

House District 28

Senate District 3

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:

MONCADO FOUNDATION OF AMERICA

Legal Name of Requesting Organization or Individual:

Dbas:

Street Address: 1776 Kalaepaa Drive Honolulu, Hawaii 96817

Mailing Address: PO Box 17692 Honolulu, Hawaii 96817

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name ODETTE CARRASQUILLO

Title EXECUTIVE DIRECTOR

Phone # 808-342-2532

Fax # _____

E-mail odette.clcm@gmail.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 MONCADO FOUNDATION OF AMERICA SEEKS TO PREPARE THE PULAMA KUPUNA CENTER MASTER PLAN THAT EMBRACES THREE DISTINCTIVE THEMES: 1) DESIGN A SENIOR DAY CENTER PROMOTING HEALTH AND WELLNESS TO THE KALIHI-PALAMA RESIDENTS IN A LOW-INCOME COMMUNITY; 2) PROMOTE SOCIAL AND CULTURAL ACTIVITIES IN A LEARNING CENTER AND MULTI-MEDIA LIBRARY ENVIRONMENT, AND 3) ESTABLISH THE KEIKI-KUPUNA GARDEN ON SITE THROUGH HANDS- ON LEARNING CONNECTING THEM BACK TO THE LAND.

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016: \$ 30,000

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

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 \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ 7,000

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[Redacted Signature]

ODETTE CARRASQUILLO, EXECUTIVE DIRECTOR

JANUARY 29, 2015

AUTHORIZED SIGNATURE

NAME & TITLE

DATE SIGNED



RECEIVED
1/30/15

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;
Moncado Foundation of America (MFA) is a 501(c) (3) non-profit that promotes understanding with diverse cultures focusing on senior services promoting health and wellness services that encourages community partnerships.
2. The goals and objectives related to the request;
The goal is for MFA is to develop their Kalaepa`a properties to design the Pūlama Kupuna Center (PKC), a senior day care center. The objectives include preparing a Master Plan and Strategic Development Plans focusing on the PKC design and community promoting healthy cultural exchanges and reconnecting back to the land by establishing the Keiki-Kupuna Garden on site.
3. The public purpose and need to be served;
The public purpose of this request is to promote a holistic approach to health and well-being strengthening the relationship between the people through social activities and teaching traditional agricultural methods and cultural practices. MFA's gardening program has been very successful in providing a place for families and individuals in the community to reconnect back to the land by planting vegetables and fruits to sustain themselves.
4. Describe the target population to be served; and
The primary beneficiary of the funds will be the community as MFA prepares the Pulama Kupuna Center Master Plan.
5. Describe the geographic coverage.
The low-income Kalihi-Palama district where 46% of the underserved population and socio-economic disadvantages are uninsured.

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;
MFA will hold informational exchange and community meetings in 2015-16.
MFA will also meet with the neighborhood board, community associations and hold on-site visits at Kalaepa`a.
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
Timeline for FY 2015

<u>Jul 2015</u>	Identify team and schedule meetings, list project requirements, identify goals and objectives; update from team.
<u>Aug 2015</u>	Site Inventory of existing conditions and client input
<u>Sep 2015</u>	Site Analysis/Preliminary
<u>Oct 2015</u>	Schedule Community participation/Site visits
<u>Nov 2015</u>	Committee meetings & group meetings/site visits
<u>Dec 2015</u>	Record and collect data elements from meetings
<u>Jan 2016</u>	Master Plan Development
<u>Mar 2016</u>	Final Master Plan Preparation
<u>May 2016</u>	Governing Body Adopts Master Plan
<u>Jun 2016</u>	Complete Master Plan Document

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

MFA is dedicated to providing a safe and meaningful environment for individuals and families. MFA will conduct a pre- and post-comments of the plan. The results and outcomes of the activities planned in the timeline will be measured and evaluated using a process evaluation tool to make necessary improvements in the development process of the master plan.

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.

MFA will use a quarterly milestone reporting tool that includes a narrative for

achievements, challenges, and improvements to the proposed master plan timeline to measure the success of its outcomes. The overall measure of effectiveness will be the final master plan.

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2016.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$15,000	\$5,000	\$3,500	\$6,500	\$30,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2016.
Other sources will come from donations and fund-raising.
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.

MFA is seeking professional services to develop a Financial Statement of Assets & Liabilities to determine its net value. Currently, the land and community hall are held in trust by the Moncado Foundation Memorial Trust. Moncado Foundation Memorial Trust holds real property at Kalaepaa Drive. The properties are registered with the City & County of Honolulu as follows:

TMK RP 1-1-4-021-045-0000-000
 TMK RP 1-1-4-021-052-0000-000
 TMK RP 1-1-4-021-068-0000-000

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.

MFA believe it does not have the necessary skills, abilities, knowledge, and experience to plan and conduct a master plan for PKC and will contract these services.

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.

MFA owns a community hall on site where team meetings, community meetings and receptions can be held. This facility is ADA compliant.

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.

Not applicable. There is no staff. The board members are volunteers who contribute their time to participate in on-site activities.

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.

Not applicable. There is no paid positions.

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..

Not applicable.

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.

Not applicable.

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.

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.

MFA has consulted with a contractor on Strategic Planning and will coordinate the activities outlined in the Master Plan proposal to develop a 5 year sustainability plan including community partnerships, program implementation, and resource development.

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.

Attached.



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

MONCADO FOUNDATION OF AMERICA, LTD.

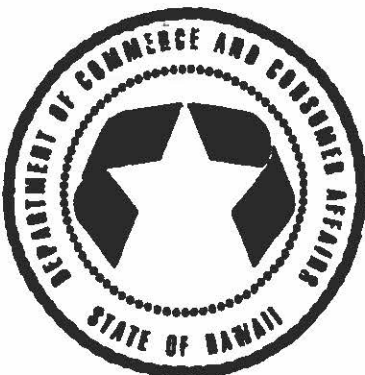
was incorporated under the laws of the State of Hawaii on 09/06/2007 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.

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

Catherine P. Awai-Coleman

Interim Director of Commerce and Consumer Affairs



BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

App

Moncado Foundation of America

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	0	0		
2. Payroll Taxes & Assessments	0	0		
3. Fringe Benefits	0	0		
TOTAL PERSONNEL COST	0	0		
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
Other	30,000			15,000
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	30,000			15,000
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	30,000			15,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	30,000	Odette Carrasquillo (808) 342-2532		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested				
(d) Total Private/Other Funds Requested	15,000	Signature of Authorized Official Date		
TOTAL BUDGET	45,000	MFA, Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: Moncado Foundation of America

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:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: Moncado Foundation of America

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/COMMENTS:						

GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: MONCADO FOUNDATION OF AMERICA

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				TOTAL	

**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.

MONCADO FOUNDATION OF AMERICA

(Typed Name of Individual or Organization)

(Signature)

(Date)

Odette Carrasquillo

Executive Director

(Typed Name)

(Title)