



**MENTAL  
HEALTH  
KOKUA**

1221 Kapiolani Boulevard, Suite 345  
Honolulu, Hawaii 96814

## LETTER OF TRANSMITTAL

**Date:** 1/22/16

<b>TO</b>	
<b>Name:</b>	Senate Committee on Ways and Means
<b>Title:</b>	
<b>Company:</b>	State Capitol, Rm. 207
<b>Address:</b>	Honolulu, HI 96813
<b>Phone:</b>	<b>Fax:</b>

<b>FROM</b>	
<b>Name:</b>	Cordula Diaz
<b>Title:</b>	Business Manager
<b>Company:</b>	Mental Health Kokua
<b>Phone:</b> (808) 529-4566	<b>Fax:</b> (808) 591-2500

**Reference:** Attn: GIA

- |                                                     |                                                                       |                                               |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> For your information/files | <input type="checkbox"/> For revisions                                | <input type="checkbox"/> Per your request     |
| <input type="checkbox"/> For signature & return     | <input type="checkbox"/> For review                                   | <input type="checkbox"/> Per our conversation |
| <input type="checkbox"/> For signature & forwarding | <input checked="" type="checkbox"/> For necessary action/distribution | <input type="checkbox"/> See remarks below    |

**REMARKS:**

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*If you don't receive all pages, please phone us immediately at the telephone number above.*

House District 8

Senate District 5

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:  
Mental Health Kokua

Dba:

Street Address: 1221 Kapiolani Blvd Ste 345, Honolulu, HI 96814

Mailing Address: 1221 Kapiolani Blvd Ste 345, Honolulu, HI 96814

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name GREG PAYTON

Title Chief Executive Officer

Phone # (808) 737-2523

Fax # (808) 734-1208

E-mail gpayton@mhkhawaii.org

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:

Mental Health Kokua's Maui Renovation Project to Develop Homeless Housing First

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2017: \$ 50,000.00

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 \$ 500,000  
 COUNTY \$ \_\_\_\_\_  
 PRIVATE/OTHER \$ \_\_\_\_\_

GREG PAYTON, CEO  
NAME & TITLE

JANUARY 22, 2016  
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;

Established in 1973 as "The House", MHK is the oldest social rehabilitation service provider in Hawaii dedicated to assisting people with a serious mental illness recover and become contributing members of the community. All MHK programs have goals of enabling participants to manage their mental illness symptoms while assuming self-care responsibilities. MHK has demonstrated the ability to provide recovery based services to people in Hawaii with serious and persistent mental illness through contracts with the AMHD; HMSA-Community Care Services; Department of Health; US Department of Housing and Urban Development (HUD); Hawaii Public Housing Authority (HPHA); the Social Security Administration (SSA); City and County of Honolulu; and Aloha United Way.

2. The goals and objectives related to the GIA request

Goal	Objectives
<p><u>Goal 1:</u>  <b>To renovate an existing MHK Maui building owned by MHK, dedicated for housing eight (8) homeless adults with mental illness.</b></p>	<p><b>To create eight micro-units at 133 Market St. in Wailuku, HI 96793.</b></p>
<p><u>Goal 2:</u>  <b>To secure funding for renovation of MHK's Maui facility located at 133 Market St., Wailuku, HI 96793</b></p>	<p><b>To secure \$50,000 in funds from the State GIA and \$500,000 in renovation financing from USDA.</b></p>

3. The public purpose and need to be served.

MHK is proposing to operate housing services on Maui in a "housing first model" (Tsemberis, 2005), where persons served can live independently with support. "Housing first" aligns with the mental health "recovery model" (Anthony, 1993; SAMHSA, 2011), where "self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path" (SAMHSA, 2011). MHK has provided housing services in Hawaii since 1973 using a community housing/group home approach, because scattered-site apartment models are prohibitive due to Hawaii's lack of affordable housing. Supported housing is a standard model of care in the continental United States for adults with serious and persistent mental illness where

affordable housing is available. However, MHK has learned from 40 years of experience that the “housing first” model is more applicable for adults with differing needs. MHK will collaborate with Maui’s Family Life Center and Hawaii health plans for referrals of homeless adults with mental illness to provide permanent supported housing, including Ohana Care, Aloha Care, Kaiser, HMSA, and United Behavioral Health.

4. Describe the target population to be served.

Single homeless adults, 18 years of age or older, with a serious and persistent mental illness, who have been authorized by the funding source for a housing first level of care are eligible to receive services.

5. Describe the geographic coverage.

Mental Health Kokua’s renovation project is located at 133 Market St., Wailuku, HI 96793. MHK has owned the property since 2009 and used it for various program and administrative purposes. MHK’s proposed project serves the county of Maui.

**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	Tasks	Responsibilities
Complete renovation financing with USDA	Finalize proposal	Assigned to CEO
Complete architectural and engineering design	Develop complete designs by Maui Architectural Group	Assigned to CEO and MHK Maui Director.
Secure building permits.	Apply for building permits through Maui County	Assigned to CEO
Bid construction contract	Procure bids for renovation according to USDA guidelines.	Assigned to CEO
Select construction company	Develop selection committee and review contract proposals	Assigned to CEO and MHK Maui Director.
Complete renovation construction	Oversee the construction	Assigned to CEO and MHK Maui Director.
Recruit homeless adults with mental illness for housing.	Open 133 Market St. and place tenants with housing first” model.	Assigned to MHK Maui Director.

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

Project	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complete renovation financing with USDA	X			
Complete architectural and engineering design	X			
Secure building permits.		X		
Bid construction contract		X		
Select construction company		X		
Complete renovation construction			X	
Recruit homeless adults with mental illness for housing.				X

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

- Although MHK is requesting capital funds, program outcomes are below:

Monitor	Evaluate	Improve Results
<u>Efficiency/Utilization:</u> % homeless assessment conducted for all referrals.	<ul style="list-style-type: none"> <li>Expected housing assessments are 95%.</li> <li>Quality clinical record reviews routinely.</li> </ul>	Corrective action for incomplete clinical records
<u>Effectiveness:</u> % consumers' Independent Living Skills Survey score improving from baseline score at intake	<ul style="list-style-type: none"> <li>Expected housing scores should be 90% or above.</li> </ul>	Quality review for trends and patterns.
% for each person served who meet their service/ treatment plan goals.	<ul style="list-style-type: none"> <li>Expected housing scores should be 90% or above.</li> </ul>	Corrective action for incomplete clinical records
<u>Access to Services:</u> % admitted with 24 hours of approval	<ul style="list-style-type: none"> <li>Expected housing scores should be 90% or above.</li> </ul>	Quality review to maintain timely accessibility to services
<u>Satisfaction:</u> % satisfaction of person served in housing	<ul style="list-style-type: none"> <li>Expected housing scores should be 90% or above.</li> </ul>	Quality review to maintain services satisfaction

3. 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 Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
  - See attachments
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
\$50,000	NA	NA	NA	\$50,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2017.

Funding for Mental Health Kokua Maui services includes the following sources:

Funding Source	Program
▪ DOH-Adult Mental Health Division	▪ Housing and case management
▪ DOH-ADAD	▪ Intensive case management
▪ MUW	▪ Housing & homelessness
▪ County Of Maui	▪ Crisis & homelessness
▪ Aloha Care	▪ Outpatient; case management; IOP
▪ `Ohana Care	▪ Outpatient; case management; IOP
▪ Ever Care	▪ Outpatient; case management; IOP

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.
  - State real property tax exemption for property MHK owns.
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.

Contractor	Contract
▪ DOH-Adult Mental Health Division	▪ Housing and case management
▪ DOH-ADAD	▪ Intensive case management
▪ County Of Hawaii	▪ Housing & homelessness
▪ County Of Maui-	▪ Crisis & homelessness
▪ City of Honolulu	▪ Emergency solutions
▪ HPHA-HPB (Honolulu)	▪ Housing
▪ AUW (Aloha United Way)	▪ Housing & homelessness
▪ HIUW (HI Island United Way)	▪ Housing & homelessness
▪ MUW (Maui United Way)	▪ Housing & homelessness
▪ KUW (Kauai United Way)	▪ Project-specific
▪ Aloha Care	▪ Outpatient; case management; IOP
▪ `Ohana Care	▪ Outpatient; case management; IOP

Contractor	Contract
▪ Ever Care	▪ Outpatient; case management; IOP
▪ Kaiser	▪ Outpatient; case management; IOP
▪ HMSA	▪ Outpatient; case management; IOP
▪ Optum Health Care	▪ Outpatient; case management; IOP
▪ Beacon Health Care	▪ Outpatient; case management; IOP

5. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2015.
- Total assets are \$6,232,383 including cash and real property.

#### 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.

Since 1973 MHK has demonstrated the ability to provide recovery based services to people in Hawaii with serious and persistent mental illness through contracts with the State Dept. of Health-Adult Mental Division (AMHD) since 1980; HMSA-Community Care Services since 1995; US Department of Housing and Urban Development (HUD) since 1980; Hawaii Public Housing Authority (HPHA) since 1990; the Social Security Administration (SSA) since 1980; City and County of Honolulu since 1990; and Aloha United Way since 1990.

MHK has provided 24-hour supervised group services and 8-16 hour supervised care since 1973. MHK has also provided case management services statewide in locations statewide as follows:

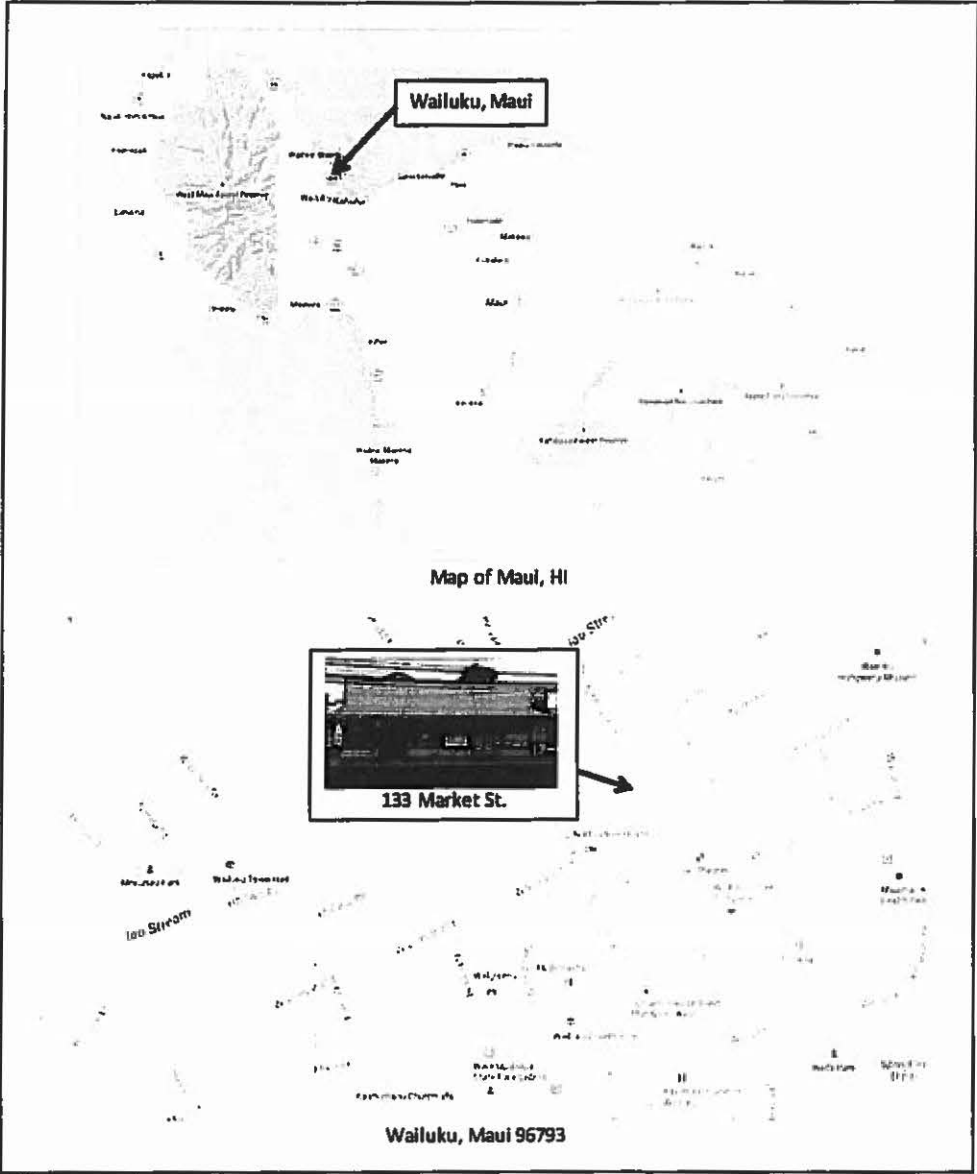
- Safe Haven. For persons who are homeless and have mental illness Safe Haven offers outreach, medical and psychiatric care, case management, 24-hour residential services, and social rehabilitation activities. Chemical dependency outpatient groups serve Safe Haven clients before, during, and after their stay at Safe Haven to provide support and continuity of care. MHK operates this unique project in downtown Honolulu, and has placed consumers into supported housing since 1995.
- Transitional Residential Resources. MHK offers 24-hour supervised group residential facilities and on-site individualized social rehabilitation services in transitional housing settings. MHK programs have served consumers with serious mental illnesses are located on Oahu, in East Hawaii and West Hawaii, on Maui and on Kauai, helping to move consumers into supported housing since 1980.
- Supportive Living Housing Sites. 8-16 hour supervised group homes are provided on a less intense level, with recovery services and consumer support on site and on-call. Residences are located on Oahu, on Maui, in East Hawaii and West Hawaii, and on Kauai. MHK has helped move consumers into supported housing since 1980.

- Case Management has been provided by MHK on Kauai, Hilo and Kona, and currently on Oahu and Maui. MHK has helped move consumers into supported housing since 1995.

**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.

Mental Health Kokua proposes to renovate 133 Market St., Wailuku, HI 96873, which is located on the maps below:





MHK’s facilities are consistent with MHK’s mission and service philosophy is to provide decent, affordable supported housing for eligible consumers. MHK complies with CARF accreditation and Hawaii Dept. of Health regulation, which has been included as part of MHK’s internal inspection conducted at least semi-annually. MHK maintains an electronic data warehouse, where all health and safety activities for MHK facilities statewide are maintained on a data base, providing MHK directors and managers with instant access to current data on facility health and safety.

MHK ensures structurally sound facilities that are accessible with multiple egress, with each room having adequate space, ventilation, clean and working bathrooms, adequate lighting, functional kitchen appliances, operational, sanitary appliances and smoke detectors passing fire codes. MHK’s compliance with housing standards includes:

- General living areas
- Bathroom facilities
- Kitchen areas
- Storage and disposal of household waste
- Physical space and security
- General health and safety
- Site and neighborhood

**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. MHK’s proposal is for capital.

**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. MHK’s proposal is for capital.

**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.

MHK Staff Member	Education/Experience	Compensation
Greg Payton, Chief Executive officer	<ul style="list-style-type: none"> <li>▪ MA Psychology/MBA</li> <li>▪ 40 years of experience</li> <li>▪ 25 years as CARF surveyor</li> </ul>	\$130,000
Cassandra Tokoro Clinical Director	<ul style="list-style-type: none"> <li>▪ 25 years of experience</li> <li>▪ APRN</li> </ul>	\$114,566
Molly Palmer Prescriber	<ul style="list-style-type: none"> <li>▪ 5 years experience</li> <li>▪ APRN-Rx</li> </ul>	\$123,640

**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.

- Mental Health Kokua has no pending litigation

**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.

MHK has been accredited since 1997 by the Commission on Accreditation of Rehabilitation Facilities (CARF) for the provision of Community Rehabilitation Programs, including Case Management, Crisis Stabilization, Psychosocial Rehabilitation and community housing services. Mental Health Kokua received back-to-back perfect survey scores from CARF (no recommendations) in 2009, 2012 again in 2015. MHK will maintain CARF accreditation throughout the contract period.

**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.

- Not applicable.

**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.

The \$50,000 funding requested by Mental Health Kokua supplements MHK's application with USDA to finance the renovation of 133 Market St., Wailuku, HI. to turn the property into micro units for housing first to house homeless adults with mental illness.

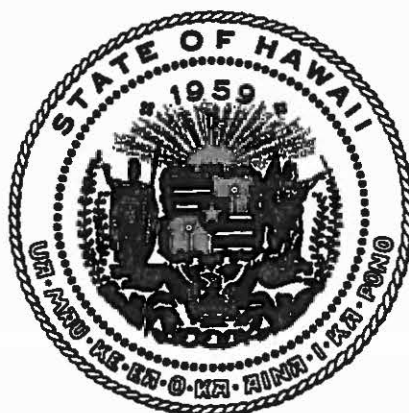
- (2) Not received by the applicant thereafter.

MHK's 133 Market St., Wailuku, HI will maintain the ongoing housing operations with funds from the State Dept. of Health-Adult Mental Health Division, Maui County Housing and Human Concerns, HUD Vash, VA-SSVF.

**E. 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, 2015.

- 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

**MENTAL HEALTH KOKUA**

was incorporated under the laws of Hawaii on 06/07/1973 ; 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 22, 2016



Director of Commerce and Consumer Affairs





STATE OF HAWAII  
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: **MENTAL HEALTH KOKUA\***

DBA/Trade Name: **MENTAL HEALTH KOKUA\***

Issue Date: **12/29/2015**

Status: **Compliant**

Hawaii Tax#: [REDACTED]  
FEIN/SSN#: [REDACTED]  
UI#: XXXXXX1301  
DCCA FILE#: 24508

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
	The entity is not in compliance with the requirement and should contact the issuing agency for more information

Not  
Compliant

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

Applicant: Mental Health Kokua

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	0	0	0	0
2. Payroll Taxes & Assessments	0	0	0	0
3. Fringe Benefits	0	0	0	0
<b>TOTAL PERSONNEL COST</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
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. Construction	50,000	500,000	0	0
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>50,000</b>	<b>500,000</b>		
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>50,000</b>	<b>500,000</b>		
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	50,000	Summer Uwnoo	(808) 737-2523	
(b) Total Federal Funds Requested	500,000		Phone	
(c) Total County Funds Requested	0		1/22/16	
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official	Date	
<b>TOTAL BUDGET</b>	<b>550,000</b>	Greg Payton Name and Title (Please type or print)		



## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2016 to June 30, 2017

Applicant: Mental Health Kokua

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>			\$ -	
<b>JUSTIFICATION/COMMENTS:</b>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>			\$ -	
<b>JUSTIFICATION/COMMENTS:</b>				



## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: Mental Health Kokua

<b>FUNDING AMOUNT REQUESTED</b>						
<b>TOTAL PROJECT COST</b>	<b>ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS</b>		<b>STATE FUNDS REQUESTED</b>	<b>OF FUNDS REQUESTED</b>	<b>FUNDING REQUIRED IN SUCCEEDING YEARS</b>	
	<b>FY: 2014-2015</b>	<b>FY: 2015-2016</b>	<b>FY:2016-2017</b>	<b>FY:2016-2017</b>	<b>FY:2017-2018</b>	<b>FY:2018-2019</b>
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION	0	0	50,000.00	500,000.00	0	0
EQUIPMENT						
<b>TOTAL:</b>			<b>50,000</b>	<b>500,000</b>		
<b>JUSTIFICATION/COMMENTS:</b>						

**GOVERNMENT CONTRACTS AND / OR GRANTS**

Applicant: Mental Health Kokua

Contracts Total: 8,863,159

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)</b>	<b>CONTRACT VALUE</b>
1	CBCM	4/1/2012	DOH/AMHD	State of Hawaii	180,000
2	PATH Homeless Outreach	10/1/2014	DOH/AMHD	State of Hawaii	100,000
3	Peer Coach services	8/1/2014	DOH/AMHD	State of Hawaii	260,000
4	Residential - Transitional (24 hour)	4/1/2014	DOH/AMHD	State of Hawaii	2,400,000
5	Residential - Supportive (8-16 hour)	4/1/2014	DOH/AMHD	State of Hawaii	3,210,000
6	Therapeutic Living Program	4/1/2014	DOH/AMHD	State of Hawaii	900,000
7	Semi-Independent Living	6/1/2014	DOH/AMHD	State of Hawaii	700,159
8	Supported Housing	6/1/2014	DOH/AMHD	State of Hawaii	100,000
9	ADAD	7/1/2013	DOH/Alcohol & Drug Ab	State of Hawaii	40,000
10	Home	7/1/2015	County of Maui	Maui	65,000
11	PSR	7/1/2015	County of Maui	Maui	35,000
12	Safe Haven	1/1/2015	HUD	U.S.	865,000
13	Safe Haven	7/1/2015	VA	U.S.	8,000
14					
15					
16					
17					


**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.

Mental Health Kokua  
(Typed Name of Individual or Organization)  
 1/22/16  
(Signature) (Date)

Greg Payton CEO  
(Typed Name) (Title)