



ALOHA MEDICAL MISSION

Bringing Hope and Changing the Lives of the People We Serve Overseas and in Hawaii

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In Memoriam

Senator Daniel K. Inouye
U.S. Senate

January 17, 2018
State House & Senate

Dear Representatives:

Thank you very much for this opportunity to apply for funds to help construct a new dental clinic prior to a 20-year lease terminating in 2021. The Aloha Medical Mission Dental Clinic is preparing to secure a permanent home for the clinic with an infrastructure capacity to accommodate existing and future patients with no-cost oral health services.

Toni A. Muranaka

Executive Director

808-847-3411

toni.muranaka@alohamedicalmission.org

cc: Christopher Letoto, AMM President

Grant Application Instructions Fiscal Year 2019 (July 1, 2018 to June 30, 2019)

1. Fill out the application form in its entirety.
2. Submit (1) completed original of the application to the House Committee on Finance:

State Capitol, Rm. 306
Honolulu, HI 96813
Attn: GIA

3. Submit (1) completed original of the application to the Senate Committee on Ways and Means:

State Capitol, Rm. 208
Honolulu, HI 96813
Attn: GIA

4. Do not include stapled or bound materials or brochures with applications. All materials submitted should be on 8 and ½ by 11 inch paper and clipped. SINGLE SIDED FOR SCANNING
5. Applications may be submitted effective immediately. The deadline for receipt of applications is **January 19, 2018, at 4:30 pm** as determined by the official legislative calendar.

Please contact the House Committee on Finance staff at 586-6200 or Senate Committee on Ways and Means staff 586-6800 if you have questions.

Your application will be posted on the Legislature's website.

House District(s) _____ Senate District(s) _____ <input type="checkbox"/>	THE TWENTY-NINTH LEGISLATURE APPLICATION FOR GRANTS CHAPTER 42F, HAWAII REVISED STATUTES	Log No: _____ <hr/> For Legislature's Use Only
Type of Grant Request: <div style="display: flex; justify-content: space-around;"> GRANT REQUEST – OPERATING <input type="checkbox"/> GRANT REQUEST – CAPITAL <input checked="" type="checkbox"/> </div>		
"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: Db: Aloha Medical Mission Street Address: 810 N. Vineyard Blvd., Honolulu, HI 96813 Mailing Address: Same <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION: Name: Toni Muranaka Title: Executive Director Phone: 808-847-3411 Fax: 808-847-3443 E-mail: toni.muranaka@alohamedicalmission.org	
3. TYPE OF BUSINESS ENTITY: <input type="checkbox"/> NON PROFIT CORPORATION INCORPORATED IN HAWAII _____	6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST: Construct a new dental clinic prior to a 20-year lease terminating in 2021. The Aloha Medical Mission Dental Clinic is to secure a permanent home for the clinic with an infrastructure capacity to accommodate existing and future patients with no-cost oral health services.	
4. FEDERAL TAX ID [REDACTED] 5. STATE TAX ID [REDACTED]	7. AMOUNT OF STATE FUNDS REQUESTED: FISCAL YEAR 2018-2019 : \$230,000.00	
8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST: <input checked="" type="checkbox"/> NEW SERVICE (PRESENTLY DOES NOT EXIST- BUILDING A NEW CLINIC)	SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST: STATE \$ <u>0</u> FEDERAL \$ <u>0</u> COUNTY \$ <u>0</u> PRIVATE/OTHER \$ <u>0</u>	
TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE: [REDACTED]	_____ Toni Muranaka, Executive Director <small>NAME & TITLE</small>	_____ 1.17.18 <small>DATE SIGNED</small>

JAN 17 2018 11:50AM

Application for Grants

Please check the box when item/section has been completed. 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;

Aloha Medical Mission (AMM) is a volunteer organization, dependent on dedicated volunteers to provide free medical and dental services overseas and in Hawaii. The AMM office operates out of Hawaii's only free dental clinic located in Honolulu in the Kalihi Palama district - a medically underserved, low-income, and a health professional shortage area for primary and dental care (The Pew Center on States, 2012). The target population continues to be local residents, the elderly, the homeless, college students, and new immigrants to Hawaii who are uninsured because they are either 250% below the federal poverty level, in-between jobs, not eligible for health insurance or awaiting insurance from their employers or cannot afford to pay for care. Once AMM has treated the immediate or acute dental problem, attempts to find a permanent dental home for patients occurs. AMM works with low-cost clinics as a link to long term dental care to compliment Federal Community Health Centers (FQHC) services by providing interim care thus avoiding duplication of services and efficiently leveraging AMM's limited resources. The dental clinic is one-hundred percent free and insurance carriers are never billed. AMM is the last safety net in oral health.

The reason for our move is that our current site is ninety-three years old and slated for redevelopment in the near future. We are uncertain of our existence on the Palama Settlement campus due to their development plans.

2. The goals and objectives related to the request;

GOAL: Prior to the 20-year lease terminating in 2021, the AMM is to secure a permanent home for the dental clinic with an infrastructure capacity to accommodate existing and future patients free oral health services.

OBJECTIVE 1: Task Force Committee shall be formed to evaluate the status of the 93 year-old existing building, review all proposed capital improvements and the overall status of public facilities in relation to current and projected demand to determine and agree in moving forward with the clinic relocation.

OBJECTIVE 2: Capital Improvements shall correct existing deficiencies to accommodate anticipated future growth and replace worn out or obsolete equipment.

OBJECTIVE 3: The AMM shall consider current dental health trends to ensure that our

target patient population does not impose a financial burden on existing and future grants by anticipating as best we can current and future needs.

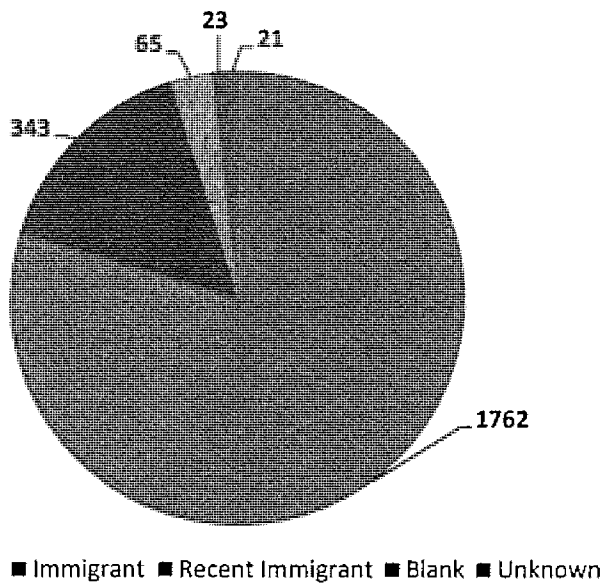
3. The public purpose and need to be served;

Approximately 30% of Hawaii’s population is unable to afford dental insurance and it is our goal to continue to help as many of these people as possible. By providing basic dental care, AMM hopes to relieve the burden on emergency rooms, reduce unnecessary hospital costs and provide the proper treatment for these patients who are experiencing pain. According to The Pew Center on the States (2012), there were approximately 830,590 visits to the emergency rooms nationwide in 2009 due to preventable dental conditions. The report also revealed that among low-income patients who went to the emergency room for toothaches, 80% needed follow-up care from a dentist. Once our treatment is complete, AMM refers patients to low-cost clinics to help them find a permanent dental home.

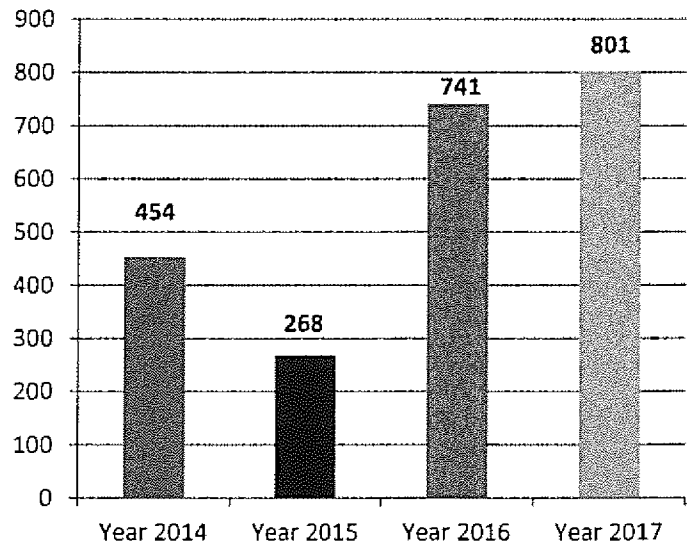
4. Describe the target population to be served;

Aloha Medical Mission Patient Demographics 2014-17

Residency - Total: 2,214



Total Patients - Total: 2,264



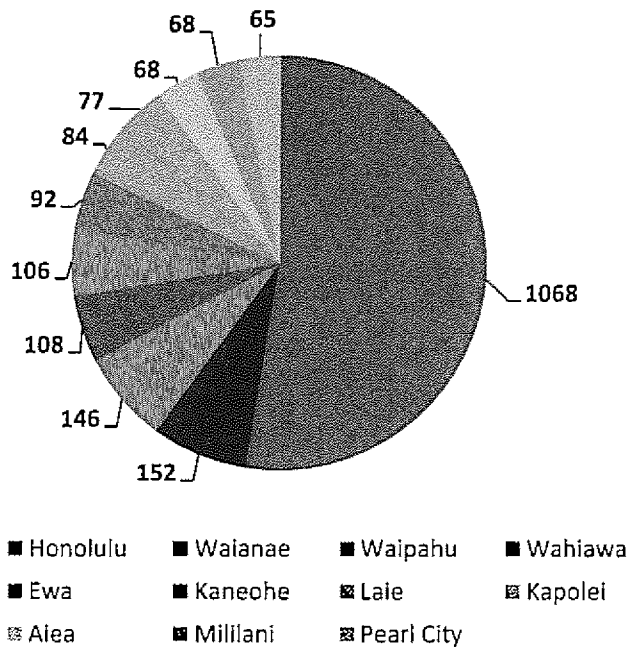
Target population to be served:

AMM’s majority of patients are those who are Hawaii residents, immigrants, and recent immigrants to Hawaii. Since Quest ensures children in Hawaii have access to dental care, AMM generally serves adults ranging from ages 20 through 65+, with the highest percentage of patients being between ages 51-64. AMM bridges the gap to accessing dental care in the community with the majority of patients stating being of Native Hawaiian, Caucasian, Pacific Islander, Filipino, and Southeast Asian ethnicities. Patients treated at AMM are also low income living below 200

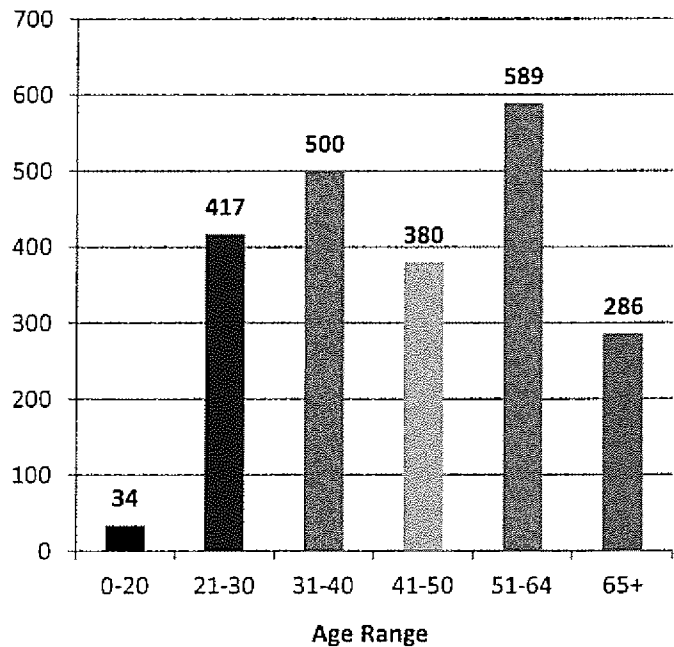
percent of the federal poverty level, with the higher percentage of patients reporting their total household income at \$20,000 and below – making it difficult to be able to afford dental insurance and any out of pocket costs. Almost 45 percent of AMM patients reported being a household of one; however there are a handful of patients with upwards of nine to thirteen members within the same household. Additionally, about 40 percent of AMM patients stated being unemployed, leading to more obstacles to receive the dental care they need as they don't have an employer offering insurance nor income to have the means to pay for dental services. About 30 percent of AMM patients stated they were employed, but their employer didn't offer insurance and their income doesn't allow them sufficient funds to afford insurance on their own. Following AMM patients who are employed, the clinic also sees patients who are retired, disabled, and students – all of whom have obstacles for accessing affordable dental services. Patients who are retired and disabled and have public insurance under Medicaid and Medicare, are only covered for dental emergencies, causing the high majority of them to neglect dental care until they experience pain and may require a more extensive and expensive dental procedure to fix the problem. Additionally, since the reimbursement for Medicare and Medicaid is much lower than private insurance, it is difficult for publicly insurance patients to even find a dental provider who accepts their insurance.

5. Describe the geographic coverage.

Patient Location Top 11 - Total: 2,182



Patient Age - Total: 2,206



Geographic Coverage:

When looking at the geographic coverage of Aloha Medical Mission, half of the patients are traveling from within the Honolulu area to receive services at the clinic. However, many patients travel from the leeward side to receive services at AMM including Waianae, Waipahu, Wahiawa, Ewa, Kapolei, Aiea, Mililani, and Pearl City. On the Leeward side there are few options for receiving low cost dental services, with just Waianae Coast Comprehensive Health Center that

doesn't have the capacity to serve all the Leeward side patients. There are also patients traveling from the windward side including Kaneohe, Laie, Kailua, Waimanalo, Haleiwa, Waialua, and Kahuku. Similar to the leeward side, there are few options for low cost dental services with Koolauloa and Waimanalo health centers not having the capacity to see all patients seeking services at their clinics. This shows that eligible patients from across Oahu are willing to travel by car and bus to receive dental services at AMM, and that there is a lack of affordable options and capacity for dental care in more rural parts of Oahu in which AMM is working to meet that need.

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;

Oahu has a high concentration of dentists (88 per 100,000 population), which surpasses the national average of 67 (Health Trends in Hawaii, 2011). Despite this, Hawaii lacks dentists who provide care for the uninsured and underinsured due to economic reasons. AMM strives to reach that group unable to afford dental care and find a dental home. The AMM Honolulu Dental Clinic helps to fill a void in the dental health care system through its interim care being the last safety net provider. Recruitment of volunteer dentists has become increasingly successful with our presence at the annual Hawaii Dental Association Convention and other community health events. There are dentists who express interest in community service and willingly volunteer their skills. Volunteer dentist hours range from one to two times per month to eight hours weekly. We continue to recruit more service-minded practitioners.

Our responsibility and mission remains to provide interim dental care for those without insurance or financial means of paying. However, because it is a "no-cost" clinic and does not generate income, it is totally dependent upon grants, foundations, donations, appeal letters and fundraising events.

Securing a new location for the dental clinic is of highest priority. AMM's Board of Directors, with the guidance of its Task Force, has determined that it is imperative to make a move prior to the termination of the Palama Settlement 2021 lease as it will safeguard and sustain service allowing AMM to achieve predominant goals and realize measurable outcomes based on private foundations, State and City GIA and individual supporters.

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

October, 2017 – (completed)

*Assemble Task Force with Dental Director as the lead and invite board members who have not served on a committee.

Committee Roster: Dr. Sato, Garan Ito, Christopher Letoto, Lolita Ching, Peter Halford, Dr. Sueda (recent dental construction), Megan Malloy (Colliers)

December, 2017 – (completed)

*Visit at least three locations of interest.

1) Kukui Health Center

- 2) Responsive Caregivers of Hawai`i
- 3) 1431 Queen Emma Street
- 4) Aloha United way (AUW) 1st Floor, Suite B120

January -- February, 2018 - (completed)

*Select location and gather estimates.

Selected #4 Aloha United Way's opportunity. Square footage of 1,200 is perfect for a four operatory clinic. Monthly rent is being worked out to not exceed \$3k a month that will include CAM. Plumbing should not be difficult as there is a parking garage directly below and drainage can easily tap into existing piping. Twenty-four guest parking stalls, nearby bus line and in the heart of Kalihi makes this an ideal location for the free dental clinic. Additionally, the free use of AUW's conference rooms allows the AMM additional space to construct storage room(s). Moreover, the AUW is willing suspend rent fees during the construction period as well as pay for new flooring and soundproofing walls.

March - September 2018

*Plans & Permitting

We will use AUW's contractors as they know the building best.

October - December 2018

*Construction

January - March 2019

*Continued Construction

April - May 2019

Move in

June 30, 2019 (on target for GIA fiscal year)

*Complete Capital Improvement

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

Task Force, Colliers International and the AUW will monitor the various stages of the build out.

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.

Weekly meetings with Colliers International will ensure timeline is being followed. Monthly reports will be generated to ensure expenditures are kept to budget.

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds: *Attached*
 - b. Personnel salaries and wages: *Not Applicable*
 - c. Equipment and motor vehicles: *Not Applicable*
 - d. Capital project details: *Attached*
 - e. Government contracts, grants, and grants in aid: *Not Applicable*
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2019.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$150,000.00	\$50,000.00	\$15,000.00	\$15,000.00	\$230,000.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2019.

The Clarence T.C. Ching Foundation will be providing \$70,000.00 to offset costs for a \$300,000.00 Capital Improvement project.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable. *Not Applicable*
5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2019 for program funding.

- 1/1/2014 to 6/30/16 for \$56,084.86
- \$23,989 from 7/1/15 to [10/31/15] 11/30/15
- 1/1/16 to 12/31/16 for \$42,978
- 10/1/18 to 9/30/19 for \$125,000 **PENDING**

State GIA

- 8/5/16 to 6/30/18 for \$150,744

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2018 to June 30, 2019

Applicant: ALOHA MEDICAL MISSION

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	0	0	0	0
C. EQUIPMENT PURCHASES	0	0	0	0
D. MOTOR VEHICLE PURCHASES	0	0	0	0
E. CAPITAL	\$230,000.00	0	0	70,000.00
TOTAL (A+B+C+D+E)	\$300,000.00			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	\$230,000.00	<div style="background-color: black; width: 150px; height: 40px; margin: 0 auto;"></div> Signature of Authorized Official		
(b) Total Federal Funds Requested	0			
(c) Total County Funds Requested	0			
(d) Total Private/Other Funds Requested	\$70,000.00			
TOTAL BUDGET	\$300,000.00	Executive Director Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: ALOHA MEDICAL MISSION

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
<i>Not Applicable – No Salaries for Capital Improvement</i>				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
				\$ 0-
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2018 to June 30, 2019

Applicant: ALOHA MEDICAL MISSION

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Dental Chairs / Equipment (to be covered by private foundation)	4	15,000.00	\$60,000.00 -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				\$60,000.00
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
No Vehicles in this request			\$ 0-	
			\$ 0-	
			\$ 0-	
			\$ 0-	
			\$ 0-	
TOTAL:				0
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2018 to June 30, 2019

Applicant: ALOHA MEDICAL MISSION

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: 2016-2017	FY: 2017-2018	FY:2018-2019	FY:2018-2019	FY:2019-2020	FY:2020-2021
PLANS	0	0	\$10,000.00	0	0	0
MOVING & TECHNICAL	0	0	0	\$10,000.00	0	0
ELECTRICAL & PLUMBING	0	0	\$150,000.00	0	0	0
CONSTRUCTION	0	0	\$70,000.00	0	0	0
EQUIPMENT	0	0	0	\$60,000.00	0	0
TOTAL: \$300,000.00			\$230,000.00	\$70,000.00	0	0
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: ALOHA MEDICAL MISSION

Contracts Total: \$398,795.86

-

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Salaries & Supplies	Jan 2014 to June 2016	City GIA	Honolulu	\$56,084.86
2	Salaries & Supplies	July 2015 to Nov. 2015	City GIA	Honolulu	\$23,989.00
3	Salaries & Supplies	Jan 2016 to Dec 2016	City GIA	Honolulu	\$42,978.00
4	Salaries & Supplies	Oct 2018 to Sept 2019	City GIA (PENDING)	Honolulu	\$125,000.00
5	Salaries & Supplies	Aug 2016 to June 2018	State GIA	Honolulu	\$150,744.00
6					
7				TOTAL	\$398,795.86
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6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2017.

TOTAL CURRENT ASSETS PER DRAFT BALANCE SHEET	\$332,189.22
OMIT TEMP RESTRICTED	\$(139,502.31)
OMIT ENDOWMENT	\$ (72,808.65)
TOTAL UNRESTRICTED CURRENT ASSETS	<u>\$119,878.26</u>

IV. Experience and Capability

1. Necessary Skills and Experience

Executive Director (ED) provides sustainable skills with over ten years of experience in team building, fundraising consulting and workforce development projects in several national and local non-profits. The ED will work with the assembled Task Force. Additionally the AMM will have guidance from Dean Sueda, DDS a Board of Director/Clinic Chair and Mendel Sato, DDS, Clinic Dental Director, are experts in the construction of dental practices. With all the above mentioned, the AMM is poised to successfully move forward with the planning, organization and implementation of undertaking the clinic's Capital Improvement.

2. 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.

2017 Patient Numbers

		Walk Ins	N/S	WS New	WS Returning	Cleanings	In-kind \$\$\$
January	134	15	31	0	2	26	\$32,704.65
February	132	21	25	2	3	14	\$ 29,922.95
March	200	37	44	3	2	42	\$ 42,030.20
April	164	17	47	1	2	47	\$44,741.20
May	236	35	43	0	6	58	\$54,310.20
June	221	36	33	1	4	55	\$53,500.25
July	191	37	31	3	4	46	\$55,692.85
August	249	26	30	2	2	77	\$58,144.85
September	204	15	19	2	4	43	\$46,183.75
October	269	42	22	2	4	84	\$53,910.80
November	147	25	15	5	5	57	\$45,294.80
December	244	43	20	2	5	70	\$52,878.70
	2,391	349	360	26	43	619	\$569,315.20

Volunteer dentists provide basic dental procedures, such as oral examinations, fillings, extractions, cleaning, and emergency care, all free of charge to those who lack dental insurance and financial means. Dental problems can lead to serious health consequences or unnecessary hospital costs if left untreated.

The clinic no longer conducts a formal oral health education program because of our limited

staff positions but our dental assistants, who are our direct link to patient care, educate our patients as they are receiving services and we play videos in the waiting area on oral health. Our student volunteers also assist in the provision of oral health education. We have hired an Outreach Hygienist who will not only to reduce the waiting period on dental cleaning procedures but also to refuel the First Smile program, a preventive oral health education program for pre-school and kindergarten students.

The Dental Clinic will continue to provide a training site to mentor students interested in a health career. To demonstrate our success, two of our former clinic managers went on to pursue an education in dentistry and dental hygiene. A former clinic manager came to the Dental Clinic as a volunteer to fulfill her community service requirements for the Farrington Health Academy. Her experience in the Dental Clinic spurred her interest in dental hygiene and she entered the UH Dental Hygiene Program.

In 2017 the AMM had 20 student volunteers from the Farrington Health Academy. Staff and volunteer dentists continue to provide relevant experiences and train students about dental services and good oral health care, about working with patients, and about educating patients. It is hoped that by this effort we will be preparing future dental professionals to give back to their community and serve the community's dental needs.

V. Personnel: Project Organization and Staffing

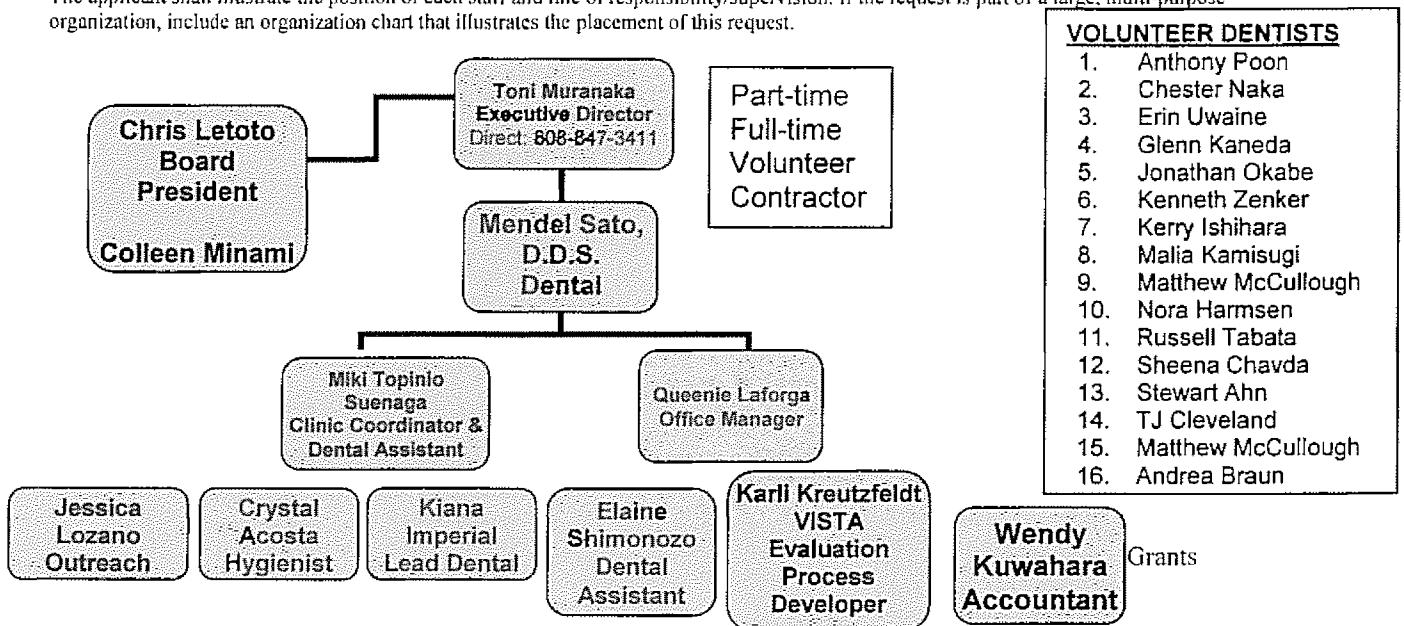
1. Proposed Staffing, Staff Qualifications, Supervision and Training

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.

Toni Muranaka is the Executive Director for the Aloha Medical Mission (AMM) since March 2016. Toni is an accomplished management executive with 22 years of nonprofit experience with 14 of those years devoted with American Heart Association. Additional leadership experiences in changing and challenging, goal-oriented environments include Make-A-Wish, Mothers Against Drunk Driving (MADD), Kaho’omiki (Senior Olympics/Keiki Run for Kaiser’s Great Aloha Run).

2. 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.



3. **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.

ALOHA MEDICAL MISSION
ANALYSIS OF COST OF APPROVED
2018 PAY INCREASES

Staff	2017 Pay	2018 Increase %	2018 Budgeted Hourly	2018 Budgeted Annually	Comments	Approximate		Total
						Secured Funds	Unsecured Funds	
Toni Muranaka	\$74k	8.10%	Salary	\$80,000	City covers 5% until 9/18	\$3,000	\$77,000	\$80,000
Jessica Lozano	\$35.00	Wait till mid-year to increase 2%	40 hrs @ ... \$35 Jan - Jun \$36 Jul - Dec	\$73,840	45% Covered by State until 6/18 and City until 9/18; 25% covered by Kaiser	\$43,381	\$30,459	\$73,840
Mendel Sato (no additional hours added per Mendel)	\$60.00	N/A	20 hrs @ \$60.00	\$62,400	Covered by State until 6/18 and City until 9/18	\$46,800	\$15,600	\$62,400

VI. Other

1. **Litigation - None**

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

2. **Licensure or Accreditation – Not Applicable**

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

3. **Private Educational Institutions – Not Applicable**

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.

4. **Future Sustainability Plan**

The applicant shall provide a plan for sustaining after fiscal year 2018-19 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2018-19, but
- (b) Not received by the applicant thereafter.

Since expanding, the cost to run the Clinic has increased to an estimated \$500,000 per year. To provide sustainability for the Dental Clinic in the future, we are constantly creating new community relationships and cultivating high-end donors through various events which help to raise awareness of our services and programs and encourage community involvement. We expanded our net of unrestricted funding through a sold-out Broadway Concert that depicted the work and honor of our surgical mission members. Net proceeds of our 2017 event were \$168,000. It is our long-time supporters such as Queen's Health Foundation, Hawaii Medical Services Association, Friends of Hawaii Charities and of course, the Hawaii Dental Service Foundation who have sustained the Dental Clinic. We continue to seek new funding opportunities. We will raise the remainder through private funders and major donors, foundations, direct mail solicitations, and fundraising events. We are an Aloha United Way Partner agency and Combined Federal Campaign member. AMM has a strong foundation to serve more of Hawaii's uninsured and underserved populations and looks forward to continuing in the community.

5. **Certificate of Good Standing (If the Applicant is an Organization) *See attached***

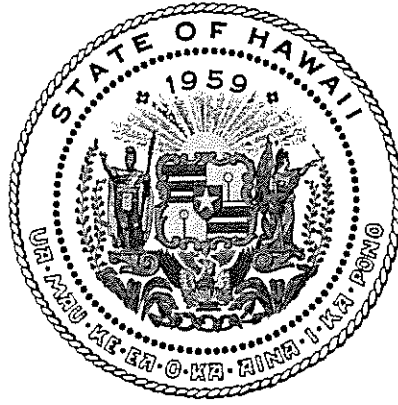
If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2017.

6. **Declaration Statement *See attached***

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. *See attached*

7. **Public Purpose *See attached***

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.



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

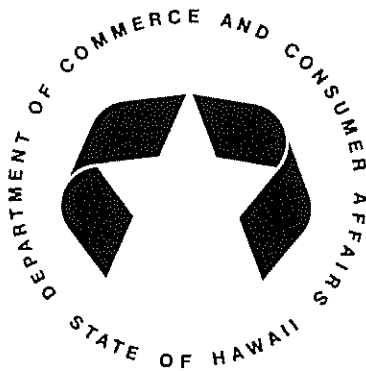
ALOHA MEDICAL MISSION

was incorporated under the laws of Hawaii on 03/10/1983 ; 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 16, 2018

Director of Commerce and Consumer Affairs



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED 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, Hawai'i 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, Hawai'i 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, Hawai'i 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, Hawai'i 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.

ALOHA MEDICAL MISSION

(Signed Name of Individual or Organization)



January 16, 2018

(Signature)

(Date)

Toni Muranaka

Executive Director

(Typed Name)

(Title)