

House District 25

Senate District 11

**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 I.D. NO. (LEAVE BLANK IF UNKNOWN):

1. APPLICANT INFORMATION:

Maoli 2 Maoli

Legal Name of Requesting Organization or Individual:

Db: **Po'ohala Diabetes II Project**

Street Address: 1010 Wilder Ave #1201 Honolulu, HI

Mailing Address: SAME

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name Clifford Kapon

Title President

Phone # (808) 430-2841

Fax # _____

e-mail Poohala@live.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:

Po'ohala Diabetes II Intervention Project

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2015: \$ 125,000

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 \$ 0
 FEDERAL \$ 0
 COUNTY \$ 0
 PRIVATE/OTHER \$ 300,000

REPRESENTATIVE:

Clifford P. Kapon

President

01/21/2014

NAME & TITLE

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;

For the past 40 years I have personally witnessed a demise in our local Hawaiian Islands' people with a variety of conditions being suspect in impacting our dwindling population. Economic disparities and educational variances between foreigners and natives has always been an issue for our democratic government of past and present administrations leaving us with the old adage "Better We Live Hawaii" . Believing Hawaii is the best place of earth to live is an undisputed statement but how we live has and continues to be a growing monumental concern. The Po'ohala Diabetes II Project was launched to specifically address diabetes as a debilitating disease of pandemic proportions.

Mission Statement: To inspire and empower people affected by diabetes mellitus.

2. The goals and objectives related to the request;

The goal of our Po'ohala Diabetes II Project is to mitigate diabetes mellitus in our local island communities.

Our objectives are:

A. Nutritious Food

- Insuring there is an adequate supply of natural nutritious food products to meet our programs protocol demands which is based on a non-allopathic approach to mitigating diabetes mellitus.
- Working in conjunction various land holders to convert former sugar land into highly nutritious natural food products that employ the "Food Forest" concept.

B. Research

- Clinical Investigation meeting HIPAA Compliance to learn why diabetes is a pandemic condition in Hawaii.
- Launch a 5 year Diabetes Mitigation Plan to monitor local residents for efficacy.
- Outcome findings shared with certain clinical entities for metabolic and insulin efficiencies.

C.. Program

- Collaborate with state and local government physical fitness assets and opportunities for measurable and predictable positive outcome
- Reduce current medical cost accrued by governmental agencies that are directly related to the mismanagement of diabetes mellitus
- Network with national healthcare venues for better health via education and best practice

3. The public purpose and need to be served;

Our state motto commonly understood to mean "The Life of the Land is Perpetuated in Righteousness" mandates that every citizen of this great state has the inalienable right to equity and fairness. The lives of those who have helped to shape this image of Hawaii that we now all appreciate come those very people who now are at risk for a debilitating disease in diabetes mellitus with no universal cure on the horizon and none to be found anywhere on earth.

We are a composite of various ethnicities making up our unique complexion referred to not in color but by life style that being "Local". As local people we have the capacity to express ourselves by our standards and the fortitude to make it happen.

Diabetes Mellitus is a growing disease that when weighed against our ever shrinking population it gains a stronger foothold with every subsequent generation. When will we stop tis dreaded disease if not now? The purpose and need for the Po'ohala Diabetes II Project is self evident.

4. Describe the target population to be served; and

In the first year of our five year intended program, we look to target those local residents who are pre-diabetic. Those who are pre-diabetic typically have no idea that they are at risk for a series of dreadful pathogenic outcomes and sadly too often only realize their fate when diabetes is fully expressed in loos of site and/or feeling in their lower extremities resulting in amputation.

5. Describe the geographic coverage

The geographic area for the Po'ohala Diabetes II Project includes **all islands** with a total of **six sites** in the first year: Kauai (1); Oahu (1); Maui (1), Molokai (1); Hawaii (2).

Dependent upon funding, we would like to double the number of sites served ever year i.e., 2nd year: 12 sites; 3rd year: 24 sites; 4th year: 48 sites and 5th year: 96 sites serving all islands.

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;

Our project scope of work, tasks and responsibilities can be best summarized in three categories:

• **FOOD**

Our scope of work for FOOD includes a farm plan for specific natural food products inclusive of a business plan to make the FOOD phase sustainable. Initially land must be secured. Our immediate task at present includes discussions with KSBE for retired agriculture land on Maui to be used for natural agricultural food products for distribution to all island based sites. The responsibility for our FOOD phase will be under the supervision of our project Farm/Science Coordinator.

• **RESEARCH**

Scope of work for RESEARCH is detailed in our clinical HIPAA compliant database which will query data relative to a stepped controlled study of diet, behavior and prescribed diabetes drugs relative to a control group over a specific length of time. In addition to weighing basic non clinical demographics such as zip code, occupation, education level attainment and ethnicity declaration. Responsibility for our RESEARCH department resides with our project Medical Director.

• **PROGRAM**

Our project PROGRAM scope of work has been defined with the help of the State of Hawaii Department of Health Public Health Improvement Training Series and the generosity of many nurses and scientist from the University of Hawaii System. Task include taking and monitoring of Body Mass Index, Weight, Height, Sex, Blood Pressure, Heart Rate, Glucose Level, A1C Blood test all relative to the forward progress of mitigating Diabetes Mellitus. Responsibility of our PROGRAM outcomes will be shared with our project Medical Officer and Nurse In-Charge.

- Total scope of work, evaluation of project tasks and performance responsibility will reside with the Po'ohala Diabetes II Project Chief Executive Officer.

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

PROJECTED ANNUAL TIMELINE				
	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
FOOD PLAN			X	
REASEARCH		X		X
PROGRAM	X			
PROGRAM MODIFICATION		X		X

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

The Po'ohala Diabetes II Project establishes a base line of data early on upon launch. Participants will have access to biometric electronic machines to check their individual progress along with our project's ability to download data in the aggregate which allows us to see progress in sectors by variable conditions and/or demographics.

Modification to either diet and/or exercise will show quantitatively in base line outcomes. Group performance can be weighed in the aggregate with individual query and downloading variables for personal performance. A record of data will allow the project to see comparable outcomes (+/-) of certain populations with the ability to compare a wide variety of variable conditions such as environmental, population social densities, economic level of distress or educational disparities by age, sex, income and geography for example. It is anticipated that we will have more data to share with other health based entities to make better decisions relative to diabetes.

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.

- Review and approval of all clinical approaches to diabetes mellitus efficacy by Department of Health in conjunction with our Institutional Review Board (IRB).
- Review an approval of all best clinical practices for non-allopathic approaches to mitigating diabetes mellitus by local hospitals at each site.
- Review and approval of cultural sensitivity in the mitigation of diabetes mellitus by community leaders advancing best cultural practices in healthcare.

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 2014.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$25,000	\$50,000	\$50,000	0	\$125,000

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

Funding Source	Amount
Non-profit Corporations	\$250,000
Corporations	\$950,000
Individuals	\$75,000

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.

The Po'ohala Diabetes II Project is a composite of licensed medical professionals, established medical facilities and commercial business executives with local cultural history spanning over a century of combined experience. Our select group of volunteer board members are of the highest order with experience in both private and public sectors. Resumes are available upon demand.

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

The Po'ohala Diabetes II Project will perform all of its recognized clinical functions at a licensed hospital and/or clinic. Strategic biometric electronic machines will be placed throughout the State of Hawaii for participant convenience at a location commonly recognized as appropriate for this type of function.

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.

Our Po'ohala Diabetes II Project looks to employ an acuity system to meet project participant demands and needs as a valuable tool to allocate food, research and program resources based on participant

needs. Having 1.) the right staff 2.) with the right skills 3.) at the right location 4.) at the right time 5.) with the right assignment allows us to orchestrate a smaller professional staff over a larger audience of participants. All key personnel have an average 20 year experience level within their respective functions.

Clifford Kapon is the CEO of the parent company which Po'ohala Diabetes II Project is a function. He will serve as the project's Executive Director for the first five years. As a former Vice President with Motorola C&E South Pacific and Senior Consultant at KAI Pharmaceutical Consulting Division he has extensive professional experience in complex engineering and scientific project management, contract negotiations, accounting and finance.

Our medical lead team is composed of two medical doctors and one registered nurse with a broad range of clinical experience. Dr. Nickolas Lind, MD., 30 year resume includes general practice in Central America, clinical practice as a primary care physician to include geriatrics at the California Kensington Medical Group and more recently Medical Officer for California Department of Corrections at Ironwood State Prison. Dr. Valerie Simonsen, ND with over 20 years of medical experience and former Kapiolani Women's and Children's Hospital physician compliments our lead physician mix.

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.

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.

BUDGET REQUEST BY SOURCE OF FUNDS

(Period: July 1, 2014 to June 30, 2015)

Appi Po'ohala Diabetes II Project

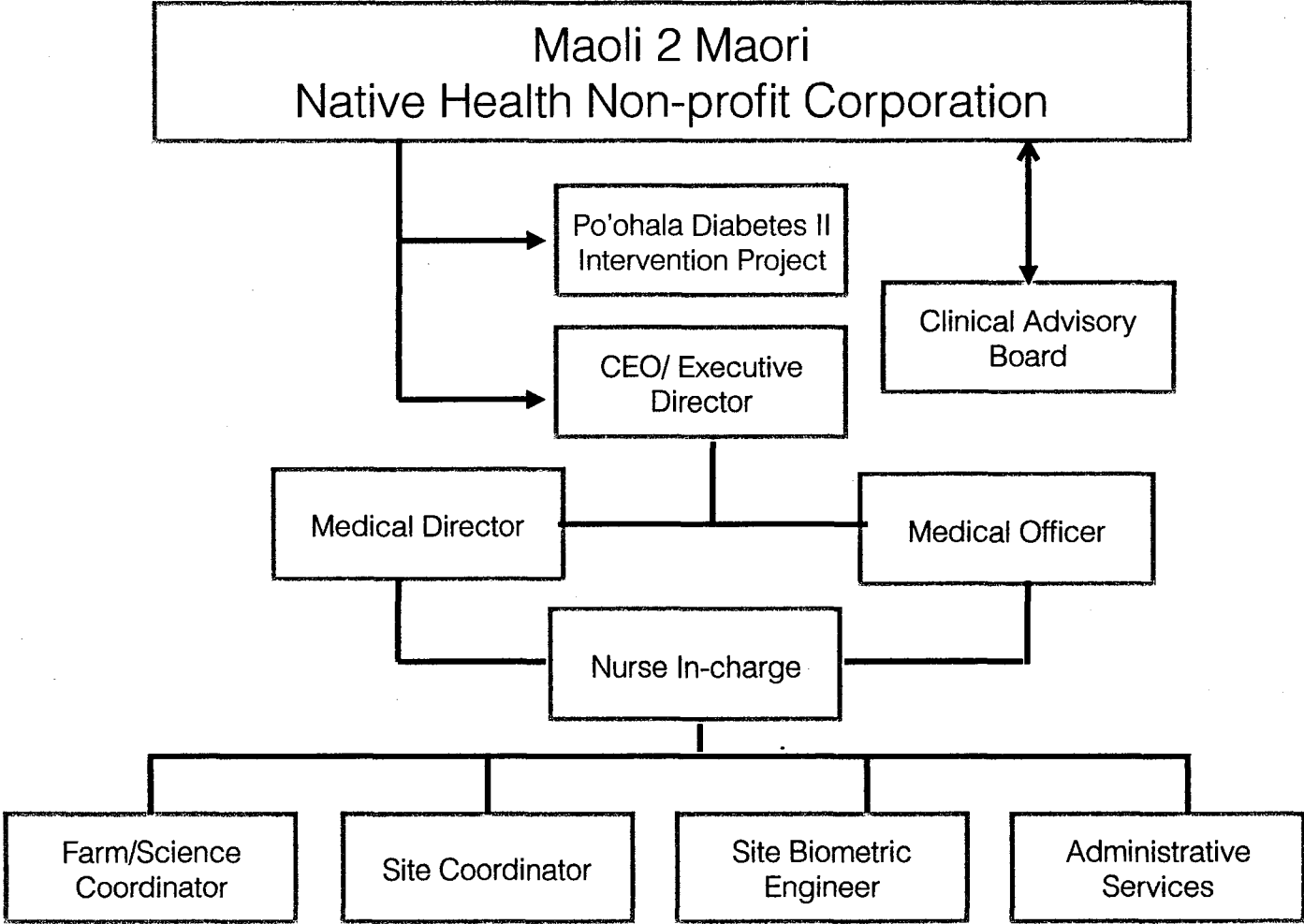
BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	71,350	171,235	485,178	71,282
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST	\$71,350	\$171,235	\$485,178	\$71,282
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	10,403	24,989	70,805	10,403
2. Insurance	2,085	5,010	14,195	2,085
3. Lease/Rental of Equipment	0	0	0	0
4. Lease/Rental of Space	6,244	15,132	42,500	6,244
5. Staff Training	0	0	0	0
6. MEDICAL Supplies	16,134	38,759	109,819	16,244
7. Telecommunication	1,561	3,750	10,625	1,561
8. Utilities	2,085	5,010	14,195	2,085
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	38,512	92,650	262,139	38,622
C. EQUIPMENT PURCHASES	15,137	36,107	102,680	15,086
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	\$124,999	\$299,992	\$849,997	\$124,990
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	125,000	Clifford P. Kaponu (808) 430-2841		
(b) Private Foundation	299,992	Name (Please type or print) Phone		
(c) Corporations	849,996			
(d) Individuals	124,880	Signature of Authorized Official Date		
TOTAL BUDGET	\$1,399,868	Clifford P. Kaponu President 01/21/2014		
		Name and Title (Please type or print)		

Applicant: _____ Po'ohala Diabetes II F

Period: July 1, 2014 to June 30, 2015

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY	% OF TIME ALLOCATED TO GRANT REQUEST	TOTAL STATE FUNDS REQUESTED
		A	B	(A x B)
Executive Director / CEO	President	\$150,000.00	100.00%	\$ 150,000.00
Medical Director	Executive VP	\$125,000.00	30.00%	\$ 37,500.00
Medical Officer	VP	\$115,000.00	30.00%	\$ 34,500.00
Nurse In-Charge	General Manager	\$100,000.00	50.00%	\$ 50,000.00
Farm/Science Coordinator	Manager	\$60,000.00	75.00%	\$ 45,000.00
Site Coordinator	Manager	\$40,000.00	85.00%	\$ 34,000.00
Biometric Eningeer	Manager	\$30,000.00	50.00%	\$ 15,000.00
Administration Services	Secretary	\$35,000.00	100.00%	\$ 35,000.00
				\$ -00
				\$ -00
				\$ -00
				\$ -00
				\$ -00
				\$ -00
TOTAL:				401,000.00
JUSTIFICATION/COMMENTS:				

Po'ohala Diabetes II Intervention Project



**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.

Maoli 2 Maori

(Typed Name)

(Signature)

Clifford P. Kaponu

(Typed Name)

01/21/2014

(Date)

President

(Title)