

Street Address: 770 Kapiolani Blvd., #613
Honolulu, Hawaii 96813

Mailing Address: 770 Kapiolani Blvd., #613
Honolulu, Hawaii 96813

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name MS. EILEEN UCHIMA

Title Executive Director

Phone # 591-1297

Fax # 591-2058

e-mail eileenu@namihawaii.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

FAMILY-TO-FAMILY EDUCATION PROGRAM TRAINING

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2011-2012: \$ 18,368

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- 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 \$ 0
FEDERAL \$ 0
COUNTY \$ 0
PRIVATE/OTHER \$ 59,331

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[REDACTED]

Ann S. Emura, President

NAME & TITLE

1/26/11

DATE SIGNED

Grants-In-Aid Grant 2011

I. Background and Summary

1. A brief description of the applicant's background

NAMI Hawaii is the state affiliate of NAMI, The National Alliance on Mental illness. The mission of NAMI Hawaii is to improve the quality of life of all whose lives are affected by mental illnesses, through support, education, advocacy, and research. We serve our community by empowering consumers and families to confront the profound injustices brought by serious mental illnesses. The NAMI Hawaii board is comprised of mental health consumers, family members, service providers, and members of the community. NAMI Hawaii serves both persons afflicted with serious mental illness and their families. One in five families will be affected by a serious mental illness during a lifetime. The estimated number of people afflicted with serious mental health conditions in the State of Hawaii is 1 in 17. The illnesses are chronic and persistent, although controlled largely by new treatment advances since the 1990's. These illnesses include schizophrenia, major depression, bi-polar disorder, dissociative, schizo-affective, and anxiety disorders (panic, phobia, obsessive-compulsive disorder, and post-traumatic stress disorder).

2. The goals and objectives related to the request

We are seeking funding for certification training of instructors for the Family to Family Education Program, a NAMI National Signature Program, which is a leading, ongoing program offered by NAMI Hawaii. The Family to Family Education Program is a free, community based, structured, peer-led, 12 week informational support class for family members of people with serious mental illnesses, such as schizophrenia, major depression, bipolar disorder, panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addiction disorders. Of Hawaii's 1.3 million residents, about 32,000 adults live with serious mental illness and about 12,000 children live with serious mental health conditions. (Ref1) The Family to Family Education Program recognizes the need of caregivers to foster learning, healing, and empowerment among families of individuals with serious brain disorders. With a dual focus on education and personal insight, family members in Hawaii and across the country testify that they have benefited greatly from a compassionate approach to their practical and personal concerns.

The project goals and objectives are to provide certification training for instructors in the following standardized Family to Family Education program curriculum:

Description of Project Goals, Measurable Objectives, and Action Plans:

1. Discuss the biological basis of brain disorders and treatment.
 2. Learn coping skills, and listening and communication techniques, gaining empathy by understanding the subjective, lived experience of a person with mental illness.
 3. Handle periods of crisis and relapse.
 4. Learn self-care; recognize normal emotional reactions to worry, stress, and overload.
 5. Find basic information about medications (and side effects) and strategies for medication adherence.
 6. Locate current research related to the biology of brain disorders and the evidence-based, most effective treatment to promote recovery.
 7. Discuss national, regional and local resources.
 8. Fight stigma and be an advocate for appropriate mental health policies-private and public.
 9. Work for recovery.
3. State the public purpose and need to be served

The Need: Family members of people with serious mental illnesses need information and support to cope with the many stresses they experience. Caregivers face considerable challenges: informal case management, advocacy, crisis intervention, housing supervision with limited resources and no professional guidance. (Ref2) They often are forced to cope with altered family patterns and expectations, financial demands, compilation of pressures, and altered social networks due to the illness and others' reactions.

While the focus is on family caregivers of loved ones with mental illness, the family as a unit is affected, and thus, would include those suffering from mental illness themselves.

Children: Those with parents who live with mental illness: With family members with mental illness, children are exposed to a unique kind of burden characterized by a great number of situations they find beyond their control, by a lack of stable family structures and by instances of sudden separations from parents because of hospitalizations, which the children experience as traumatization. (Ref3) Factors such as exposure to mental health and substance abuse problems of caregivers, and abuse and neglect place children at risk of emotional and behavioral problems.

Those afflicted with mental illness: In Hawaii, 12,000 children suffer from serious mental health conditions. (Ref4) Research by the World Health Organization reveals that by the year 2020, childhood neuropsychiatric disorders will increase proportionately by over 50 percent to become one of the five most common causes of morbidity, mortality, and disability among children. (Ref5) Children suffering from these disorders are at a much higher risk for dropping out of school and of not being fully functional members of society in adulthood. The emotional well-being of children is highly associated with their parents' mental health and vice versa. (Ref6) By addressing this synergism between parent and child, the Family to Family Education Program can intervene to improve the families' overall health and success.

Youth: In Hawaii, one in five teenagers attempts suicide, which is higher than the national average. (Ref7) During 2006-07 school year, about 12 percent of Hawaii students aged 14 and older with serious mental health conditions dropped out of high school. (Ref8) Nationally, about 70 percent of youth in juvenile justice systems experience mental health disorders. (Ref9) By bolstering the family unit, the Family to Family Education Program can work towards improving the quality of life and increased the life chances of youth.

Women: Researchers studying the multiple sources of risk to children whose mothers have mental illness, have determined that the family constellation may be more significant than biological vulnerabilities in accounting for childrens' outcomes. (Ref10) "Poverty, domestic isolation, powerlessness (resulting, for example, from low levels of education and economic dependence), and patriarchal oppression are all associated with higher prevalence of psychiatric morbidity in women." (Ref11) The Family to Family Education Program teaches the value of each member of the family and instills pride in the family.

Needy: The Family to Family Education Program is free and does not discriminate against socioeconomic status. The program also offers support to those operating under financial straits.

Elderly: Stressful life events, such as declining health and the loss of mates, family members, or friends often increase with age. The Family to Family Education Program will allow the elderly to continue to learn and contribute to society.

Disabled: The burden of mental illness on health and productivity in the U.S. has been greatly underestimated. The Global Burden of Disease Study, conducted by the World Health Organization, the World Bank, and Harvard University reveals that mental illness, including suicide, ranks second in the burden of disease in established market economies, like the U.S. (Ref12)

4. Describe the target population to be served

When family members of those with mental illness receive help the relationship with the individual with mental illness also improves. Thus, we present here some descriptive and Disabled, who will benefit from the Family to Family Education Program.

Youth: An estimated 10% of 12 to 17 year olds experience at least one major depression episode during the year.(Ref13) 60 to 80% of teens who suffer from depression go untreated. 15% of U.S. high school students report serious thoughts of killing themselves in a year.(Ref14) However, studies show that national rates of adolescents' health care use are low. In fact, certain populations, including males, older adolescents, and runaway and homeless youth use health services less than others.

Women: Prevalence rates of mental illnesses reflect strong gender differences. Women are twice as likely as men to suffer from major depression, which creates problems such as lost productivity, higher morbidity from medical illness, greater risk of poor self-care or poor adherence to medical regimens, and increased risk of suicide.(Ref15) Rates of anxiety disorders are two to three times higher in women than men; this includes post-traumatic stress disorder (PTSD), which affects women more than twice as often in men.(Ref16) Women also represent 90 percent of all cases of eating disorders, which hold the highest mortality rate of all mental illnesses.(Ref17).

Children: About one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year.(Ref18) Data from the National Health Interview Survey of 2005-2006 indicates that about 8.3 million of U.S. children (14.5%) aged 4-17 years had parents who talked to a health care provider or school staff about their child's emotional or behavioral difficulties.(Ref19) Addressing emotional and behavioral difficulties of children lessens the impact of mental health problems on school achievement, relationships with family members and peers, and risk for substance abuse.

Needy: Socioeconomic factors influence persons' vulnerability to mental illness and mental health problems. Persons with low socioeconomic status (SES) were at least twice as likely to have frequent mental distress (defined by self-report as at least 14 days of poor mental health in the past month) as those with high socioeconomic status.(Ref20) "SES shapes a person's exposure to psychosocial, environmental, behavioral, and biomedical risk factors that directly and indirectly affect mental health."(Ref21)

Elderly: Disability due to mental illness in persons over 65 years old will become a major public health concern because of demographic changes. Dementia, depression, and schizophrenia will present unique problems in the elderly.(Ref22) In fact, the highest rate of suicide is found in older males.(Ref23) From 1991 to 2001, 236 elderly suicides were recorded, more than 15% of the total 1,526 recorded suicides in Hawaii over the same period.(Ref24)

Disabled: The World Health Organization ("WHO") identified mental illness as the leading causes of disability worldwide. WHO's study revealed that mental illness accounts for nearly 25% of all disability across major industrialized countries (Ref25), although the rate in the U.S. is higher as shown in the above percentages. Today, in the U.S., mental illness is the second leading cause of disability and premature mortality.(Ref26) Mental disorders together represent more than 15 percent of the total burden of disease from all causes.(Ref27)

References:

- (1,4-5,7-9) U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda, (Washington, DC: Department of Health and Human Services. 2000).
- (2) Lucksted A, Stewart B, & Forbes CB. Benefits and changes for famioy to family graduates.AmJ Community Psychol.
- (3) Kuhn J, Lenz A. Coping in children of parents with schizophrenia--strikingly deceptive strategies. Pfrax Kinderpsychol Kinderpsychiatr. 2008;57 (10) 735-56 (Abstract).
- (6) It's All In the Family--Mental Health Link Between Parents and Children. Available at: <http://www.family.samhsa.gov/be/family/>. Accessed November 1, 2010.
- (10) Nicholson J, Sweeney SM, Geller JL. Psychiatric Services 49:643-649, May 1998.
- (11) Good MD. Women and mental health. Available at: <http://www.un.org/womenwatch/daw/csw/mental.htm>. Accessed on March 22, 2007.
- (12,22) Mental Health: A Report of the Surgeon general, 1999.
- (13) U.S. Public Health Service, 2001.
- (14) National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance, 2007.
- (15-17)) U.S Department of Health and Human Services, Office on Women's Health. Action Steps for Improving Women's Mental Health.
- (18,23) U.S.Department of Health and Human Services. Mental Health: A Report of the Surgeon General—Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

(19) Simpson FA, Cohen RA, Pastor PN, Reuben CA. Use of mental health services in the past 12 months by children aged 4-17 years: United States, 2005-2006. NCHS data brief, no. 8. Hyattsville, MD: National Center for Health Statistics. 2008.

(20-21) Self-reported frequent mental distress among adults—United States, 1993-2001. MMWR Weekly October 22, 2004. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm534`al.htm>. Accessed on January 6, 2010.

(24) Suicide rates rise for seniors. Star Bulletin July 28, 2002. Available at: <http://starbulletin.com/2002/07/28/news/story3.html>. Accessed January 6, 2010.

(25-27) World Health Organization, 2001, The World Health Report--2001 Mental Health: New Understanding, New Hope. Geneva: World Health Organization.

5. Describe the geographic coverage

Currently, NAMI Hawaii offers three classes in Honolulu, two classes in Pearl City, and two classes in Wailuku, Maui. We are anticipating expansion to Hilo, Hawaii. Classes are taught by two certified, peer instructors, who are graduates of the program. Classes are comprised of 12 consecutive Saturdays, 1/2 day sessions, staffed by volunteer teachers, posing a rigorous commitment by participants. Yet the class attendance often exceeds capacity (but none are turned away). Since its inception in Hawaii in 2001, the Family to Family Education Program has had 445 participants. Nationally, there have been 115,000 participants.

II. Service Summary and Outcomes

1. Describe the scope of work, tasks and responsibilities

- a. Teachers must take a 2 ½ day intensive training instructing them in how to teach the twelve lecture and interactive workshop classes in the course. This training prepares them to handle both the didactic information and the emotional content in the course.
- b. As a condition of training, teachers must agree to teach a minimum of two classes.
- c. Teaching in pairs, Family-to-Family teachers are responsible for practicing each 2 ½ hour class together in preparation for the group, and for remaining faithful to the content of the lectures and discussions for each class in the manual (fidelity requirement).
- d. Teachers are responsible for forming an outreach committee made up of NAMI affiliate members in their community to secure a course site and to plan and conduct outreach to fill the class.
- e. Teachers conduct all interviews with interested participants prior to the start of the class, and they are responsible for following up with any class member in need of support during the time between classes.
- f. Teachers give out and collect the final evaluations of the class from class participants and report that data through a survey to NAMI and to their state or affiliate program director.

- g. Teachers are required to submit their own teacher evaluation at the close of the 12-week course.

2. Projected annual timeline for accomplishing the results of outcomes of the service.

| FY 2011-2012 | |
|------------------------|----------------------|
| Qtr. 1 July-Sept. 2011 | F2F Training |
| Qtr. 2 Oct.-Dec. 2011 | |
| Qtr. 3 Jan.-Mar. 2012 | F2F Follow up visits |
| Qtr. 4 Apr.-June 2012 | F2F Follow up visits |

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.

Course participants complete an anonymous evaluation in which they discuss themselves in relation to the mentally ill relative, the instructors, and how they feel about the class. All questionnaires are reviewed locally and then forwarded to both the state NAMI Hawaii and National NAMI offices. Each comment is reviewed carefully to look for modifications and ways to improve the educational services. Desired outcomes include increased sense of hope, resiliency,, knowledge, and coping skills. In addition, we anticipate a reduction in the frequency of hospitalizations, emergency room visits, police intervention, and incarcerations.

We also anticipate that four fundamental conditions will be met, which will lead to improved changes at the individual and system level: dissemination of knowledge, evaluation of programmatic impact, availability of resources, and efforts to address the human dynamics of resisting change. Implementation strategies will encompass clear, widespread communication of the model and of its benefits to all stakeholders, ultimately including families, consumers, providers, administrators, and policymakers. While NAMI Hawaii's Family to Family Education Program is limited to 12 sessions of formal education, it offers continuity in the NAMI support and educational group structure.

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.

The measures of effectiveness for the Family-to-Family Education Program training will include:

1. Reaction- We will gather feedback from the trainers about how they felt about the training program. This will evaluate the engagement level and the receptivity of the audience.
2. Learning- We will evaluate the extent of change in the competency of the trainers in knowledge and increase in skills as a result of attending the training.
3. Behavior-To evaluate behavioral changes, we will note whether: 1) the person has the desire to change; 2) the person knows what to do and how to do it; 3) person working in right climate; 4) person rewarded for changing
4. Results- The qualitative results of the evaluation will be summarized and shared. In addition, the number of trainers who successfully complete the training will be noted and submitted.

III. Financial

Budget

1. See attached budget forms with anticipated quarterly funding requests for fiscal year 2011-2012.
2. The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2011-2012.
 - a. Friends of Hawaii Charities
 - b. Office of Hawaiian Affairs Ahahui Grant

IV. Experience and Capability

A. Necessary Skills and Capabilities

Sponsored and disseminated by the National Alliance on Mental Illness, the Family-to-Family Education Program was developed in the early 1990s by a psychologist and family member. The overarching goal of Family-to-Family is to guide family members of those with mental illness to emotional understanding, healing, insight, and action.

Family-to-Family teachers are graduates of the Family-to-Family Education Program. They attend a training sponsored by NAMI National and take an exam to become certified as a Family-to-Family teacher. Also, teachers make a

commitment to teach two 12-week sessions of Family-to-Family. Each class is co-facilitated by two Family-to-Family graduates. They provide a good role model for participants as they have experienced the trials and tribulations of being a family member of one living with mental illness.

B. Facilities

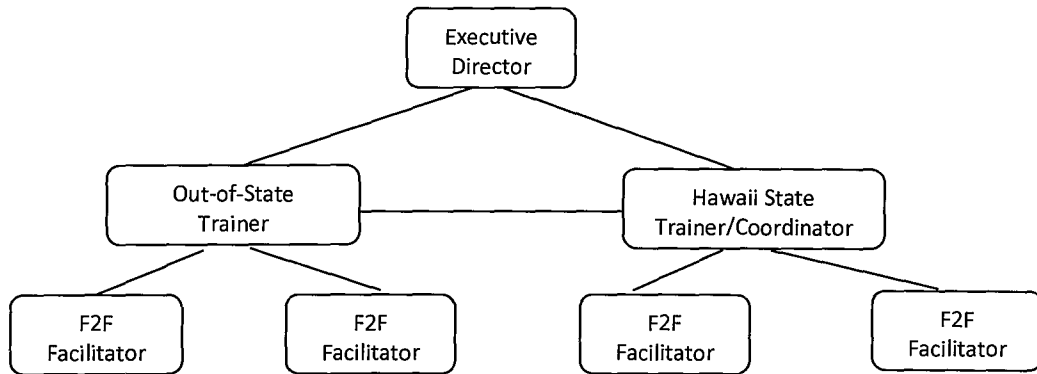
Facilities include the NAMI Hawaii office, schools, and churches. All locations are accessible to the handicapped.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

- B. Working under the auspices of the Executive Director, a Family-to-Family facilitator is serving as a volunteer coordinator, fulfilling administrative duties of the program. The current Family-to-Family Coordinator is a family member of one with mental illness and is a certified Family-to-Family teacher. Tasks of this position include handling phone inquiries, providing information to prospective participants, registration, preparing and ordering course materials, maintaining a file of class records, filing quarterly reports to national, and mentoring of other Family-to-Family facilitators.

C. Organization Chart



VI. Other

A. **Litigation** – Not applicable

B. **Licensure or Accreditation**- Not applicable

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAI'I 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, Hawai'i 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.

NAMI Hawaii
(Typed Name of Individual or Organization)

 1/26/11
(Signature) (Date)

Ann S. Emura Board President
(Typed Name) (Title)

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

Applicant: NAMI Hawaii

| BUDGET CATEGORIES | Total State Funds Requested (a) q1 | (b) q2 | (c) q3 | (d) q4 |
|-------------------------------------|---|---|---------------|---------------|
| A. PERSONNEL COST | | | | |
| 1. Salaries | 800 | 800 | 800 | 800 |
| 2. Payroll Taxes & Assessments | 98 | 96 | 96 | 98 |
| 3. Fringe Benefits | 12 | 12 | 12 | 12 |
| TOTAL PERSONNEL COST | 908 | 908 | 908 | 908 |
| B. OTHER CURRENT EXPENSES | | | | |
| 1. Airfare, Inter-Island | 1,600 | 0 | 400 | 400 |
| 2. Insurance | 11 | 11 | 11 | 11 |
| 3. Lease/Rental of Equipment | 0 | 0 | 0 | 0 |
| 4. Lease/Rental of Space | 36 | 36 | 36 | 36 |
| 5. Staff Training | 1,000 | 0 | 0 | 0 |
| 6. Supplies | 976 | 0 | 246 | 246 |
| 7. Telecommunication | 90 | 90 | 90 | 90 |
| 8. Utilities | 0 | 0 | 0 | 0 |
| 9. Airfare, mainland | 1,400 | 0 | 0 | 0 |
| 10. Hotel | 3,600 | 0 | 0 | 0 |
| 11. Meals | 3,200 | 0 | 120 | 0 |
| 12. Car rental | 0 | 0 | 400 | 0 |
| 13. Gas | 0 | 0 | 600 | 0 |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| TOTAL OTHER CURRENT EXPENSES | 11,913 | 137 | 1,903 | 783 |
| C. EQUIPMENT PURCHASES | 0 | 0 | 0 | 0 |
| D. MOTOR VEHICLE PURCHASES | 0 | 0 | 0 | 0 |
| E. CAPITAL | 0 | 0 | 0 | 0 |
| TOTAL (A+B+C+D+E) | 12,821 | 1,045 | 2,811 | 1,691 |
| SOURCES OF FUNDING | | Budget Prepared By: | | |
| (a) Total State Funds Requested | 18,368 | E. [Redacted] ima 591-1297 | | |
| (b) | | Name [Redacted] type or print Phone | | |
| (c) | | [Redacted] | | |
| (d) | | Signature of Authorized Official Date | | |
| TOTAL BUDGET | 18,368 | Executive Director Name and Title (Please type or print) | | |

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: _____

Period: July 1, 2011 to June 30, 2012

| DESCRIPTION EQUIPMENT | NO. OF ITEMS | COST PER ITEM | TOTAL COST | TOTAL BUDGETED |
|--------------------------------|-----------------|------------------|---------------|-------------------|
| N/A | | | \$ - | 0 |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| TOTAL: | | | | 0 |
| JUSTIFICATION/COMMENTS: | | | | |

| DESCRIPTION OF MOTOR VEHICLE | NO. OF VEHICLES | COST PER VEHICLE | TOTAL COST | TOTAL BUDGETED |
|---------------------------------|--------------------|---------------------|---------------|-------------------|
| N/A | | | \$ - | 0 |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| TOTAL: | | | | 0 |
| JUSTIFICATION/COMMENTS: | | | | |

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: NAMI 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 | | | | | | |
| LAND ACQUISITION | | | | | | |
| DESIGN | | | | | | |
| CONSTRUCTION | | | | | | |
| EQUIPMENT | | | | | | |
| PROGRAMS | 5370 | 2274 | 18368 | 5595 | 10000 | 20000 |
| EVENT | 10000 | | | 10000 | 10000 | 10000 |
| TOTAL: | 15,370 | 2,274 | 18,368 | 15,595 | 20,000 | 30,000 |
| JUSTIFICATION/COMMENTS: | | | | | | |