

**Grant Application Instructions**  
**Fiscal Year 2016 (July 1, 2015 to June 30, 2016)**

1. Fill out the application form in its entirety.
2. Submit the completed original of the application to the House Committee on Finance:

State Capitol, Rm. 306  
Honolulu, HI 96813  
Attn: GIA

3. Submit (1) copy of the application to the Senate Committee on Ways and Means:

State Capitol, Rm. 207  
Honolulu, HI 96813  
Attn: GIA

4. Do not include stapled or bound materials or brochures with applications. All materials submitted should be on 8 and ½ by 11 inch paper and clipped.
5. Applications may be submitted effective immediately. The deadline for receipt of applications is **January 30, 2015, at 4:30 pm** as determined by the official legislative calendar.

Please contact the House Committee on Finance staff at 586-6200 or Senate Committee on Ways and Means staff 586-6800 if you have questions.

**Your application will be posted on the Legislature's website.**

House District 15

Senate District 8

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):

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:  
Hawaii State Rural Health Association

Dbas:  
Hawaii State Rural Health Association

Street Address:  
4442 Hardy Street, Suite 205, Lihue 96766

Mailing Address:  
4442 Hardy Street, Suite 205, Lihue 96766

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name KELLEY WITHY

Title Past President, Hawaii State Rural Health Association

Phone # 808-429-8712

Fax # 808-692-1258

E-mail wityk@hawaii rr.com

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:

THE HAWAII STATE RURAL HEALTH ASSOCIATION IS APPLYING FOR A GRANT-IN-AID TO BUILD THE HAWAII STATE LOAN REPAYMENT PROGRAM FROM A STRUGGLING PROGRAM THAT CAN OFFER 10 OPPORTUNITIES FOR PRIMARY CARE AND BEHAVIORAL HEALTH PROVIDERS TO RECEIVE LOAN REPAYMENT TO 30 LOAN REPAYMENT AWARDS A YEAR. THIS WILL ALLOW THE STATE OF HAWAII TO RECRUIT 30 NEW PROVIDERS TO HAWAII, A STATE WHERE THE SHORTAGES ARE APPROACHING 1,000. IT WILL ALSO INCREASE RETENTION FOR THOSE WORKING IN THE AREAS OF GREATEST NEED, AND INCREASE MORALE FOR THE PROVIDERS WORKING WITH OUR PATIENTS WITH THE GREATEST UNMET HEALTHCARE NEEDS. THIS GRANT-IN-AID IS MATCHED BY \$311,875 FEDERAL DOLLARS AND \$50,000 LOCAL DOLLARS RAISED IN THE PAST YEAR. WITHOUT LEGISLATIVE FUNDING, ONLY \$50,000 OF THE FEDERAL MONEY CAN BE UTILIZED, AND THE OTHER \$261,875 WILL GO BACK TO THE FEDERAL GOVERNMENT!

4. FEDERAL TAX ID: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016: \$ 276,875

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 \$ 50

FEDERAL \$ \$311,875

COUNTY \$ 50

PRIVATE/OTHER \$ \$50,000

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE

[REDACTED]

AUTHORIZED SIGNATURE

DIANA M V SHAW, PRESIDENT, HSRHA

NAME & TITLE

1/29/2015  
DATE SIGNED



RECEIVED  
1-30-15

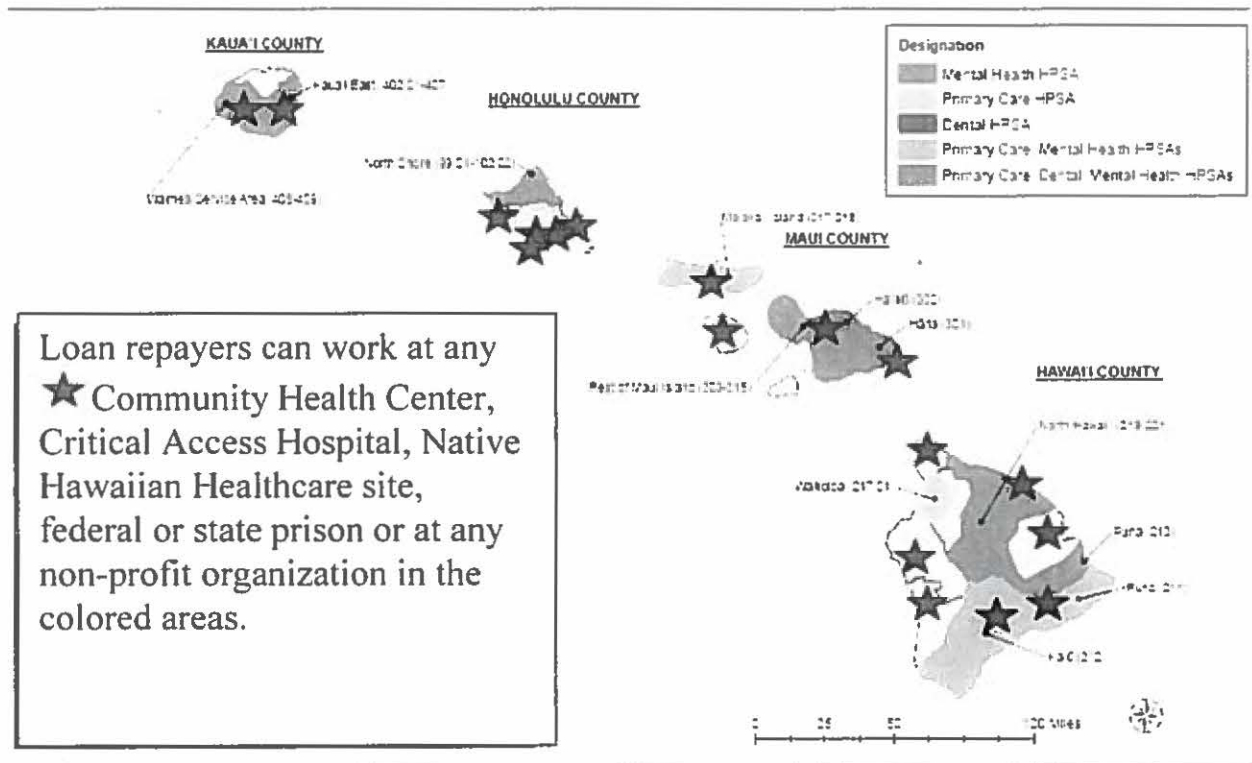
VF

State), thereby increasing access to quality primary care and behavioral health services on every island.

**5. Describe the geographic coverage.**

The geographic coverage of this project includes the entire State of Hawaii because it provides services at all federally designated Health Professions Shortage Areas in Hawaii. This includes all federally qualified health centers, critical access hospitals with outpatient clinics, state and federal detention centers, and non-profit organizations within the areas outlined in Figure 1 below.

Figure 1: Health Professions Shortage Areas in Hawaii



**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;**

**Scope of work:**

Hawaii State Rural Health Association will partner with the UH JABSOM Area Health Education Center (AHEC) to advertise, review applications, award and administer at least 24 and up to 30 awards for loan repayment for healthcare



providers who agree to work for at least 2 years in a non-profit setting in a federally designated Health Professions Shortage Area of Hawaii.

**Tasks, responsibilities and evaluation measures**

| <b>Task</b>  | <b>Responsible Person</b>   | <b>Timeline</b>  | <b>Evaluation Measures</b>   |
|--|---|--|--|
| Activity 1: Establish and populate a State Loan Repayment matching funds account with \$261,875 of the funds provided by the Hawaii State Legislature  | President<br>HSRHA:<br>Diana Shaw   | Month 1  |  |
| Activity 2: Solicit State Loan Repayment applications on line at <a href="http://www.ahec.hawaii.edu">www.ahec.hawaii.edu</a> and via email to all graduates from Hawaii institutions and spread the word to all HPSAs and Community Health Centers. On all publicity, credit will be given to the State and other funders as appropriate. | HSRHA Board Members and staff<br>AHEC Director and Staff                    | Rolling application cycle, applications reviewed monthly for eligibility, decisions made in September and February | Number of SLRP inquiries and applications listed monthly   |
| Activity 3: HSRHA staff and AHEC will perform a background check for bad debt and bankruptcy, review completion of training, additional service commitments, confirmation of job offering in area of need in Hawaii to confirm that applicants meet federal requirements.  | HSRHA staff and AHEC  | Monthly  | Listing of eligible applicants produced monthly (to be eligible, applicant must have no federal debt or obligation, must have job in non-profit in HPSA and be in appropriate specialty) |
| Activity 4: Candidates will be interviewed and presented to four person selection committee for decision in September and in February  | Kelley Withy and HSRHA staff will present to four person panel representing | September 1, 2015 and February 1 2016  | Selection committee review and decide on applicants to be funded   |

|  |  |                                   |  |
|--|--|-----------------------------------|--|
|  | Dept of Health, Center for Nursing, Hawaii Medical Education Council and HSRHA President   |                                   |  |
| Activity 5: Loan repayment offers will be made to the top applicants as decided upon by the selection panel. If applicants decline the offer, the next ranked applicants will be awarded the loan repayment. | HSRHA President Diana Shaw and Kelley Withy, AHEC  | September 1, 2015 and Feb 1, 2016 | Number of contracts awarded for loan repayment by area and specialty |
| Activity 6: Purchase order submitted for payment check made out to loan holder organization for appropriate amount.  | HSRHA staff and AHEC staff   | Monthly-Quarterly                 | Log of all checks sent   |
| Activity 7: Employer will be contacted each month to confirm that provider is still actively employed, then check will be sent to 'awardee's loan holder for the agreed upon amount                          | HSRHA staff and AHEC staff   | Monthly                           | Log of all phone calls, emails and checks sent                       |
| Activity 8: If an approved applicant is no longer working in the approved location, funding will be withheld and participant will be directly contacted regarding financial obligation of unmet commitment.  | HSRHA staff will work with JABSOM AHEC, Fiscal Office, and UH General Accounting to collect debt as outlined in federal grant. Any debt collections will go to future matching funds | As needed                         | Log of Activities  |

2. **Provide a projected annual timeline for accomplishing the results or outcomes of the service;**
  - a. Loan repayment awards will be expected to start month three of the award period and continue throughout the fiscal cycle. Even though the funds will be expended within 12 months, the providers' obligation to practice in a HPSA in Hawaii continues for a full 2 years (even without loan repayment). This is explained to each recipient upon applying, and included in their agreement to participate. It is expected that local and county organizations will want to continue the funding, but if not, all loan repayers will still be required to stay working in a HPSA until 2 years after the start of their loan repayment start date.
  - b. Monthly employment checks will be conducted; payments will be made monthly.
  - c. As this program is already implemented on a smaller scale, the HSRHA and AHEC are able to accommodate the additional loan repayment contracts without delay.

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

Before receiving an award, each applicant will undergo background financial and criminal checks, confirmation that s/he has no unmet federal obligations and s/he will be interviewed. Each loan repayment recipient and employer will both be contacted monthly to confirm continued service in health professions shortage area and this will be logged. If a loan recipient leaves HPSA employer, s/he will be assisted with finding other employment that meets the grant criteria. If not successful for over 6 months, or the loan repayer refuses to work in a HPSA in Hawaii, the account will be sent to collections through one of the UH collections agents.

Long term effectiveness of the program will be demonstrated by tracking the participants' long term practice location over time which will be performed by Dr. Kelley Withy as part of the ongoing physician workforce assessment.

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.**

Measures of effectiveness:

1. Number of applicants for loan repayment by specialty and practice location.
2. Number of qualified applicants (i.e. applicants who meet the minimum requirements) by specialty and practice location (applicants who meet the minimum requirements)
3. Number of applications selected for award by the four person selection committee



4. Number of loan repayment recipients and length of time they work in Health Professions Shortage Areas in Hawaii (including tracking of providers past the ending of the Grant-In-Aid support)

### 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 budget pages attached.

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 |
|-------------|-------------|-------------|-------------|-------------|
| \$69,218.75 | \$69,218.75 | \$69,218.75 | \$69,218.75 | \$276,875   |

3. **The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2015.**
  - a. National Rural Health Association grant of \$9,500 a year is regularly received by HSRHA and part will be designated for this program.
  - b. Matching Funds will be sought from each site where an applicant works to provide a partial support, thereby expanding the reach of the program to more than 30 providers.
  - c. Lastly, federal grant funding of \$311,875 for the program is provided from Health Resources and Services Administration to the UH John A. Burns School of Medicine Area Health Education Center. Note: This is Matching Funding that will not be received by the State of Hawaii without legislative support.
  - d. A Senate Bill has been introduced for the State Loan Repayment Program (SB113), however historically such bills have not been funded, and we are pursuing the Grant-in-Aid methodology in tandem.
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.**

HSRHA has applied for and received no tax credits in our history.

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

\$61,715.46

#### **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 HSRHA has maintained a Board of Directors and held annual meetings for the past 20 years. The Hawaii State Loan Repayment Program will be administered in collaboration with the UH JABSOM AHEC office which has administered the Hawaii State Loan Repayment Program for the past 2 years. The applications can be accessed at the [www.ahec.hawaii.edu](http://www.ahec.hawaii.edu) website, they are submitted to AHEC where a credit and background check is performed, and the National Health Service Corp program is contacted to make sure that the applicant is free of existing federal commitment. After that research, a four person panel (one person from each of the following organizations: Hawaii State Department of Health, Hawaii Medical Education Council, Hawaii State Rural Health Association, and Hawaii State Center for Nursing) will assess and score the applications on the following five criteria:

1. Have lived in a rural or underserved area of Hawaii for a total of four or more years in the past or are willing to move to, live and work within a HPSA community for 2 or more years;
2. Attended secondary or post-secondary school in Hawaii;
3. Performed a clinical rotation in the area in which they choose to practice;
4. Commit to teaching and/or community service; and
5. Have well established support from the work site.

The highest scoring applications will then be awarded a contract that will be processed by UH. HSRHA staff will contact the loan repayer and the employment site monthly to confirm continued employment. HSRHA staff will report to Hawaii State Legislature quarterly regarding number of applications, awards, and continuing service by location within Hawaii.

University of Hawaii holds the federal grant that will match the local dollars collected and has effectively managed both the federal and local funding for the last two years, i.e., since the inception of this program. Of the 16 health care providers funded by this program to date, five have completed their obligation successfully, and one has not met her obligation and is being sent to collections. Ten individuals remain active in the program and compliant with all conditions.



Qualified applicants include the following types of providers as long as they are working in a non-profit in a federally designated Health Professions Shortage Area, free of federal service commitments and bad debt.

- Physicians (allopathic/osteopathic); nurse practitioners; physician assistants, health service psychologists, licensed clinical social workers, licensed professional counselors, marriage and family therapists.
- Physician specialties include: family medicine, internal medicine, pediatrics, obstetrics/gynecology, geriatrics, or psychiatry. Nurse practitioners and physician assistant specialties: adult, family, pediatrics, psychiatry/mental health, geriatrics, or women's health.

#### **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.**

The John A. Burns School of Medicine provides an office cubicle in the AHEC office to the HSRHA to assist with processing of SLRP activities. This cubicle measures 41 square feet and has a functioning voice over IP phone, computer with access to central printing and internet. In addition, each site awarded a loan repayer provides appropriate facilities for the practice of medicine. The HSRHA staff will work closely with the AHEC staff to make sure all applicants meet program requirements, and therefore being situated in the same location is beneficial.

#### **V. Personnel: Project Organization and Staffing**

##### **A. Proposed Staffing, Staff Qualifications, Supervision and Training**

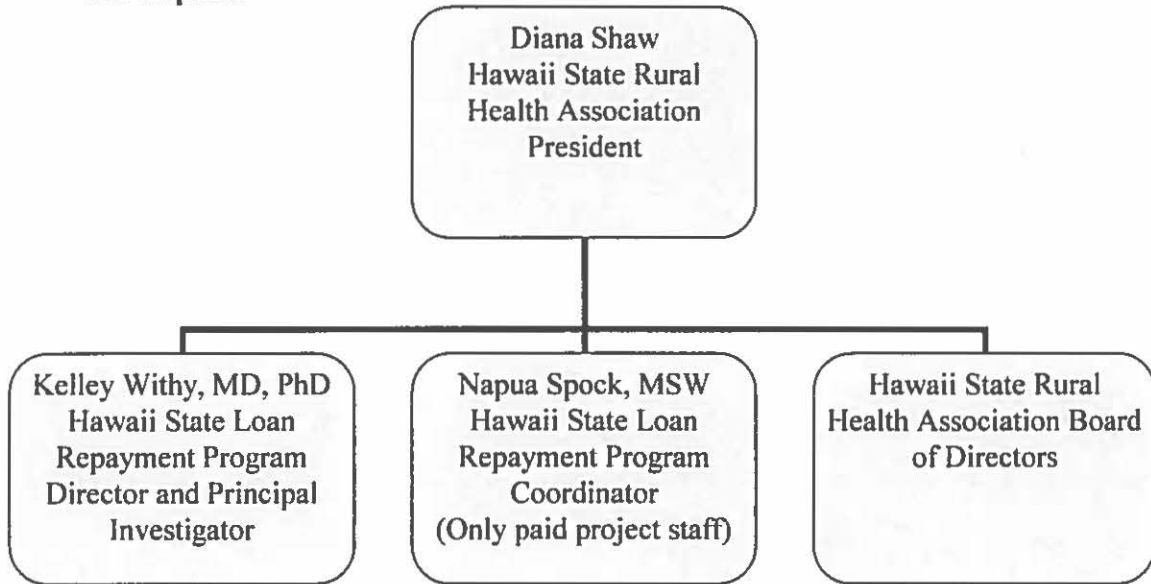
**The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.**

Napua Spock, currently contracted as part-time Association Coordinator of Hawaii State Rural Health Association, will be hired to work 20% effort to assist UH JABSOM AHEC with administering grant funds and tracking grant outcomes. Napualani Spock was hired in January 2012 as part-time Association Coordinator. She has extensive experience in community health in Hawai'i, having worked for two Native Hawaiian Health Care Systems, and Hawai'i Primary Care Association for 12 years, building capacity in Hawai'i's underserved communities through the community health centers and the University of

Hawai'i System. She holds a BA and MA from University of Hawai'i at Manoa, and an MBA-Public Health Administration from Loma Linda University.

**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.**



**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.**

The only funds currently paid by HSRHA are to consultants to perform specific tasks such as coordinate and facilitate meetings, manage websites and perform activities as requested. The maximum paid to one person in a year is \$12,000. There are no paid officers, directors are all volunteer, and there are no employees, only consultants.

For this grant, HSRHA will hire a 20% Program Coordinator to work at the UH JABSOM AHEC office to process applications and track awardees for progress reporting purposes.

**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.**

HSRHA has no pending, past or active litigation.

**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.**

All healthcare providers selected as loan repayers must be licensed in Hawaii. This is confirmed before any award is made to each individual and on a continuing basis with other monthly verifications as noted earlier.

**C. Federal and County Grants**

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

Not applicable.

**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.**

Of the funds requested, \$271,875 will be deposited in a State Loan Repayment matching fund account at the University of Hawaii, and only drawn upon for the specific use of repaying educational loans of qualified individuals. No funds will be used to support the workings of any educational institution, sectarian or non-sectarian, private or public.

**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.**

Current federal funding is committed through 2018, however these funds cannot be used without local matching funding. In the past, matching funds have been obtained from local private sources, such as Queens, HMSA, University Health Alliance and Aloha Care.



While many organizations have committed small amounts of funding, the total this year amounts to only \$50,000. Private funding is expected to continue, however with the one year of funding provided by this Grant In Aid, we anticipate being able to expand the program and encourage local sites that benefit from the program for recruitment and retention purposes to become more involved and provide matching funds. We may request lesser legislative support through a bill in the future, but we will also continue to collaborate with the local private sources of funding so that the program can benefit as many communities as possible. This gap or seed GIA funding also provides HSRHA with the ability to seek workforce development funds and county funding for the future.

**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 attached Certificate of Good Standing.

*Mahalo for taking them time to consider our request!!*

# BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

Applicant: Hawaii State Rural Health Association

| BUDGET CATEGORIES                          | Total State Funds Requested (a) | Total Federal Funds Requested (b)                                       | Total County Funds Requested (c) | Total Private/Other Funds Requested (d) |
|--|---------------------------------|---|----------------------------------|---|
| <b>A PERSONNEL COST</b>                    |                                 |   |                                  |   |
| 1 Salaries                                 | 12,000                          | 0   | 0                                | 0                                       |
| 2 Payroll Taxes & Assessments              | 1,000                           | 0   | 0                                | 0                                       |
| 3 Fringe Benefits                          | 2,000                           | 0   | 0                                | 0                                       |
| <b>TOTAL PERSONNEL COST</b>                | <b>15,000</b>                   |   |                                  | <b>0</b>                                |
| <b>B OTHER CURRENT EXPENSES</b>            |                                 |   |                                  |   |
| 1 Airfare Inter-Island                     | 0                               | 0   | 0                                | 0                                       |
| 2 Insurance                                | 0                               | 0   | 0                                | 0                                       |
| 3 Lease/Rental of Equipment                | 0                               | 0   | 0                                | 0                                       |
| 4 Lease/Rental of Space                    | 0                               | 0   | 0                                | 0                                       |
| 5 Staff Training                           | 0                               | 0   | 0                                | 0                                       |
| 6 Supplies                                 | 0                               | 0   | 0                                | 0                                       |
| 7 Telecommunication                        | 0                               | 0   | 0                                | 0                                       |
| 8 Utilities                                | 0                               | 0   | 0                                | 0                                       |
| 9 Loan repayment funds to educational inst | 261,875                         | \$311,875 (approved)  | 0                                | 50,000                                  |
| 10   |                                 |   |                                  |   |
| 11   |                                 |   |                                  |   |
| 12   |                                 |   |                                  |   |
| 13   |                                 |   |                                  |   |
| 14   |                                 |   |                                  |   |
| 15   |                                 |   |                                  |   |
| 16   |                                 |   |                                  |   |
| 17   |                                 |   |                                  |   |
| 18   |                                 |   |                                  |   |
| 19   |                                 |   |                                  |   |
| 20   |                                 |   |                                  |   |
| <b>TOTAL OTHER CURRENT EXPENSES</b>        | <b>261,875</b>                  |   |                                  | <b>50,000</b>                           |
| <b>C EQUIPMENT PURCHASES</b>               | <b>0</b>                        |   |                                  |   |
| <b>D MOTOR VEHICLE PURCHASES</b>           | <b>0</b>                        |   |                                  |   |
| <b>E CAPITAL</b>                           | <b>0</b>                        |   |                                  |   |
| <b>TOTAL (A+B+C+D+E)</b>                   | <b>276,875</b>                  |   |                                  | <b>50,000</b>                           |
| <b>SOURCES OF FUNDING</b>                  |                                 | Budget Prepared By  |                                  |   |
| (a) Total State Funds Requested            | 276,875                         | Elizabeth Tam (808) 371 2449  |                                  |   |
| (b) Total Federal Funds Requested          | 311,875                         | [Redacted] Phone  |                                  |   |
| (c) Total County Funds Requested           | 0                               | [Redacted] 1/28/2015  |                                  |   |
| (d) Total Private/Other Funds Requested    | 50,000                          | Signature of Authorized Official Date                                   |                                  |   |
| <b>TOTAL BUDGET</b>                        | <b>638,750</b>                  | Elizabeth Tam, Treasurer HSRHA<br>Name and Title (Please type or print) |                                  |   |

**BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**

Period: July 1, 2015 to June 30, 2016

Applicant: \_\_\_\_\_

| POSITION TITLE                 | FULL TIME EQUIVALENT | ANNUAL SALARY<br>A | % OF TIME ALLOCATED TO GRANT REQUEST<br>B | TOTAL STATE FUNDS REQUESTED<br>(A x B) |
|--------------------------------|----------------------|--------------------|---|--|
| Program Coordinator            | 0.2                  | \$60,000.00        | 20.00%                                    | \$ 12,000.00                           |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
|                                |                      |                    |   | \$ -                                   |
| <b>TOTAL:</b>                  |                      |                    |   | <b>12,000.00</b>                       |
| <b>JUSTIFICATION/COMMENTS:</b> |                      |                    |   |  |



## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: Hawaii State Rural Health Association

| DESCRIPTION<br>EQUIPMENT       | NO. OF<br>ITEMS | COST PER<br>ITEM | TOTAL<br>COST | TOTAL<br>BUDGETED |
|--------------------------------|-----------------|------------------|---------------|-------------------|
| None                           |                 |                  | \$ -          |                   |
|                                |                 |                  | \$ -          |                   |
|                                |                 |                  | \$ -          |                   |
|                                |                 |                  | \$ -          |                   |
|                                |                 |                  | \$ -          |                   |
| <b>TOTAL:</b>                  |                 |                  |               |                   |
| <b>JUSTIFICATION/COMMENTS:</b> |                 |                  |               |                   |

| DESCRIPTION<br>OF MOTOR VEHICLE | NO. OF<br>VEHICLES | COST PER<br>VEHICLE | TOTAL<br>COST | TOTAL<br>BUDGETED |
|---------------------------------|--------------------|---------------------|---------------|-------------------|
| None                            |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
|                                 |                    |                     | \$ -          |                   |
| <b>TOTAL:</b>                   |                    |                     |               |                   |
| <b>JUSTIFICATION/COMMENTS:</b>  |                    |                     |               |                   |

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: Hawaii State Rural Health Associati

| 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                          | 351487                                       | 300000        | 276875                | 361875             | 0                                    | 0            |
| LAND ACQUISITION               |  |               |                       |                    |                                      |              |
| DESIGN                         |  |               |                       |                    |                                      |              |
| CONSTRUCTION                   |  |               |                       |                    |                                      |              |
| EQUIPMENT                      |  |               |                       |                    |                                      |              |
| <b>TOTAL:</b>                  |  |               | <b>276,875</b>        |                    |                                      |              |
| <b>JUSTIFICATION/COMMENTS:</b> |  |               |                       |                    |                                      |              |

# GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: Hawaii State Rural Health Association

|     | CONTRACT DESCRIPTION   | EFFECTIVE DATES   | AGENCY                              | GOVERNMENT ENTITY<br>(U.S. / State / Haw / Hon<br>/ Kau / Mau ) | CONTRACT VALUE   |
|-----|--|-------------------|-------------------------------------|---|------------------|
| 1.  | Leadership Training  | 1/9/14 – 6/30/14  | Hawaii State Office of Rural Health | State   | \$2,400.00       |
| 2.  | Hawaii State Rural Health Assn. Board Mtg for Strategic Planning                             | 5/15/14 – 8/31/14 | Hawaii State Office of Rural Health | State   | \$2,450.00       |
| 3.  |  |                   |                                     |   |                  |
| 4.  | Other grants are from private sources such as National Rural Health Association (\$9,500/yr) |                   |                                     |   |                  |
| 5.  |  |                   |                                     |   |                  |
| 6.  |  |                   |                                     |   |                  |
| 7.  |  |                   |                                     |   |                  |
| 8.  |  |                   |                                     |   |                  |
| 9.  |  |                   |                                     |   |                  |
| 10. |  |                   |                                     |   |                  |
|     |  |                   |                                     | <b>TOTAL</b>  | <b>\$4850.00</b> |



**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, 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 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, 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 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 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.

Hawaii State Rural Health Association  
(Typed Name of Individual or Organization)



(Signature)

1/29/2015

(Date)

Diana M V Shaw  
(Typed Name)

President  
(Title)



## 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

**HAWAII STATE RURAL HEALTH ASSOCIATION**

was incorporated under the laws of Hawaii on 10/05/1998 ; 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 27, 2015



Interim Director of Commerce and Consumer Affairs

Attachment 2: Federal Notice of Grant Award

| 1. DATE ISSUED:<br>08/26/2014   |              | 2. PROGRAM CFDA: 93.165      |  | <br>U.S. Department of Health and Human Services<br><b>HRSA</b><br>Health Resources and Services Administration<br>NOTICE OF AWARD<br>AUTHORIZATION (Legislation/Regulation)<br>Public Health Service Act, Title III, Section 338(a)-(i) (42 U.S.C. 254q-1(a)-(i)) |                  |      |             |    |              |    |              |    |              |
|---|--------------|------------------------------|--|---|------------------|------|-------------|----|--------------|----|--------------|----|--------------|
| 3. SUPERSEDES AWARD NOTICE dated: 07/31/2014<br><small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>   |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 4a. AWARD NO.:<br>6 H56CR25039-03-01  |              | 4b. GRANT NO.:<br>H56CR25039 | 5. FORMER GRANT NO.:   |   |                  |      |             |    |              |    |              |    |              |
| 6. PROJECT PERIOD:<br>FROM: 09/01/2012 THROUGH: 08/31/2018  |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 7. BUDGET PERIOD:<br>FROM: 09/01/2014 THROUGH: 08/31/2015   |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 8. TITLE OF PROJECT (OR PROGRAM): Grants to States for Loan Repayment   |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 9. GRANTEE NAME AND ADDRESS:<br>UNIVERSITY OF HAWAII SYSTEMS<br>University Of Hawaii Office Of Research Services 2530 Dole Street Sakamaki Hall<br>Honolulu, HI 96822<br>DUNS NUMBER:<br>965088057  |              |                              | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Kelley Withy<br>UNIVERSITY OF HAWAII SYSTEMS<br>Division Line: Complementary&Alternative Med.<br>651 Ilalo St<br>Honolulu, HI 96813-5525  |   |                  |      |             |    |              |    |              |    |              |
| 11. APPROVED BUDGET: (Excludes Direct Assistance)<br><input type="checkbox"/> Grant Funds Only<br><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation   |              |                              | 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:  |   |                  |      |             |    |              |    |              |    |              |
| a. Salaries and Wages : \$0.00<br>b. Fringe Benefits : \$0.00<br>c. Total Personnel Costs : \$0.00<br>d. Consultant Costs : \$0.00<br>e. Equipment : \$0.00<br>f. Supplies : \$0.00<br>g. Travel : \$0.00<br>h. Construction/Alteration and Renovation : \$0.00<br>i. Other : \$0.00<br>j. Consortium/Contractual Costs : \$623,750.00<br>k. Trainee Related Expenses : \$0.00<br>l. Trainee Stipends : \$0.00<br>m. Trainee Tuition and Fees : \$0.00<br>n. Trainee Travel : \$0.00<br>o. TOTAL DIRECT COSTS : \$623,750.00<br>p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00<br>q. TOTAL APPROVED BUDGET : \$623,750.00<br>i. Less Non-Federal Share : \$311,875.00<br>ii. Federal Share : \$311,875.00   |              |                              | a. Authorized Financial Assistance This Period <b>\$311,875.00</b><br>b. Less Unobligated Balance from Prior Budget Periods<br>i. Additional Authority \$0.00<br>ii. Offset \$0.00<br>c. Unawarded Balance of Current Year's Funds \$0.00<br>d. Less Cumulative Prior Awards(s) This Budget Period \$311,875.00<br>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$0.00</b> |   |                  |      |             |    |              |    |              |    |              |
| 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)   |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th style="width: 80%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">04</td> <td style="text-align: right;">\$311,875.00</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: right;">\$311,875.00</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: right;">\$311,875.00</td> </tr> </tbody> </table>  |              |                              |  |   |                  | YEAR | TOTAL COSTS | 04 | \$311,875.00 | 05 | \$311,875.00 | 06 | \$311,875.00 |
| YEAR  | TOTAL COSTS  |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 04  | \$311,875.00 |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 05  | \$311,875.00 |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 06  | \$311,875.00 |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)  |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| a. Amount of Direct Assistance \$0.00<br>b. Less Unawarded Balance of Current Year's Funds \$0.00<br>c. Less Cumulative Prior Awards(s) This Budget Period \$0.00<br>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>   |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:<br>A=Addition B=Deduction C=Cost Sharing or Matching D=Other <span style="float: right;">[ C ]</span><br>Estimated Program Income: \$0.00   |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:<br><small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small> |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| REMARKS: (Other Terms and Conditions Attached [ X ]Yes [ ]No)<br>Dr. Kelley Withy will donate in-kind 15% time and effort towards the oversight of contractual activities of the grant.<br><br>This NoA is issued to remove one or more Grant Conditions imposed on projects.   |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| Electronically signed by Shonda Gosnell, Grants Management Officer on : 08/26/2014  |              |                              |  |   |                  |      |             |    |              |    |              |    |              |
| 17. OBJ. CLASS: 41.51   |              | 18. CRS-EIN: 1996000354A1    |  | 19. FUTURE RECOMMENDED FUNDING: \$0.00  |                  |      |             |    |              |    |              |    |              |
| FY-CAN  | CFDA         | DOCUMENT NO.                 | AMT. FIN. ASST.  | AMT. DIR. ASST.   | SUB PROGRAM CODE |      |             |    |              |    |              |    |              |
| 14 - 3691403  | 93.165       | 14H56CR25039A0               | \$0.00   | \$0.00  | GSLP/SLRP/14     |      |             |    |              |    |              |    |              |



## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Grant Specific Term(s)

1. The grant condition stated below on NoA 2 H56CR25039-03-00 is hereby lifted.

Grantee shall provide the name of the person responsible for the oversight of the program and the percentage of effort towards that effort. All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

| Name          | Role                 | Email            |
|---------------|----------------------|------------------|
| Kelley Withy  | Program Director     | withy@hawaii.edu |
| Kelley Withy  | Point of Contact     | withy@hawaii.edu |
| Ke'ala Fukuda | Authorizing Official | hookk@hawaii.edu |

Note: NoA emailed to these address(es)

#### Program Contact:

For assistance on programmatic issues, please contact LaFayette Merchant at:  
 DNHSC/DHHS  
 5600 Fishers Ln  
 Rockville, MD, 20852-1750  
 Email: LMerchant@hrsa.gov  
 Phone: (301) 594-4460

#### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Djuana Gibson at:  
 MailStop Code: 10W53D  
 HRSA, Division of Grants Management Operations (DGMO)  
 5600 Fishers Ln  
 Rockville, MD, 20852-1750  
 Email: dgibson@hrsa.gov  
 Phone: (301) 443-3243  
 Fax: (301) 594-4073