

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db:
Ohana Pacific Foundation Kauai Adult Day Health Center

Amount of State Funds Requested: \$ 10,000

Brief Description of Request (Please attach word document to back of page if extra space is needed):
To provide underserved individuals on Kauai including uninsured or underinsured elderly assistance with paying for medical equipment and supplies that are not covered by insurance.

Amount of Other Funds Available:
State: \$ 0
Federal: \$ 0
County: \$ 0
Private/Other: \$ 0

Total amount of State Grants Received in the Past 5 Fiscal Years: \$ 1,005,335.80
Unrestricted Assets: \$ 650,000

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:
 501(C)(3) Non Profit Corporation
 Other Non Profit
 Other

Mailing Address:
45-181 Waikalua Road
City: State: Zip:
Kaneohe HI 96744

Contact Person for Matters Involving this Application	
Name: Jasmine Yukimura	Title: Program Director
Email: jyukimura@ohanapacific.com	Phone: (808) 246-6919

Federal Tax ID#: [REDACTED]	State Tax ID# [REDACTED]
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Authorized Signature

Kurt Akamine, OPF Board President

Name and Title

1-16-2020

Date Signed

received
1/17/2020 2:46 pm



Transmittal Letter

Date: January 16, 2020

To: Senate Committee on Ways and Means
State Capitol, Rm. 208
Honolulu, HI 96813
Attn: GIA

From: Ohana Pacific Foundation
dba Kauai Adult Day Health Center
45-181 Waikalua Road
Kaneohe, Hawaii 96744

Re: Ohana Pacific Foundation
Operating Grant Request
30th Legislature
Application for Grants Fiscal Year 2021(July 1, 2020 to June 30, 2021)

Enclosed please find 1 original application for grants dated January 16, 2020. If you have any questions or require additional information, please contact Jasmine Yukimura, Program Director, at (808) 246-6919. Thank you.

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.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - 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](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing


AUTHORIZED SIGNATURE

KURT AKAMINE, OPF BOARD PRESIDENT
PRINT NAME AND TITLE

1-16-2020
DATE

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.

- See attached Certificate of Good Standing dated January 13, 2020.

2. Declaration Statement

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

- See attached signed declaration statement.

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](#))

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

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:

1. A brief description of the applicant's background;

The mission of Ohana Pacific Foundation dba Kauai Adult Day Health Center (hereinafter referred to as "OPF" or "KADH"), a 501(c)(3) corporation, is Caring for our Ohana. Our Ohana includes all of our clients, their families, our staff, and our community.

Kauai Adult Day Health is currently located at the Lihue Christian Church, at 2943 Kress Street, Lihue, Hawaii 96766. The center provides a program for the elderly and/or disabled adults in the community by offering a well-rounded and stimulating program of recreational, social, creative, educational, and therapeutic activities. KADH offers a safe and protective environment in which impaired older

adults who do not require institutional care may receive preventive, remedial, and restorative services. The service also provides respite to caregivers by freeing their time for other activities while their family member is cared for in a supervised environment for the day.

Clients participate in educational, physical, and social and wellness activities which enable them to maintain healthy, independent lifestyles and avoid unnecessary and costly premature institutionalization. Our program is designed with specialized and meaningful activities that focus on individualized attention for clients with deteriorating mental and physical abilities. Our objective is to keep our clients as independent as possible, by enabling them to do for themselves as much as possible and choose the activities that appeal to them. We are staffed by trained health professionals and volunteers who are passionate about caring for the elderly. In addition, we have registered nurses available for our participants. Our nurses complete health assessments, manage medical emergencies, and provide education to clients and families. More than 60% of participants are low income, more than 75% receive government subsidies and/or tuition scholarships.

The KADH has maintained its license to operate as a Freestanding Adult Day Health Center in the State of Hawaii for over 30 years, which is owed to the quality of services that are delivered through diligent efforts to remain up-to-date and in compliance with regulations provided by the State of Hawaii, Department of Health, Office of Health Care Assurance.

2. The goals and objectives related to the request;

The goal related to this request is to provide underserved individuals on Kauai including uninsured or underinsured elderly assistance with paying for medical equipment and supplies that are not covered by insurance. The objective is to secure \$10,000 in funding to be able to purchase much needed medical equipment and supplies for individuals being discharged from a nursing facility or receiving services in a community health setting. The equipment and supplies would then belong to the individual, and remain with them regardless if they are enrolled at KADH or transitioning to another care setting.

3. The public purpose and need to be served;

Wilcox Adult Day Health was founded in 1974 and located on hospital grounds. In 2000, Wilcox Adult Day Health relocated to Lihue Christian Church at 2943 Kress Street and in 2009 was acquired by Ohana Pacific Foundation and renamed Kauai Adult Day Health Center (KADH). KADH remains the only Adult Day Health Center on the island of Kauai since 1974.

KADH provides programs for elderly and disabled adults, including health services, socialization, cognitive and physical stimulation in a protective environment. Services increase the quality of life for elderly and disabled adults

and their caregivers. In addition, day health enables elderly and disabled adults to live independently at home and in the community longer, and prevents the need for institutionalization. It is the only adult day health center on the island of Kauai.

4. Describe the target population to be served; and

The project's target population is Kauai County residents, primarily elders and disabled individuals, and uninsured and/or underinsured.

5. Describe the geographic coverage.

Kauai County.

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;

Scope of work includes receiving \$10,000 in funding from the State to provide services for underserved individuals on Kauai including uninsured or underinsured elderly in assistance with paying for medical equipment and supplies that are not covered by insurance. OPF would need to create and implement policies and procedures around how individuals would qualify and acquisition of equipment.

Responsibilities include:

- Financial contracting oversight will be the responsibility of KADH Program Director
- Clinical evaluation of individuals will be done by KADH Program Director or Activity Coordinator/RN.
- Financial evaluation of individual's ability to pay for services will be done by KADH Program Director / Business Service Representative
- Procurement of the medical equipment and supplies would be done by KADH Program Director

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

July – September 2020

- Receive notification of funding from State of Hawaii
- Release of funding from State of Hawaii

- Assess if there are individuals at the nursing homes and the adult day health center who could safely transition into the community or are in the community that need medical equipment and/or supplies with the support of this funding.
 - Put “community resource” policies and procedures into place
- October – December 2020
- Begin providing medical equipment and/or supplies for individuals who qualify for services.
 - Submit report for reimbursable quarter 1 and 2 funding. Since the organization is not currently providing medical equipment/supplies, we are unable to quantify the number of individuals that will be served during this time period.
- January – June 2021
- Submit report for reimbursable quarter 3 and 4 funding. Since the organization is not currently providing medical equipment/supplies, 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

OPF’s plan for evaluating this request first includes assessing Kauai nursing facilities and the adult day health center’s individual needs for medical equipment and supplies that are not covered by insurance for patients that will be discharged or live in the community. OPF will also put into place policies to assess an individual’s finances and track approvals qualifying each individual for funding assistance that will enable them to be discharged from the nursing facility or mobilize safely at home and in the community.

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.

OPF 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 a timely manner. The measures of effectiveness to the state will be measured by the organizations’ ability to provide medical equipment and/or supplies.

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](#))

Please see attached budget forms.

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
	\$3,325	\$3,325	\$3,350	\$10,000

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

Not applicable.

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 2021 for program funding.

Grant	Period	Amount
County of Kauai Kupuna Care Program	10/1/2019 – 09/30/2020	\$60,000
County of Kauai Kupuna Care Program	10/1/2018 – 09/30/2019	\$60,000
County of Kauai Kupuna Care Program	06/30/2018 – 09/30/2018	\$15,000

County of Kauai Kupuna Care Program	06/17/2016 – 06/30/2018	\$165,207
County of Kauai Kupuna Caregivers Program	03/19/2019 – 03/03/2022	\$62,815
County of Kauai Kupuna Caregivers Program	05/02/2018 – 12/31/2018	\$62,815
CACFP	10/01/2018 – 09/30/2019	\$20,214.65
CACFP	10/01/2017 – 09/30/2018	\$16,883.64
CACFP	10/01/2016 – 09/30/2017	\$17,997
Grant in Aid (CIP: Building Renovation and Fire Sprinkler System)	06/19/2019 – 06/30/2020	\$500,000

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

\$615,000 (estimate)

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.

Adult day health services were first offered through G.N. Wilcox Memorial Hospital in 1974. The center has been in operation serving the needs of Kauai's elderly for over 46 years and is a licensed facility surveyed annually by the Department of Health. In July 2009 Ohana Pacific Foundation, a health care company based on Oahu acquired ownership with a smooth and successful transition to continue providing the same quality of care with the intent to limit all disruption or changes to the program, and to retain present staff members. During the transition period, the center was renamed "Kauai Adult Day Health Center." The content of the program, town location, and staff remained the same with no disruption to the service therefore eliminating stress for the client, caregiver, and family members. Operating under new ownership, the program continues to thrive by providing quality services such as social and recreational activities, staff training, counseling, nutritious meals, and personal care. Trained staff, health professionals, and others who have an interest in working and dealing with the elderly deliver these services.

Kauai Adult Day Health Center (KADH) is the only Adult Day Health Center on the island of Kauai, serving a diverse population focusing on older adults and providing respite for families.

In partnership with the Kauai County's Agency on Elderly Affairs, The Kauai Bus, and other organizations on the island, we are able to serve the entire island of Kauai and provide services for elderly that are frail and individuals that are physically and/or memory impaired or need specialized care due to illnesses such as Alzheimer's Disease and other types of dementia.

At present the center is staffed by an:

- Administrator who oversees and provides leadership and operational strategies and to achieve facility objectives within planned budgets and schedules.
- Program Director who organizes and oversees the daily operations of the center.
- Activity Coordinator/RN who provides professional nursing care to the clients, coordinates the health component of the program to meet the needs of the clients. She also assess clients upon admission for group and individual activity participation based on individual preferences.
- Social Worker who identifies, assesses, and counsels clients in need of supportive services.
- Activity Assistants who assist in planning, organizing, conducting, and documenting the daily activities. Provides personal care assistance according to clients' needs.
- Community members and nursing students from the local college volunteer and assists staff with scheduled activities.

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.

KADHC is located at the Lihue Christian Church Social Hall at 2943 Kress Street, Lihue, Hawaii 96766. Located in the heart of Lihue, the center provides a coordinated program of professional and compassionate services for adults in a community-based group setting. We strive to effectively engage our participants by providing a program that maintains their best level of functioning, enhances their quality of life, and prevents premature institutionalization. By doing so we are able to maintain and often times improve our clients' functional level so that they can remain at home with their families, thereby meeting the needs of kupuna and caregivers in the local community and contributing towards the goal of kupuna aging in place.

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.

In addition to 46 year of experience running an adult day health center on Kauai, KADH has a team of highly qualified staff who will be responsible for implementing this request:

- OPF President, Kurt Akamine, will be responsible for providing oversight for this project. He was the administrator for Hale Kupuna Heritage Home and is currently the administrator for Garden Island Rehabilitation and Healthcare. He has over 20 years of experience in business and healthcare administration.
- OPMC Controller, Ida Thiede, will be responsible for managing the financial aspects of the project including oversight for financial assessments, billing and fiscal reporting. She has over 30 years of business and finance experience and 20 years in the healthcare industry.
- OPF KADH Program Director, Jasmine Yukimura, will provide oversight for all individuals that may qualify for services. The Program Director oversees and provides leadership of overall operation of the KADH facility and achieves facility objectives within planned budgets and schedules. She has over 7 years of experience in the healthcare industry.

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.

See attached 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, not employee name.

The three highest paid staff members are as follows: Program Director - \$74,713, ADH Coordinator/RN - \$72,713, Activity Assistant - \$34,715.

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.

Not applicable.

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 KADH has maintained its license to operate as a Freestanding Adult Day Health Center in the State of Hawaii for over 30 years, which is owed to the quality of services that are delivered through diligent efforts to remain up-to-date and in compliance with regulations provided by the State of Hawaii, Department of Health, Office of Health Care Assurance.

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 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
- (b) Not received by the applicant thereafter.

If funding to help provide services for those with no means to pay for medical equipment is received in fiscal year 2020 – 2021, but not in future years, OPF will only be able to provide medical equipment and supplies for individuals during the year in which funding is received.



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

OHANA PACIFIC FOUNDATION

was incorporated under the laws of Hawaii on 01/11/2006 ; 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 13, 2020

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.

Ohana Pacific Foundation


(Signature)

1.16.2020
(Date)

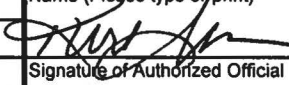
Kurt Akamine

OPF Board of Directors President

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2020 to June 30, 2021

Applicant: Ohana Pacific Foundation

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. Medical equipment and supplies	10,000			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	10,000			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	10,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested		Jasmine Yukimura	808-246-6919	
(b) Total Federal Funds Requested		Name (Please type or print)	Phone	
(c) Total County Funds Requested			1.16.2020	
(d) Total Private/Other Funds Requested		Signature of Authorized Official	Date	
TOTAL BUDGET	10,000	Kurt Akamine, Board of Directors President		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2020 to June 30, 2021

Applicant: Ohana Pacific Foundation

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

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2020 to June 30, 2021

Applicant: Ohana Pacific Foundation

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not applicable.			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/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: Ohana Pacific Foundation

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: 2018-2019	FY: 2019-2020	FY:2020-2021	FY:2020-2021	FY:2021-2022	FY:2022-2023
PLANS	Not applicable					
LAND ACQUISITION	Not applicable					
DESIGN	Not applicable					
CONSTRUCTION	Not applicable					
EQUIPMENT	Not applicable					
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Ohana Pacific Foundation

Contracts Total: 980,935

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	County of Kauai Kupuna Care Program	10/1/19 - 9/30/20	Elderly Affairs	Kauai	60,000
2	County of Kauai Kupuna Care Program	10/1/18 - 9/30/19	Elderly Affairs	Kauai	60,000
3	County of Kauai Kupuna Care Program	6/30/18 - 9/30/18	Elderly Affairs	Kauai	15,000
4	County of Kauai Kupuna Care Program	6/17/16 - 6/30/18	Elderly Affairs	Kauai	165,207
5	County of Kauai Kupuna Caregivers Program	3/19/19 - 3/3/22	Elderly Affairs	Kauai	62,818
6	County of Kauai Kupuna Caregivers Program	5/2/18 - 12/31/18	Elderly Affairs	Kauai	62,815
7	Child and Family Nutrition Program	10/1/18 - 9/30/19	Child Nutr. Pgrm	USDA	20,215
8	Child and Family Nutrition Program	10/1/17 - 9/30/18	Child Nutr. Pgrm	USDA	16,884
9	Child and Family Nutrition Program	10/1/16 - 9/30/17	Child Nutr. Pgrm	USDA	17,997
10	Grant in Aid (CIP: Building Reno & Fire Sprinkl.	6/19/19 - 6/30/20	State	State	500,000
11					
12					
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*through management contract with
Ohana Pacific Management Company (OPMC)

