

House District 2
Senate District 1

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:

Legal Name of Requesting Organization or Individual:
Big Island Wellness Solutions
Dba: **BIWS**
Street Address: **615 Haihai St., Hilo, HI 96720**
Mailing Address: **615 Haihai St., Hilo, HI 96720**

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name Audrey J. Wilson
Title Board President
Phone # 808-985-7191
Fax # N/A
e-mail audreywilson808@gmail.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:

**Big Island Wellness Solutions:
Commercial Kitchen Improvement Project**

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

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2015: \$ 100,000.00

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
FEDERAL \$ 0
COUNTY \$ 0
PRIVATE/OTHER \$ 2,300.00

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

Jessica Takayama, Volunteer Office Manager

NAME & TITLE

01/27/15

DATE SIGNED



RECEIVED ✓
1-30-15

Application for Grants and Subsidies

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;

Big Island Wellness Solutions (BIWS) is a non-profit organization that specializes in nutrition education, culinary entrepreneurship, and vocational training programs. BIWS' home base of operations is its certified incubator kitchen facility in Hilo, Hawaii Island.

2. The goals and objectives related to the request;

Goals for the "Big Island Wellness Solutions - Certified Kitchen Improvement Project" are to serve current rental clients, as well as obtain the equipment necessary to expand clientele base.

Objectives for the "Big Island Wellness Solutions - Certified Kitchen Improvement Project" are to fund, purchase, and install a walk-in cooler/freezer, additional convection oven, Commercial Dehydrator, and Mobile Food Truck to the certified kitchen facility.

3. The public purpose and need to be served;

"The Kitchen", as BIWS' certified facility is known as, serves as a community resource for individuals with small culinary businesses, as these individuals need an affordable certified incubator kitchen to prepare food goods to be sold publicly.

4. Describe the target population to be served;

The target population for the "Big Island Wellness Solutions - Certified Kitchen Improvement Project" includes clients of all ages, gender, ethnicity, and economic background.

5. Describe the geographic coverage.

Geographic coverage for this community resource includes East Hawaii Island, including: Hilo, Puna, and Hamakua.

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;
 - a) Outdoor walk-in cooler/freezer, convection oven, and dehydrator ordered, purchased, and shipped;
 - b) Gas line for convection oven installed inside certified kitchen by propane specialist,
 - c) Cement slab poured for walk-in cooler/freezer and walkway adjacent to certified kitchen facility by cement specialist,
 - d) Posts and roof structure built for walk-in cooler/freezer by construction specialist,
 - e) Electrical wiring started for walk-in cooler/freezer by electrician,
 - f) Walk-in cooler/freezer assembled and installed by certified personnel,
 - g) Electrical wiring completed for walk-in cooler/freezer by electrician,
 - h) Mobile food vehicle (with certified kitchen included) purchased.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
 - Month 1 - Quarter 1 funding released. Convection oven, and Dehydrator ordered & purchased. Propane installation begins with additional valve and hose added to kitchen. Building Construction for Walk-in Cooler/Freezer begins planning.
 - Month 2 - First phase of cement slab for Walk-in Cooler/Freezer begins.
 - Month 3 - Convection oven, and Dehydrator delivered. Convection oven installed.
 - Month 4 - Quarter 2 funding released. Building Construction for Walk-in Cooler/Freezer begins.
 - Month 6 - Building Construction for Walk-in Cooler/Freezer continues.
 - Month 7 - Quarter 3 funding released. Cooler/Freezer Unit and Low-temp Condensing Unit ordered and purchased.
 - Month 8 - Building Construction for Walk-in Cooler/Freezer continues with posts and roof structure.
 - Month 9 - Building Construction for Walk-in Cooler/Freezer completed, Electric Wiring begins.
 - Month 10 - Quarter 4 funding released, Mobile Food Vehicle & Polypropylene Shelving Purchased.
 - Month 5 - Cooler/Freezer Unit and Low-temp Condensing Unit delivered, assembly begins.
 - Month 11 - Assembly continues on Cooler/Freezer Unit and Low-temp Condensing Unit.
 - Month 12 - Electric Wiring on Cooler/Freezer Unit and Low-temp Condensing Unit complete. Shelves delivered, assembled and installed in unit.

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

BIWS monitors and evaluates its various programs and projects, and has determined that the activities described in this "Certified Kitchen Improvement Project", including the addition of much needed equipment to expand facilities, would create growth in our abilities to serve clientele, and thus for clientele to serve our community. BIWS expects to see a rise in number of clients served per month, as well as services rendered.

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 effectiveness of the "Certified Kitchen Improvement Project", will be able to be measured by assessing data of clients in number and time of kitchen use before and after the project completion date. BIWS will compile data to use in reports to this and any other requesting 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.

Item: Walk-in Cooler/Freezer: \$59,468.68

Company	Item	Cost Estimate
Master Bilt	Cooler/Freezer Unit	\$17,333.17
Master Bilt	Low temp Condensing Unit	\$14,075.51
Hamakua Builders	Building Construction	\$12,600.00
Royal Hawaiian Electric	Electric Wiring	\$10,000.00
Cambro	Polypropylene Shelving	\$5,460.00
	Total Cost:	\$59,468.68

Item: Convection Oven: \$10,864.00

Company	Item	Cost Estimate
Southbend	Convection Oven Unit	\$10,064.00
The Gas Company	Propane Installation	\$800.00
	Total Cost:	\$10,864.00

Item: Commercial Dehydrator: \$3,240.99

Company	Item	Cost Estimate
	Commercial Dehydrator Unit	\$3,240.99
	Total Cost:	\$3,240.99

Item: Mobile Food Vehicle: \$35,000.00

Company	Item	Cost Estimate
AJ & Sons Catering, LLC (Selling used vehicle)	Mobile Food Vehicle:	\$35,000.00
	Total Cost:	\$35,000.00

Project Title: Certified Kitchen Improvement Project

Item	Cost Estimate
Walk-in Cooler/Freezer	\$59,468.68
Convection Oven:	\$10,864.00
Dehydrator:	\$3,240.99
Mobile Food Vehicle:	\$35,000.00
Total Cost:	\$108,573.67

Applicant: Big Island Wellness Solutions

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
\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00	\$100,000.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2015.

Atherton Foundation, Bank of Hawaii Foundation, Cooke Foundation, Economic Development Administration, The Gas Company Foundation, Hawaii Community Fund, Hawaii County Grant, Hawaii Island United Way, HEI Charitable Foundation, HMSA Foundation, Kaiser Permanente, United States Department of Agriculture, Weinberg Foundation.

Additionally, Big Island Wellness Solutions has started a letter writing campaign to seek funds from interested parties and individuals to partner in programs and projects through funding, volunteerism, and in-kind donations.

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.

NONE

5. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2013.

NONE

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.

BIWS was incorporated in 2008 with the goal of creating an "Incubator Kitchen" - a certified facility which can be used as a community resource for small or start-up culinary businesses. This facility needed to be accessible and affordable to a wide population in East Hawaii.

BIWS procured funding from a USDA grant to help build a certified kitchen on donated land in 2009. BIWS opened doors to its home facility in Oct. 2011. The management and funding efforts for this certified kitchen construction project took skills, abilities, and knowledge in the fields of project management, grant writing, and the nonprofit sector to find completion.

BIWS currently operates the certified kitchen, as well as the "Big Island Wellness Solutions - Community Outreach Program", started in 2012; including 3 ongoing projects: the "*Hawaii Healthy Me: Children's Workbook Distribution Project*" - distributed to 1,400 fourth graders island wide in 2014-2015, the "*Hawaii Island Community Small Business Resource*" - assisting small and startup culinary based businesses by providing information and resources for free or low user cost, and the "*Vocational Training and Assistance Project*" - aiding individuals in economic need by offering free culinary career education/training, support resources/mentoring, and paid internship with a certified kitchen and catering company.

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.

BIWS' East Hawaii facility was built to ADA required standards, including accessibility parking stall, ramp, bathroom, sink, and protective pipe covers. The facility has recently undergone inspection by ADA compliance agent in December 2014.

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.

BIWS Facilities Manager, Dean Shigeoka, will oversee the "Certified Kitchen Improvement Project", communicating with construction contractors, and advising equipment ordering and building plans.

BIWS Board of Directors members, Audrey & Jim Wilson will oversee financial distribution, management, and advisement for project.

Facilities Office Manager, Jessica Takayama, will assist with ordering and tracking equipment, seeking additional funding through grant writing, as well as collecting data for records and reporting on project.

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.

Name	Position	Duties	Value (in dollars)
Audrey Wilson	Volunteer Executive Administrator	BOD President - Advises & approves all programs, projects, & budgets. Facilitates programs.	\$25,000/yr .
Jim Wilson	Volunteer Executive Administrator	Chief Financial Officer - manages certified kitchen accounts.	\$25,000/yr .
Ariana Bassett	Volunteer Administrator	Assists Executive Administrators.	\$25,000/yr .
Dean Shigeoka	Volunteer Facilities Manager	Manages client & Health Department schedules, maintains facility & equipment. Facilitates programs.	\$50,000/yr .
Soloman Swart	Volunteer Facilities Assistant Manager	Assists Facilities Manager, supervises maintenance crew.	\$25,000/yr .
Jessica Takayama	Volunteer Office Manager	Seeks funding through grants and donations, manages client billing.	\$50,000/yr .

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.

BIWS does not have any compensated employees; all officers, directors, and managers are at-will volunteers.

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.

NONE


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.

- Hawaii State Department of Health - certification for kitchen rentals for public use.
- ADA compliant facility.
- USDA inspected facility.

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

Applicant: Big Island Wellness Solutions

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	\$0			
2. Payroll Taxes & Assessments	\$0			
3. Fringe Benefits	\$0			
TOTAL PERSONNEL COST	\$0			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	\$0			
2. Insurance	\$0			
3. Lease/Rental of Equipment	\$0			
4. Lease/Rental of Space	\$0			
5. Staff Training	\$0			
6. Supplies	\$0			
7. Telecommunication	\$0			
8. Utilities	\$0			
9. Construction	\$23,400.00			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES	\$50,173.67			
D. MOTOR VEHICLE PURCHASES	\$26,426.33	\$8,573.67		
E. CAPITAL	\$0			
TOTAL (A+B+C+D+E)	\$100,000.00			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	\$100,000.00	Jessica Takayama	808-959-4711	
(b)	\$8,573.67		Phone	
(c)			01/27/15	
(d)		Signature of Authorized Official	Date	
TOTAL BUDGET	\$108,573.67	Dean Shigeoka, BIWS Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Big Island Wellness Solutions

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				\$ 0
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				\$0

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Big Island Wellness Solutions

Period: July 1, 2014 to June 30, 2015

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Walk-in Cooler/Freezer	1		\$ 59,468.68	\$59,468.68
Convection Oven	1		\$ 10,864.00	\$10,864.00
Commercial Dehydrator	1		\$ 3,240.99	\$3,240.99
			\$ -	
			\$ -	
TOTAL:				\$73,573.67
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Mobile Food Vehicle	1	\$35,000.00	\$ 35,000.00	\$35,000.00
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				\$35,000.00
JUSTIFICATION/COMMENTS:				

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: Big Island Wellness Solutions

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	\$0	\$0	\$0	\$0	\$0	\$0
LAND ACQUISITION	\$0	\$0	\$0	\$0	\$0	\$0
DESIGN	\$0	\$0	\$0	\$0	\$0	\$0
CONSTRUCTION	\$0	\$0	\$23,400.00	None submitted at time of proposal	\$0	\$0
EQUIPMENT	\$0	\$0	\$73,573.67	None submitted at time of proposal	\$0	\$0
TOTAL:	\$0	\$0	\$96,973.67	\$0	\$0	\$0
JUSTIFICATION/COMMENTS: BIWS has only submitted grant funding applications for program funding for current fiscal year at time of this proposal.						

**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.

Big Island Wellness Solutions

(Typed Name of Individual or Organization)



(Signature)

01/27/15

(Date)

Jessica Takayama

(Typed Name)

Office Manager

(Title)