

**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:
Kuakini Medical Center Kuakini Medical Center

Amount of State Funds Requested: \$ 500,000.00

Brief Description of Request (Please attach word document to back of page if extra space is needed):

Demolish and Removal of two aging elevator cabs and equipment and installation of two new, modernized, energy efficient elevator cabs and equipment creating a safer, more efficient mechanism of moving patient/residents on gurneys/wheelchairs accompanied by staff and medical equipment.


Amount of Other Funds Available:	Total amount of State Grants Received in the Past 5 Fiscal Years:
State: \$ _____	\$ <u>800,000</u>
Federal: \$ _____	Unrestricted Assets:
County: \$ _____	\$ _____
Private/Other: \$ <u>\$100,000</u>	

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

Type of Business Entity:	Mailing Address:
<input checked="" type="checkbox"/> 501(C)(3) Non Profit Corporation	347 N. Kuakini Street
<input type="checkbox"/> Other Non Profit	City: State: Zip:
<input type="checkbox"/> Other	Honolulu Hawaii 96817

Contact Person for Matters Involving this Application	
Name: Brian Nagamine	Title: Manager, Development
Email: b.nagamine@kuakini.org	Phone: 808-547-9296

Federal Tax ID#: 	State Tax ID#: 
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 Authorized Signature	<u>Gary K. Kajiwaru, President & CEO</u> Name and Title	<u>01/21/2022</u> Date Signed
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Application Submittal Checklist

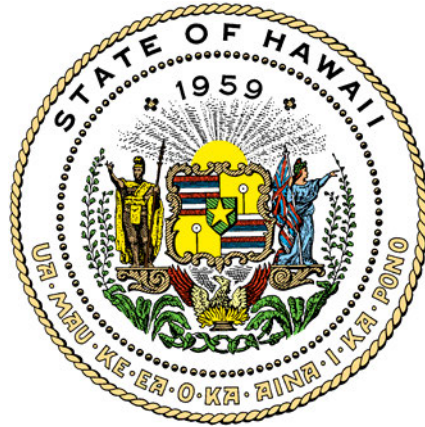
The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 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



GARY K. KAJIWARA
PRINT NAME AND TITLE

01/21/2022
DATE



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

KUAKINI MEDICAL CENTER

was incorporated under the laws of Hawaii on 10/30/1899 ; 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 12, 2022

Director of Commerce and Consumer Affairs

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

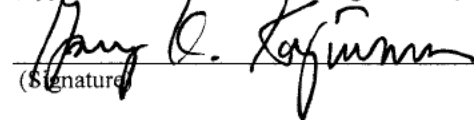
The undersigned authorized representative of the applicant certifies the following:

- 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.

Kuakini Medical Center
(Typed Name of Individual or Organization)


(Signature) 01/21/2022
(Date)

Gary K. Kajiwaru President & Chief Executive Officer
(Typed Name) (Title)

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, 2021.

Attached is the Certificate of Good Standing for Kuakini Medical Center.

2. Declaration Statement

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

Attached is the 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](#).

Kuakini Medical Center will use the Grants-in-Aid funds awarded by the State for a public purpose as explained in Section II. Background and Summary, Question 3 below. The grant funding will be used to replace two existing, 57-year old, patient transport elevators to provide a safe and more reliable movement of patients, clinical staff, and medical equipment and supplies in the acute care hospital. This project will ensure the availability and accessibility to high quality and safe health care to the Hawaii community.

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;

Kuakini Medical Center is a 501(c)(3) not-for-profit health care organization that provides acute care hospital services in Honolulu to over 68,000 patients/clients annually.

Kuakini's roots can be traced back 122 years to its founding by the Japanese Benevolent Society in 1900 and the establishment of the Japanese Charity Hospital in the Kapalama District. The hospital moved to its present location on Kuakini Street in 1917, with the construction of a 70-bed facility. In 1942, the hospital was renamed Kuakini Hospital and Home with a broader mission to provide a wide array of health care services for the Island of Oahu.

In 1975, there was a name change to Kuakini Medical Center, and in the 1980s, Kuakini expanded to the current 212-bed acute care teaching hospital that provides adult medical and surgical services, emergency services, ambulatory care services, and outpatient ancillary services.

Today, Kuakini remains committed to providing high quality and safe health care services to all the people of Hawaii, regardless of race, national origin, ethnicity, gender, physical disability, age, religious affiliation or ability to pay. As a teaching hospital, Kuakini participates in the medical residency, surgical residency, and geriatric fellowship programs of the University of Hawaii John A. Burns School of Medicine. Also, Kuakini participates in training programs for nurses with the University of Hawaii School of Nursing and Hawaii Pacific University; and in training programs for allied health professionals with the University of Hawaii community colleges and mainland universities.

2. The goals and objectives related to the request;

Kuakini Medical Center is committed to supporting and achieving the Triple Aim goals of (1) improving the patient/resident experience of care, (2) improving the health of populations, and (3) reducing the per capita cost of health care. Kuakini provides exceptional customer experience to its patients and clients through the delivery of high quality and safe health care services and achieving the best health outcomes. Providing timely access to medically appropriate healthcare services is critical in maintaining and improving the patient experience of care and improving the health status of the community.

One of the key components for the timely access to healthcare services in an acute hospital is the rapid transport of patients on gurneys and accompanying staff and equipment to the patient care units and ancillary departments. Also, medical equipment, supplies, and food must be transported efficiently in a multi-floor hospital. Kuakini Medical Center has a five-floor and a four-floor patient care facilities that are dependent on the elevators 24/7 for patient transport. Therefore, these elevators are critical to the hospital operations and patient care. Kuakini Foundation has assisted in raising funds for Kuakini's capital improvement projects in past years; however, the Covid-19 pandemic has negatively impacted Kuakini by increasing the operating expenses of the hospital with little offsetting reimbursement and reducing the availability of fundraised dollars for capital improvement projects including the replacement of the two 57-

year old patient transport elevators in the four-floor Waikiki/Ewa Wing. Therefore, Kuakini is requesting a Grants-in-Aid funding of \$500,000.00 to assist in the replacement of the patient transport elevators.

3. The public purpose and need to be served;

The patient transport elevators in the four-floor Waikiki/Ewa Wing were installed in 1965 and therefore finding replacement parts is difficult as these elevators are no longer in production. Unexpected breakdowns for these elevators result in critical patient safety issues and impact the quality of patient care. Kuakini believes the use of the grant funds for the replacement of the patient transport elevators addresses the public purpose and need to have available and accessible acute care hospital services for the community on Oahu. Kuakini is one of three acute care hospitals in downtown Honolulu that provides adult medical/surgical services and emergency services. In addition to providing safe and reliable patient transport within the four-floor facilities, the replacement elevators will be energy efficient, and require less maintenance and costly repairs. It is imperative that Kuakini implement the Waikiki/Ewa Patient Transport Elevator Project to maintain high quality and safe patient care.

4. Describe the target population to be served; and

The proposed Waikiki/Ewa Patient Transport Project will directly serve over 68,000 patients/clients who rely on Kuakini Medical Center as their primary hospital provider for health care services on an annual basis. Nearly 75% of Kuakini's inpatient population are over 65 years of age, both Medicare and Medicaid beneficiaries, and have an annual household income significantly lower than the median household in the City and County of Honolulu. During the COVID-19 pandemic, Kuakini has served additional segments of the population infected with the coronavirus including Pacific Islanders, younger population of various ethnic groups, and the homeless population.

5. Describe the geographic coverage.

Approximately two-thirds of Kuakini Medical Center's patients reside in metro Honolulu and the remaining one-third of the patients are from the following areas in order of decreasing patient origin – East Honolulu, Central Oahu, and Leeward 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;

For the proposed Waikiki/Ewa Patient Transport Elevator Project, Kuakini Medical Center will enter into a contract for the purchase and installation of two new Otis Elevonic R Series Elevators and all of its associated equipment including the controllers, drives, glide door operators, elevator cabs and hall fixtures, travel cables and wiring, access alert, and cab interiors.

Prior to the installation of the two new elevator systems, the two existing 57-year old elevator systems including all of the associated equipment and parts will be disconnected, dismantled and disposed.

Kuakini's Administration and Maintenance Department will be responsible for coordinating the Project with the contracted elevator company.

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

Upon receiving a notice of being awarded Grants-in-Aid funding, Kuakini Medical Center will initiate the Waikiki/Ewa Patient Transport Elevator Project with the execution of the contract for the new elevator systems. From the time that the new Otis Elevonic R Series Elevators are ordered, the Project will take approximately 6 to 8 months to complete the installation and testing of the replacement elevators for patient use.

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

Kuakini Medical Center's Construction Steering Committee that includes the Administration and the Manager of the Maintenance Department will review with the contracted elevator company the Project plans for the disconnection, dismantling, disposal, installation and testing of the new elevator systems. Regular monitoring and oversight of the Project will be conducted by the Manager of the Maintenance Department and staff. Testing of the new elevator systems will be conducted by the contracted elevator company to confirm the proper functionality and reliability of the elevators. Progress reports of the Project will be reported to Kuakini's Administration on a monthly basis.

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.**

Upon receiving a notice of the Grants-in-Aid award, Kuakini Medical Center will initiate communications with the expending agency on the start of the Waikiki/Ewa Patient Transport Elevator Project. Kuakini will make every effort to complete the Project according to the proposed timeline. Kuakini will provide progress reports to the expending agency as requested, and provide a final report on the completion of the Project and the first use of the new elevator systems for patient transport.

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)**

Attached are the budget forms.

2. **The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2023.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$500,000				\$500,000

3. **The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2023.**

Kuakini Medical Center is requesting a \$500,000.00 State Grants-in-Aid award for the Waikiki/Ewa Patient Transport Elevator Project. Kuakini will receive funds of \$100,000.00 from Kuakini Foundation that was fundraised from community donors in fiscal years 2021 and 2022. No additional funding will be sought in fiscal year 2023 for this 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 2023 for program funding.**

Attached is the listing of federal government grants that have been awarded within the prior three years.

6. **The applicant shall provide the balance of its unrestricted current assets as of December 31, 2021.**

As a 501(c)(3) not-for-profit organization, KMC's assets are restricted.

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.

Kuakini Medical Center will secure the services of a qualified elevator company that is duly licensed and experienced to successfully complete the (1) disconnection, dismantling, and disposal of the existing elevators and associated equipment, and (2) installation and testing of the two new Otis Elevonic R Series elevators and associated equipment. Kuakini's Administration, Manager of the Maintenance Department, and personnel have the required skills and experience to manage the Waikiki/Ewa Patient Transport Elevator Project as presented in Section VI. Personnel: Project Organization and Staffing.

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.

Kuakini Medical Center is one of the four subsidiaries of Kuakini Health System, which includes Kuakini Geriatric Care, Inc., Kuakini Support Services, Inc., and Kuakini Foundation. These subsidiaries are located on the 10-acre Kuakini campus, which includes the following six major structures that are ADA-compliant:

- The Hale Kuakini Building is the home for Kuakini Medical Center, which is a licensed 212-bed acute care hospital. The Hale Kuakini Building has a four floor Waikiki/Ewa Wing and a five-floor Makai Wing where the acute care patient units are located.
- The Hale Pulama Mau Building, is the home for Kuakini Geriatric Care, Inc., which is a licensed 187-bed long-term care facility (Skilled Nursing Facility and Intermediate Care Facility) and a licensed 34-bed assisted living facility. The Hale Pulama Mau Building has nine floors and also houses the UH John A. Burns School of Medicine's Hyperbaric Treatment Center and Geriatric Medicine Department.
- The Kuakini Medical Plaza and Kuakini Physicians Tower are two physician office buildings that have nine floors and eleven floors respectively.
- Two multi-level parking structures, which are the Makai Parking Structure for use by Kuakini's employees and the Parking Building for use by the patients and their families and caregivers, physicians/tenants located in Kuakini's facilities and office buildings, vendors, and visitors.

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.

Kuakini Medical Center will be contracting with a qualified elevator company that is licensed and experienced to successfully complete the Waikiki/Ewa Patient Transport Elevator Project. Kuakini's key personnel who will be directing and coordinating this Project include the following:

GARY KAJIWARA, President & Chief Executive Officer, has been serving since 1990 in this leadership position for Kuakini Health System and its subsidiaries - Kuakini Medical Center; Kuakini Geriatric Care, Inc.; Kuakini Support Services, Inc.; and Kuakini Foundation.

GREGG OISHI, Senior Vice President & Chief Administrative Officer/Chief Financial Officer, has been serving since 2020 in this leadership position for Kuakini Health System and its subsidiaries. He previously served as Senior Vice President and Chief Administrative Officer since 2003.

RON FUJIHARA, Manager, Maintenance Department, has been serving since 2010 in this leadership position for Kuakini Medical Center and sister companies.

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.

Attached is the Organizational Chart for Kuakini Health System and its subsidiaries.

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.

<u>Position</u>	<u>Compensation</u>
President & CEO	\$413,201
Senior VP, CAO & CFO	\$240,991
Senior VP, CCO	\$235,753

Reported compensation is as per FY 2020 Form 990.

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.

Kuakini Medical Center is an acute care hospital that is licensed for 212 beds by the Hawaii State Department of Health, and is accredited by The Joint Commission, and is federally certified by the Centers for Medicare and Medicaid Services (CMS) to provide healthcare services to Medicare and Medicaid participants.

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 2022-23 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2022-23, but**
- (b) Not received by the applicant thereafter.**

Upon receiving a State Grants-in-Aid award of \$500,000.00, Kuakini Medical Center will not seek further funding for the Waikiki/Ewa Patient Transport Elevator Project since the Project will be completed as planned. The Project will provide a reliable and safe transport for Kuakini's patients/clients within the four-floor Waikiki/Ewa Wing and maintain high quality care through the efficient movement of patients/clients and accompanying clinical staff and medical equipment. To ensure the new elevators are well-maintained in the future, Kuakini will add the new elevator systems to its existing maintenance schedule which is covered by Kuakini's operating funds.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2022 to June 30, 2023

Applicant: Kuakini Medical Center

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							
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TOTAL OTHER CURRENT EXPENSES							
C. EQUIPMENT PURCHASES							
D. MOTOR VEHICLE PURCHASES							
E. CAPITAL							
TOTAL (A+B+C+D+E)				500,000			100,000
SOURCES OF FUNDING				Budget Prepared By:			
				Brian Nagamine Name (Please type or print) (808) 547-9296 Phone			
(a) Total State Funds Requested				500,000			
				Brian Nagamine Name (Please type or print) (808) 547-9296 Phone			
(b) Total Federal Funds Requested							
				Name (Please type or print) Date			
(c) Total County Funds Requested							
				Signature of Authorized Official Date			
(d) Total Private/Other Funds Requested							
				Name and Title (Please type or print) Gary K. Kaiwara, President & CEO			
TOTAL BUDGET				600,000			

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2022 to June 30, 2023

Applicant: Kuakini Medical Center

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, 2022 to June 30, 2023

Applicant: Kuakini Medical Center

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2020-2021	FY: 2021-2022	FY:2022-2023	FY:2022-2023	FY:2023-2024	FY:2024-2025
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION	35,000	65,000	500,000			
EQUIPMENT						
TOTAL:	35,000	65,000	500,000	0	0	0
JUSTIFICATION/COMMENTS: State Grants-in-Aid funds will be used to replace the two existing, 57-year old, patient transport elevator systems on the Waikiki/Ewa Wing of Kuakini Medical Center.						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

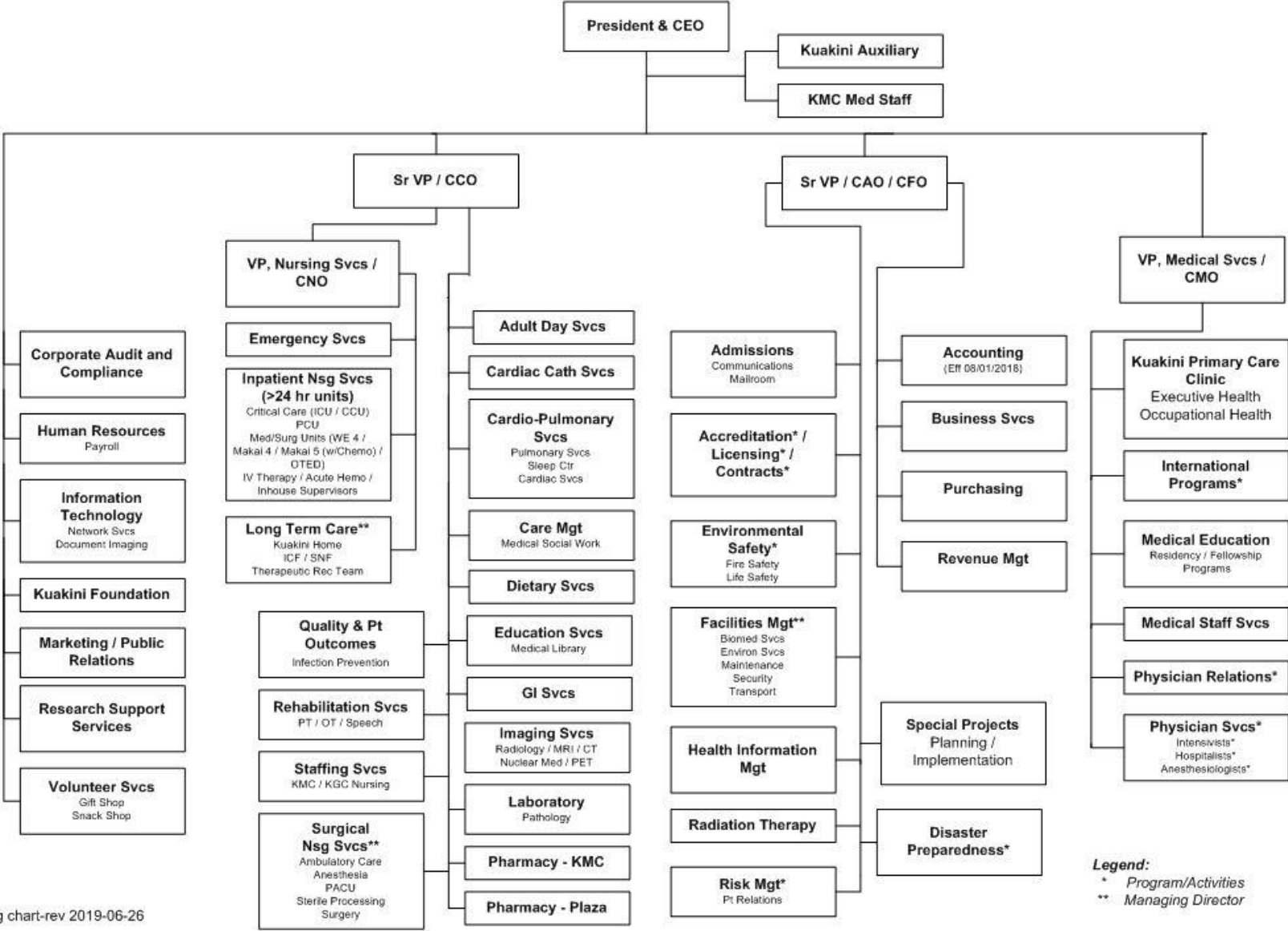
Applicant: **Kuakini Medical Center**

Contracts Total: \$ 15,246,430.00

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	<u>KUAKINI HHP COBRE-CTRA GRANT</u> - Kuakini Honolulu Heart program Centers of Biomedical Research Excellence (COBRE) Center for Translational Research on Aging	09/10/2019 - 08/31/2024	National Institutes of Health - National Institute of General Medical Sciences	Federal	\$ 11,959,878.00
2	<u>KUAKINI HAWAII LIFESPAN STUDY III GRANT</u> - FOXO3 Genotype, InflammAging, Cardiovascular Disease, and Dementia	06/15/2018 - 05/31/2022	National Institutes of Health - National Institute on Aging	Federal	\$ 2,458,385.00
3	<u>KUAKINI HAWAII LIFESPAN STUDY III GRANT</u> - COVID-19 Administrative Supplement for FOXO3 Genotype, InflammAging, Cardiovascular Disease, and Dementia	09/08/2020 - 05/31/2021	National Institutes of Health - National Institute on Aging	Federal	\$ 460,652.00
4	<u>KUAKINI HAWAII LIFESPAN STUDY III GRANT</u> - Administrative supplement for FOXO3 Genotype, InflammAging, Cardiovascular Disease, and Dementia	03/01/2020 - 05/31/2020	National Institutes of Health - National Institute on Aging	Federal	\$ 367,515.00
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Kuakini Health System Organizational Chart

(Effective 06/26/2019)



Legend:
 * Program/Activities
 ** Managing Director