

House District \_\_\_\_\_  
Senate District X

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:

Dba: HALE AIKANE

Street Address: 77-6435 Kuakini Hwy 101

Mailing Address: Kailua-Kona, HI 96740

Both Mailing + street address

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name: Paula De Mello O'Bannon  
Title: "Acting" Clubhouse Coordinator  
Phone #: 808 960-5066 / 327-9530  
Fax #: 808 327-9534  
E-mail: Paula.demello-obannon @ doh.hawaii.gov

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Dell Inspiron Desktop harddrives (4)  
Wireless mouse + keyboards  
conference table chairs (12)  
monitors (4)  
Netgear Modem (1)  
office desk chairs (4)  
Carpet for office 800 sq ft.  
carpet cleaner (1)  
Vacuum cleaner (1)

4. FEDERAL TAX ID #: \_\_\_\_\_

5. STATE TAX ID #: \_\_\_\_\_

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2017: \$ 7500<sup>00</sup>

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 \$ 12,499.00

Hale Aikane Account

\_\_\_\_\_  
REPRESENTATIVE:

\_\_\_\_\_  
AUTHORIZED SIGNATURE

Clayton Iokia

President

1.19.16  
DATE SIGNED



RECEIVED  
1/21/16 MA

**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.

Clayton Iokia

(Typed Name of Individual or Organization)



1-19-16

(Signature)

(Date)

Clayton Iokia

President

(Typed Name)

(Title)

## 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;
2. The goals and objectives related to the request;
3. The public purpose and need to be served;
4. Describe the target population to be served; and
5. Describe the geographic coverage.

(SEE NEXT PAGE)

### 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;
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and
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.

### III. Financial (PLEASE SEE III FINANCIAL ATTACHED)

The twenty-eighth legislature application for grants  
Chapter 42F, Hawaii Revised Statutes

I. Background and Summary:

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

Hale Aikane, a non profit organization that is housed in THE KONA PARADISE CLUB is part of Clubhouse International, a global non profit organization that helps communities around the world create Clubhouses, which are community –based centers that give people with mental illness hope and opportunities to reach their full potential. Our vision is that there will one day be Clubhouses in the cities and towns of every country in the world. We hope that all people with mental illness will have access to the support of a Clubhouse, which can provide them with the encouragement and assistance they need to lead successful lives, and be fully engaged in society. We have such a Clubhouse here in Kailua-Kona, Hawaii that is part of the Hawaii Clubhouse Coalition. Our auspice agency is Community Mental Health Centers, Department of Health, Adult Mental Health Division.

The program description is The Kona Paradise club has the non-profit "Hale Aikane" within its walls. Both are a part of the International organization of Clubhouse International of which they are accredited by. The International Clubhouse Programs have 36 Standards that are followed by each Clubhouse, and the program is run by these Standards. The Standards define the Clubhouse Model of rehabilitation. The Kona Paradise Club is a psycho-social rehabilitation center housed in a large Clubhouse setting including a commercial kitchen. The principles of the Standards followed are at the hearth of the Clubhouse community's success in helping people with mental illness to stay out of the hospitals and jails while achieving social, financial, educational, and vocational goals. The "bill of rights" so to speak, and the code of ethics for staff are the Standards that offer respect and opportunity to its members. All members are voluntary participants with no time limit. Fund raisers are held throughout the year that provide funds to run the program. The Auspice agency, Community Mental Health Centers funds salaries.

2. The goals and objectives related to the request:

The goal of this request is for an update of our computer systems that are over 8 years old, and unable to keep up with the technology that is current today. The computer is how our members keep in touch with job opportunities and keep abreast with the latest technology. Our office chairs are broken, and our request includes desk chairs and chairs for our 2 conference tables for safety. The objective is for safety with new chairs, growth and opportunities with new hard drives and computer systems that are able to access the most recent computer systems. In addition to computer systems we are asking for funding for new flooring in our business area. The carpet is over 10 years old, and no longer can be cleaned well. Included with the carpet we are asking for a carpet cleaner and vacuum.

# HALE AIKANE

## 3. The public purpose and need to be served:

The goal of Hale Aikane's members is to expand the work that they do here to the community in Transitional, Supported, and Independent employment. In order to be competitive, resume writing skills are honed on the computers, attention to the details, and having professional tools will help members to achieve these goals. Also having the new tools for carpet cleaning and vacuuming, a new training program will be under way that translates to jobs in the community.

## 4. Describe the target population to be served: and 5. the geographic coverage:

The population served by Hale Aikane is through Hawaii's health care network, the mission being to provide comprehensive, coordinated, integrated, culturally competent mental health services to individuals 18 years of age and above with severe and persistent mental illness and assist them in their journey to recovery.

Our geographic coverage on the Big Island is from South Kohala to Naalehu in Ka'u District.

## II. Service Summary and Outcomes

### 1. Describe the scope of work, tasks and responsibilities:

The scope of work at The Kona Paradise Club for Hale Aikane is to keep good banking records. The use of a program such as "Quiken" on the computer helps to keep a running tally of expenditures and deposits.

A newsletter called "The Paradise Post" is created every month for distribution. Photos and articles are produced by members in "Publisher."

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

The computer system that we currently are using is unable to accommodate encryption, to protect us from hacking, and our computers have been hacked multiple times in the past. New updated hard drives will enable us to protect our work, our members and staff. In speaking with our IT person, these computers are not worth the money to help us protect them as Microsoft no longer supports our systems. This update would start improving our services as soon as computer systems are purchased and installed.

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

Monitoring of a new system that we set up and start will be safer to oversee. Our State agency, Community Mental Health Center Systems will approve of our update, as this is not under their fiduciary purview to cover for us. Hale Aikane would be replacing the current outdated computers, and as you can see from available funds, does not have the capability. When our systems are "hacked" it can cost the State considerable amounts of money to fix the problem that could have far reaching consequences.

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.

Outcomes achieved in our Clubhouse are supported by a wide range of evidence. The Clubhouse Model is listed on SAMHSA's Evidenced Based Practice Registry NREPP AT: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=189>

As listed, our budget for our Hale Aikane account is not in the category of replacing this outdated equipment. Having our computers at risk each time we use them is not a standard that we want to uphold to. Having our systems protected is most important to us.

### III. Financial:

1. Please see budget attached.
2. Anticipated quarterly funding requests for the fiscal year 2017. (Please see page 2)
- 3 We are applying concurrently with this grant - One (1) County of Hawaii non profit grant for \$8500.00 request for Clubhouse International training
4. No tax credits with the prior three years. None anticipated for application for capital project. As there is no capital project for Hale Aikane.
5. No prior County or State grants granted or applied to.
6. Please see attached December, 31 2015 Bank of Hawaii statement of all funds for Hale Aikane.

**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 2017.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$1875	\$1875	\$1875	\$1875	\$7500.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2017.
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. *N/A - NONE*
5. The applicant shall provide a listing of all federal, state, and county government contracts and grants it has been and will be receiving for program funding.
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2015.

**IV. Experience and Capability**

**A. Necessary Skills and Experience**

*(please see next pages)*

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.

**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.

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2016 to June 30, 2017

p1

Applicant: Hale AIKANE

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Dell Inspiron Desktop Harddrive	4	574.93	\$ 1874 -94	1875.00
WIRELESS Mouse + Keyboards	4	31.25	\$ 124 -99	} 1st Q } 2nd Q
Conference table chairs	8	104.16	\$ 833. -28	
monitors	4	208.33	\$ 833 -52	
			\$ 1791 -59	1875.00
Netgear Modem	1	104.16	\$ 104 -16	} 3rd Q
conference table chairs	4	104.16	\$ 416 -14	
office desk chairs	4	238.73	\$ 916 -60	
			\$ 1697 -31	1875.00
Carpet for approx 800 sq ft	1@	2.00 <sup>sq ft</sup>	\$ 1593 -72	(4th Q)
TOTAL:				(See second page)
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				



## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2016 to June 30, 2017

Applicant: Hale Aikane

p2

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Carpet Cleaner	1	260.41	\$ 260.41	
Hoover Vacuum Cleaner	1	112.49	\$ 112.49	
			\$ <del>1816.62</del>	1875.00
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

} 4th Q

JUSTIFICATION/COMMENTS:

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

JUSTIFICATION/COMMENTS:



HALE AIKANE  
Statement of Account

Last statement: November 30, 2015  
This statement: December 31, 2015  
Total days in statement period: 31

Account: [REDACTED]  
Page 1 of 2  
Number of Enclosures: (0)



00007737-TDBSAD11400101047080-LEITER02-000000  
HALE AIKANE  
C/O THE KONA PARADISE CLUB  
77-6435 KUAKINI HWY 101  
KAILUA-KONA HI 96740

Direct inquiries to:  
888 643-3888  
  
KONA BANKING CENTER  
74-5457 MAKALA BLVD  
KAILUA KONA HI 96740

Bank of Hawaii

WHEN YOU NEED TO ORDER (OR REORDER) CHECKS OR OTHER BUSINESS ACCESSORIES CALL EXPERT SOLUTIONS BY CLARKE AMERICAN TOLL-FREE AT 1-800-503-2345 FOR CONVENIENCE, QUALITY AND A FULL RANGE OF CHOICES. NEW BUSINESS CHECK ORDERS ARE ALSO WELCOME. MEMBER FDIC.

Business Checking Option 1

12-18-15  
\$ 13,350.00

Account number	[REDACTED]	Beginning balance	\$13,695.43
Low balance	\$12,494.54	Total additions	1,127.45
Average balance	\$13,325.38	Total subtractions	2,328.34
		Ending balance	\$12,494.54

CHECKS

Number	Date	Amount	Number	Date	Amount
1056	12-09	62.91 ✓	1060	12-24	17.17 ✓
1057	12-02	406.77 ✓	1061	12-22	199.99 ✓
1058	12-09	43.23 ✓	1062	12-24	598.70 ✓
1059	12-24	12.59 ✓			

DEBITS

Date	Description	Subtractions
12-11	POS Purchase POS PURCHASE TERMINAL 15010009 SAFEWAY STORE 15 01 KAILUA KO HI 12-11-15 10:37 AM XXXXXXXXXXXXX6188	17.17 ✓
12-14	POS Purchase POS PURCHASE TERMINAL 99014011 COSTCO WHSE #0140 KAILUA KO HI 12-14-15 3:27 PM XXXXXXXXXXXXX6188	449.84 ✓
12-17	POS Purchase MERCHANT PURCHASE TERMINAL 469216 Norton NP11717357 15 NORTON CO CA 12-17-15 XXXXXXXXXXXXX6188	52.07 ✓
12-21	POS Purchase MERCHANT PURCHASE TERMINAL 484218 RIGHT HELP DESK 855 936 7 MA 12-17-15 XXXXXXXXXXXXX6188	199.99 ✓

MEMBER FDIC

EQUAL HOUSING LENDER

TDBSAD11400101047080-00007737-001-002-0-000000-00-00



HALE AIKANE



HALE AIKANE  
December 31, 2015

Page 2 of 2

Date	Description	Subtractions
12-30	POS Purchase	267.91 ✓
	POS PURCHASE TERMINAL 99014011 COSTCO WHSE #0140 KAILUA KO HI 12-30-15 11:11 AM XXXXXXXXXXXXX9977	

**CREDITS**

Date	Description	Additions
12-02	Customer Deposit	50.00 ✓
12-02	Customer Deposit	176.50 ✓
12-04	Customer Deposit	186.00 ✓
12-11	Customer Deposit	274.75 ✓
12-22	Customer Deposit	440.20 ✓

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount
11-30	13,695.43	12-11	13,852.60	12-22	13,390.91
12-02	13,515.16	12-14	13,402.76	12-24	12,762.45
12-04	13,701.16	12-17	13,350.69	12-30	12,494.54
12-09	13,595.02	12-21	13,150.70		

HALE AIKANE

#### IV. Experience and Capability:

##### A. Necessary Skills and Experience:

This is the first request that Hale Aikane non profit has applied for the Grant process with any agency or entity. This application will provide assistance for future grant possibilities. The service that this application will propose is better quality with work at computers, better facilities for conferencing with board meetings, better quality of care of our facility by keeping the carpet up to the healthy standard we all expect.

##### B. Facilities:

Our facility is approximately 3000 square feet with a commercial kitchen (green PASS). Our business unit is approximately 800 square feet, with desks along one wall for computers (4). It is a carpeted area with 2 conference tables to work on, have meetings at, and create projects. The center of the facility is our dining area and snack bar. We have 7 tables and 4 chairs at each table. The snack bar is run exclusively by members, and generates the money that we spend on items at Costco. Expenditures and income balance. We have a front parking lot that fronts the Kuakini Hwy South of Lako St. in Kailua-Kona.

**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.

**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.

*(See chart attached)*

**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..

*Salaries paid by auspice agency, State of Hawaii, Dept. of Health.*

**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.

*(See attached)*

**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.

Applicant HALO ALKANE

**C. 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*

**D. Future Sustainability Plan**

The applicant shall provide a plan for sustaining after fiscal year 2016-17 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2016-17, but
- (2) Not received by the applicant thereafter.

**E. Certificate of Good Standing (If the Applicant is an Organization) *ATTACHED***

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, 2015.

HALE AIKANE

Personnel: Project Organization and Staffing:

A. Proposed Staffing, Staff Qualifications, Supervision and Training:

The staffing at this time is one "Acting" Coordinator with a MS degree, who is a certified substance abuse counselor. Three (3) Clubhouse specialists are also included on staff. Two (2) positions for Clubhouse Specialist and one (1) Clubhouse Coordinator position are available at the State Website. The entire program is under supervision by the Branch Chief of the Big Island for the State of Hawaii Department of Health.

B. Organizational Chart: See Attached

C. Compensation:

Salaries are paid by the auspice agency. See Budget attached.

VI. Other

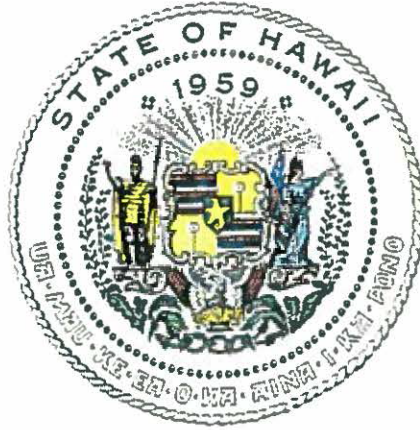
A. Litigation: No pending litigation.

B. Licensure or Accreditation: We are to have our CARF accreditation survey in May 2016. We are accredited by International Center for Clubhouse Development. (ICCD).

C. Private Educational Institutions: N/A

D. Future Sustainability Plan: The current computers are 9 years old. If this grant is approved, it will sustain Hale Aikane for the next five (5) years. (Approximately) The new computer system will be one that will be able to be upgraded for the next 5 or so years. The flooring and equipment request will sustain for the next ten (10) or so years. During that time, when obsolescence begins to happen, Hale Aikane will be prepared for new avenues for obtaining revenue.

E. Certificate of Good Standing: See attached.



## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

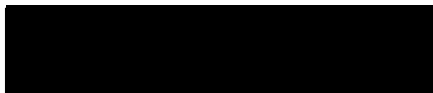
I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

HALE AIKANE

was incorporated under the laws of Hawaii on 07/18/2005 ; 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 19, 2016



Director of Commerce and Consumer Affairs

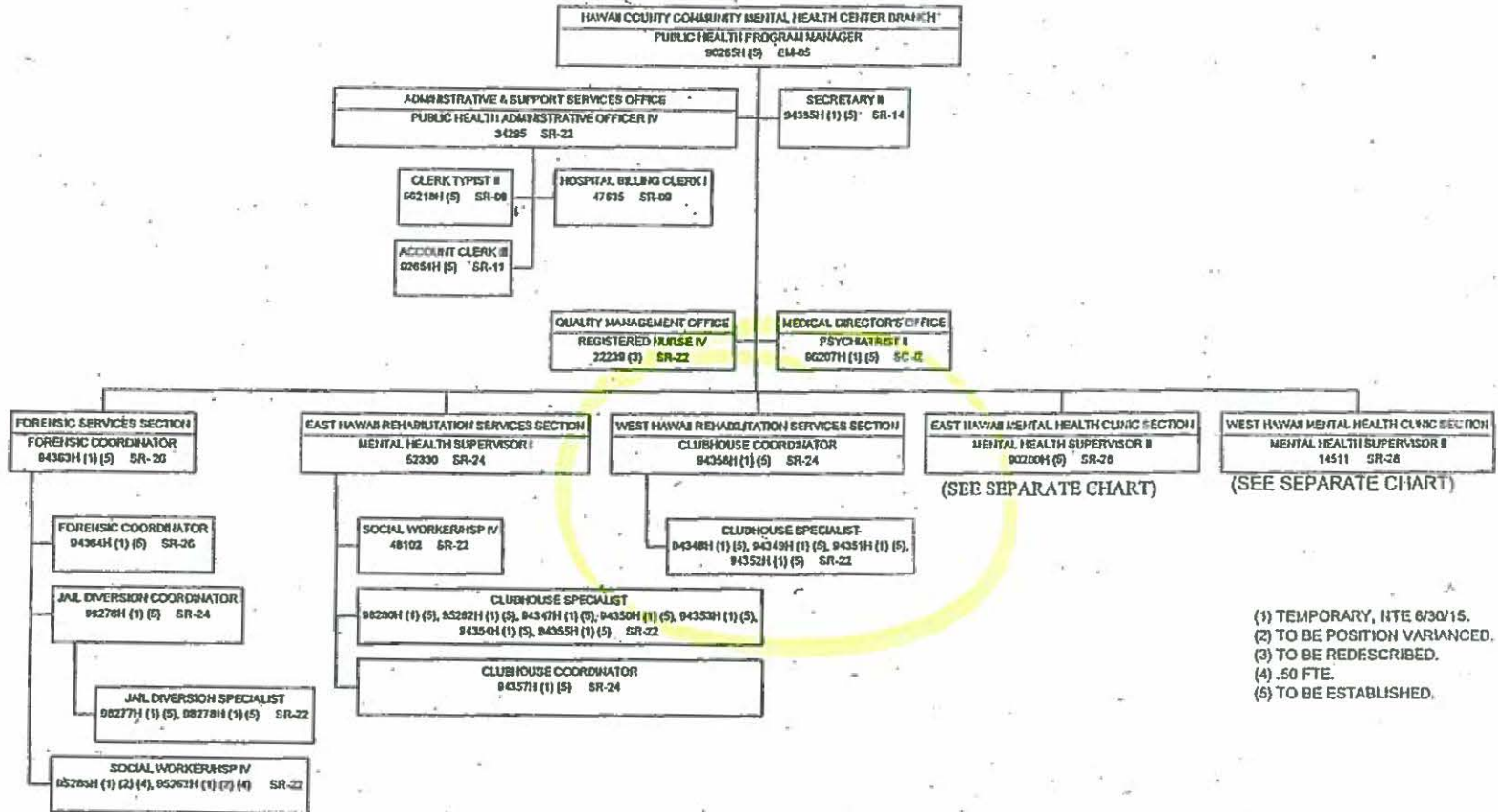




HALEAIKANE

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
BEHAVIORAL HEALTH ADMINISTRATION  
ADULT MENTAL HEALTH DIVISION  
HAWAII COUNTY COMMUNITY MENTAL HEALTH CENTER BRANCH

POSITION ORGANIZATION CHART



05170014  
REV. 9/11/13

JUN 30 2014

## HALE AIKANE

### BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016-June 30 2017

Applicant: Hale Aikane

On the Budget Categories page, our auspice agency, The State of Hawaii, Department of Health, Adult Mental Health pays for personnel's salaries, payroll taxes and assessments, fringe benefits. In addition our auspice agency pays for vehicles, insurance, and repairs, telephones, both land lines and cell phones, rental of our building, The Kona Paradise Club at 77-6435 Kuakini Hwy Ste 101, Kailua-Kona, HI. Rental of a Xerox machine, paper products, and some cleaning supplies are included.

Our commercial kitchen expenses are supplied by Hale Aikane funds such as appliances, repairs, equipment, some office supplies to help run the business unit, and groceries for fundraisers.

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

Applicant: Hale Aikane

*Paid by State of Hawaii, Dept of Health  
Not Hale Aikane*

*(See attached budget)*

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				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>				
<b>B. OTHER CURRENT EXPENSES</b>				
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				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>			\$ 7,500.00	
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>				
<b>SOURCES OF FUNDING</b>	Budget Prepared By: <u>Paula DeMello-O'Bannon</u> 808 960-5066			
(a) Total State Funds Requested				Phone
(b) Total Federal Funds Requested				1-19-16
(c) Total County Funds Requested				Date
(d) Total Private/Other Funds Requested				
<b>TOTAL BUDGET</b>				
			Signature of Authorized Official: <u>President</u> Name and Title (Please type or print)	

# HALEAIKANE

## Budget from State of Hawaii, Department of Health

### Kona Paradise Club (West Hawaii)

#### Personnel Cost:

116711	Clubhouse Coordinator	Paulla DeMello-O'Bannon	4,624.00
116720	Clubhouse Specialist	Heather Rosehill	3,652.00
116721	Clubhouse Specialist	Stanley Koga	3,652.00
116722	Clubhouse Specialist	William Cariaga, Jr	3,652.00
116723	Clubhouse Specialist	VACANT	3,652.00
116724	Clubhouse Specialist	VACANT	3,652.00
<b>total personnel cost/month</b>			<b>\$ 22,884.00</b>

#### Operating Cost:

Electricity	1,000.00
Lease Rental	6,107.00
Food Supplies (KTA)	150.00
Telephones	125.00
Cell Phones	30.00
Lease of Copy Machine	250.00
Motor Vehicle Gas and Oil	1,000.00
Repair and Maint. State Vehicles	500.00
Airfare - Employees and Consumers	200.00
Employee Compensation for Travel	20.00
Office and Other Supplies	250.00
Postage	100.00
Janitorial Supplies	250.00
Subscriptions (Newspaper)	25.00
Services on a Fee Basis (Interpreters)	-
ICCD Dues (prorated)	73.00
Road Runner Cable	80.00
Pest Treatment	73.00
<b>total operating cost/month</b>	<b>\$ 10,233.00</b>
<b>Total Cost per Month</b>	<b>\$ 33,117.00</b>
<b>Total Projected Annual Cost for Kona Paradise Club</b>	<b>\$ 397,404.00</b>

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: Hale ANKANE

<span style="font-size: 2em; font-family: cursive;">N/A</span> <b>FUNDING AMOUNT REQUESTED</b>						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2014-2015	FY: 2015-2016	FY:2016-2017	FY:2016-2017	FY:2017-2018	FY:2018-2019
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
<b>TOTAL:</b>						
<b>JUSTIFICATION/COMMENTS:</b> <span style="font-size: 1.5em; font-family: cursive;">No Capital funding requested</span>						

**BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**

Period: July 1, 2016 to June 30, 2017

Applicant: Hale AIKANE

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

**JUSTIFICATION/COMMENTS:**  
*Salaries paid by Auspice Agency: State of Hawaii, Dept of Health.*

**GOVERNMENT CONTRACTS AND / OR GRANTS**

Applicant: HALE AIKANE

Contracts Total: 0 -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1					
2					
3					
4					
5					
6					
7					
8					
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12					
13					
14					
15					
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30					