

House District _____
Senate District _____

THE TWENTY-EIGHTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: _____

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

"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.

"Recipient" means any organization or person receiving a grant.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

DEPARTMENT OF HEALTH

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual: Epilepsy Foundation of Hawaii, Inc.

Dba: Epilepsy Foundation of Hawaii

Street Address: 1050 Ala Moana Blvd. Suite 2550
Honolulu, HI 96814

Mailing Address: 1050 Ala Moana Blvd. Suite 2550
Honolulu, HI 96814

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name SAMANTHA WEST, MSW

Title Executive Director

Phone # (808) 528-3058

Fax # (866) 846-8078

E-mail sam@epilepsyhawaii.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
 FOR PROFIT CORPORATION INCORPORATED IN HAWAII
 LIMITED LIABILITY COMPANY
 OTHER
 SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

CARE MANAGEMENT SERVICES FOR INDIVIDUALS, FAMILIES AND COMMUNITIES IMPACTED BY EPILEPSY.

4. FEDERAL TAX ID: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016: \$ 60,000

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 \$ 0

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

SAMANTHA WEST, MSW, EXECUTIVE DIRECTOR
NAME & TITLE

1/28/15
DATE SIGNED



Application for Grants

I. Background and Summary

1. A brief description of the applicant's background;

Established in 1971 as "Hawaii Epilepsy Society," the Epilepsy Foundation of Hawaii is the oldest, private non-profit organization in the state of Hawaii that provides public awareness about epilepsy and support services for individuals, families and communities impacted by the neurological disorder. The organization is an affiliate of the Epilepsy Foundation of America. EFH's mission is to stop seizures and Sudden Unexpected Death in Epilepsy (SUDEP), find a cure and overcome the challenges created by epilepsy through efforts including education, advocacy and research to accelerate ideas into therapies.

The Foundation is governed by a volunteer Board of Directors comprising business leaders, health care professionals and client representatives, with the advice and counsel of a Professional Advisory Board made up of Hawaii's leading epilepsy physicians and health experts. EFH's current programs and services consist of monthly support groups, an information and referral phone line, community epilepsy awareness events, community seizure first aid trainings and consumer advocacy.

2. The goals and objectives related to the request;

GOAL:

Assist individuals impacted by epilepsy achieve increased control of their seizure activity as well as help individuals and families cope with and address the biopsychosocial impacts of the neurological disorder.

OBJECTIVES:

1. Coordinate person-centered care management services that will assist in reducing avoidable health care costs and result in improved outcomes for individuals and families impacted by epilepsy.
 2. Develop, document, and implement care plans that address epilepsy management, social supports, and other goals the individual and/or family may choose to pursue such as gaining employment and accessing public services.
3. The public purpose and need to be served;

According to the 2012 Institute of Medicine's Epilepsy across the Spectrum Report,¹ one in 26 people will develop epilepsy at some point in their lifetime.

¹ <http://www.iom.edu/Reports/2012/Epilepsy-Across-the-Spectrum.aspx>

While there are treatment options available for epilepsy, there is no cure. It is estimated that one-third of individuals diagnosed with epilepsy live with uncontrolled seizures. In addition to the physical impacts of living with seizures, the psychological and social impacts include a higher prevalence of learning disabilities and memory problems, higher unemployment rates, psychological difficulties, poor social adaptation, lower self-esteem and difficulty living independently.

According to the Institute of Medicine's report:

“Epilepsy is much more than seizures. For people with epilepsy, the disorder is often defined in more everyday terms, such as challenges in school, uncertainties about social and employment situations, limitations on driving a car, and questions about independent living.”

In addition to the biopsychosocial impact individuals diagnosed with epilepsy and their families encounter, the disorder also carries an economic burden. An analysis conducted in 2009, Economic impact of epilepsy in the United States,² found that the national economic burden of epilepsy is \$9.6 billion dollars. Care Management will help alleviate some of this burden by reducing avoidable health care costs and improving social productivity including gainful employment and contribution to the tax base.

Care Management will provide comprehensive services for a “gap” group of consumers who are unable to receive care management services from our existing partners. The program will help consumers;

- Understand and comply with proper medical protocol, personal health maintenance and referrals.
- Manage mental and emotional health.
- Understand their legal rights, the power of the Americans with Disabilities Act, and the benefits and risks of disclosing their epilepsy to potential employers.
- Learn about students' rights to a proper education and a productive relationship with their school.
- Advocate for themselves and others.
- Access therapeutic approaches to better manage their epilepsy.
- Educate family and community members on seizure first aid.

4. Describe the target population to be served; and

² <http://www.ncbi.nlm.nih.gov/pubmed/19508694>

Care Management will help individuals and families impacted by epilepsy in the state of Hawaii. To become eligible for care management services, persons must have/be:

- A Hawaii resident.
- A diagnosis of epilepsy or indication of probable epilepsy.
- Willingness to participate in the program.

5. Describe the geographic coverage.

The geographic coverage area for epilepsy care management services is the state of Hawaii, with an emphasis on rural, underserved communities. EFH will partner with community health organizations, local physicians and hospitals, the Department of Health and Department of Education for program referrals.

II. Service Summary and Outcomes

1. Describe the scope of work, tasks and responsibilities

Build Capacity:

EFH will recruit, hire and train a Care Manager who will begin providing comprehensive biopsychosocial care management services to the epilepsy community in Hawaii. The Executive Director and Program Committee will develop all necessary policies and procedures relating to the program.

Outreach to Underserved Communities:

EFH will continue to develop strong links with health care and community service agencies, initiating community partnerships to expand the scope of epilepsy awareness in Hawaii. These partners will also serve as referral sources.

Information and Referral:

EFH will respond to calls from persons with seizure disorders and/or their families and provide them with information and referral services and assessments regarding further services that may be needed from Epilepsy Foundation of Hawaii. An epilepsy-specific trained social worker and Care Manager will be available by phone or at the office to provide dependable information regarding educational, legal and employment inquiries, epilepsy prevention, seizure types, current treatment modalities and management issues.

Intake and Assessment:

The Care Manager will complete an initial comprehensive intake with persons referred to/interested in the Care Management Program. Information gathered during the intake will be utilized to determine the consumer's complex psychosocial and health care needs.

Care Management Plan:

Consumers who are assessed as potential beneficiaries of care management services will work directly with the Care Manager to create a comprehensive care management plan. The Care Manager will ensure completion of all necessary documentation including addendums and revisions. The Care Manager will review and evaluate the effectiveness of the plan with consumers as needed and will collaborate with the consumer, family and community partners to monitor implementation of the plan and ensure necessary reviews take place. The Care Manager will attend and advocate at necessary medical appointments, school meetings, vocational or work-related meetings for assigned consumers as needed. The Care Manager will act as a liaison/coordinator with day programs, schools, vocational or work related providers.

Community Education:

EFH staff and volunteers will continue to increase the community's knowledge of seizure first aid by providing trainings through free, 1-hour presentations by a trained facilitator.

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

Project Activity in FY 2015	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Project Organizing and Staffing												
Identify Potential Initial Participants												
Accept Referrals from Community Partners												
Outreach to Underserved Communities												
Community Epilepsy Awareness Events												
Information and Referral Services												

Intake and Assessment												
Develop, and Monitor Care Management Plans												
Community Seizure First Aid Presentations												

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

Services provided by the Care Management Program will be monitored and evaluated in a number of ways, depending upon the service.

Build Capacity:

Program capacity will be measured by creation of program policies and procedures as well as through hiring of new staff.

Outreach to Underserved Communities:

Program staff and volunteers will document meetings with potential and identified community partners through an Excel sheet that monitors basic contact information of the partner and services they offer the community. This document will be utilized to monitor the number of community partners that are made throughout the grant period.

Information and Referral:

All Information and Referral inquiries are logged on an internally shared Excel sheet that monitors contact information, reason for inquiry, action taken as well as any follow-up. This document will be utilized to monitor the number of Information and Referrals the Care Management Program receives.

Intake and Assessment:

A copy of each intake will be compiled in an internally shared folder to track the number of consumers enrolled in the program.

Care Management Plan:

A copy of each care management plan will be compiled in an internally shared folder to track the number of consumers enrolled in the program. Consumers will be given a survey upon completion of their care management services

asking for recommendations for program improvement. Consumer surveys will be reviewed by program staff and implemented as appropriate.

Community Education:

Sign-in sheets and Certificates of Completion will be utilized to track the number of seizure first aid presentation participants.

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.

Build Capacity:

- One (1) new staff hired
- Care Management policies and procedures document created

Outreach to Underserved Communities:

- Twenty five (25) documented community partners

Information and Referral:

- One hundred (100) documented Information and Referral interactions (in-person or by phone)

Intake and Assessment:

- Complete forty (40) intake assessments

Care Management Plan:

- Create and monitor the implementation of thirty five (35) care management plans

Community Education:

- Facilitate twenty five (25) seizure first aid presentations and train at least one hundred and twenty five (125) community members on seizure first aid.

III. Financial

Budget

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

All required budget forms are included in this application. Please see the attached documents.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2016.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$15,000	\$15,000	\$15,000	\$15,000	\$60,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2016.

Care Management is a new program that will be added to the Epilepsy Foundation of Hawaii. As such, it has no current funding and is seeking funds from:

- Hawaii Community Foundation
- Epilepsy Foundation of America
- Hawaii Chamber of Commerce Public Health Fund
- Friends of Hawaii Charities, Inc.

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 a listing of all government contracts and grants it has been and will be receiving for program funding.

Not Applicable

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2014.

The Epilepsy Foundation of Hawaii's unrestricted current assets as of December 31, 2014 are \$51,207.

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 Epilepsy Foundation of Hawaii has been providing services to Hawaii's epilepsy community since 1971. As an affiliate of the Epilepsy Foundation of American, the organization must meet standards set by the nation's leading epilepsy experts. In addition to being governed by our local Board of Directors, a national Board of Directors and Professional Advisory Board oversees the local Foundation's operations. EFH is also an Aloha United Way partner organization.

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 Epilepsy Foundation of Hawaii office is housed in Honolulu on the 2nd floor of Ward Warehouse located at 1050 Ala Moana Blvd. Suite 2550. There is free parking and the office is conveniently located along a bus line so clients who are unable to drive can easily access it. The 500 square foot office is divided into two rooms. Staff and volunteer work stations are located in the front office. The second room is reserved for confidential consumer meetings and support groups. There are public restrooms located close to the office.

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.

Proposed Staffing

Samantha West, MSW, is the Executive Director of EFH. .20 FTE will be devoted to oversight of this program. Samantha is responsible for planning, networking with community partners, business operations and staff supervision for this program. Samantha holds a Master of Social Work and Graduate Certificate in Nonprofit Management from University of Hawaii at Manoa. She obtained her Bachelor of Social Work from Florida State University. Prior to her involvement with the Epilepsy Foundation of Hawaii, Samantha worked as a Child Protective Services Care Manager and Domestic Violence Advocate. Samantha is supervised by the Board of Directors. Samantha attends yearly Leadership conferences hosted by the Epilepsy Foundation of America.

If GIA is awarded, 1 FTE Care Manager will be hired. The Care Manager will be supervised by the Executive Director. The position requires a Master's degree in public health, social work, community development, disability studies or related field, experience in developing, implementing, and evaluating care plans and expertise with one or more of the following populations: epilepsy, disability, special needs, etc. The Care Manager will complete an intensive epilepsy Train the Trainer course facilitated by Natalie Morgan-Romain, APRN, Program Coordinator of the Queen's Comprehensive Epilepsy Center, before interacting with consumers.

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 organization chart that illustrates the placement of this request.

Please see the attached document.

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..

EFH currently has only one paid position:

Samantha West, Executive Director, \$50,000

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 the applicant possesses relevant to this request.

The Epilepsy Foundation of Hawaii meets all required standards in the areas of Mission, Governance, Operations, Finance, Advocacy, Programs, Communications, and Research, and is officially recognized as an affiliate of the Epilepsy Foundation of America. EFH is an IRS 501(c)3 non-profit organization.

C. Federal and County Grants

The applicant shall separately specify the amount of federal and county grants awarded since July 1, 2014.

Not Applicable. EFH has submitted a County of Hawaii Nonprofit Grant Application for FY2015-16 for \$40,000. If awarded, county grant funds will be allocated to a different EFH program.

D. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

Not Applicable

E. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2015-16 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2015-16, but
- (2) Not received by the applicant thereafter.

EFH is planning to start an annual giving campaign in 2016 through a donor database that was recently purchased by the organization. In addition, EFH will host an inaugural gala in May 2015 in partnership with various corporate sponsors.

F. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2014.

Please see the attached document.

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FY 2016

Applicant: EPILEPSY FOUNDATION OF HAWAII

BUDGET FORMS

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

App EPILEPSY FOUNDATION OF HAWAII

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	50,000			
2. Payroll Taxes & Assessments	1,500			
3. Fringe Benefits	3,500			
TOTAL PERSONNEL COST	55,000			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	3,000			5,000
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies	1,000			5,000
7. Telecommunication				
8. Utilities				
9. Transportation	1,000			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	5,000			10,000
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	60,000			10,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	60,000	SAMANTHA WEST 808-528-3058		
(b) Total Federal Funds Requested	0	Name (Please type or print) Phone		
(c) Total County Funds Requested	0	[REDACTED] 1/28/15		
(d) Total Private/Other Funds Requested	10,000	Signature of Authorized Official Date		
TOTAL BUDGET	70,000	SAMANTHA WEST, MSW, EXECUTIVE DIRECTOR		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2015 to June 30, 2016

Applicant: EPILEPSY FOUNDATION OF HAWAII

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
EXECUTIVE DIRECTOR	0.2	\$50,000.00	20.00%	\$ 10,000.00
CARE MANAGER	1	\$40,000.00	100.00%	\$ 40,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				50,000.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: EPILEPSY FOUNDATION OF HAWAI

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

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

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: EPILEPSY FOUNDATION OF HAWAII

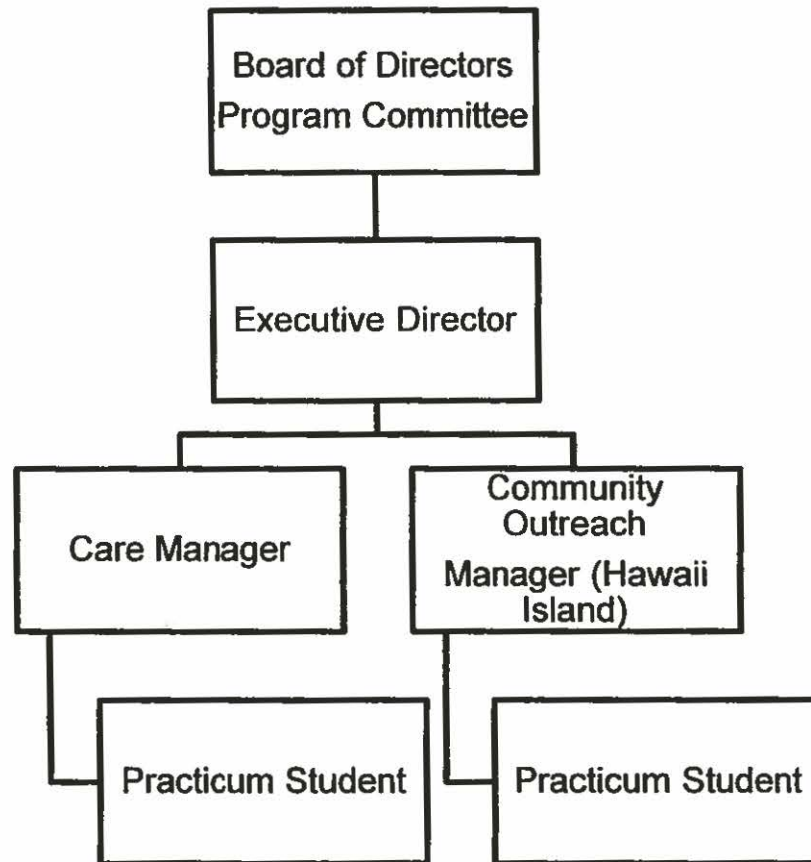
FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2013-2014	FY: 2014-2015	FY: 2015-2016	FY: 2015-2016	FY: 2016-2017	FY: 2017-2018
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENT NOT APPLICABLE						

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Applicant: EPILEPSY FOUNDATION OF HAWAII

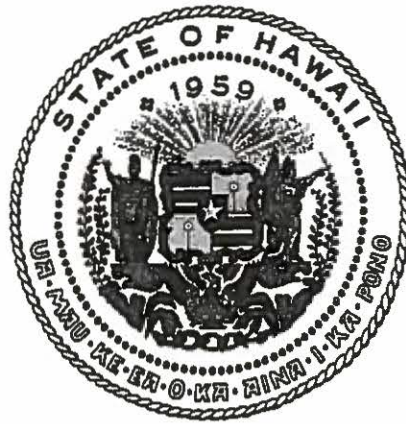
ORGANIZATION CHART

Epilepsy Foundation of Hawaii Care Management and Community Outreach



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Applicant: EPILEPSY FOUNDATION OF HAWAII

CERTIFICATE OF GOOD STANDING



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

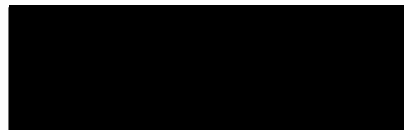
I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

EPILEPSY FOUNDATION OF HAWAII, INC.

was incorporated under the laws of Hawaii on 01/04/1972 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 28, 2015



Interim Director of Commerce and Consumer Affairs

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Applicant: EPILEPSY FOUNDATION OF HAWAII

LETTER OF SUPPORT



THE QUEEN'S MEDICAL CENTER NEUROSCIENCE INSTITUTE

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 537-7152 • FAX: (808) 547-4001

January 29, 2015

RE: Epilepsy Foundation of Hawaii Case Management

To whom it may concern,


At the Epilepsy Center at the Queen's Medical Center we see a large number of patients with severe intractable epilepsy. The condition takes a large toll on their life including imposing significant limitations in work abilities and transportation abilities (they are not allowed to drive). This is a difficult combination and results in many psychosocial needs. Unfortunately our center, like almost all other offices which treat this patient population, does not have easy access to social workers and case managers who can significantly help our patients navigate some of the complexities of modern life in a large city or rural areas.

The Epilepsy Foundation of Hawaii is requesting funding for a full time case manager and part time social worker in order to assist with case management. Specific areas of intervention include the following:

- Help people comply with medical protocol and health maintenance with extended discussion of treatment plan (typically not done in the office due to time constraints)
- Manage their mental and emotional health
- Understand their legal rights
- Learn to advocate for themselves
- Educate family and community members on epilepsy first aid

The diagnosis of epilepsy often carries with it a large amount of emotional distress and misunderstanding. Through this program the EFH hopes to allow patients greater understanding of their illness and learn self advocacy. The ultimate goal of these interventions is to not only improve the life of those with epilepsy but allow reduced expenditures by means of reduced medical expenditures, reduce dependence on governmental assistance, and improve social productivity including gainful employment and contribution to the tax base.

Sincerely,


Natalie Morgan-Romain, APRN
The Queen's Medical Center

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Applicant: EPILEPSY FOUNDATION OF HAWAII

DECLARATION STATEMENT

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS 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 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 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 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.
- 2) If the applicant is an organization, 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 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 used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant 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 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.

EPILEPSY FOUNDATION OF HAWAII
(Typed Name of Individual or Organization)

 11/28/15
(Signature) (Date)

SAMANTHA WEST MSN EXECUTIVE DIRECTOR
(Typed Name) (Title)