

House District: 25
Senate District: 10

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

Log No: 46-0

For Legislature's Use Only

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:
Dba: Kapi'olani Medical Center for Women & Children
Street Address: c/o Kapi'olani Health Foundation
Mailing Address: 55 Merchant Street, 26th Floor
Honolulu, HI 96813

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name MICHAEL ROBINSON
Title Executive Director, Philanthropy and Government Affairs
Phone # (808) 535-7124
Fax # (808) 535-7111
e-mail michaelr@kapiolani.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:

ESTABLISH APHERESIS STEM CELL COLLECTION PROGRAM TO SUPPORT PEDIATRIC BONE MARROW TRANSPLANT AT KAPI'OLANI MEDICAL CENTER FOR WOMEN & CHILDREN

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

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2012-2013: \$ 500,000.00

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 \$ 500,000.00
FEDERAL \$ _____
COUNTY \$ _____
PRIVATE/OTHER \$ 500,000.00

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

MICHAEL ROBINSON, EXECUTIVE DIRECTOR, PHILANTHROPY & GOVERNMENT AFFAIRS
NAME & TITLE

DATE SIGNED 1/31/2012

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;**

Kapi'olani Medical Center for Women and Children would like to develop and implement an Apheresis program which would have the ability to provide Peripheral Blood Stem Cell Collection services for our Pediatric Hematopoietic Stem Cell Transplant Program. Upon the establishment and initiation of this program we could then apply to the National Marrow Donor Program and become a participating center and expand to provide services to the Hawai'i Donor Registry. In order to financially sustain an aphaeresis program HPH/KMCWC would need to provide collections for our own program, the donor registry and therapeutic procedures for the HPH system. The hospital would need to acquire the appropriate resources, equipment, supplies and pharmaceuticals to support collections and all associated activities. The program would need to designate a specific site for the management of collection activities for patients not requiring hospitalization and the system would need to be portable to provide services for patients that are on the varied inpatient units. The designated outpatient area would need to be outfitted with appropriate equipment and monitoring which would include special apheresis chairs, stretcher-bed and a heart/respiratory monitor with available emergency response equipment.

Required equipment would include two Cobe Spectra machines that will be used for collections. These machines may be purchased outright or leased on a month to month basis. All supplies and tubing for the machines must be purchased and inventoried based on procedure type and estimated annual volumes. All pharmaceuticals would be secured from the hospitals inpatient pharmacy. HPH/KMCWC would need to hire additional staff as well as train in-house staff for the program. We estimate an additional 2.0 FTE to be necessary for program start-up. This program would also require a Part-time Medical Director, a licensed physician with qualified experience. The program would need to be registered with the FDA and work collaboratively with the Cell Processing Lab to meet all regulatory standards and guidelines.

2. **The goals and objectives related to the request;**

- Maintain KMCWC's ability to perform Hematopoietic Stem Cell transplants for children and young adults
- Develop and implement an Apheresis/Peripheral Blood Stem Cell collection program to serve:
 - KMCWC's Pediatric HSCT program
 - Hawai'i National Marrow Donor Registry
 - HPH acute care facilities with therapeutic apheresis services

3. State the public purpose and need to be served;

The Hawai'i Stem Cell/Bone Marrow Transplant program is made up of three components: the clinical program, the collection program, and the cell processing program. The pediatric clinical program is housed at KMCWC where children and some young adults are transplanted. Included in these transplants are the State's first related and unrelated umbilical cord blood transplants, and the State's first haploidentical, or half-matched, transplants. The adult clinical program was housed at Hawai'i Medical Center until their closure last month. The collection facility (apheresis program) was also part of HMC. Stem cell or donor lymphocyte collections were performed on an inpatient/outpatient basis for all adult patients at the HMC site and HMC provided on-sight collection services to KMCWC for pediatric patients. HMC also provided services and stem cell collections for the Hawai'i Bone Marrow Donor Registry. HMC has also in the past provided therapeutic apheresis services to KMCWC specifically for the Pediatric Intensive Care unit. The cell processing program is run by Clinical Laboratories of Hawaii and continues to operate on the HMC site.

HPH is committed to continuing comprehensive bone marrow transplant services to our very vulnerable pediatric patient population, for whom travel to the Mainland for care is even more daunting than it is for adults. In addition to serving this cancer patient population, it is felt that bone marrow and stem cell transplant has great promise to become the vehicle by which cellular therapy can be provided to patients other than those with aggressive cancers. This includes the treatment of patients with diseases such as diabetes, lupus, Parkinson's disease, Multiple Sclerosis, and even stroke and heart attack. The loss of the adult bone marrow transplant program at Hawai'i medical Center will certainly have a negative effect on adult cancer patients. However, the hospital's closure has also jeopardized KMCWC's ability to perform transplants on children, because of the concomitant loss or endangerment of the very support services there that allowed us to start our pediatric program in the first place.

Key among them are the apheresis stem cell collection program, which is necessary for us to collect blood stem cells for subsequent transplantation, as well as the laboratory services needed to properly process and preserve these cells. Cell processing laboratory services are provided by Clinical Labs located at the site of Hawai'i Medical Center East. The lab receives all stem cell products collected at KMCWC as well as products from unrelated donors collected at another center to be infused at our site. The lab then performs all necessary QC testing and processing for distribution and infusion. While HMC's closure has not yet affected cell processing, it has resulted in the complete loss of apheresis services, and the inability to collect peripheral blood stem cells for subsequent transplant.

4. Describe the target population to be served; and

The development of an Apheresis/Peripheral Blood Stem Cell collection target population will be all young children through adulthood.

5. Describe the geographic coverage.

This program will serve the population of the State of Hawai'i as well as some of the Pacific Basin.

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;

Kapi'olani Medical Center for Women and Children would like to develop and implement an Apheresis program which would have the ability to provide Peripheral Blood Stem Cell Collection services for our Pediatric Hematopoietic Stem Cell Transplant Program. Upon the establishment and initiation of this program we could then apply to the National Marrow Donor Program and become a participating center and expand to provide services to the Hawai'i Donor Registry. In order to financially sustain an apheresis program HPH/KMCWC would need to provide collections for our own program, the donor registry and therapeutic procedures for the HPH system. The hospital would need to acquire the appropriate resources, equipment, supplies and pharmaceuticals to support collections and all associated activities. The program would need to designate a specific site for the management of collection activities for patients not requiring hospitalization and the system would need to be portable to provide services for patients that are on the varied inpatient units. The designated outpatient area would need to be outfitted with appropriate equipment and monitoring which would include special apheresis chairs, stretcher-bed and a heart/respiratory monitor with available emergency response equipment.

Required equipment would include two Cobe Spectra machines that will be used for collections. These machines may be purchased outright or leased on a month to month basis. All supplies and tubing for the machines must be purchased and inventoried based on procedure type and estimated annual volumes. All pharmaceuticals would be secured from the hospitals inpatient pharmacy. HPH/KMCWC would need to hire additional staff as well as train in-house staff for the program. We estimate an additional 2.0 FTE to be necessary for program start-up. This program would also require a Part-time Medical Director, a licensed physician with qualified experience. The program would need to be registered with the FDA and work collaboratively with the Cell Processing Lab to meet all regulatory standards and guidelines.

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

Based on the outline activities above we believe that it will take six – nine months to get the program up

First Quarter Activities:	Second Quarter Activities
Development of business plan	Secure equipment through purchase or leasing
Completion of start-up checklist	Develop of training plan for use equipment and procedure
Identification of dedicated space for outpatient procedures and space renovation	Hiring of RN staff or identification of current RNs for program
Development of policies & procedures	Complete FDA application
Job Description Development for Medical	Review and work on National Marrow

Director/RNs	Donor Program Apheresis Center application
Identify Part-Time Medical Director	RN procedural training completed
Third Quarter Activities:	Fourth Quarter Activities
Contract development	Ongoing quality monitoring and data submission
Program implementation and dissemination of services	Continued performance improvement activities
Data collection and submission	Continuing education and training

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; and

KMCWC presently has a Quality Management program and dashboard for the Pediatric Bone Marrow Transplant program which incorporates all the component activities of the program which include Clinical, Collections, and Cell Processing. KMCWC has worked collaboratively with HMC and Clinical Labs to collect quality data on a regular basis which is monitored against internal and national benchmarks. The program meets on a monthly basis to review the Quality indicators and dashboard, identifies any variances or opportunities for improvement. Each program component participated in these meeting as well as submits data. Kapi'olani will continue to collect data on the established benchmarks for the apheresis program as outline below. . The quality measures for the program are reported to the Pediatric Oncology Department meeting and then reported out to the hospital-wide Quality Council.

APHERESIS OUTCOME MEASURE #1	GOAL
HPC-Apheresis Cell Dose for infusion	
TNC>3.0 x 10e8/Kg	>95%
Cd34+≥1.0 x 10e6Kg	>95%
APHERESIS OUTCOME MEASURE # 2	GOAL
Post-Collection Product	
Product Viability	100%
Product Sterility	100%
APHERESIS OUTCOME MEASURE #3	GOAL
Proper function of line/equipment	100%
APHERESIS OUTCOME MEASURE #4	GOAL
HPC, Marrow Donor Eligibility completed and documented	100%

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 key measure of effectiveness will be the utilization rate of therapeutic apheresis services throughout the HPH/KMWCW system- the number of procedures performed and the number of patients treated. With regard to peripheral blood stem cell collections, additional measures will include the quality monitoring parameters listed in the section above.

III. Financial

Budget

1. **The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.**

See attached

2. **The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2012-2013.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$250,000.00	\$150,000.00	\$100,000.00		

3. **The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2012-2013.**

See attached Budget

4. **The applicant shall provide a listing of all state and federal tax credits that have been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.**

N/A

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.

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to request. State your experience and appropriateness for providing the services 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.

Hawai'i Pacific Health is a nonprofit health care system and the state's largest health care provider, committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, 49 outpatient clinics and service sites, and more than 1,300 affiliated physicians. The system is anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital, and Wilcox Memorial Hospital. Kapi'olani Medical Center for Women and Children as part of the HPH system is the only tertiary Children's Hospital for the State and provides pediatric specialty care for infant, children and young adults of Hawai'i and the Pacific Basin. KMCWC has been providing pediatric cancer services for children and the transplant program was established in 1995 in response to a need for Hawaii residents to have access to this type of therapy. For a variety of economic and psychosocial reasons, most local families, as well as those from locations in the Pacific Basin, would find it a tremendous hardship to travel to the Mainland for their child's treatment. Therefore, although our numbers may seem small in comparison to some mainland adult and children's hospitals they are significant for the population we serve.

The Pediatric Hemopoietic Progenitor Cell Transplant Program at Kapi'olani Medical Center for Women & Children (KMCWC) performs autologous, allogeneic, and unrelated donor transplants using bone marrow, umbilical cord blood, or peripheral blood stem cells. Research transplant protocols are approved by and implemented through the Western Institutional Review Board. When clinically appropriate and available, all transplants will be performed on protocol. Protocol-required data will be sent to the institution or cooperative group that conducts the research protocol, e.g., the Children's Oncology Group or the Pediatric Blood and Marrow Transplant Consortium, or the Blood and Marrow Transplant Clinical Trials Network.

KMCWC has completed more than 60 transplants made up of both allogeneic (related and unrelated) and autologous pediatric transplants since its inception. Up until most recently, KMCWC has had an affiliate status membership in the National Marrow Donor Program, under the umbrella of the adult transplant program at Hawaii Medical Center. Since 2000, KMCWC has also been a member of the Pediatric Blood and Marrow Transplant Consortium. The contractual relationship with the stem cell laboratory, Clinical Labs to support the program functions well and provides tissue typing, stem cell processing and storage. The apheresis and marrow collection program at Hawaii Medical Center was the certified collection unit for the National Marrow Donor Program which served Hawaii's Bone Marrow registry program as well as the Pediatric Stem Cell Transplant Program at KMCWC.

With the closure of Hawai'i Medical Center and the adult transplant program, KMCWC/HPH has the experience and expertise and is best positioned to continue the program and implement the collections service component in order to continue to sustain the pediatric transplant program and the potential to expand cellular therapy for the State. With the collaborative relationship between the clinical program and the collection center, KMCWC will retain the Medical Director from HMC with apheresis experience to oversee the program. KMCWC already has two Pediatric Oncology physicians with transplant experience who will continue to provide oversight, marrow collections and clinical services for this program.

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.

The program would need to designate a specific site for the management of collection activities for patients not requiring hospitalization and the system would need to be portable to provide services for patients that are on the varied inpatient units. The designated outpatient area would be identified at one of the three O'ahu hospital facilities for the provision of outpatient services and be sized to perform all appropriate outpatient procedures to include staffing and equipment. The designated outpatient area would need to be renovated and outfitted with appropriate equipment and monitoring which would include special apheresis chairs, stretcher-bed and a heart/respiratory monitor with available emergency response equipment. This area would be designed to be ADA compliant.

All inpatient services would be provided point-of-care at the patient's bedside. Equipment storage area would be identified at each facility to house equipment and a mechanism/protocol for portability would be established.

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.

KMCWC proposes to hire or contract a Part-time medical Director with documented apheresis experience to oversee the Apheresis/Stem Cell collection Program. Manage and supervise all care of the pediatric hematopoietic progenitor cell transplant patient while hospitalized at KMCWC. The Medical Director will manage and supervise follow up care in for apheresis patients and will collaborate with the HPCT Program Medical Director, who will provide assistance and oversight as needed. The Medical Director will provide medical education to pediatric house-staff, education on stem cell collection and organized lectures to the nursing staff. He will participate in monthly interdisciplinary team meetings and assist with data collection and submission activities and oversee performance improvement activities for program.

We propose to hire 2.0 RN FTEs with a minimum of 2 years nursing experience and preferably oncology and/or apheresis experience. One of the two hired RNs will service to coordinate program activities and report directly to a Nursing Supervisor with an indirect report to the program Medical Director.

The estimated volume of procedures for year after implementation will be 80 apheresis type procedures of varied types.

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.

See attached

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.

Kapi'olani Medical Center for Women & Children does not have any pending litigation which would substantially or adversely affect the delivery of the proposed services outlined in this proposal."

B. Licensure or Accreditation

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

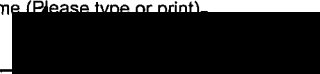
Kapi'olani Medical Center for Women and Children and all Hawai'i Pacific Health hospitals are deemed status organizations and are accredited by the Joint Commission and comply with all CMS and Hawai'i Department of Health CFR regulations and standards.

Kapi'olani Medical Center for Women and Children is a member of the National Marrow Donor Registry and is an approved pediatric transplant center as well as a member of the Center For International Blood & Marrow research.

As part of the development of the collection program FDA registration is required

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2012 to June 30, 2013)

Applicant: KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CHILDREN

BUDGET CATEGORIES	Total State Funds Requested (a)	Grant Income (b)	In-Kind Contributions (c)	(d)
A. PERSONNEL COST				
1. Salaries	221,848	59,000	251,478	
2. Payroll Taxes & Assessments	19,766	5,257	22,407	
3. Fringe Benefits	42,628	11,263	49,961	
TOTAL PERSONNEL COST	284,242	75,520	323,846	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space			15,782	
5. Staff Training	22,675			
6. Supplies	39,071		1,463	
7. Telecommunication				
8. Utilities				
9. Repairs & Maintenance	11,414			
10. Facility Expense			36,737	
11. Subcontract (Clinical Lab: storage; processing)	104,646			
12.				
13.				
14.				
15.				
16.				
17.				
18. Facility F&A			125,362	
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	177,806		179,344	
C. EQUIPMENT PURCHASES	37,952			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	500,000	75,520	503,190	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	500,000	Laura Bonilla	983-6169	
(b) Total Grant Funds	75,520	Name (Please type or print)	Phone	
(c) Total In-Kind Contribution	503,190		1/31/12	
(d)		Signature of Authorized Official	Date	
TOTAL BUDGET	1,078,710	Michael Robinson, Executive Director, Philanthropy & Gov't Affairs		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: KAPI'OLANI MEDICAL CENTER FOR WOMEN AND CH

Period: July 1, 2012 to June 30, 2013

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Medical Director	0.38	\$160,000	8.66%	\$ 13,848
Registered Nurse	1.00	\$104,000	100.00%	\$ 104,000
Registered Nurse	1.00	\$104,000	100.00%	\$ 104,000
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				\$ 221,848
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: KAPI'OLANI MEDICAL CENTER

Period: July 1, 2012 to June 30, 2013

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Cobe Spectra Monthly Lease	12.00	\$246.00	\$ 2,952.00	\$ 2,952.00
Procedure/Treatment Chair	4.00	\$2,500.00	\$ 10,000.00	\$ 10,000.00
Stretcher Bed	5.00	\$1,500.00	\$ 7,500.00	\$ 7,500.00
Monitors	7.00	\$2,500.00	\$ 17,500.00	\$ 17,500.00
			\$ -	
TOTAL:				\$ 37,952.00
JUSTIFICATION/COMMENTS:				

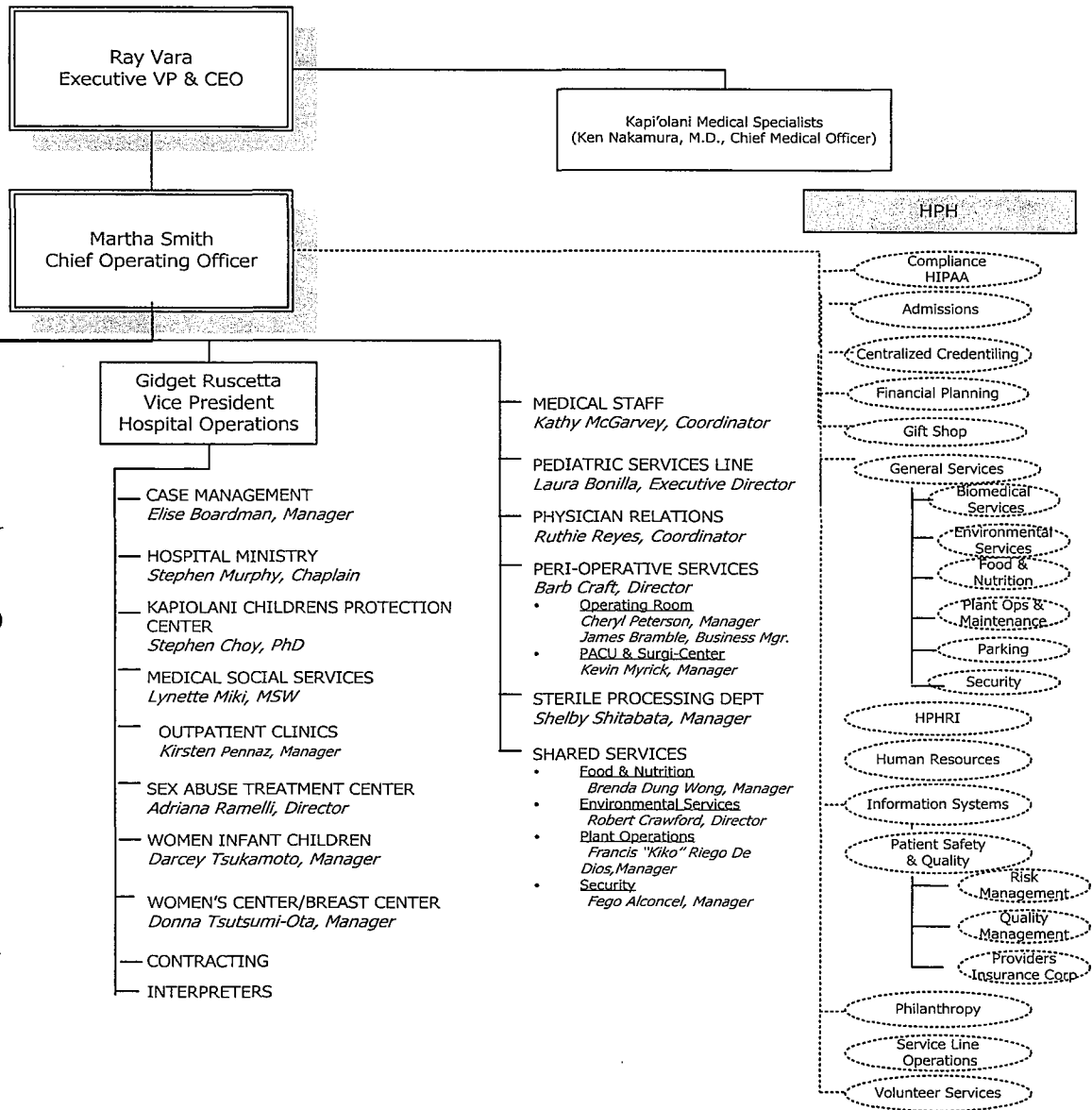
DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: _____

Period: July 1, 2012 to June 30, 2013

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: 2010-2011	FY: 2011-2012	FY:2012-2013	FY:2012-2013	FY:2013-2014	FY:2014-2015
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS: N/A						



(1)* Apheresis/Peripheral Blood Cell Collection Program

**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.

Kapiolani Medical Center for Women & Children

(Typed Name of Individual or Organization)



(Signature)

1/31/12

(Date)

Michael Robinson Executive Director, Philanthropy and Government Affairs

(Typed Name)

(Title)