

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):

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual: **Waikiki Health**

Db: **Same**

Street Address: **277 Ohua Avenue, Honolulu, HI 96815**

Mailing Address: **Waikiki Health, 277 Ohua Ave., Honolulu, HI 96815**

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name **BEVERLY HEWETT**

Title **Grants & Communications Manager**

Phone # **(808) 791-9332**

Fax # **(808) 922-6454**

E-mail **bhewett@waikikihealth.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:

CAPITAL IMPROVEMENT INITIATIVE: SUPPORTING INFRASTRUCTURE UPGRADES TO OUR CARE-A-VAN HOMELESS DROP-IN CENTER & MEDICAL CLINIC, PROMOTING A SAFER, HEALTHIER, MORE EFFICIENT SERVICE DELIVERY ENVIRONMENT FOR CLIENTS AND STAFF.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016: **\$ 75,000.00**

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

SHEILA BECKHAM, RD, MPH, CHIEF EXECUTIVE OFFICER
NAME & TITLE

1/28/15
DATE SIGNED



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:

Waikiki Health was established in 1967, incorporated in 1971 as a 501(c)(3) nonprofit organization, and since 1992 has been recognized as a Federally Qualified Health Center (FQHC). The mission of Waikiki Health is to provide quality medical and social services that are accessible and affordable for everyone, regardless of ability to pay. As a FQHC, Waikiki Health is dedicated to improving the health and quality of life of Medically Underserved Populations (MUP), including those who are homeless, have low incomes, are uninsured, or who experience other barriers to obtaining care for socioeconomic, language, cultural or other reasons.

Primary care is the agency's core program. Services include comprehensive medical care, integrated behavioral health, HIV and Hepatitis C services, substance abuse treatment, tobacco cessation, medical nutrition therapy, medical and behavioral health case management, chronic disease management, obstetrics/gynecology, dental care and traditional Hawaiian healing.

Service sites include the Ohua Clinic & Pharmacy; Harry & Jeanette Weinberg Makahiki Clinic & Pharmacy; PATH Clinic, our women's specialty clinic; Next Step Shelter, an emergency/transitional shelter; Care-A-Van homeless drop-in center & clinic; and Youth Outreach (YO) homeless drop-in center & teen clinic. In addition, Care-A-Van's Mobile Medical Clinic and medically-equipped vans bring our services to the homeless at locations across Oahu; and Friendly Neighbors Program volunteers provide in-home companionship and other assistance to Waikiki's seniors "aging in place." Waikiki Health's statewide reach includes sub-contracting with other Hawaii community health centers to serve the homeless; and providing HIV and Hepatitis C early interventions in partnership with other agencies.

The 501(c)(3) agency receives Health Resources and Services Administration/Bureau of Primary Health Care (HRSA/BPHC) Health Care for the Homeless (HCH) 330(h) funding, which also supports 330(e) primary care services. In CY2013, Waikiki Health provided 34,653 primary care visits to 8,649 unduplicated patients, of whom 72% were living at or below 200% of Federal poverty level, and 63% were living at or below 100% of Federal poverty level; 33% were uninsured; and 25% were homeless.

Waikiki Health's Care-A-Van Program, the focus of our capital improvement project, operates a drop-in center in Kaimuki, providing medical and social services to those experiencing homelessness. Care-A-Van's medical clinic recently added a physician, received private grant support to upgrade exam room equipment and furnishings, and began offering its services to the general public, increasing the community's access to quality, affordable primary and preventive health care.

2. The goals and objectives related to the request:

Goals:

- This capital improvement initiative will provide the Care-A-Van homeless drop-in center with a reliable, upgraded electrical system offering increased wattage to prevent power outages and interruption of program services.
- Secondly, this initiative will ensure the safe and healthful use of the facility for our clients and staff by removing the old, lead-based paint on the exterior of the building and re-painting the outside of the facility.

Care-A-Van's electrical power requirement is greater than the current system can provide to meet our clients' needs. Periodically, the insufficient wattage results in all electricity going off. We are unable to continue serving our clients, and must re-schedule or delay appointments. We temporarily lose access to our computer files and patients' electronic medical records. Also, refrigerated medicines are vulnerable if there is a power outage; we sometimes have had to transport medical vaccines to our other clinics so they can be stored safely. The facility's circuit breaker is located in an adjacent building owned by our landlord, which means it is sometimes inaccessible when needed. Care-A-Van's program site was built over 60 years ago, hasn't been painted in 20 years, and is in urgent need of electrical upgrades. The current situation results in delayed services, loss of productivity, and great inconvenience for Care-A-Van staff and those we serve.

This grant request aims to provide a safer, more healthful, functional and welcoming service delivery environment. Waikiki Health is in its seventh year of operating Care-A-Van at its present location. The agency previously held a 5-year lease on the property; has a current 5-year lease (1/1/2014 to 12/31/2018), and was granted a 5-year lease extension (through December 31, 2023).

Objectives:

Care-A-Van solicited estimates from professional contractors in order to implement needed capital improvements during FY2016 (July 1, 2015 to June 30, 2016):

- Increase the electrical wattage serving the Care-A-Van drop-in center. The two-story building houses a reception area, clinic, counseling rooms, offices and storage areas.
- Remove lead-based paint covering the building's exterior that has begun flaking off in many areas, and re-paint the outside of the facility.

3. The public purpose and need to be served:

Care-A-Van provides direct services to homeless individuals who are among our island's most at-risk and marginalized residents. Each client is struggling with complex and multiple challenges and is in great need of interventions by our medical providers, social workers and other staff to help them improve their health and quality of life. Disruption in our provision of services due to a malfunctioning electrical system and a facility with a run-down appearance can drive clients away before they receive needed assistance.

Care-A-Van provides emergency food supplies, assistance obtaining State ID Cards and other personal documents, help obtaining medical insurance, clothing and hygiene supplies, mail and message services, referrals to our Next Step Shelter in Kaka'ako, and other direct services along with our staff's culturally-competent, nonjudgmental support.

Collaborating agencies include Helping Hands Hawaii, which assists our eligible clients in applying for Supplemental Nutrition Assistance Program (SNAP) benefits; and Legal Aid Society of Hawaii, which regularly provides on-site services to our clients. Together with Catholic Charities of Hawaii, Care-A-Van provides services to our vulnerable military veterans; and we partner with Institute for Human Services and U.S. VETS to provide outreach and case management for the State and City's Housing First programs.

When our electrical system malfunctions, we are not able to serve our clients safely and efficiently. For example, if a patient is being seen by a medical provider and the lights go off, the patient may decide not to return to finish the appointment, and will feel more confident going to a hospital emergency room for care; however, patients resorting to emergency rooms unnecessarily contribute to increased healthcare costs for everyone.

4. Describe the target population to be served:

This initiative targets families and individuals experiencing homelessness who turn to our Care-A-Van Program's drop-in center and clinic for services and support. Our clients include those who "fell between the cracks" and are now homeless due to job loss or layoffs; also, chronically homeless individuals who are severely mentally ill, sometimes with co-occurring substance abuse. Homeless individuals initially may refuse or be fearful of accepting assistance. Care-A-Van staff members gradually convince our clients to accept medical, mental health and substance abuse services and counseling. Care-A-Van served 2,348 unduplicated clients in CY2014. These clients received 1,792 medical visits, 703 mental health and counseling visits, and many other services.

Care-A-Van's second target population is the general public, especially persons living in neighboring communities who we now see for primary and preventive health care. Care-A-Van opened its clinic to the public in 2014, creating an additional access point offering high quality, affordable health services to everyone, not only those who are homeless.

5. Describe the geographic coverage:

Care-A-Van's drop-in center, located at 3020 Waialae Avenue in Kaimuki, serves the areas of Kaimuki, Palolo, St. Louis Heights, and Wilhemina Rise. The on-site clinic is the only primary care clinic located in these areas that takes Medicaid and serves individuals who have low incomes or are uninsured.

In addition, Care-A-Van operates a Mobile Medical Clinic that regularly serves homeless individuals and families in their own environment across the entire island of Oahu except for the Leeward Coast.

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:

This capital improvement initiative will provide the Care-A-Van drop-in center and clinic with a reliable, upgraded electrical system in order to eliminate power outages, potentially unsafe conditions, and interrupted services. In addition, this project will result in a healthier more welcoming and positive environment for our clients and staff by removing flaking, lead-based paint from the exterior of the building and re-painting the facility. Project cost estimates were provided free of charge by professional contractors.

An important component of the project will be determining which one-week period the drop-in center will need to be closed in order to remove the lead-based paint from the exterior of the facility in a safe manner. Our intention is to provide the least possible inconvenience to our clients as well as minimize revenue losses. When the facility is closed, we will utilize our Mobile Medical Clinic – a “clinic on wheels” – and medically-equipped vans to serve patients on-site in the parking lot; and also set up rented tents, tables, chairs, portable toilets and wash stations to facilitate continuation of our services. We also may refer some clients to our other clinics as needed, providing transportation via our Patient Transporter.

Jason Espero, MPA, Director of Care-A-Van, is responsible for overseeing this initiative from conception to completion, under the direction of Sheila Beckham, RD, MPH, Waikiki Health's Chief Executive Officer.

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

To achieve projected outcomes, the capital improvement project will adhere to the following timeline:

Projected Annual Timeline (July 1, 2015 to June 30, 2016)

- January and February, 2016: Engage architect to draw up capital improvement plans.
- March to May, 2016: Architect to coordinate with other contractors and secure all necessary permits.
- June and July, 2016: Removal of lead-based paint followed by re-painting the exterior of the facility; electrical system upgrades.
- July 2016: Project complete. Clients and staff able to utilize upgraded, healthier, safer and more welcoming program site.

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

We solicited cost and time estimates from experienced and respected professional contractors and State-mandated Davis-Bacon guidelines will be followed during project implementation. Project evaluation will be based on the electrical system's improved functionality; and the more healthful and welcoming service delivery environment as a result of re-painting. The Capital Improvement Project (CIP) will proceed under the direction of a licensed architect whom we have worked with on many previous CIP projects, including our expansion to Makahiki Clinic in McCully-Moiliili, which received City & County of Honolulu Grant in Aid and CDBG support, and opened to the public in February 2014.

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

We anticipate that this project will succeed as follows:

- Care-A-Van staff will track and measure improved productivity based on the increased number of medical and social service visits that will result from upgrading the electrical system and eliminating service interruptions due to electrical failures.
- Total cost will approximate projected budget of \$75,000.
- Project will be completed within projected timeframe.

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
\$	\$	\$35,000	\$40,000	\$75,000

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

No other sources of funds are being solicited in support of this project.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

None.

5. The applicant shall provide a listing of all government contracts and grants it has been and will be receiving for program funding.

Please see attached Government Contracts and/or Grants Form.

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

Waikiki Health’s current unrestricted assets: \$2,390,147

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.

Waikiki health has undertaken and assured compliance with many federally-funded projects and state contracts. The agency, a Federally Qualified Health Center (FQHC), receives Health Resources and Services Administration/Bureau of Primary Health Care (HRSA/BPHC) Health Care for the Homeless (HCH) 330(h) funding, which also supports 330(e) primary care services.

Recent Capital Improvement Project:

Makahiki Clinic Established in February 2014: Waikiki Health conducted a capital campaign beginning in the fall of CY2012 and continuing throughout CY2013 to expand to its newest service site: the Harry and Jeanette Weinberg Makahiki Clinic, located at 935 Makahiki Way in McCully-Moiliili. The facility houses a Medical Clinic, integrated Behavioral Health, and the agency's first Dental Clinic. The project involved creation of 7 dental operatories, 8 exam rooms, a behavioral health counseling office, staff offices and client waiting areas.

Major funding was provided by the Harry and Jeanette Weinberg Foundation (\$400,000); City and County of Honolulu Grant in Aid Program (\$225,000); and a Community Development Block Grant (\$249,000).

Care-A-Van Drop-in Center Blessing and Open House:

Care-A-Van welcomed staff and supporters on January 15, 2015 to celebrate the completion of a project carried out by the Rotary Club of Waikiki. Rotary members provided the manual labor to create a Serenity Garden, offering a private location for Care-A-Van staff to meet 1-on-1 with clients and provide counseling and encouragement; Rotary also painted a room-size outdoor reception/waiting area for clients. The Open House was sponsored by AlohaCare and UHA. Guests included legislators, Waikiki Health Board members, leadership and others representing various agencies and groups.

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request.

Waikiki Health's Care-A-Van facility, the focus of this capital improvement initiative, is located at 3020 Waiālae Avenue in Kaimuki. Care-A-Van holds an existing 5-year lease (January 1, 2014 to December 31, 2018) on the program site and was granted a 5-year lease extension (through December 31, 2023). The two-story facility houses a drop-in center and clinic serving the homeless, and spans 4,072 square feet of client service/office/storage space. Recently, the Care-A-Van medical clinic began serving the general public in addition to homeless clients, increasing the community's access to high quality, affordable primary and preventive care.

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.

This capital improvement project will be overseen by Waikiki Health's highly experienced, innovative leadership. The agency's CEO, Sheila Beckham, RD, MPH, has led Waikiki Health since 2008 and in that time, the agency has seen tremendous growth – the staff has more than doubled and the agency budget has tripled. Ms. Beckham came to Waikiki Health with over 30 years of health care experience, including over 20 years working in leadership capacities in community health care.

Jason Espero, MPA, Director of Care-A-Van, will be responsible for coordinating this project under the direct supervision of Ms. Beckham. He has solicited project cost and timeframe estimates from professional contractors, and will hire companies and monitor the project's progress through to its completion. Mr. Espero has been with Waikiki Health nearly six years, half that time working for the Care-A-Van Program.

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 attached Waikiki Health Organizational Chart.

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.

Elliot J. Kalauawa, M.D., Chief Medical Officer, \$201,841.29 annual salary

Sheila Beckham, RD, MPH, Chief Executive Officer, \$186,228.06 annual salary

Ahoora Payam, M.D., Associate Medical Director, \$175,337.30 annual salary

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement.

N/A

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 National Committee for Quality Assurance (NCQA) has recognized Waikiki Health's Ohua Clinic as a Level 2 Patient-Centered Medical Home (PCMH), signifying that our primary facility provides a high level of personalized, coordinated and effective care. Waikiki Health is advancing toward achieving PCMH status agency-wide.

C. Federal and County Grants

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

Please see attached List of Federal & County Grants Awarded Since July 1, 2014.

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.

N/A

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.

N/A

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 DCCA Certificate of Good Standing.

Applicant: Waikiki Health

List of Attachments

- (GIA-Page 5) - Budget Request by Source of Funds**
- (GIA-Page 6) - Budget Justification – Personnel (N/A)**
- (GIA-Page 7) - Budget Justification – Equipment**
- (GIA-Page 8) - Budget Justification – Capital Project Details**
- (GIA-Page 9) - Waikiki Health Government Contracts and/or Grants**
- (GIA-Page 10) - Declaration Statement**
- (GIA-V, B) - Waikiki Health Organizational Chart**
- (GIA-VI, C) - Federal & County Grants Awarded Since July 1, 2014**
- (GIA-VI, F) - Certificate of Good Standing**

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

Applicant: Waikiki Health

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				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment	\$ 5,000.00			
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	\$ 5,000.00			
C. EQUIPMENT PURCHASES	\$ 2,000.00			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	\$ 68,000.00			
TOTAL (A+B+C+D+E)	\$ 75,000.00			
SOURCES OF FUNDING	Budget Prepared By:			
(a) Total State Funds Requested	\$ 75,000.00	Jason Espero, MPA		791-9351
(b) Total Federal Funds Requested		Name (Please type or print)		Phone
(c) Total County Funds Requested		[REDACTED]		1-28-15
(d) Total Private/Other Funds Requested		Signature of Authorized Official		Date
TOTAL BUDGET	\$ 75,000.00	Sheila Beckham, RD, MPH / Chief Executive Officer		
		Name and Title (Please type or print)		
		[REDACTED]		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2015 to June 30, 2016

Applicant: Waikiki Health

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
N/A				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: Waikiki Health

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Generator: Power source for laptops, printers, cell phones.	1.00	\$2,000.00	\$ 2,000.00	\$ 2,000.00
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:	1		\$ 2,000.00	\$ 2,000.00

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

The generator will be utilized as a power source for laptops, printers, and cell phones while the Care-A-Van facility is closed and staff are serving patients in the parking lot during the closure of the Care-A-Van facility (for removal of lead-based paint).

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: Waikiki Health

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			\$ 10,000.00			
LAND ACQUISITION						
DESIGN						
CONSTRUCTION			\$ 58,000.00			
EQUIPMENT -purchase \$2,000; rented \$5,000			\$ 7,000.00			
TOTAL:			\$ 75,000.00			

JUSTIFICATION/COMMENTS:

PLANS: Architect's plans; permits. **CONSTRUCTION:** Electrical upgrades; removal of lead-based paint/re-painting. **RENTAL EQUIPMENT:** To continue services during lead-based paint removal (portable toilets, wash stations, tents, etc.) **PURCHASE:** Generator - power for laptops, printers, cell phones.

GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: Waikiki Health

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1.	330	11/1/13-10/31/14	Federal	US	947,978
2.	330	11/1/14-10/31/15	Federal	US	1,140,586
3.	ADAD HEIS	7/1/13-6/30/14	ADAD	State	378,829
4.	ADAD HEIS	7/1/14-6/30/15	ADAD	State	378,829
5.	Family Planning Clinical	7/1/13-6/30/14	Department of Health	State	75,000
6.	Family Planning Clinical	7/1/14-6/30/15	Department of Health	State	75,000
7.	Family Planning Health Educator	7/1/13-6/30/14	Department of Health	State	24,500
8.	Family Planning Health Educator	7/1/14-6/30/15	Department of Health	State	24,500
9.	HPO	8/1/13-7/31/14	DHS	State	480,000
10.	HPO	8/1/14-7/31/15	DHS	State	480,000

GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: Waikiki Health

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
11.	Ryan White C	4/1/13-3/31/14	Federal	US	343,184
12.	Ryan White C	4/1/14-3/31/15	Federal	US	343,184
13.	GIA Makahiki	11/1/13-10/31/14	City and County of Honolulu	City and County of Honolulu	225,000
14.	Next Step Job Training	8/1/13-7/31/14	DHS	State	354,000
15.	Next Step Job Training	8/1/14-7/31/15	DHS	State	354,000
16.	Next Step Shelter	8/1/13-7/31/14	DHS	State	920,000
17.	Next Step Shelter	8/1/14-7/31/15	DHS	State	920,000
18.	Waikiki Friendly Neighbors	7/1/13-6/30/14	Department Of Community Services	City and County of Honolulu	32,504
19.	Waikiki Friendly Neighbors	7/1/14-6/30/15	Department of Community Services	City and County of Honolulu	32,504
20.	CDBG	10/15/13-12/31/14	City and County of Honolulu	City and County of Honolulu	249,378
				TOTAL	7,299,246

**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.

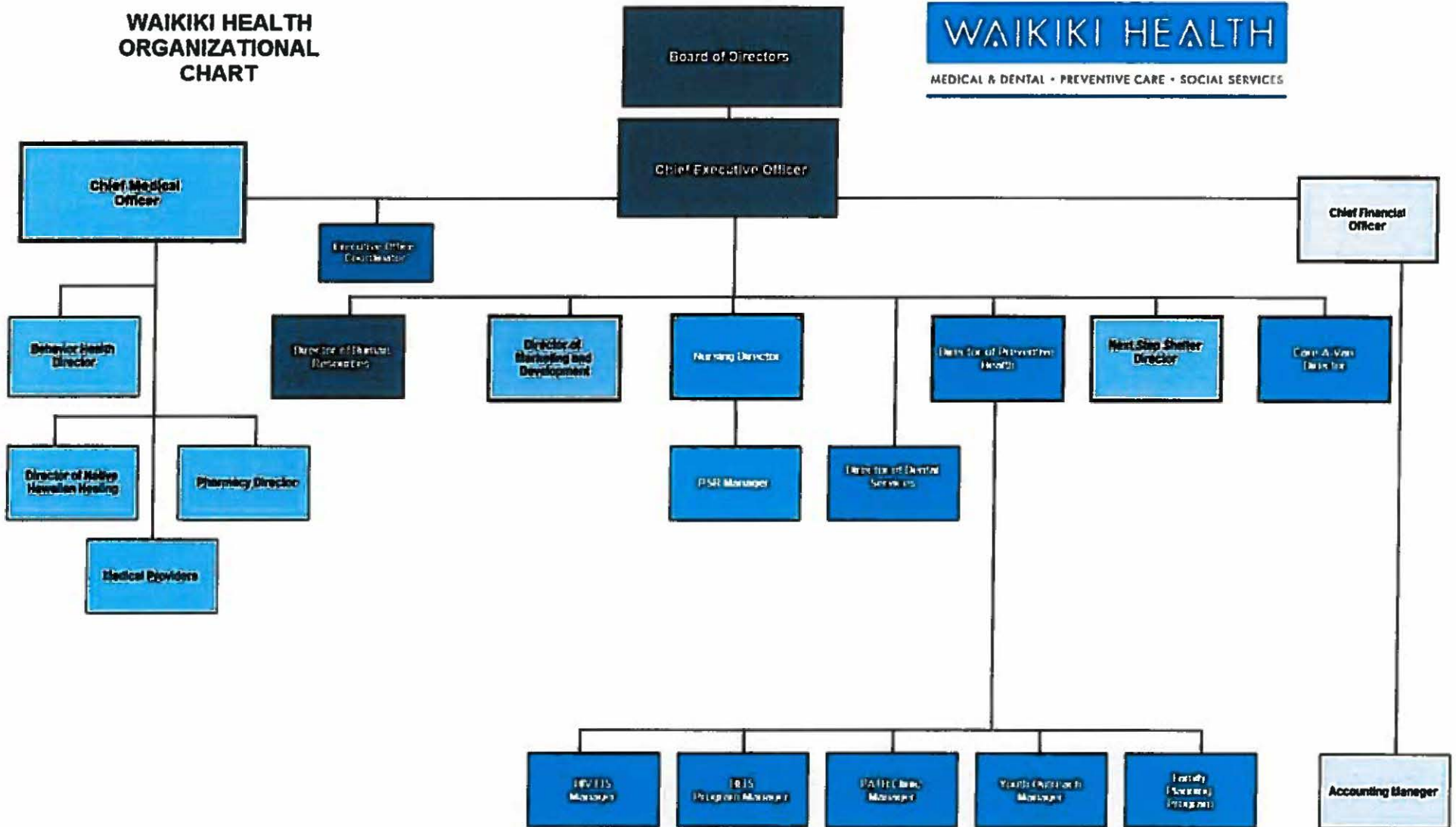
Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Waikiki Health
(Typed Name of Individual or Organization)

 _____
(Signature) 1/28/15 _____
(Date)

Sheila Beckham, RD, MPH Chief Executive Officer
(Typed Name) (Title)

**WAIKIKI HEALTH
ORGANIZATIONAL
CHART**

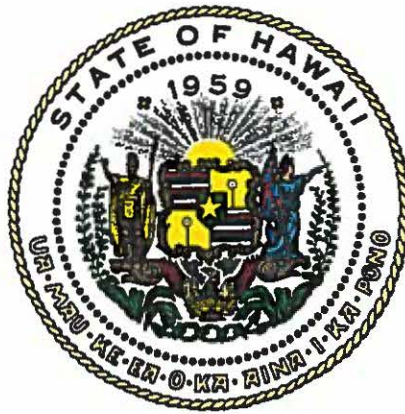


JANUARY 26, 2015

FEDERAL & COUNTY GRANTS SINCE JULY 1, 2014

Applicant: Waikiki Health

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1.	330	11/1/14-10/31/15	Federal	US	1,140,586
2.	Waikiki Friendly Neighbors	7/1/14-6/30/15	Department of Community Services	City and County of Honolulu	32,504
3.				Total Amount	\$1,173,090
4.					
5.					
6.					
7.					
8.					
9.					
10.					



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

WAIKIKI HEALTH

was incorporated under the laws of Hawaii on 02/12/1971 ; 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 29, 2015

Director of Commerce and Consumer Affairs

