

House District 42
Senate District 20

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:
Operation Purple Paws, LLC
Dba:
Street Address: 91-1045 Kualakai St., 96707
Mailing Address: PO Box 22024
Honolulu, HI 96823

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name Gayle W. Puou
Title CEO & President
Phone # 808-358-8851
Fax # n/a
E-mail operationppaws@gmail.com

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:

As an Animal Assisted-Therapy service organization, we will be serving the people that are in need of social, emotional, and mental stimulation.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2017: \$ 9,669.72

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 \$ 0
FEDERAL \$ 0
COUNTY \$ 0
PRIVATE/OTHER \$ 500

TITATIVE

CEO & President
NAME & TITLE

1/21/16
DATE SIGNED



RECEIVED

1/22/16

MA

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

The applicant is Operation Purple Paws, LLC,(OPP) an all-volunteer based Animal Assisted-Therapy service organization which is located on the island of Oahu. The formation of OPP was created from the experience of President & CEO, Gayle Puou as a former emergency management planner, volunteer program coordinator, and currently a professional dog trainer.

2. The goals and objectives related to the request

Goal and objective is to service those in need of social, emotional and mental stimulation.

3. The public purpose and need to be served;

First, focus will be on the aging population; people within their recovery stages, and soldiers returning from deployment. These are the immediate areas that we will be serving. From past professional work experience with the Hawaiian Humane Society, I know as the CEO of OPP, agencies that serve this population in the community seek another type of resource that will help their clients return to normalcy

- The immediate service will be for those that are currently in need of stimulation whether on the social, emotional, and/or mental level. Home-bound seniors suffering from depression and/or live alone will be our first group to target. Working with various public agencies and special needs group that serve our seniors can offer this to their clients at no charge, through OPP.
- Services that care for all ages such as rehabilitation centers can find the need of additional therapy for patients with brain injured and/or pain relief therapy; during a recent talk with a client that is currently training his dog for his office practice saw the need to use another source of therapeutic technique to help his clients.

As a professional dog trainer, I see a lot of clients serving in the military returning home with the hope of training their dog as a service dog. Unfortunately, the training takes two (2) to five (5) years. This includes both obedience and specialty training. The military currently does not have the service and funds to provide their military families with this need so soldiers and their families are seeking help from outside.

- This service will help those that serve in our military branches and their family, who return from deployment with injuries, most times that cannot be seen but diagnosed as Post Traumatic Stress Syndrome. OPP would be a temporary service until the soldier can be paired with a trained service dog.

Second, the focus will move toward working on serving the people that may be struck by a natural or man caused disaster. Disasters cannot be predicted so service will not be an immediate need. OPP will focus on building this area to strengthen the awareness of using the service. Partnering with agencies that work closely with emergency management agencies locally, state and federal level would be part of an on-going collaboration.

4. Describe the target population to be served; and

Home-bound seniors that is currently being serviced by various public agencies;
Long-Term care patients that seek additional help during their recovery stage. Soldiers returning from deployment, and those affected by natural and man caused disasters.

5. Describe the geographic coverage

Operation Purple Paws, LLC will be serving the Island of Oahu only.

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

Operation Purple Paws scope of work is to serve the aging community, service men and women back from deployment and disaster survivors using pet therapy.

Task and responsibilities

A trained volunteer team made of one handler and a specially trained dog, owned by the handler, will be assigned a task of providing comfort to a client. The handler will be given some general information about the client's need. These assignments will be received within 24 to 48hrs from a requesting agency or directly from the client via our website.

OPP will receive and process request. A volunteer will be monitoring the incoming request daily to assure that request is on time.

Each client will be visited by a volunteer team, spending a minimum of 4 to 6 weeks, a total of 12 hour visits for the initial request. If clients or agencies feel they may need additional visits because of positive feedback from their clients, they may request an additional 12 hour visit. A 2nd request must be placed to help track services. Clients may request for the same dog team, but all dogs teams will be rotated out monthly to make sure the service to the client is working.

Every volunteer team that serves a client will be required to provide our recovery team a summary report to track all services. In the report will have detailed information on what time session started and ended, who was present, how the client reacted to the dog and how the dog responded. They will also include the location as to where the visits took place. The handler will be required to assess the dog at the visit to make sure the dog does not show any signs of stress. Should this happen, handler will inform the client that the dog needs to take a break and may resume after. If not, session will end. All visiting dates will be confirmed by our administration team with a call to the agency or client to confirm.

After servicing the client, the recovery team will assess and close each case. Once the case is close the information will be given to our administration team to keep track of all closed cases for statistical purposes. Should the recovery team find that the client may benefit from spending more time, they may recommend the client to continue.

Our recovery team will consist of our doctor, animal behaviorist, and a member of a community crisis counselor. Other OPP members, including all members on our Board of Directors, with proper training, will also take part in working with the recovery team should they need the additional help or in case the original recovery team is unavailable.

Note: All members are volunteers and is working with OPP outside of their profession.

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

Projected annual timeline are as follows:

Application submitted will be processed within 24 to 72hrs. OPP volunteers will be on call weekly to help process request which will include setting up the appointment, notifying all parties, and appointing a volunteer dog team. OPP volunteers will be available weeknights and weekend days to process request.

Volunteer dog handler will follow up with a written report after each visit. Each visit will be an hour, totaling a minimum of 12 hours per client request. Our recovery team will monitor all visits to assure teams are reaching the accomplished goal and seeing results. This information will be provided to the agency and client. Should additional visits be needed, our recovery team will make their recommendation to the agency and client.

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

Each team will be given a summary of the assigned client and be asked to assess each visit in two folds;

- o First, the clients reaction when introduction is made with dog, how client communicates (if any) and how session ends;

Our medical professional team member projected a minimum of 4 hours per session to a maximum 12 hours per request. Each request will be evaluated and monitored by our recovery team. Goal is to see improving results.

- o Second, the assessment of our dog's reaction, along with our dog's stress level. The dog's reaction will let our animal behaviorist determine if stress is caused by environment or by the fact that the client is in stress him or herself. All information will be part of the report so referral agencies will be able to determine if client needs more help through a serving profession such as a psychologist etc .

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.

- A statistical report will be prepared monthly, which will include the # of individual visits, hours spent.
- Ongoing training will be provided for volunteer teams (both handler and dog)
- Report # of complaints will be provided and if any,
- Letter of Recommendation(s) from client or 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.
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
\$6,425.22	\$2,217.25	\$707.25	\$320.00	\$9,669.72

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

Currently we are looking at other grants but have not found one that we qualify for. Currently, the founder is supplying a small personal fund.

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.

This applicant has no state or federal tax credit to be reported. As a new business, less than a month into this fiscal year, we are not seeking any capital funding.

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.

This applicant is a new business and have no list of contracts to provide.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2015.

Operation Purple Paws, LLC is a new company. There are no unrestricted current assets to report. This company will not be seeking any funds for capital projects.

This will be Operation Purple Paws, LLC first grant we will be applying for, therefore no assets as of December 31, 2015.

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.

Through the experience and knowledge of the President & CEO, Gayle Puou as a former emergency management earthquake planner with State Civil Defense, who has been deployed with this agency in many disaster event from 2007 through 2009, involved in the first initial planning of Hawaii's Catastrophic Disaster Recovery Plan, and involved in the shaping of the first pet-friendly shelter, this experience will give the team an insight of what will be needed when a disaster hits and recovery services, on the local, state, and federal level will be provided to the public and how OPP will play a role.

As a former volunteer program coordinator with the Hawaiian Humane Society, this will allow the recruiting team members coming in gets the appropriate training for field work and in other areas as need. Part of working with the humane society, learning how to gain funding through fundraising will help with the building of OPP;

And as a certified professional dog trainer, this will help our dog handler teams to get a better knowledge of how important the dog going in to visit has the proper training coming into the company.

As a new company, no additional projects are currently available.

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.

We will not be seeking any facilities at this time.

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 company is all volunteer-based run and will not be seeking any salary for its partners and volunteers.

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 attached document

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..

No compensation has been distributed to any member of this organization. This company is volunteer-based run.

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.

The applicant has no litigation but the owner has litigation in escrow at this time.

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.

As a professional dog trainer, I am certified and receive on-going training frequently through my current employer. I've been certified as an emergency management earthquake planner, as required by my employer, with yearly training through the Federal Emergency Management Agency so I could fulfill my job requirement when a disaster were to hit at any given time. During the duration of my employment, I have been deployed to multiple emergency disasters and have fulfilled my obligation as a planner.

While employed with the Hawaiian Humane Society, I was required to maintain my required training to continue my status as a Coordinator, which included attending workshops and conduct training classes, certified as a Pet First Aid Instructor under the American Red Cross and complete various certified courses required by the agency.

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, but
- (2) Not received by the applicant thereafter.

Fundraising events will be plan at a minimum of twice a year or more based on the need of the funding. If this grant does not get granted, this will have to follow.

Future grants that apply to the company's funding needs.

Donor support will be one of the ways we will work on in the community as we grow as an organization.

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.

The attachment is a Certificate of Good Standing.

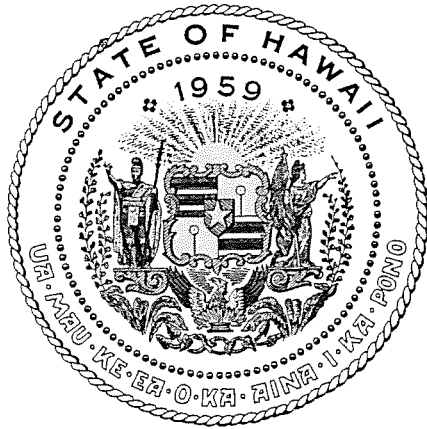
BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

App

Operation Purple Paws, LLC

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	n/a	n/a	n/a	n/a
1. Salaries				
2. Payroll Taxes & Assessments	n/a	n/a	n/a	n/a
3. Fringe Benefits	n/a	n/a	n/a	
TOTAL PERSONNEL COST	n/a	n/a	n/a	n/a
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0	0	0	0
2. Insurance	0	0	0	0
3. Lease/Rental of Equipment	0	0	0	0
4. Lease/Rental of Space	350	0	0	0
5. Staff Training	75	0	0	0
6. Supplies (training)	193	0	0	0
7. Telecommunication	1,411	0	0	0
8. Utilities	0	0	0	0
9. Office Supplies	641	0	0	0
10. Printing	75	0	0	0
11. License	573	0	0	0
12. Membership	100	0	0	0
13. PO Box Rental	120	0	0	0
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	3,538	0	0	0
C. EQUIPMENT PURCHASES	6,132	0	0	0
D. MOTOR VEHICLE PURCHASES	0	0	0	0
E. CAPITAL	0	0	0	0
TOTAL (A+B+C+D+E)	9,670	0	0	0
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	9,670	Gayle W Puou 358-8851		
(b) Total Federal Funds Requested	0	Phone		
(c) Total County Funds Requested	0	<div style="background-color: black; width: 100px; height: 40px; margin: 0 auto;"></div>		
(d) Total Private/Other Funds Requested	0			
TOTAL BUDGET	9,670	Gayle W. Puou, President Name and Title (Please type or print)		



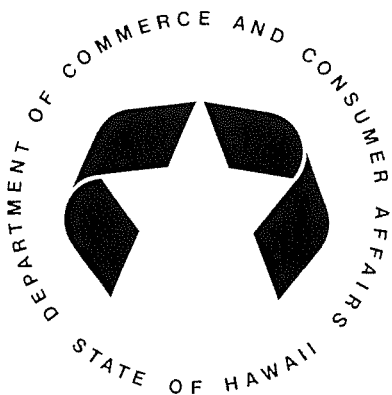
Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

OPERATION PURPLE PAWS, LLC

was organized under the laws of the State of Hawaii on 01/07/2016 ; that it is an existing limited liability company in good standing and is duly authorized to transact business.



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 11, 2016



Director of Commerce and Consumer Affairs

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Operation Purple Paws, LLC

Period: July 1, 2016 to June 30, 2017

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
See ATTACHMENT for complete list				
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS See attachment for comments.				

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

Attachment

BUDGET JUSTIFICATION - EQUIPMENT

DESCRIPTION EQUIPMENT	No. of Items	Cost per Item	Total Cost	Total Budget
Computer	4	\$ 700.00	\$ 2,800.00	\$ 2,800.00
Printer	4	\$ 100.00	\$ 400.00	\$ 400.00
ID Machines w/material for 100	1	\$ 1,600.00	\$ 1,600.00	\$ 1,600.00
Projector	1	\$ 600.00	\$ 600.00	\$ 600.00
ID Supplies	100	\$ 2.49	\$ 249.00	\$ 249.00
Canopy Tent	1	\$ 120.00	\$ 120.00	\$ 120.00
Chairs	4	\$ 25.00	\$ 100.00	\$ 100.00
Board & Easel	1	\$ 108.00	\$ 108.00	\$ 108.00
First Aid Kit	1	\$ 120.00	\$ 120.00	\$ 120.00
Folding Hand Truck	1	\$ 35.00	\$ 35.00	\$ 35.00
Total:	118	\$ 3,410.49	\$ 6,132.00	\$ 6,132.00

Justification/Comments: All equipment requested is for the purpose of training all volunteers.

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: Operation Purple Paws, LLC

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: 2014-2015	FY: 2015-2016	FY:2016-2017	FY:2016-2017	FY:2017-2018	FY:2018-2019
PLANS	N/a					
LAND ACQUISITION	n/a					
DESIGN	n/a					
CONSTRUCTION	n/a					
EQUIPMENT	n/a					
TOTAL:	n/a					
JUSTIFICATION/COMMENTS: n/a						

GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: Operation Purple Paws, LLC.

Contracts Total: n/a -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	n/a				
2					
3					
4					
5					
6					
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Organizational Chart

Operation Purple Paws

