

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: Kokua Home Care LLC

Db/a: Kokua Care

Street Address: 3184 B Waiialae Avenue

Mailing Address: 3184 B Waiialae Avenue
Honolulu, Hawaii 96816

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name Hope Young

Title Director of Care Services

Phone # 808-734-5555

Fax # 808-734-6558

e-mail hope@kokuacare.com

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Grant for Kupuna Care, for those in need with little to no ability to pay.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2014: \$ 275,000

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 \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

SIGNATURE:

Hope Young Director
NAME & TITLE

January 31, 2013
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;
2. The goals and objectives related to the request;
3. The public purpose and need to be served;
4. Describe the target population to be served; and
5. Describe the geographic coverage.

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;
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and
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.

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request. Please see attached forms as requested.
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
\$68,750	\$68,750	\$68,750	\$68,750	\$275,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2014. NOT APPLICABLE
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

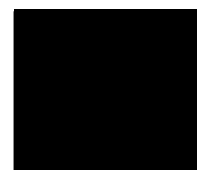
IV. Experience and Capability

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.

B. Facilities

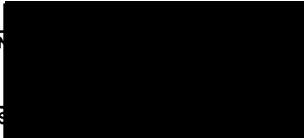
The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. The applicant shall also describe how the facilities meet ADA requirements, as applicable.



BUDGET REQUEST BY SOURCE OF FUNDS

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

Applicant: KOKUA CARE

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	\$275,000			
2. Payroll Taxes & Assessments	included			
3. Fringe Benefits	included			
TOTAL PERSONNEL COST	\$275,000			
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				
TOTAL (A+B+C+D+E)	\$275,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	\$275,000		734-5555	
(b)			Phone	
(c)			Jan 31, 2013	
(d)			Date	
TOTAL BUDGET	\$275,000	HopeYoung, Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

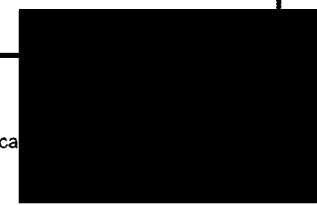
Applicant: KOKUA CARE

Period: July 1, 2013 to June 30, 2014

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
NOT APPLICABLE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
NOT APPLICABLE			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

Applica

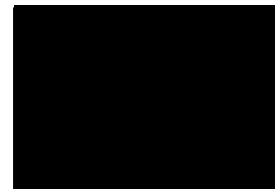


**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: KOKUA CARE

Period: July 1, 2013 to June 30, 2014

		FUNDING AMOUNT REQUESTED			NOT APPLICABLE	
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES 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:						
JUSTIFICATION/COMMENTS: <p align="center">NOT APPLICABLE</p>						



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAII 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, Hawaii 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, Hawaii 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, Hawaii 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, Hawaii 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.

KOKUA HOME CARE LLC

(Organization)

January 31, 2013

(Date)

Director

Hope Young

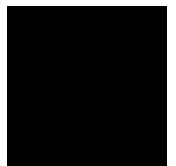
(Typed Name)

(Title)

APPLICATION FOR GRANTS IN AID

I. BACKGROUND & SUMMARY

1. Kokua Home Care LLC has offered in home care for our Kupuna on O'ahu since February 2004. We have steadily grown as a home care agency and perform over 7000 hours of service each month. Our care services are tailored to each individual's needs and ranges from basic companion care to minor medical care, RN care and hospice.
2. Our goal is to provide our Kupuna access to affordable and quality home care and community-based services that are client-centered and family-supportive allowing them to live comfortably in their homes with independence and dignity. We currently provide care to many individuals who have the ability to pay for their care. We are aware of many more Kupuna that do not, even with their family's assistance, have the ability to afford in-home care. Our goal and wish is to provide additional care for these individuals that would not otherwise receive in-home care and thus offer them a better, more peaceful and enjoyable life.
3. The purpose is to assist the general public who cannot afford in-home care and whose families suffer along with them because of the lack of funds necessary to provide the care required. Many family members lose their jobs by staying at home to care for their loved ones and thus self-promoting the downward spiral of hard economic times for the Kupuna and their own families as well. This program, if supported, will provide over 15,000 hours of care for our Kupuna that would not otherwise receive such care. Also, this will employ up to 12 full time caregivers or as many as 25 part time caregivers. So, our primary intent is to improve or maintain our Kupuna's quality of life, self-sufficiency and ability to remain in their homes as long as possible, thereby delaying premature or unnecessary institutionalization.
4. The target population to be served is adults in need that are over 60 years old. The 2010 U.S. Census estimated there were 192,581 adults 60 years and older living on Oahu. This portion of the population comprises 20.1% of the total Oahu population. We propose serving clients who are older, poorer and frailer than those detailed in the Census. The latest analysis available from the State is that 35% live in poverty, 84% are minority, 29% are low-income minority, 7% live in rural areas, 6% speak English "not well" or "not at all" and 79% have trouble performing 1 or more ADLs (activities of daily living).
5. Kokua Care is pleased to cover ALL of Oahu for its services. We provide care to all areas, urban and rural, from Makaha to East Oahu, from Waimanalo to Mokuleia.



II. SERVICE SUMMARY & OUTCOMES

1. The scope of work shall include
 - i. screening and assessment of clients for their specific needs and determine the number of hours of care needed,
 - ii. register clients and conduct intake interviews as appropriate using the Kokua Care standard assessment package,
 - iii. assure completeness, accuracy and legibility of all completed documents,
 - iv. reassess and review service plan as needed but at least every 6 months,
 - v. record all services delivered,
 - vi. provide observation and feedback to family members or other of any changes in client's health or social situations
 - vii. develop a service plan for the personal care services,
 - viii. provide personal hygiene and personal care activities as described in the client's care plan,
 - ix. assist with bathing and/or showering
 - x. assist with dressing and grooming
 - xi. assist with oral hygiene
 - xii. assist with positioning and turning,
 - xiii. assist with light housekeeping as necessary as well as cooking, shopping or any other outings required in the course of the care plan.
2. Care shall be provided over the course of the care plan as agreed upon.
3. Quality assurance visits are unannounced visits to the clients' home, during both scheduled, and unscheduled hours of services. The purpose of the Quality assurance visit is to ensure standards of care are adhered to, and to update any changes to clients' service plans. Quality assurance visits are tracked in the filing system at our home office. Personalized interaction with the client and their families ensures that objectives of care are established and maintained in a positive manner. Goals and objectives are set at the beginning when the Care Plan is agreed to and the outcomes and accomplishing these goals are followed and tracked over time. Our Quality Assurance visits and regular phone calls to clients and/or family caregivers ensures that any necessary improvements are quickly addressed and remedied.
4. Kokua Care shall provide all reports in accordance with the Grants-In-Aid requirements. Specifically, Kokua Care shall provide Client and Service tracking information using standard Kokua Care forms and its database software. Also included will be the following:
 - i. Monthly reports: Narrative reports and request for payment
 - ii. Quarterly reports: Financial Status and Project Income Status
 - iii. Annual Reports: Narrative, Financial Status, Client Satisfaction Survey
 - iv. Audited Financial Statements upon request.

Description of Proposed Data Collection, Management & Analysis Procedures for:

Client/Service/Fiscal Reporting - Client services are documented upon initial assessment of client. Services are determined by clients' needs, and are monitored and updated every 6 months. Documentation is maintained in clients' files, and are also electronically updated via HomeTrak system

Project Monitoring – the project shall be monitored as per all the client monitoring that we do for our regular clients. This includes, but is not limited to, spot checks, phone calls and weekly follow up with the caregivers. Caregivers maintain a care plan at the Client's home and each caregiver will update the journal daily. Our Care Services and Client Services staff maintain communication with the Client and/or families on a regular basis for additional quality assurance.

Hardware & Software Currently Used by Kokua Care for Data Collection

The entire office is networked to an onsite server. All of the individual desktop computers are Hewlett Packard (HP) and all monitors are flat screen either Dell or Compaq. All computers, Office software and operating systems were replaced in 2011. The server is a Dell that accommodates a backup of all files from each computer each evening AND a backup of the backup occurs daily as well. The system is complete with a battery backup system that can function for up to 5 days without local power.

The software that will be used for Data Collection will be a combination of our typical Office programs (Word, Excel, etc), QuickBooks and HomeTrak. Office 2010 is the version installed throughout the office. We use the latest QuickBooks Enterprise for all of our accounting purposes and client tracking and more. The QuickBooks is integrated with a proprietary software for scheduling called HomeTrak. HomeTrak is the software engine behind all of our scheduling, caregiver information, client information, care plans, time sheets and more. It is through HomeTrak that we provide a "Telephony" solution for all of our caregivers' time sheets, sign in and sign out activity. This is tied directly to our billing and payroll which QuickBooks generates invoices or payroll for as scheduled. HomeTrak is updated constantly through the software company that maintains it for us

IV. EXPERIENCE & CAPABILITY

- A. Kokua Care has the physical capacity to deliver the proposed services. Since the proposed services are for in-home care, this is what we already provide for our Kupuna in the community. Kokua Home Care LLC has offered in home care for our Kupuna on O'ahu since February 2004. We have steadily grown as a home care agency and perform over 7000 hours of service each month. Our care services are tailored to each individual's needs and ranges from basic companion care to minor medical care, RN care and hospice. Kokua Care has a full and part time staff of approximately 80 dedicated individuals. The staff ranges from Home Health Aids to Certified Nursing Assistants to Medical Assistants

to Registered Nurses. Our focus is on the quality of care for our clients. As such, we have recently created the Kokua Care Foundation which wholly owns Kokua Home Care. The foundation is a non-profit 501 (c)(3). Through our daily business activities and revenue, we started to care programs. One for Alzheimer's/Dementia and the other for Veterans Care. We provide up to 100% subsidized care for these individuals that meet our eligibility criteria.

- B. Kokua Care owns its own office building in Kaimuki, on Waiialae Avenue. Besides having our own offices and additional square footage for expansion, we also lease out commercial space to a 3rd party which provides us additional revenue to offset our property taxes and operating costs. Our office facility has ample parking as well which is very useful for our on-going caregiver training sessions. Just to be clear, our services are provided in the comfort of our clients' homes. We have all the necessary equipment (hardware, software and existing infrastructure) to ensure a smooth, safe and efficient process for the proposed services. Our offices are rarely visited by clients as all of our services are provided in their homes, but if any family member or client wishes to visit us, we are ADA compliant with access from the front door and throughout the interior of our offices and restrooms.

