

House District _____

Senate District _____

THE TWENTY-SEVENTH LEGISLATURE
APPLICATION FOR GRANTS AND 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 LD. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Hui Pono Holoholona

Street Address: 11-3436 Hibiscus St, Mountain View, HI 96771

Mailing Address:

PO Box 6894, Mt. View HI 96771

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name VIVIAN TOELLNER

Title Treasurer

Phone # (808) 345-2753

Fax # (808) 961-5124

e-mail HuiPono@hphhawaii.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:

**PUNA / PAHOA VETERINARIAN LOW COST SPAY
NEUTER ASSISTANCE**

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2015: \$90,000.00

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 \$0.00 _____
 FEDERAL \$0.00 _____
 COUNTY **\$5,500.00 2013/2014 GRANT**
 PRIVATE/OTHER \$0.00 _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

VIVIAN S. TOELLNER, HPH TREASURER

NAME & TITLE

1-27-14

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; Hui Pono Holoholona is dedicated to improving the lives of animals on the Island of Hawaii. The 501c3 nonprofit has sponsored spay/neuter surgeries for over 3,000 dogs and cats in the past 6 years.
2. The goals and objectives related to the request; To provide low cost spay/neuters to the Pahoa / Puna area of the Island of Hawaii. The nonprofit is expecting to have the majority of dogs and cats be seen by Dr. Bill San Filippo, DVM, who is establishing a full-time Pahoa Veterinary business.
3. The public purpose and need to be served; Over 1,000 health dogs and cats are euthanized on the Island each month. Lower Puna has no Veterinarian for a 15+ mile area, the nearest, are one in Keauau and one in HPP subdivision.
4. Describe the target population to be served; Caretakers of animals in the Puna area who are in need of financial assistance. HPH also traps and transports to surgery dogs and cats for those unable to do so. HPH also communicates the need to reduce animal overpopulation by spay/neuter. Prevention is the humane way.
5. Describe the geographic coverage. Puna District - Pahoa, Kalapana, Leilani Estates, Nanawale, Hawaiian Beaches and other area subdivisions.

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; HPH will notify the communities of low cost spay/neuter assistance. Calls and emails for assistance will be received, and arrangements made for services. If the caretaker needs assistance, HPH will come with carriers, traps, and transportation if needed.
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service; The \$90,000 grant would cover an estimated 1,800 dogs and cats. Averaging 30 cats and 10 dogs a week, for 45 weeks. Dr. San Fillippo, DVM has agreed to provide these surgeries for Hui Pono Holoholona at reduced prices. Dog female spay \$75.00, Dog male neuter \$45.00, Cat female spay \$50.00, Cat male neuter \$25.00.

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; Dr. San Filippo is an experience Hawaii licensed veterinarian, with trained staff, opening a veterinarian business in Pahoia. Hui Pono Holoholona will assist the public with referring, trapping and transporting animals to the clinic. Other veterinarians maybe used as well. Follow up with Participants and Veterinarians will determine the need for changes.
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. The number of dog and cat sterilizations preformed, The financial records of Hui Pono Holoholona, and any other ways requested.

III. Financial Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2015.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
25,000	25,000	25,000	15,000	\$90,000.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2015. Applied for County of Hawaii Grant. Fundraising activities including but not limited to: Spay Day Rally Event, Christmas Mailing, Give Aloha Program, and individual donations to stretch the spay/neuter funds over as many as possible.
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.
5. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2013. Zero unrestricted assets. \$5,500 in bank - composed of \$2,500 in Sanctuary Fund, and \$3,000 in Spay/Neuter Fund.

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.

For the past 3 years the County of Hawaii has partially approved funding of HPH Spay/Neuter grant requests. Over 3,000 dogs and cats have been spay/neutered with HPH assistance. We are an all volunteer group, dedicated to this mission; receiving no compensation for our expenses or time.

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.

Clinics are now held at the Eagles building near the town of Keaau. We are currently assisting Dr. San Filippo, DVM, in acquiring a suitable Pahoia location for the full-time veterinarian business.

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. Hawaii State Veterinarians and their staff provide the spay/neuter surgery. The Veterinarian charges a fee per operation, which HPH covers with Grant monies and donations. HPH Board members are dedicated to the mission, and will continue to serve, as they have for the past several years, two from inception 7 years ago.

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. HPH board members answer calls and emails for assistance and determine how to proceed. HPH may simply inform the Veterinarian of financial assistance being offered by HPH and to expect a call for an appointment from that person. If necessary, HPH has available carriers and traps to loan. In some cases, it may be necessary to give direct personal assistance by a dedicated HPH board member, done at their own expense.

C. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position..
Zero - All Volunteer

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. Not Applicable.

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2014 to June 30, 2015)

Applicant: Hui Pono Holoholona

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	0			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance * estimated for Grant if need	1,000			
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies- traps, carriers, tarps, etc.	4,000			
7. Telecommunication				
8. Utilities				
9. Veterinarian fee - per surgery	85,000			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	90,000			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	90,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	90,000	Vivian Toellner (808) 345-2753		
(b)		Name (Please type or print) Phone		
(c)				
(d)				
TOTAL BUDGET	90,000	Vivian Toellner, Board Member & Treasurer Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Hui Pono Holoholona

Period: July 1, 2014 to June 30, 2015

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not Applicable - All volunteer 501c3 Non Profit				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				0.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Hui Pono Holoholona

Period: July 1, 2014 to June 30, 2015

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Traps - Live Humane Traps	60	\$50.00	\$ 3,000.00	3000
Animal Carriers	20	\$50.00	\$ 1,000.00	1000
			\$ -	
			\$ -	
			\$ -	
TOTAL:	80		\$ 4,000.00	4000.00

JUSTIFICATION/COMMENTS: We already have several traps and carriers, but they become broken and rusted. We do not require a deposit for use of our traps and carriers, as the HHS does. We try to eliminate as many deterrents to spay/neuter as possible. HPH traps are painted bright yellow and engraved and marked with our name & phone #. Our experience has been very good with the honor system.

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not Applicable (Volunteers use own vehicles)			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				0.00

JUSTIFICATION/COMMENTS:

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: Hui Pono Holoholona

Period: July 1, 2014 to June 30, 2015

FUNDING AMOUNT REQUESTED						
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: 2012-2013	FY: 2013-2014	FY:2014-2015	FY:2014-2015	FY:2015-2016	FY:2016-2017
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:	0	0				
JUSTIFICATION/COMMENTS: <u>Not Applicable</u>						

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

Hui Pono Holoholona

(Typed Name of Individual or Organization)



(Signature)
Vivian S. Toellner

(Typed Name)

1-27-14

(Date)

HPH Treasurer

(Title)

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: March 11, 2008

HUI PONO HOLOHOLONA
C/O FRANCES PUEO
P.O. BOX 943
MT VIEW, HI 96771

Person to Contact:
Sonya Adigun ID# 31-08768
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
20-8567302

Dear Sir or Madam:

This is in response to your request of March 11, 2008, regarding your change of address. Our records have been updated to reflect this change.

Our records indicate that a determination letter was issued in June 2007 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)3 of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi). ✓ *Public Charity Status*

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,


Sonya Westcott
Manager, Exempt Organizations
Determinations



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: **HUI PONO HOLOHOLONA**

DBA/Trade Name: **Hui Pono Holoholona**

Issue Date: **12/07/2013**

Status: **Compliant**

Hawaii Tax#: W66138240-01
FEIN/SSN#: XX-XXX7302
UI#: No record
DCCA FILE#: 217673

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation Internal Revenue Service	Compliant Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Compliant
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

12/7/2013



CERTIFICATE OF LIABILITY INSURANCE

HUIPO-1

OP ID: LP

DATE (MM/DD/YYYY)

07/22/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Finance Insurance, Ltd.- Hilo
427-A Kilauea Avenue
Hilo, HI 96720
Jun Kataoka

Phone: 808-933-7321
Fax: 808-933-7306

CONTACT NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Crum & Forster Indemnity Co.	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Hui Pono Holoholona
% Frances P. Pueo
P O Box 943
Mt. View, HI 96771

COPY**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	X		RENEWAL OF 5437173537	07/29/13	07/29/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ NOT COV \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Grant Payment Subsidy

Certificate Holder is named as Additional Insured but only to the extent set forth in the General Liability policy provisions.

CERTIFICATE HOLDER**CANCELLATION**

County of Hawaii
25 Aupuni St. #2103
Hilo, HI 96720

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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HUI PONO HOLOHOLONA

(People doing morally right helping animals)
501 c3 non-profit tax deductible spay/neuter organization
P.O. BOX 943, Mt View, 96771 (808)-968-8279

Email: HPH@hphhawaii.org

Why we do this:

At the present time, more than 13,000 dogs and cats are euthanized on the island of Hawai'i each year, at taxpayer expense. Thousands more are abandoned, lost or feral. It is clear that our community needs no-cost or truly affordable spay and neuter to reduce overpopulation humanely.

Hui Pono Holoholona is aloha. The heart of HPH will respond to this situation with programs to connect humans and animals for purposes of educating the public on the need to humanely stop animal overpopulation through animal sterilization, furthering additional education on proper animal care, the importance of responsible companionship, and ownership through kindness and respect.

HPH will pursue outreach to other organizations already involved in responding to the needs of animals. Humane Society organizations, kennel clubs, animal breeders, and other organizations will be encouraged to work cooperatively to share in creating a better world for all living creatures and to encourage people to sterilize their companion animals.

HPH will reach out to help individuals that are feeding and caring for cat colonies on a case-by-case basis, by getting their cat populations sterilized.

HPH will work towards having every domestic animal live in a healthy, loving environment, significantly reducing the overpopulation of domestic animals, and making the island of Hawai'i a model for humane animal care. The spirit of aloha will perpetuate.

Fundraising, grants, donations of monies, time and food are an integral part of the success of Hui Pono Holoholona. With the growth of membership and the increase of financial support, we can do all that is needed to achieve a better and kinder society for the animals and our island people.

Kindness
Is
Contagious!

Hawaii Island Humane Society
July 1, 2013 to June 30, 2014

HUMANE SOCIETY OPERATIONS FYE 2014 - December 2013

MEASURE	Total To Date	Keaau			Kona			Waimea			Combined To-Date Total
		Dogs	Cats	Other	Dogs	Cats	Other	Dogs	Cats	Other	
Shelter & Disposition											
Received/Assessed:	7,088	330	241	28	143	123	61	90	45	7	8,156
Disposition	6,948	338	234	28	150	123	58	102	43	7	8,031
To Other Shelter	31	9	0					7			47
Redemptions	523	50	1	0	21	6	0	14	0	0	615
Adoptions	1,318	100	31	10	55	29	9	22	3	0	1,577
Escaped	11	0	0	0	0	1	0	0	0	0	12
Stolen	4	0	0	0	0	0	0	0	0	0	4
Died	13	4	0	0	1	0	0	0	0	0	18
Other (DOA, released, exotic, etc.)	82	0	0	0	0	8	1	7	4	2	104
Animals Euthanized	4,966	175	202	18	73	79	48	52	36	5	5,654
Adoptable	130	3	1	0	13	3	0	6	0	0	156
Treatable	2,181	137	36	7	46	7	1	6	6	0	2,427
Non-Rehabilitatable	2,533	13	162	11	12	68	47	40	29	5	2,920
Owner Requested	122	22	3	0	2	1	0	0	1	0	151
Adoption Rate:											
Adoption % (adoptable)	86.79%	97.09%	96.88%	100.00%	80.88%	90.63%	0.00%	78.57%	100.00%	0.00%	90.67%
Adoption % (total)	21.52%	36.36%	13.30%	35.71%	42.97%	26.85%	15.79%	29.73%	7.69%	0.00%	26.15%
Health Problems											
Parvo 1 *	27	4			1			0			32
Parvo 2 **	7	1			0			0			8
Other	62	1	10	0	0	2	0	2	2	0	79
Adopted Returned for Health Reasons	2	0	0	0	0	0	0	0	0	0	2
HIHS Programs											
Number of Animals in Foster Care	225	6	0	0	9	16	1	0	0	0	257
Cat Registrations Issued	305	31			27			4			367
Number of Shelter Volunteers	412	17			33			15			477
Number of Volunteer Hours	6,010	89			213			104			6,010
Number of Mobile Adoptions	48	1			9			0			58
Education Program											
Number of classes taught	76	4			13			2			95
Number of shelter visits	58	3			4			2			67
Total number of participants	1,875	20			272			11			2,178
Microchipping Clinic											
Number of Microchipping	1,780	187			147			44			2,158

Hawaii Island Humane Society 2014

July 1, 2013 to June 30, 2014

HUMANE SOCIETY OPERATIONS FYE 2014 - December 2013

MEASURE	Projected*	Total To Date	KEAAU			KONA			WAIMEA			Combined To Date	% of Estimate
			Dogs	Cats	Other	Dogs	Cats	Other	Dogs	Cats	Other		
SHELTER & DISPOSITION													
Year to Date													
From Other Shelter		18				16						29	
Stray/Feral Animals	12,800	4,359	224	207	25	87	97	56	63	38	7	5,163	40%
Owner-Surrendered Animals	3,500	1,198	106	34	3	40	26	5	27	7	0	1,448	41%
Received/Assessed Totals		5,575	330	241	28	143	123	61	90	45	7	6,901	45
To Other Shelter		28	9	0			0		7			44	
Redemptions	750	389	50	1	0	21	6	0	14	0	0	481	64%
Adoptions	2,000	1,125	100	31	10	55	29	9	22	3	0	1,384	69%
Other	150	72	4	0	0	1	9	1	7	4	2	100	67%
Animals Euthanized	14,000	3,908	175	202	18	73	79	48	52	36	5	4,596	33%
Disposition Totals		5,522	338	234	28	150	123	58	102	43	7	6,605	
ENFORCEMENT													
Animal Control Officers, Keaau	5		5										
Animal Control Officers, Kona	3					3							
Animal Control Officers, Waimea	4								4				
Minimum ACO Staff Maintained													
Dispatch Calls		2,405	357			145			72			2,979	
After Hours Calls for Assistance	270	565	66			39			10			680	252%
Requests from Police		44	16			5			5			70	
After Hours Requests From Police		56	12			3			0			71	
After Hours Field Responses		139	16			10			4			169	
Large Animal Calls		32	9			1			0			42	
Pick-Ups of Animals	400	128	14			6			6			154	39%
Calls for Assistance - Total Calls	8,900	3,369	490			209	0	0	97	0	0	4,165	47%
Complaints/Compliance Notices Issued	1,500	322	28			21			14			385	26%
Dog Running Loose		122	14			1			2			139	
License Violation		16	0			0			0			16	
Cruelty to Animals		1	0			0			0			1	
Dangerous Dog		25	4			0			1			30	
Other		4	0			0			0			4	
Citations to Repeat Offenders	20	15	1			0			0			16	80%
Citations Issued - Total	130	505	47			22			17			591	455%
Evidence Animals Sheltered			0			1			0				
Animal Control Cases	2,880	505	47			23			17			592	21%
GENERAL													
Miles Covered	140,000	81,311	5,978			8,145			4,369			99,803	71%
Traps Loaned	1,000	366	34			24			12			436	44%
"Sweeps" Conducted	84	45	0			1			0			46	55%
Dead Animals Collected/Disposed	450	182	52			30			21			285	63%
Licensing													
Dog Licenses Issued	4,120	1,614	629			793			128			3,164	77%
Cat IDs Issued (HIHS Program)	500	275	31			27			4			337	67%
Dog License Fees Collected	\$15,600	\$4,623.30	\$ 1,674.70			\$2,115.30			\$ 318.80			\$ 8,732.10	56%
Spay/Neuter Program													
S/N CAP Coupons Issued	1,520	560	45			45			45			695	46%
HIHS S/N Coupons Issued		423	45			18			7			493	