

House District(s) 8

Senate District(s) 5

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): \_\_\_\_\_

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:  
Hale Makua Health Services

Dbas:

Street Address: 472 Kaulana Street, Kahului, HI 96732

Mailing Address: 472 Kaulana Street, Kahului, HI 96732

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name DENISE THAYER

Title Director of Development & Marketing

Phone # (808) 871-9218

Fax # (808) 971-9262

E-mail deniset@halemakua.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:

NURSING HOME CAPACITY BUILDING TO PROVIDE CARE FOR UNDER INSURED AND UNINSURED INDIVIDUALS.

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2019: \$ 400,000

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ \_\_\_\_\_

FEDERAL \$ \_\_\_\_\_

COUNTY \$ \_\_\_\_\_

PRIVATE/OTHER \$ \_\_\_\_\_

TYPE [REDACTED] AUTHORIZED REPRESENTATIVE:

[REDACTED] SIGNATURE

WESLEY LO, CEO  
NAME & TITLE

1/17/18  
DATE SIGNED

JAN 18 2018 12 PM

## 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;

Hale Makua Health Services (HMHS) was established by the Maui community in 1946, shortly after World War II, to care for frail, vulnerable elders who needed 24-hour care and support, and who had no family to care for them or resources to provide the care. From its humble beginning 71 years ago, HMHS has grown from a single 24-bed residential home to include two nursing homes with rehab centers, a home health care agency, an adult day health center, and an adult residential care home. Our mission, "We improve the well-being of those in our care through compassionate personalized health services, in our home and yours" reflects the commitment we have to providing quality care with competence and compassion to Maui's frail elders and disabled individuals of all ages throughout the continuum of healthcare services that the organization provides.

The organization's primary services are centered on the two nursing homes with attached rehab center, which have a total of 344 federally and state licensed beds for providing skilled and intermediate nursing care services, including in-patient and out-patient physical, occupational and speech therapy. HMHS is the largest long-term care provider on the island of Maui, serving about 750 individuals annually and discharging over 50% of individuals served back to their own home. The only other nursing home provider is Kula Hospital with 104 beds.

In addition to its two nursing homes, HMHS has a CHAP-accredited home health care agency, which provides skilled nursing and therapy (physical, occupational and speech) services in the comfort of clients' homes. About 400 individuals are served annually through the home health program.

The adult day health center is the only licensed Adult Day Health program on the island of Maui, and provides day care services and an exercise program for clients during the day and cares for about 75 seniors annually.

Most recently in 2013, HMHS converted a wing of the Wailuku nursing home that had been closed due to a severe decline in census to a licensed Adult Residential Care Home for up to 22 residents. The care home provides care for individuals who need around the clock supervision and some assistance with activities of daily living. The care home cares for about 25 individuals annually, including respite care from three to 30 days.

2.  The goals and objectives related to the request;

The primary goal of this request is to provide assistance to individuals needing nursing home level of care, who do not have the means to pay for care, including inadequate insurance coverage or no insurance coverage (uninsured/underinsured). This would include, among other things:

- Individuals who have no insurance or are pending insurance, many of which are unable to be discharged from the Hospital
- Assisting individuals being admitted who cannot afford the initial cost share
- Individuals who cannot be discharged from the Hospital since insurance does not cover:
  - High cost medication(s) not covered by insurance
  - Specialized equipment and supplies
- Purchasing specialized equipment and supplies for individuals who currently cannot be safely cared for at a nursing home
- Helping to provide temporary affordable housing and resources for individuals who are transition and no longer qualify for nursing home care, but do not have a safe place to be discharged

The secondary goal of this request is that individuals would be cared for in the most appropriate, cost effective care setting. By providing assistance with the initial cost share payment, paying for high cost medications not covered by insurance, and/or purchasing specialized equipment and supplies, the organization would be able to admit individuals from the hospital that are currently on the waitlist. The average cost to care for an individual per day at the hospital is \$1,500 versus \$300 – 500 at a nursing home.

Currently, many of these costs contribute to the need for governmental subsidy to Maui Health Systems, at a much higher cost.

Accordingly, this Grant, not only allows for the placement of patients at the most appropriate level of care, but also will result in cost savings (through the ultimate reduction in wait list costs of the Maui Hospital Systems, which is currently subsidized by the State).

3.  The public purpose and need to be served;

The purpose of this request is to provide support to individuals who are transitioning to or from one of Hale Makua Health Services' nursing homes and have no means to pay for care or are not able to fully cover the cost of care.

4.  Describe the target population to be served; and

The program's target population is Maui County residents who cannot live safely on their own, primarily elders and disabled individuals, and are uninsured, underinsured or homeless, or have a condition that Hale Makua cannot care for due to additional specialty equipment, medications, supplies, etc. needed to care for the individual (i.e. bariatric or respiratory patients)

5.  Describe the geographic coverage.

Maui County, primarily the island 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 includes receiving \$400,000 in funding from the State to provide care and services for frail elderly or disabled individuals for which HMHS would not be compensated for care, including individuals who would need specialty equipment at the nursing home in order to receive care, individuals who cannot afford the initial cost share, and/or individuals who no longer need nursing home services but do not have a safe discharge point. HMHS would need to create and implement policies and procedures around how individuals would qualify, acquisition of equipment, if needed, and transitioning an individual with no home back into the community.

Responsibilities include:

- Financial and contracting oversight will be the responsibility of Hale Makua Health Services Chief Financial Officer
- Clinical evaluation of individuals at Maui Memorial Medical Center will be done by Hale Makua's UR Manager
- Financial evaluation of individual's ability to pay for services will be done by Hale Makua's Admissions Director / Financial Counselor

- Overall supervision of individuals admitted to Hale Makua Kahului will be the Hale Makua Kahului Administrator
- Overall supervision of individuals admitted to Hale Makua Wailuku will be the Hale Makua Wailuku Administrator
- Procurement of the specialized equipment and supplies would be done by Hale Makua Health Services' Purchasing Manager

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

July - September 2018

- Receive notification of funding from State of Hawaii
- Release of funding from State of Hawaii
- Review Hospital's waitlist for underinsured, uninsured, homeless, high cost medication, or specialized equipment individuals who could be admitted to the nursing home because of this funding
- Purchase any necessary specialty equipment and disposables
- Assess if there are individuals at the nursing homes who could safely transition into the community with the support of this funding
- Put "charity care" policies and procedures into place

October - December 2018

- Begin providing nursing home care for individuals who qualify for "charity care"
- Submit report for reimbursable quarter 1 and 2 funding. Since the organization is not currently able to admit individuals who are uninsured, underinsured, homeless, or have specialized equipment /medication needs, we are unable to quantify the number of individuals that will be served during this time period.

January - June 2019

- Submit report for reimbursable quarter 3 and 4 funding. Since the organization is not currently able to admit individuals who are uninsured, underinsured, homeless, or have specialized equipment /medication needs, we are unable to quantify the number of individuals that will be served during this time period.

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

Hale Makua Health Services' plans for evaluating this request first includes closely assessing Maui Memorial Medical Center's waitlisted patients for those who could not previously be admitted because of lack of insurance or who need specialty equipment in order to receive care in a nursing home. The organization will also put into place policies and forms to set criteria to allow for the admission of individuals who are uninsured, underinsured or homeless, as well as discharge planning for individuals without a home. In addition, policies will be put into place to assess an individual's

finances and tracking approvals qualifying each individual for funding assistance that will enable them to transition to the nursing home, or be discharged from the nursing home.

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.

Hale Makua Health Services will submit quarterly financial and progress reports to the state department assigned to interface with the project. Variances from budget and timeframe will be communicated clearly and in timely manner. The measures of effectiveness to the state will be measured by the organizations' ability to transition individuals who previously would not have been admitted to the nursing home due to inability to pay the nursing home or need for specialized equipment, and/or transition individuals who are homeless to temporary housing in the community.

### **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 ([Link](#))
  - b. Personnel salaries and wages ([Link](#))
  - c. Equipment and motor vehicles ([Link](#))
  - d. Capital project details ([Link](#))
  - e. Government contracts, grants, and grants in aid ([Link](#))

Please see attached budget forms.

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
	\$200,000	\$100,000	\$100,000	\$400,000

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

- HMHS Fundraisers: \$250,000

- Maui County DHC for Physician Services: \$200,000
- State Capital GIA for Resident Wandering System: \$175,000
- Private Foundations: \$50,000

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 as HMHS is a 501(c)3 organization.

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.

- State Operating GIA in FY18: \$400,000
- Maui County for Physician Services received in FY16, FY17, and FY18: \$200,000
- Maui County CDBG for Emergency Generator in FY18: \$270,465

6.  The applicant shall provide the balance of its unrestricted current assets as of December 31, 2017.

Financial Statements as of December 31, 2017 have not yet been completed. As of October 31, 2017, HMHS has unrestricted current assets of \$8,611,173.

#### **IV. Experience and Capability**

1.  **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.

Hale Makua Health Services (HMHS) is well equipped and staffed with over 450 employees to provide healthcare services for the frail elderly and disabled. The organization has been providing care for the elderly in the Maui community since 1946. HMHS owns and operates two of the three nursing homes on Maui. The only other nursing home on Maui is at Kula Hospital, which is a critical access hospital. HMHS' nursing homes and rehab centers are both located in Central Maui. In addition, HMHS has operated a CHAP accredited home health care agency that provides home-bound individuals with skilled nursing and therapy for over 45 years, a state licensed adult day

health center for over 25 years, and most recently opened a state licensed adult residential care home in 2013.

HMHS has been working for the past five years with Maui Memorial Medical Center and Kula Hospital to address the current and future needs of Maui's aging population. In collaborating with Maui's hospitals, the organizations have improved local capacity and coordination of care, allowed the organizations to work collaboratively to tackle other challenges in the current healthcare delivery system, as well as explored strategies to strengthen the continuum of care from acute to the post-acute settings on Maui, as well as actively manage the waitlist.

For many years HMHS has worked with Maui Economic Opportunity to provide transportation for nursing home residents and Adult Day Health clients. Because of this collaboration long-term care residents are able to go to dialysis appointments three times per week, and Adult Day Health clients receive transportation from their homes to the Adult Day Health Center in Kahului.

In addition, a contract with Hospice Maui has created a collaboration where patients are admitted and attended at Hale Makua nursing homes utilizing Hospice Maui nursing, social work and physician resources to provide end of life care. This partnership provides hospice services for hospice patients who do not have a home and existing Hale Makua nursing home patients who choose hospice.

- Most recently, HMHS has been collaborating with the University of Hawaii Maui College to create a Licensed Practical Nurse (LPN) program that provides on-site clinical training at Hale Makua Wailuku. The goal of the training is to create an LPN nursing tract for students which will hopefully help alleviate the organization's shortage of LPNs. Because of the severe shortage of LPNs, HMHS incurs an additional \$500,000 in expense annually to fly in travel LPNs.

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.

Hale Makua Health Services (HMHS) operates two nursing homes with attached rehab centers, one in Kahului, Maui with 254 SNF/ICF beds and the other in Wailuku with 90. These nursing home beds comprise seventy-five percent (75%) of all long term care beds on Maui.

**V. Personnel: Project Organization and Staffing**



1.  **Proposed Staffing, Staff Qualifications, Supervision and Training**

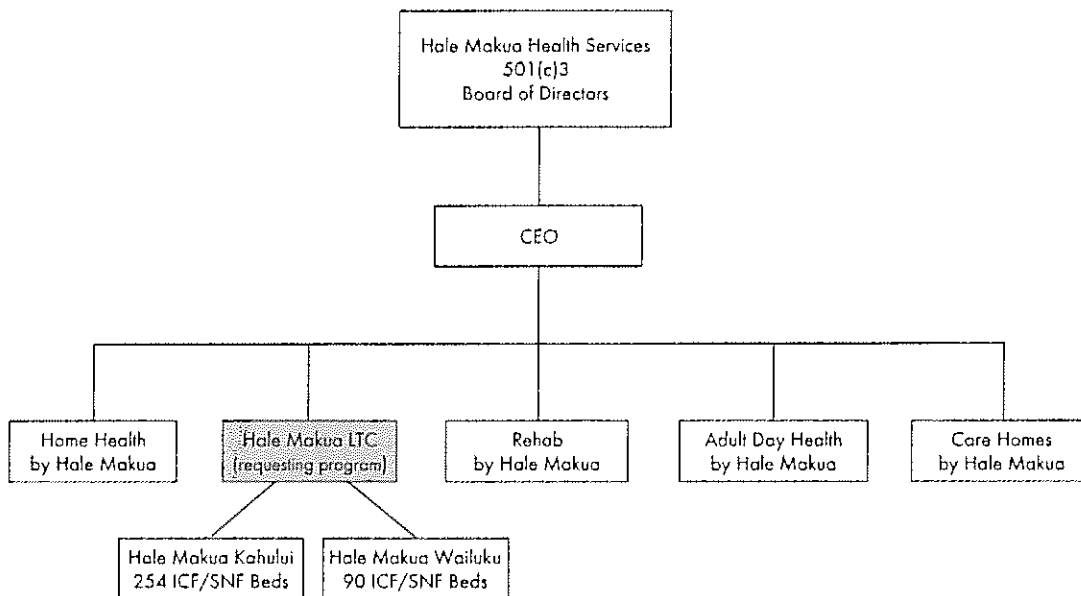
The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

In addition to 71 years of experience running nursing homes on Maui, HMHS has a team of highly qualified staff who will be responsible for implementing this request:

- HMHS CEO, Wesley Lo, will be responsible for providing oversight for this project. He has over 14 years of experience in the healthcare industry on Maui. Most recently he served as the CEO of Maui Memorial Medical Center, and led the transition of the public hospital to a partnership with Kaiser Permanente.
- HMHS CFO, Kirsten Szabo, will be responsible for managing the financial aspects of the project including oversight for financial assessments, billing and fiscal reporting; and will be responsible for quarterly reports to the State. She has over 20 years of business and finance experience with 12 years in the healthcare industry.
- Hale Makua Kahului Administrator, Teana Kaho'ohanohano will provide oversight for all patients admitted to our Kahului nursing home. She has over 10 years of experience as a licensed Administrator in California and Hawaii. Most recently she worked as the Senior Executive Director / Administrator at Regency Pacific Management where she oversaw management of a skilled nursing facility and two assisted living facilities.
- Hale Makua Wailuku Acting Administrator, Janinne Grimes, RN, will provide oversight for all patients admitted to Hale Makua Wailuku. She has seven years of experience as a Director of Nursing at a nursing home.
- The Admissions team will be led by Admissions Director and Financial Counselor, Margie Albete. Margie has been with the organization since 1983. She is widely-known on Maui as the go to person for her experience and ability to navigate applying and qualifying for Medicaid.
- Once admitted to a Hale Makua Nursing home, an interdisciplinary team comprised of nursing staff (Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistants), dietary staff including a Registered Dietitian, Activities staff, and social services under the oversight of a Licensed Social Worker.

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.

CEO: \$230,000  
 CFO: \$150,000  
 CHRO: \$110,315

**VI. Other**

1.  **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.

To the best of our knowledge, there is no pending litigation to which Hale Makua Health Services is a party, including any outstanding judgements.

2.  **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.

Both of Hale Makua Health Services' nursing homes in Kahului and Wailuku are federally and state licensed, and surveyed for licensure and compliance with federal and state long-term care facility regulations annually.

3.  **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.

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.

If funding to help provide nursing home care and services for those with no means to pay for care is received in fiscal year 2018 -19, but not in future years, Hale Makua will only be able to care for individuals during the year in which funding is received.

Without these additional funds, Hale Makua would not be able to accept and care for these individuals, which would result in an increase in on Maui Memorial Medical Center's "waitlist" and an increased cost of care. An individual receiving care at the hospital has a substantially higher cost than if they were cared for at a Hale Makua nursing home (\$1,500 per day vs. \$300-\$500 per day) and will require continual governmental subsidies to Maui Health Systems.

5.  **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, 2017.

Please see attached.

6.  **Declaration Statement**

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

Please see attached.

7.  **Public Purpose**

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

Yes, the grant will be used for public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2018 to June 30, 2019

Applicant: Hale Makua Health Services

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 Uncompensated Care	300,000			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	300,000			
C. EQUIPMENT PURCHASES	100,000			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
<b>TOTAL (A+B+C+D+E)</b>	<b>400,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	400,000	Denise Thayer (808) 871-9218		
(b) Total Federal Funds Requested		[Redacted] or print) Phone		
(c) Total County Funds Requested		[Redacted] 1/17/18		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
<b>TOTAL BUDGET</b>	<b>400,000</b>	Wesley Lo, CEO Name and Title (Please type or print)		

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: Hale Makua Health Services

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not applicable.				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2018 to June 30, 2019

Applicant: Hale Makua Health Services

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Specialty medical equipment			\$ 100,000.00	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ 100,000.00	
JUSTIFICATION/COMMENTS:				

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

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2018 to June 30, 2019

Applicant: Hale Makua Health Services

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	Not applicable					
LAND ACQUISITION	Not applicable					
DESIGN	Not applicable					
CONSTRUCTION	Not applicable					
EQUIPMENT	Not applicable					
<b>TOTAL:</b>						
JUSTIFICATION/COMMENTS:						

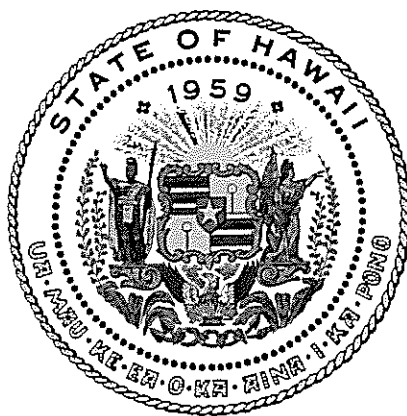


**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: Hale Makua Health Services

Contracts Total: -

	<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	Not applicable				
2					
3					
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## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

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

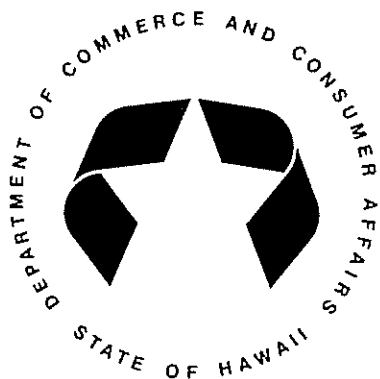
HALE MAKUA HEALTH SERVICES

was incorporated under the laws of Hawaii on 01/15/1954 ;  
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 17, 2018

Director of Commerce and Consumer Affairs



**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.

Hale Makua Health Services

(Type Individual or Organization)

[Redacted Signature]  
(Signature)

11/17/18  
(Date)

Wesley Lo

(Typed Name)

CEO

(Title)