

House District 2nd

Senate District  
Brian Schatz Senior Senator

THE TWENTY-NINTH 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):

I. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dbn: LotusSprings UCP

Street Address: 27 Paina Pl. Halimaile 96768

Mailing Address: P.O. Box 790732 Paia, HI 06779

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name DEBORAH COLEMAN

Title Education Consultant

Phone # 808-276-8128

Fax #

E-mail deboraha07@yahoo.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:

CAPITOL FOR NON-PROFIT SERVING SENIORS: GERONTOLOGY TRAINING FOR CAREGIVERS WORKING WITH HAWAII SENIORS, AND EDUCATION CONSULTATION FOR COMMUNITY, SOCIAL SERVICES AGENCIES, INSURANCE COMPANIES, AND HAWAII STATE LEGISLATURE.

4. FEDERAL TAX ID #:

5. STATE TAX ID #:

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2018: \$ 35,129.00

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 \$ 0

FEDERAL \$ 0

COUNTY \$ 0

PRIVATE/OTHER \$ 0

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

DEBORAH COLEMAN, EDUCATION CONSULTANT

NAME & TITLE

DATE SIGNED

1/15/2017



RECEIVED  
1/19/17  
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;
2. MSW from Rutgers University. 7 years, experience working at Providence Medical Center, Medford, Oregon. Working with Dementia, Alzheimer's patients and training, In-services Hospital, caregivers in Assisted Living Facilities, Foster Homes and community providers. Adjunct Professor So. Oregon University, Under Graduate social work students. Supervised Graduate level internships in the community. Hawaii state AARP advocacy council lecturer and speaker.
3. The goals and objectives related to the request; Educate caregivers and community in Gerontology, care associated with the aging process, the needs and services of the senior population. One 3hour class each quarter at UHMC for caregivers. The Labor department through workforce development pays for half of the cost to support small businesses and the small business is expected to pay the other half to support their staff. UHMC Ed Adventure Fee is 89.00 per student. Each caregiver receives a certificate and 10.00 transportation fee. This grant is requesting \$1,824.00 in scholarships for CNA students, Independent caregivers and caregivers from non-profits Adult Day Care, Department on Aging and Kau Noa to attend the class for fiscal period July 2017 to July 2018.
4. The public purpose and need to be served; Training in care associated with the aging process, to decrease complaints, increase safety and quality of care. To respect the dignity of the individual, while promoting independence. There is presently no education requirement to be a caregiver and no training in Gerontology outside of this class.
5. Describe the target population to be served; Seniors, Seniors receiving In-Home Care Services, Caregivers servicing seniors in the home, Legislature, Insurance companies, Senior community services, Social services agencies and the community at large.

6. Describe the geographic coverage. Hawaii, I have been asked to speak On Oahu, and the Big Island and am applying for funds for transportation.. Presently serving 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; Education and empowerment is the scope of the work. Educate Seniors on, how to hire a caregiver agency for in home services, questions they need to ask and answers they need to expect. Education on the Older American Act process to hold agencies accountable. Educate community on the normal aging process and the resources to maintain their life style as the five senses decline. Educate the legislature on public access for seniors. Eg. Using a walker or cane some seniors are unable to make it across major streets before the light changes.
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service; Maui Resource directory for older adults. Contact Senor Agencies, groups, and community associated with aging and schedule a date to speak with their group about the normal process of aging, what seniors expect and input from them in the form of ideas and suggestions that can be implemented to increase and maintain quality of care for Seniors.
3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; Number of groups I speak with, number of agencies and non-profits who have their caregiver staff attend the gerontology class each semester and check with Insurance companies, protective services and families on the number of complaints reported. To develop a base line for measurement and evaluation.
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. The number of agencies and organizations in the Resource directory to whom we spoke. The number that scheduled a date for a presentation. The number of classes given at UHMC for caregiver training. The number of complaints to Protective services, Insurance companies from client or families about in-home caregiver services, to establish a base line to decrease complaints and increase quality of care. The number of clients or family members who used

the process of reporting complaints to agencies and the results of the Older American Act process to hold them accountable.

**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 2018.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
8,456.00	8,456.00	8,456.00	8,456.00	8,456.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2018. Partner with Women Helping Women Recycle Boutique, for electronic donations to be refurbish through Cause Network, sold and Lotus springs to receive 50% of the proceeds. On-Line shopping through Cause Network, where people can support Lotus springs without writing a check. Each purchase up to 10% donated to Lotus springs. Have contacted Honolulu abandoned cars to partner for donated abandoned cars to be auctioned through cause network and receive 50% of the proceeds. Fundraising education events for Seniors and the community.
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 federal, state, and county government contracts and grants it has been and will be receiving for program funding. NONE
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2016. NONE

**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. Master Degree in Social work, 7Years experience as medical social worker for Providence Medical group in Medford, Oregon. In-services and training caregivers at Assisted Living Facilities, and Foster Homes. Adjunct Professor Southern Oregon University undergraduate social work students and supervised graduate students field training, working with at risk populations, AARP Hawaii advocacy council. Eighteen months setting up this non-profit "Lotus Springs UCP" speaking with Maui caregiver agencies, Insurance companies that provide reimbursement for caregiver services. Surveyed families who have utilized private caregiver agencies. Labor Department for funds to support caregiver agencies, Work Force Development to ensure no one else was offering training classes for caregivers in Gerontology for the class to be placed on the Matrix at UHMC. Vetted through UHMC, for Labor Department and Work Force Development, to qualify to provider training in Gerontology for caregivers. Marketing Department to schedule class times and marketing of the class to the community. I have worked as a private caregiver for the elderly and two caregiver agencies on Maui.

**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. I am instructing, teaching and training in the community. In this age of technology, I'm able to operate my non-profit basically from my cell phone. With Grant Funds I need to hire a part time virtual assistant for managing contacts for fund raising, web page and social media. UHMC offers a virtual assistant program on the Maui campus, I have a lap top and printer in my home where my office presently resides.

## **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. For staff I will supervise a trained certified virtual assistant to manage contacts, web pages and social media. I have supervised graduate students in community internships, In-service training for hospital staff, Assistant Living Facilities, and Foster Home Providers of the elderly

### **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. I am the Gerontology Education Consultant at UHMC, for Social services and Senior Agencies in the community. Virtual assistant will manage contacts, Web Page and social media, Lotus Springs Agency advisers, are a RN Director of a caregiver agency on Maui, a MSW who works with the University of Michigan Gerontology research program and a Caregiver Massage Therapist who specializes in massage for seniors, to Increase circulation, improve balance and decrease pain and depression.

### **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. I have requested in this grant 20,000 for a 1099 p/t/ virtual assistant. Projects for my 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. If applicable, please explain.

**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. MSW from Rutgers Graduate School of social work.

**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. NO

**D. Future Sustainability Plan**

The applicant shall provide a plan for sustaining after fiscal year 2017-18 the activity funded by the grant if the grant of this application is:

(1) Received by the applicant for fiscal year 2017-18, but

(2) Not received by the applicant thereafter.

Will research and apply for other county, state and federal grant funds. Upcycling partnership with women helping women. The abandoned care project with Honolulu County, On-Line shopping and Community Education Fund Raisers

**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, 2016. N/A

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2017 to June 30, 2018

Applicant: \_\_\_\_\_

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	20,000	0	0	0
2. Payroll Taxes & Assessments	1099 employee	1099 employee	1099 employee	1099 employee
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>	<b>20,000</b>			
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	1,500			
2. Insurance				
3. Lease/Rental of Equipment	8,529			
4. Lease/Rental of Space	1,200			
5. Staff Training				
6. Supplies	950			
7. Telecommunication				
8. Utilities	1,350			
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>13,429</b>			
<b>C. EQUIPMENT PURCHASES</b>	<b>1,600</b>			
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>35,029</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	35,029	Deborah Coleman	808-276-8128	
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested		Signature of Authorized Official Date		
(d) Total Private/Other Funds Requested		Gerontology Education consultant		
<b>TOTAL BUDGET</b>	<b>35,029</b>	Name and Title (Please type or print)		





## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2017 to June 30, 2018

Lotus Springs

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
HP Lap Top Business Computer	1.00	\$800.00	\$ 800.00	800
Cell Phone	1	\$800.00	\$ 800.00	800
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>	<b>2</b>		<b>\$ 1,600.00</b>	<b>1,600</b>
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Lease a toyota Rav	1.00	\$8,529.00	\$ 8,529.00	8529
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>	<b>1</b>		<b>\$ 8,529.00</b>	<b>8,529</b>
JUSTIFICATION/COMMENTS Travel workshop training				



January 2017

M	T	W	T	F	S
2	3	4	5	6	7
9	10	11	12	13	14
16	17	18	19	20	21
23	24	25	26	27	28
30	31				

February 2017

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

# DECEMBER 2016

Tuesday 27

Lotus Springs is a Program of United Charitable Programs a 501(c)(3) Registered with the Federal Government Incorporated in Virginia.

I was instructed by the Business Resource Center Kahului, Maui to send my grant Request through Grants Central Fed ID# and State ID# listed under Type of Business entity.

