# **Application Submittal Checklist**

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

$\boxtimes$	1) Certificate of Good Standing (If the Applicant is an Organization)
$\boxtimes$	2) Declaration Statement
$\boxtimes$	3) Verify that grant shall be used for a public purpose
$\boxtimes$	4) Background and Summary
$\boxtimes$	5) Service Summary and Outcomes
$\boxtimes$	<ul> <li>6) Budget</li> <li>a) Budget request by source of funds (<u>Link</u>)</li> <li>b) Personnel salaries and wages (<u>Link</u>)</li> <li>c) Equipment and motor vehicles (<u>Link</u>)</li> <li>d) Capital project details (<u>Link</u>)</li> <li>e) Government contracts, grants, and grants in aid (<u>Link</u>)</li> </ul>
$\boxtimes$	7) Experience and Capability
$\boxtimes$	8) Personnel: Project Organization and Staffing

**AUTHORIZED SIGNATURE** 

MELODEE HAOLE, FOUNDER & PRESIDENT

PRINT NAME AND TITLE

Jn 14,2020 DATE

# THE THIRTIETH LEGISLATURE APPLICATION FOR GRANTS

## **CHAPTER 42F, HAWAII REVISED STATUTES**

Type o	f Grant Request:			
Operating	Capita			
Legal Name of Requesting Organization or Individ	ual: Dba:			
Keiki Education Living Independent Institute	K.E.L.I.I. Foundation	n		
Amount of State Funds Re	equested: \$210,756			
Brief Description of Request (Please attach word docu	ment to back of page if ext	ra space is needed	):	
The K.E.L.I.I. Foundation is bringing the already-establists transitional program in the State of Hawaii! Bridge environment for those with Autism and all special abilit through adolescence and into adulthood by providing it strengthen familial ties through education, and raise put	the Gap, Inc's mission is t ies to reach their full poter ndividualized client progra	o provide a safe, no atial as they journey ms and therapeutic	n-judgmental from childhood interventions,	
Amount of Other Funds Available:	Total amount of S	tate Grants Recei	ved in the Past 5	
State: \$\frac{0}{2}  \text{Fiscal Years:}				
ederal: \$\frac{0}{5}				
County: \$\frac{0}{10.000}	Unrestricted Asse \$27,678	ts:		
Private/Other: \$46,000	\$			
New Service (Presently Does Not Exist)	Existing Servi	ce (Presently in	Operation):	
Type of Business Entity:	Mailing Address			
501(C)(3) Non Profit Corporation	91-215 Hiluhilu	Place		
Other Non Profit	City:	Chahai	Zip:	
	Oity.	State:	Ζip.	
Other	Kapolei	State:	96707	
Other	Kapolei			
Other  Contact Person for Matters Involving this Appl  Name:	Kapolei	HI		
	Kapolei ication	HI		
Other  Contact Person for Matters Involving this Appl  Name: Melodee Haole  Email:	Kapolei ication Title: Founder/Preside Phone:	HI		

**Authorized Signature** 

Melodee Haole / Founder & President

Name and Title

Data Direct

**Date Signed** 

## **Application for Grants**

If any item is not applicable to the request, the applicant should enter "not applicable".

#### I. Certification – Please attach immediately after cover page

#### 1. 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, 2019.

The Certificate of Good Standing is attached.

#### 2. Declaration Statement

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

The Declaration Statement is attached.

#### 3. 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)

The K.E.L.I.I. Foundation is requesting \$210,756 for the public purpose of piloting the first ever transitional program in the State of Hawaii. The Bridge the Gap Transitional Program will directly service Youth (14 years and older), Women, Needy, At-Risk, and Disabled individuals and their families and caretakers.

## II. 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:

## A brief description of the applicant's background;

The Keiki Education Living Independent Institute (K.E.L.I.I. Foundation) was brought into existence on June 20, 2012, by the Haole family and was named after their child Kelii, who has a genetic neurodevelopmental disorder.

#### 2. The goals and objectives related to the request;

The K.E.L.I.I. Foundation's mission is to help individuals with Autism and other special needs to have a higher quality of life. At present, we are funding services for special needs children and young adults which are not covered by all insurance plans, including social skills groups, occupational therapy, parent-empowering education and advocacy seminars, and neurofeedback. This year, the K.E.L.I.I. Foundation is focusing on creating and piloting the first-ever transitional program in the State of Hawaii by partnering with Bridge the Gap, Inc. and Kahumana Learning Center. K.E.L.I.I.'s long-term vision is to build a multi-disciplinary center and transitional housing facility that would provide an integrated system of care comprised of multiple service providers.

#### 3. The public purpose and need to be served;

The objective of the Bridge the Gap Transitional Program is to seamlessly transition young adults with special needs from the Department of Education in to independent living. Currently, there are no programs in the State of Hawaii that address this need specifically for individuals with special needs. The K.E.L.I.I. Foundation will partner with Bridge the Gap, Inc. and Kahumana Learning Center to spearhead this program.

#### 4. Describe the target population to be served; and

The target population served includes Youth (14 years and older), Women, Needy, At-Risk, and Disabled, along with their families and caretakers.

#### 5. Describe the geographic coverage.

The K.E.L.I.I. Foundation's Bridge the Gap Transitional Program will service the **West side of Oahu**. In the near future, with necessary funds and resources, we plan to expand the Bridge the Gap Transitional Program to the entire island of Oahu.

## III. 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;

Objective 1 – Create Hawaii's first-ever transitional program: Since its inception, Bridge the Gap, Inc. has successfully grown its non-profit organization from a support group of a few families with children on the autism spectrum to an organization that provides numerous successful programs such as daily living skills, individual/group therapists, summer camps,

preschool, sensory swim, children/teen/adult programs, individualized education plan (IEP) assistance, social skills classes, friendship groups, employment and community support. In addition to these accomplishments, Bridge the Gap continues to touch not only the lives of our clients, but their families, extended families, friends and the community as a whole.

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

The transitional program that will be provided through the K.E.L.I.I. Foundation, Bridge the Gap, and Kahumana Learning Center has been such a huge need here in the State of Hawaii for so long. Although the K.E.L.I.I. Foundation is piloting this program here on Oahu with the guidance and expertise of Bridge the Gap, Inc. the projected timeline and need for this type of transitional program is truly timeless, as the results and outcomes per individual will be measured on a daily, weekly, monthly, bi-annual, and annual basis for the life of the Client!

\*\*\*The K.E.L.I.I. Foundation believes this transitional program will alleviate a portion of the homeless population with special needs, by breaking the cycle for Oahu's at-risk youth and young adults with the necessary intervention to create productive citizens!

- 3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and
- A. Bridge the Gap Program participants will utilize acquired daily living skills to live "independent lives" to their "fullest potential."
- B. The Bridge the Gap Transitional Program will provide program participants with social skills to foster "meaningful" friendships, peer, and community relationships.
- C. The Bridge the Gap Program will provide program participants with "real-life scenarios" to promote appropriate social, emotional and behavioral interactions in the home and community settings.
- 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 consultant from Bridge the Gap, Inc. (Wisconsin) will be hired. The consultant's tools and techniques will be utilized as well as the following to provide assurance and evaluation to the program: daily progress notes, program evaluations, 6 month re-evaluations, continued meetings with family and staff, yearly outcomes reports for each program participant.

## IV. 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)

The required budget forms are attached to this proposal.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2021.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$210,756	0	0	0	\$210,756

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2021.

The K.E.L.I.I. Foundation recently submitted a proposal for \$306,572.30 for capital improvements to the K.E.L.I.I. Foundation's first transitional facility in Kapolei. Grant proposals to support the Bridge the Gap Transitional Program will also be submitted to the Friends of Hawaii Charities, Matson Grant, James & Abigail Campbell Foundation, Atherton Family Foundation, Harry & Jeanette Weinberg Foundation, and the Hawaii Charity Walk.

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. The K.E.L.I.I. Foundation does not have and will not be applying for any state or federal tax credits.

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 2021 for program funding.

Not applicable. The K.E.L.I.I. Foundation has not received any federal, state, or county government contracts, grants, or grants-in-aid. All funds received in the last 3 years have been from private organizations.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2019.

The K.E.L.I.I. Foundation has \$34,355.24 as of December 31, 2019.

#### V. 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.

The K.E.L.I.I. Foundation is partnered with the following professionals:

- Dr. Michael Caliri Psy D., Licensed Clinical Psychologist
- Dr. Kathryn Taketa-Wong, Naturopath Physician and Licensed Acupuncturist who specializes in Autism Spectrum Disorders, ADHD, and other special needs.
- **Dr. Jana Ortiz** PhD., PsyD., Licensed Clinical/Clinical Psychologist who specializes in working with individuals with special needs and their families including autism, ADHD, and behaviors.
- Susan Sorenson, Sports Medicine and Educational Specialist who utilizes brain training and academic tutoring for children, teens, and adults with ADHD, Dyslexia, Austism Spectrum Disorders, and challenges related to Visual, Sensory, and Auditory Processing
- Crystal Amelang OTR/L, SITT, Pediatric Occupational Therapist specializing in Sensory Processing
- Dr. Candice Sutton Psy D., Licensed Psychologist specializing in Client evaluations and assessments
- Leslie LaLuzerne, President and Co-Founder of Bridge the Gap, Inc. in Wisconsin.
- Cynthia Bartlett, Vice President of the Hawaii Autism Foundation, with 11+ years of executive sales and managerial marketing experience.

Prior to 2018, Bridge the Gap, Inc.'s primary focus was Autism; however, since 2018, Bridge the Gap opened its enrollment to service not only those with Autism but *all* special abilities. In 2019, Bridge the Gap provided 13,018 hours of direct client service to 127 number of clients.

#### 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.

The K.E.L.I.I. Foundation's Bridge the Gap Transitional Program will be temporarily meeting at the Kahumana Learning Center until renovations to the K.E.L.I.I. Foundation's Kapolei facility are complete.

#### VI. 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.

The K.E.L.I.I. Foundation's Founder and President, along with the Bridge the Gap, Inc.'s President and Co-Founder will be overseeing and directing the Bridge the Gap Transitional Program. Additionally, the medical professionals listed above will be working directly with program participants to ensure program success. Organizations such as the Kahumana Learning Center, Bayada, and the Hawaii Autism Foundation will all be vital collaborating partners of this transitional program.

#### 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.

Not applicable. As a pilot program, the K.E.L.I.I. Foundation, along with Bridge the Gap, Inc. has yet to employ enough staff to support an organizational chart.

### 3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, <u>not employee name.</u>

President / Founder / Executive Director: \$70,000

Transitional Coordinator / Certified Life Skills Trainer: \$50,000

Grant Writer: 5% of any Grant Amount Received

\*\*\*2020 will be the first year the President and Transitional Coordinator will be compensated for their time and work. For the past 8 years, all individuals that have partnered with the K.E.L.I.I. Foundation (with the exception of the Grant Writer), have worked pro bono.

#### VII. 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.

The K.E.L.I.I. Foundation does not have any pending litigation or outstanding judgments.

#### 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.

The Keiki Education Living Independent Institute is an IRS 501(c)3 nonprofit organization in good standing.

#### 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 <u>Article X, Section 1, of the State Constitution</u> for the relevance of this question.

Not applicable. Funds will not support or benefit a sectarian or non-sectarian private educational institution.

#### 4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2020-21 the activity funded by the grant if the grant of this application is:

(a) Received by the applicant for fiscal year 2020-21, but

If funding is received in fiscal year 2020-2021, we anticipate that we will be able to meet or exceed the goals and objectives of this project.

(b) Not received by the applicant thereafter.

In the event funding is received for 2020-2021, but not received by the applicant thereafter, the K.E.L.I.I. Foundation will be able to continue the Bridge the Gap Transitional Program with funding from other private donors.



## 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

#### **KEIKI EDUCATION LIVING INDEPENDENT INSTITUTE**

was incorporated under the laws of Hawaii on 06/20/2012; 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: December 31, 2019

Cathing. aval Colo

**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.

Keiki Education Living Independent Institute	
(Typed Name of Individual or Organization)	
muly	Ja-14,2020
(Signature)	(Date)
Melodee Haole	Founder / President
(Typed Name)	(Title)

Rev 12/2/16 5 Application for Grants

## **BUDGET REQUEST BY SOURCE OF FUNDS**

Period: July 1, 2020 to June 30, 2021

App Keiki Education Living Independent Institute

		(a)	Funds Requested (b)	Funds Requested (c)	Funds Requested (d)
Α.	PERSONNEL COST  1. Salaries  2. Payroll Taxes & Assessments	120,000			
	3. Fringe Benefits				
	TOTAL PERSONNEL COST	120,000			
В.	OTHER CURRENT EXPENSES				
	1. Airfare, Hotel, Conference	10,000	Ti.		
	2. Insurance	5,000			
	3. Lease/Rental of Equipment	3			
	4. Lease/Rental of Space	24,000			
	5. Staff Training	10,000			
	6. Supplies	5,000			
	7. Telecommunication	720			
	8. Utilities	4,000			
	9. Seminars	3,000			
7)	10. Consultant	12,000			1
	11. Family Social	2,000		0	1
	12. Accountant	5,000			
	13. Grant Writer	10,036			
	14			-	
	15				
	16				
i	17				
1	18				
	19				
	20				
	TOTAL OTHER CURRENT EXPENSES	90,756			
C.	EQUIPMENT PURCHASES				
D.	MOTOR VEHICLE PURCHASES				
E.	CAPITAL	3,			
TO	TAL (A+B+C+D+E)	210,756			
			Budget Prepared	Ву:	
50	URCES OF FUNDING				
	(a) Total State Funds Requested	210,756	Melodee Haole		(808)927-5909
	(b) Total Federal Funds Requested		Name (Please type or p	orivit)	Phone
	(c) Total County Funds Requested		hulus	De 1	214,2020
	(d) Total County Funds Requested		Signature of Authorized		Date
	(u) Total Filvate/Other Fullus Requested				_ ====
то	TAL BUDGET	210,756	Melodee Haole Name and Title (Please	Founder/President type or print)	

#### **BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**

Period: July 1, 2020 to June 30, 2021

#### Applicant: KEIKI EDUCATION LIVING INDEPENDENT INSTITU

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
ounder and President and Executive Director		\$70,000.00		\$70,00
ransitional Coordinator and Certified Life Skills Trainer		\$50,000.00		\$50,00
10 100				\$ -
			9	\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
	11			\$ -
				\$ -
				\$ -
				\$ -
				\$
TOTAL:				120,000.0

## **BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES**

Period: July 1, 2020 to June 30, 2021

Applicant: KEIKI EDUCATION LIVING INDEPEND

DESCRIPTION EQUIPMENT	NO. OF	COST PER	OTAL	TOTAL BUDGETED
ot applicable.			\$ -	
		4	\$ -	v * -
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not applicable.			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	¥ .
TOTAL:				

JUSTIFICATION/COMMENTS:

## **BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2020 to June 30, 2021

Applicant: KEIKI EDUCATION INDEPENDENT

TOTAL PROJECT COST		ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2018-2019	FY: 2019-2020	FY:2020-2021	FY:2020-2021	FY:2021-2022	FY:2022-2023
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						

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

API KEIKI EDUCATION LIVING INDEPENDENT

**Contracts Total:** 

				GOVERNMENT	
	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Not applicable.				
2					
3					
4					
5					
6					
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9					
10					
11	2				
12					
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14					· · · · · · · · · · · · · · · · · · ·
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