

Keiki Education Living Independent Institute (K.E.L.I.I.)
91-215 Hiluhilu Pl. * Kapolei, HI 96707 * (808)927-5909 * haolem001@hawaiiantel.net

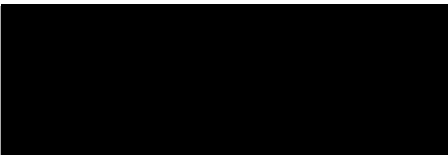
January 30, 2013

Mr. Rod Becker
Senate Committee on Ways and Means
State Capitol, Rm. 208
Honolulu, HI 96813

Dear Mr. Rod Becker,

I must apologize for resubmitting a complete copy of K.E.L.I.I.'s 2013-2014 Hawaii State Grant-In-Aid Application. As the grant writer, I made the mistake of combining K.E.L.I.I.'s Operating grant proposal amount with its Capital grant proposal amount. Due to my oversight, K.E.L.I.I.'s President, Melodee Haole, decided to lower the grant proposal amount from \$50,000 to \$25,000. In addition, I have included a copy of all budget forms regardless of the relevance to K.E.L.I.I.'s overall request; however, I have clarified that fact in the Justification/Comment section. Also, I added Appendix A that includes expenses alluded to in the application, and Appendix B that contains the requested Organizational Chart. I humbly ask that you not penalize the K.E.L.I.I. organization in any way due to my carelessness.

Sincerely,



Jennifer L. Haole

Grant Writer

House District _____

Senate District _____

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

Log No: _____

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:
KEIKI EDUCATION LIVING INDEPENDENT INSTITUTE

Db/a: K.E.L.I.I.

Street Address: 91-215 HILUHILU PL.
KAPOLEI, HI 96707

Mailing Address: SAME

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name MELODEE HAOLE

Title PRESIDENT

Phone # (808)927-5909

Fax # N/A

e-mail haolem001@hawaiiintel.net

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

K.E.L.I.I. WILL SERVE AS A VEHICLE THAT BRINGS TOGETHER AGENCIES AND INDIVIDUALS TO WORK COLLABORATIVELY TOGETHER TO ESTABLISH A SEAMLESS SYSTEM OF CARE FOR CHILDREN AND YOUNG ADULTS WITH GENETIC AND NEURODEVELOPMENTAL DISORDERS, AND THEIR FAMILIES IN HAWAII.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2014: \$ 25,000

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 \$ 25,000

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

MELODEE HAOLE, PRESIDENT
NAME & TITLE

1/29/13
DATE SIGNED

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;*

Keiki Education Living Independent Institute (K.E.L.I.I.) was created on July 1, 2012 by the Haole family after their child Kelii, who was born with a genetic disorder, developed neurodevelopmental disorders and behaviors.

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

The Goal of K.E.L.I.I. is to serve as a vehicle that brings together agencies and individuals to work collaboratively to establish a seamless system of care for children and young adults with genetic and neurodevelopmental disorders and their families.

The Objective of K.E.L.I.I. is to create a center that houses different therapeutic programs and agencies including/but not limited to:

- A) Brain Treatment Center
- B) Occupational Therapy, Physical Therapy, Speech Therapy, Music Therapy
- C) ABA Therapy
- D) Education 0 thru 20 years old
- E) Adult Care
- F) Medical Doctors
- G) Job Skills Training
- H) Advocates for Education and Medical
- I) Recreation (basketball, swimming, etc...)
- J) Cooking Facilities and Picnic Area
- K) Scholarship Opportunities

3. *The public purpose and need to be served;*

The public purpose of K.E.L.I.I. is to provide families with a “one-stop-shop” that includes different agencies and therapeutic programs which consist of treatment, education, advocate programs, and parent support to secure the best possible future for their child or young adult with genetic and neurodevelopmental disorders and behaviors. Currently, special needs services

are spread all over the island of Oahu, which makes scheduling appointments and travel extremely difficult for families, especially those with multiple children. There is significant interest and investment in K.E.L.L.I.'s future as evidenced by more than 70 responses from parents, doctors, and therapists.

4. *Describe the target population to be served; and*

In regards to the target population it is intended to serve, K.E.L.I.I. is dedicated to creating a supportive community, helping children and young adults with genetic and neurodevelopmental disorders who have behavioral, mental and physical disabilities, to have a higher quality of life and to thrive and grow in a nurturing environment. In addition, K.E.L.I.I. desires to encourage and teach parents to advocate for their children starting from early identification, which increases the possibility of a successful life.

5. *Describe the geographic coverage.*

Geographically, K.E.L.I.I. desires to reach and serve the entire island of Oahu.

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. The applicant shall:

1. *Describe the scope of work, tasks and responsibilities;*

The K.E.L.L.I organization is a multidisciplinary team of professionals and community members dedicated to providing an array of specialized evidence-based mental health services and resources to individuals and families in the community. Target population include those with autism spectrum disorders, neurodevelopmental disorders (including co-morbid genetic disorders) and other similar disorders that often require families to exhaust their financial, emotional and physical resources. Assessment and intervention encompass biological, psychological, social and educational domains. Format of services are tailored to the individual needs of the client and families.

Because medical insurance does not always cover service provisions for certain age groups and medical diagnoses, K.E.L.I.I.'s immediate goal includes giving scholarships to provide therapeutic services for the families of children and young adults with genetic and neurodevelopmental disorders who have behavioral, mental and physical disabilities.

In addition, since there is nothing comparable in the entire state of Hawaii, K.E.L.I.I.'s long term vision includes an independent facility that houses therapists, pediatricians, dentists, attorneys, counselors, advocates for education and guardianship, an adult-care facility, recreation, cooking facilities with picnic area, and a special needs school for ages 0-20. K.E.L.I.I.'s dream is to be that "one-stop-shop" Hawaii desperately needs due to the fact that there are currently no

organizations in the state of Hawaii that willingly work with children and young adults with genetic and neurodevelopmental disorders who have severe behavioral, mental and physical disabilities. Normally, young adults with violent behaviors are left to residential facilities which invariably also include a substantially greater financial burden on the families, as well as the state. K.E.L.I.I. also aspires to offer some type of program that provides life-skill training to children and young adults with genetic and neurodevelopmental disorders who have severe behavioral, mental and physical disabilities to set them on the path to success, while other agencies refuse to even consider these types of cases.

2. *Provide a projected annual timeline for accomplishing the results or outcomes of the service;*

With appropriate and adequate funding, K.E.L.I.I. desires to create a facility as soon as possible; however, K.E.L.I.I.'s projected annual timeline is 5 years. On the other hand, the allocation of scholarship monies to families in need will start immediately.

3. *Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and*

A quality assurance team comprised of select board members, consultants and community representatives shall meet no less than once a month to evaluate any past, current or future quality assurance needs. The team will also implement regular data collection to monitor progress and guide future input.

K.E.L.I.I.'s management will communicate its strategic plan to employees of each agency in such a way that the employees will understand, support, and implement K.E.L.I.I.'s strategic plan. The Balanced Scorecard Management Model Strategy breaks down the organization's strategic plan by using strategic themes and critical success operational perspectives (financial goals, customer needs, internal processes, making sure all agencies are following strategic plan and employee support). K.E.L.I.I.'s strategic plan will be drilled down through the agencies to each operating program director; and ultimately, each employee will know the specific contribution they are expected to make to the accomplishment of K.E.L.I.I.'s strategic plan.

4. *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.*

In order to manage the implementation of the strategic plan effectively and efficiently, the administrators and board of directors must be able to measure the results in an on-going fashion. The Balanced Scorecard process links the strategic plan with a core measurement system so management can quickly identify how effectively the strategic plan is being accomplished.

Properly communicated measurements that support the strategic plan become powerful tools to achieve dramatic results in bringing agencies alignment, motivation, and continually improving services to different agencies participants.

III. Financial

Budget

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

K.E.L.I.I.'s current budget is determined to *partially* cover the costs of the following services for scholarship applicants. For services and therapies not covered by medical insurance, typical expenses for a family with a child or young adult with genetic and neurodevelopmental disorders who have behavioral, mental and physical disabilities include, but are not limited to:

- Brain Treatment Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Family Therapy
- Vocational Counseling
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Music Therapy
- Play Therapy
- Comprehensive Psychological Testing
- Academic Tutoring
- Applied Behavior Analysis

Attached is a list of services not covered by medical insurance to provide evidence of the financial burden carried by families with children and young adults with genetic and neurodevelopmental disorders who have behavioral, mental and physical disabilities.

See Appendix A.

A properly prepared and executed strategy always needs to be the driving factor in establishing the annual budget. Our plan provides focus and effective communication so that our operating and capital budget will have a greater probability of aligning with the strategic plan and less probability of being developed by internal political negotiations.

2. *The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2014.*

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$6,250	\$6,250	\$6,250	\$6,250	\$25,000

3. *The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2014.*

Currently, K.E.L.I.I. is searching for grant monies to give as scholarships and help build a facility.

4. *The applicant shall provide a listing of all state and federal tax credits it has 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.*

Not applicable.

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.

K.E.L.I.I.'s current board of directors and consultants include professionals from law and health care. Mental health services are currently under the guidance of a doctoral level clinical psychologist with over five years of experience working in community-based mental health in the state. These services include placements at a variety of clinics and hospitals and agencies specializing in child and adolescent mental health. K.E.L.L.I. also aspires to expand its membership of clinicians including training opportunities for up and coming doctors and therapist from locally based accredited academic institutions.

The Board of Directors is a policy-making board. Its role is changing from passive stewardship to active leadership. The Board will be expanded from its current level of four members to a membership up to eight. Additions to the board will build on strengthening its governance capability, including expanding its expertise and depth in such areas as legal, fund raising and development, business growth and sustainability, finance, entrepreneurship, nonprofit management, child and young adult development. The Board monitors the strategic plan, corporate objectives, and ensures the necessary resources for the long term viability of the corporation. New board committees will be formed, including ones that will be active in advancing the initiatives identified in the strategic plan, Standing committees in key areas will provide assurance that all legal and auditing requirements are met and corporate risks are minimized.

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. The applicant shall also describe how the facilities meet ADA requirements, as applicable.

Not applicable at this time.

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.

The Administration and Board of Directors are comprised of Parents, Siblings (to a child with special needs), Psychologist, Behavior Specialist, Therapist, Attorneys, and other Professionals from the corporate world.

K.E.L.I.I.'s strategic plan has been drilled down through the agencies and each operating program director, and ultimately, each employee knows the specific contribution they are expected to make to the accomplishment of K.E.L.I.I.'s strategic plan.

All staff will have on-going professional training and development in their specific fields including, but not limited to the different therapeutic orientations and agencies. The professional training and development will be specific to their work and be part of their continuing education requirements which are tied into their performance evaluation.

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 Appendix B.

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.

Not applicable.

B. Licensure or Accreditation

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

Dr. Michael Caliri, Psy. D., psychologist and member of the Board of Directors
Rafael Del Castillo, Attorney for Hawaii Coalition for Health and member of the Advisory Team

Treatment, Therapies, and Medical Services *Not* Covered by Medical Insurance

Brain Treatment Therapy	\$150 per session
Neurofeedback	\$200 per session
Music Therapy	\$60 per session
Applied Behavior Analysis Therapy	\$120 per session
Visual Therapy	\$65 per session

Services Potentially Covered by Medical Insurance (Depending on Coverage)

Trauma-Focused Cognitive Behavioral Therapy	\$115 per session
Family Therapy	\$120 per session
Vocational Counseling	\$110 per session
Occupational Therapy	\$150 per session
Physical Therapy	\$150 per session
Speech Therapy	\$150 per session
Play Therapy	\$150 per session
Comprehensive Psychologist Test	\$600
Academic Tutoring	\$75 per session

K.E.L.I.I.
Keiki Education Living Independent Institute

Board of Directors

Name	Position	Occupation	Phone Number
Melodee Haole	President / Founder	Hair Dresser / Mother of Special Needs Child	(808)927-5909
Dr. Michael Caliri	Vice President	Clinical Psychologist	(808)551-4734
Sheryl Garcia	Secretary	Business Owner	(808)783-1408
Lianne Yamane	Treasurer	Student Majoring in Business Administration - Accounting	(808)640-3501

Advisory Board

Name	Occupation	Phone Number
Rafael Del Castillo	Attorney for Hawaii Coalition for Health	(808)782-1262
Cheryl Ebisui	Behavior Analyst (BCBA)	(808)478-7633
Jessica Luning	Ewa Plains Enrichment Program	(808)255-5266
Georgette Stevens	Advertising and Sales	(808)450-7707

BUDGET REQUEST BY SOURCE OF FUNDS

(Period: July 1, 2013 to June 30, 2014)

Applicant: Keiki Education Living Independent Institute

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. Scholarships	20,000			
10. Workshops	5,000			
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	25,000			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	25,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	25,000	Melodee Haole 927 5909		
(b)		Phone		
(c)		1/29/13		
(d)		Signature of Authorized Official Date		
TOTAL BUDGET	25,000	Melodee Haole President		
		Name and Title (Please type or print)		

K.E.L.I.I.

Statement of Activities

For Year Ended December 31, 2012

REVENUE

Earned Revenue \$ 1,489.71

Contributed Revenue \$ 2,510.00

Total Unrestricted Revenue \$ 3,999.71

EXPENSES

Fundraising Expense

Venue Expense \$ 294.00

Materials Expense \$ 345.00

Miscellaneous Expense

Bank Charges \$ 29.50

IRS Expense \$ 850.00

Total Operating Expenses \$ 1,518.50

NET UNRESTRICTED INCOME \$ 2,481.21

NET ALL ACTIVITY \$ 2,481.21

K.E.L.I.I.

Statement of Financial
Position

As of January 30, 2013

ASSETS

Current Assets

Cash \$ 2,481.12

TOTAL ASSETS \$ 2,481.12

LIABILITIES

Current Liabilities -

Long Term Liabilities -

TOTAL LIABILITIES -

NET ASSETS

Unrestricted

Undesignated \$ 2,481.12

**TOTAL LIABILITIES & NET
ASSETS \$ 2,481.12**

Date	Account Name	Debit	Credit
9/6/2012	Checking Account- general	\$ 867.00	
	Net Assets		\$ 867.00
9/21/2012	IRS expense	\$ 850.00	
	Checking Account- general		\$ 850.00
12/3/2012	Checking Account- general	\$ 138.21	
	Fundraising Event- Pizza Hut		\$ 138.12
12/3/2012	Checking Account- general	\$ 143.00	
	Revenues- contributions- general		\$ 143.00
12/7/2012	Petty Cash	\$ 200.00	
	Checking Account- general withdrawl		\$ 200.00
12/10/2012	Fundraising Expense- Venue	\$ 294.00	
	Checking Account- general		\$ 294.00
12/10/2012	funds transfer expense- paypal (405LS2222CG7VHA)	\$ 0.32	
	Checking Account- general		\$ 0.32
12/10/2012	Checking Account- general	\$ 0.15	
	paypal deposit- (105LS2222CG7VHA)		\$ 0.15
12/10/2012	Checking Account- general	\$ 0.17	
	paypal deposit- (205LS2222CG7VHA)		\$ 0.17
12/11/2012	Fundraising Expense- materials (t-shirts)	\$ 345.00	
	Checking Account- general		\$ 345.00
11-Dec	Special Handling Expense	\$ 29.50	
	Checking Account- general		\$ 29.50
12/12/2012	Checking Account- general	\$ 345.00	
	Fundraising Expense- materials (return item enclosure)		\$ 345.00
12/12/2012	Checking Account- general	\$ 200.00	
	deposit back change for sample sale		\$ 200.00
12/12/2012	deposits checking account- general	\$ 1,351.50	
	Earned Revenue- Sample Sale		\$ 1,351.50
12/12/2012	deposits checking account- general	\$ 1,500.00	
	Revenues- contributions- general		\$ 1,500.00
12/14/2012	Fundraising Expense- materials (t-shirts)	\$ 345.00	
	checking account- general		\$ 345.00

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: K.E.L.I.I.

Period: July 1, 2013 to June 30, 2014

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS: Not applicable to our current request.				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS: Not applicable to our current request. Monies will be distributed in scholarship form and used to help cover workshop expenses.				

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: K.E.L.I.I.

Period: July 1, 2013 to June 30, 2014

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: 2011-2012	FY: 2012-2013	FY:2013-2014	FY:2013-2014	FY:2014-2015	FY:2015-2016
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
<p>JUSTIFICATION/COMMENT Not applicable to our current request.</p> <p style="text-align: center;">Monies will be distributed in scholarship form and used to help cover workshop expenses.</p>						

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The 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:
 - a) 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;
 - b) Complies 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;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows 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.
- 2) The applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) 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.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants or subsidies 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.

Keiki Education Living Independent Institute

(Typed Name of Applicant)



(Signature)

1/29/13

(Date)

Melodee Haole

(Typed Name)

President

(Title)