

## 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) Hawaii Compliance Express Certificate (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



BRENDA S. HO, CEO

01 / 18 / 2024

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE





STATE OF HAWAII  
STATE PROCUREMENT OFFICE

**CERTIFICATE OF VENDOR COMPLIANCE**

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

**Vendor Name:** HOSPICE OF HILO

**DBA/Trade Name:** HAWAI'I CARE CHOICES

**Issue Date:** 01/16/2024

**Status:** **Compliant**

Hawaii Tax#: [REDACTED]

New Hawaii Tax#:

FEIN/SSN#: XX-XXX8512

UI#: XXXXXX1346

DCCA FILE#: 42257

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

**Status Legend:**

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	A status determination has not yet been made
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

**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; and
- 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.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

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.

Hospice of Hilo dba Hawaii Care Choices

(Typed Name of Individual or Organization)

Brenda S. Ho  
(Signature)

01/18/2024  
(Date)

Brenda S. Ho

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. Hawaii Compliance Express Certificate (If the Applicant is an Organization)**

*(Please see attached)*

Hawaii Care Choices (HiCARE) has submitted 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, 2022

#### **2. Declaration Statement**

*(Please see attached)*

HiCARE has submitted a declaration statement affirming its compliance with [Section 42F-103, Hawaii Revised Statutes](#).

#### **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](#).

Pursuant to Section 42F-102, Hawaii Revised Statutes, this grant will be used for a public purpose. HiCARE is the sole provider of hospice, palliative, and bereavement care services for the East Hawai'i region of the Big Island. The grant will be used to provide Community Bereavement and Grief Support Program for the East Hawai'i 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;**

Hawai'i Care Choices (HiCARE), formerly Hospice of Hilo, is a private, non-profit 501(c)3 agency that has compassionately provided support to individuals with serious or life-limiting diagnoses since 1983. HiCARE is a Medicare/Medicaid certified hospice whose mission is *to improve the lives of those we touch by offering support, guidance, and compassionate care of body, mind, and spirit*. The administrative and operational

support office of HiCARE is located at 1011 Waianuenue Avenue, Hilo, Hawaii. HiCARE is the only professionally staffed resource in East Hawai'i that specializes in grief and bereavement services.

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

For over 40 years, HiCARE has provided grief support for our East Hawai'i community whose family members are left behind after the death of their loved one. The program's goal is to have comprehensive bereavement services to all who need this support by providing a safe place with professional training and activities. The impact is healthy grieving in support of oneself and others through reintegration into the community and the increase in ability to cope with adversity.

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

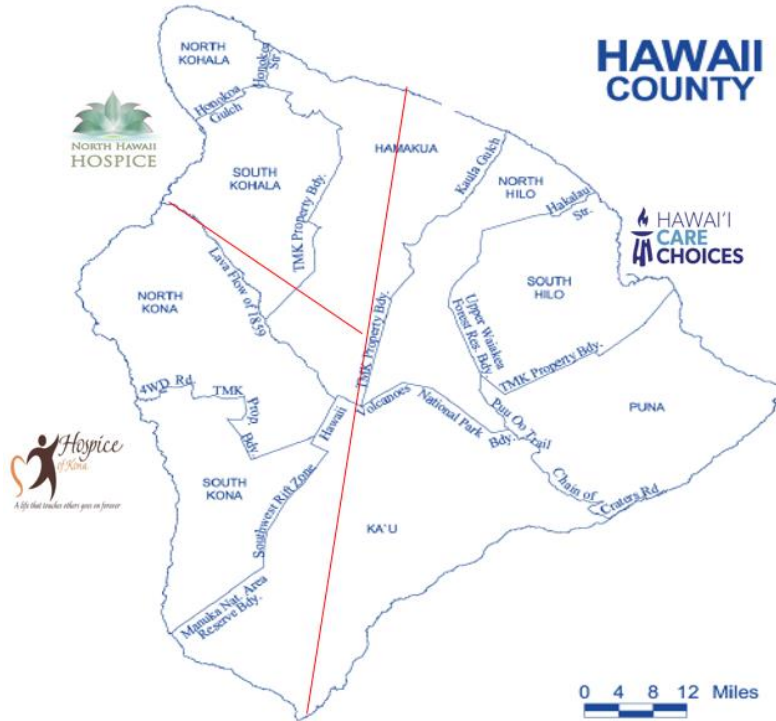
East Hawai'i has one of the highest rates of fatalities from accidental deaths in the state, leaving families grief-stricken. There are substantial substance abuse and mental health concerns which serve as the impetus for violent crimes, homicides, and suicide related deaths. Additionally, there has been an increase in community deaths on Hawaii Island, especially those related to COVID-19 over the past few years. As a result, there is a tremendous need for professional grief support.

**4. Describe the target population to be served;**

Feelings of loss and sadness have become the baseline for so many people's lives. HiCARE Bereavement Program involves a cross-cutting section of people with a person/family centered approach. With the limited access to free community bereavement support counseling and groups on our island, this project will allow people experiencing loss (including financial and/or resource hardships) to be presented with opportunities for mental and emotional health improvement. The project is focused to provide professional bereavement support through consistently grief support sessions, seasonable programs, and special community events. Our bereavement support services are available to people of all ages coping with death and/or major loss in their life: such as foster children's loss of biological parent(s), companion pet, divorce, that is a major loss as defined by the person. As the East Hawai'i only professionally staffed community resource for grief support, we partner and serve with those in the community who are often faced with the effects of grief: physicians, social workers and therapists, clergy, school counselors, nurses, first responders, senior care centers, and other professionals. Education talks, workshop presentations, and in-service training are available to these groups. More importantly, we are a referral resource to these same professionals.

**5. Describe the geographic coverage.**

HiCARE has over 160 staff and volunteers to provide hospice, palliative, and bereavement care for the East Hawai'i region encompassing over 2,000 square miles. Our team serves the East and South portions of Hawaii Island from Laupāhoehoe to South Point Ka'ū. Please refer to the diagram below:



### **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;**

Professional bereavement support offers community benefits as well, helping the bereaved to return to productive and active roles in the community. In addition, our goal is to teach children about change, loss, grief, acceptance and transformation. Our camps and groups help children to discover they are not alone and their feelings. Combination of events and individual grief-support groups will be conducted consistently throughout the year with personalized counseling sessions along with mental well-being centered activities:

- Two eight-week series of grief support sessions for adults.
- Two eight-week series grief support sessions for children.
- Every quarter, `Ohana Nights provided for families for an entire evening
- Twice a year, a full-day grief-support program for families and individuals
- Annual Celebration of Life in the summer and Season of Light event in December held in Hilo brings together hundreds of businesses, volunteers, and community members.
- Significant dates mailings (holidays, Mother's/Father's day, etc,) with community and workplace in- service trainings will be conducted monthly.

Our bereavement support services will be available to people of all ages coping with death and/or major loss in their life such as: children's loss of biological parent(s), companion pet, divorce, etc. The event allows them to honor their loved ones through the lantern floating ceremony.

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

- Quarter 1:
  - One eight eight-week series of grief support sessions for adults/children.
  - `Ohana Nights provided for families
- Quarter 2:
  - One eight eight-week series of grief support sessions for adults/children.
  - `Ohana Nights provided for families
  - Successful coordination of Celebration of Life - Big Island's largest bereavement, lantern floating event
  - Full day grief-support program
- Quarter 3:
  - One eight eight-week series of grief support sessions for adults/children.
  - `Ohana Nights provided for families
- Quarter 4:
  - One eight eight-week series of grief support sessions for adults/children.
  - `Ohana Nights provided for families
  - Full day grief-support program
  - Holiday grief-support campaign
  - Season of Light, a candle light tribute and community memorial

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

The outcomes of our robust program for bereaved individuals are as follows:

- 1) a readiness to step back into the fullness of life knowing life has changed;
- 2) the recognizing how to cope positively with loss;
- 3) and to continue to integrate the loss into their everyday living.

The impact of this promotes a ripple effect of healthy grieving in supporting oneself and others as they reintegrate into the community. Research has shown that the ability to cope and quality of life and mental wellbeing are the core outcomes for individuals participating in bereavement programs. The ability to cope can be categorized as understanding and addressing the following: negative and overwhelming grief; communication and connectedness; understanding, accepting and finding meaning in grief; finding balance between grief and life going forwards; and accessing appropriate support. Those relating to quality of life and wellbeing can be categorized this way: participation in work and/or regular activities; relationships and social functioning; positive mental wellbeing, and negative mental and emotional state. All of these are explored informally and formally in both individual and group support settings.



Quality assurance and evaluation plans will be conducted to determine how much better off the beneficiaries because of the intervention, as well as if the program affects different people in different ways (e.g., by ethnicity, age, region, gender, etc.) The tool used will be experience surveys with demographic information and will be administered both before and after the completion of each group session series, workshop, or event to measure changes in knowledge, coping skills, and attitude. Written & verbal evaluations and will be taken from staff and participants measuring program effectiveness. This will occur through designed observational interviews and focus group meetings. Personnel hours of all staff and volunteers will also be tracked.

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.

2023 mid-year data shows bereavement care has been provided to 228 hospice families (212 in-person visits and 1313 telephone calls) with a projection of 950 unduplicated patients through the end of the year. We anticipate about a 10% increase in requests for our bereavement care services through 2024.

Individuals who participate in all our programs are asked to respond to the following questions:

- 1) increased my understanding of the grieving process
- 2) increased my ability to express grief-related thoughts and feelings
- 3) increased my ability to identify or develop effective grief coping skills
- 4) met my needs

Year to date data indicates the majority of responses regarding the above was indicated as 'Very Much' (>80%)

This correlates to the following desired impact:

- 1) a readiness to step back into the fullness of life knowing life has changed;
- 2) the recognition on how to cope positively with loss;
- 3) to continue to integrate the loss into their everyday living.

## **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: see attached
  - b. Personnel salaries and wages: see attached
  - c. Equipment and motor vehicles: not applicable
  - d. Capital project details: not applicable
  - e. Government contracts, grants, and grants in aid: see attached

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2024 to June 30, 2025

Applicant: Hospice of Hilo dba Hawai'i Care Choices

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	32,264			50,000
2. Payroll Taxes & Assessments				
3. Fringe Benefits	7,744			20,000
<b>TOTAL PERSONNEL COST</b>	<b>40,008</b>			<b>70,000</b>
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies	5,000		5,000	
7. Digital / Print Communication	6,000		5,000	
8. Utilities				
9. Administrative Expense	4,815		5,000	
10. Program event/activities	14,177		10,000	10,000
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>29,992</b>		<b>25,000</b>	<b>10,000</b>
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>70,000</b>		<b>25,000</b>	<b>80,000</b>
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	70,000	Amy Hayoung Lee <span style="float: right;">808-940-1195</span>		
(b) Total Federal Funds Requested	0	Name (Please type or print) <span style="float: right;">Phone</span>		
(c) Total County Funds Requested	25,000	<i>Amy Hayoung Lee</i> <span style="float: right;">1/19/2024</span>		
(d) Total Private/Other Funds Requested	80,000	Signature of Authorized Official <span style="float: right;">Date</span>		
<b>TOTAL BUDGET</b>	<b>175,000</b>	Advancement Manager Name and Title (Please type or print)		



2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2025.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$15,000	\$25,000	\$15,000	\$15,000	\$70,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2025.
- 2024 Hawaii County Non-profit Grant-in-Aid: \$25,000
  - Atherton Foundation: \$10,000
  - Cooke Foundation: \$10,000
  - East Hawai'i Foundation: \$10,000
  - Hawai'i Care Choices non-restricted donations and fundraisers: \$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.
- 2021 American Rescue Plan Act (ARPA) credit:
    - Salary Dollars: \$11,995.92
    - Employee Healthcare Deduction: \$20,166.38
    - Employee Healthcare Portion: \$80,747.32
    - Tax Credits: \$14,936.33
  - COVID-19 Pandemic Stimulus funding:
    - 4/10/2020 \$329,419.39
    - 11/23/2021 \$263,507.42 APR Rural Funding
    - 12/16/2021 \$32,755.71 Phase 4 Payment
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 2025 for program funding.
- 2021 Department of Health ASO – Log No. 20-224 for \$200,000 for Culturally Competent Palliative Care
  - State Department of Labor and Industrial Relations (RUDDER program) to fund all new hires between 3/1/2020-12/18/2020 (was 2/28/2021). Up to \$1,500 was awarded once a new hire completed 6 months of work at HiCARE. Total received from this program was \$34,500.
  - 2023 County of Hawaii Nonprofit Grant-in-aid: \$20,000 for community bereavement
  - 2023 State of Hawaii Capital Grant-in-aid: \$200,000 (pending release) for 1011 Waianuenue Ave. office renovation
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2023: \$10,619,545

## **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.

For the past forty years, HiCARE has provided grief support for our East Hawai'i community whose family members are left behind after the death of their loved one. We are the only professionally staffed resource in East Hawai'i that specializes in grief and bereavement services. Because of this specialty, people come to us during times of loss, grief, and recovery. Our team is professionally trained and certified in various clinical disciplines, including medical, behavioral health, and spiritual care. We employ Physicians, Advanced Practice Registered Nurses, Registered Nurses, Certified Nursing Assistants, Licensed Clinical Social Workers, Medical Social Workers, Bereavement and Spiritual Counselors, and Board Certified Chaplain. Our Executive Leadership Team consists of a CEO, Medical Director, Director of Clinical Services, Director of HR and Accounting, and Director of Organizational Advancement and Excellence. Each of these professionals has been in non-profit healthcare leadership roles for 25+ years. In addition, we have developed many community partners in East Hawai'i. For years, we have worked in coordination with the Department of Education to connect with schools throughout our county. This continues, as we are already engaged with school counselors to conduct peer-to-peer grief training and offer support groups.

We have successfully organized the Celebration of Life event for the past twenty years, which has now grown to be Big Island's largest bereavement, lantern-floating event that attracts over 3,000 people each year. In the most recent three years, HiCARE provided over 200 grief-support sessions to over a 1,200 individuals.

### **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.

HiCARE's headquarter administrative offices located at 1011 Waianuenue Street, Hilo, HI are composed of a 4,000 square foot administrative center (Building A) and a 1,500 sq. ft. office (Building B). They are located on 1.75 acres of land leased from the Department of Land and Natural Resources. The lease runs until 2063. Both of these buildings comply with ADA requirements. The administrative center houses administrative and clinical staff which includes a reception area, a conference room a staff lounge, a counseling room, a central equipment/copy room, a supply room, nine

(9) closed-door rooms and several staff rooms with work stations. All staff members are connected to a central computer network. There is on-site parking space for 40 vehicles. The conference room and the reception area are used for both one-on-one and group grief counseling and bereavement services on weekly basis.

## **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.

Our Bereavement Team consists of two professionally trained staff counselors and over 20 specialty volunteers, with family crisis and sudden loss being areas of focus. Proposed work will be conducted by a Licensed Clinical Social Worker (LCSW) and a Licensed Grief Counselor/ Board Certified Chaplain (MDiv) with extensive training and experience in grief and trauma. The Licensed Grief Counselor / Board Certified Chaplain has over 17 years of experience in creating, implementing and managing hospice bereavement programs, numerous hospice related bereavement work with individual adults and children. Both of these professionals bring experience in diversity, equity, inclusion, and access. We value diversity as it strengthens our community and care. We embrace the diversity of cultures, thoughts, beliefs and traditions of our employees, volunteers and people we are honored to serve across our network. Our diverse staff reflects our community and each day, we work to be respectful, sensitive, and competent with each other and those in our care. Both counselors will be supported and managed by the Clinical Support Manager to ensure all administrative and event related needs are met. The three staff have several years of service in hospice and palliative care, as well as experiences in community engagement with businesses, educational institutions, and healthcare facilities. Additionally, they bring their own personal loss experiences to model the way of hope and well-being, while giving permission to mourn losses in life, which is very powerful mechanism for healing.

In addition, the Advancement Manager will be responsible for all grant reporting due to the state of Hawaii at required intervals. She will provide communication and administrative direction relative to the request for all involved staff members in the program. The Full Charge Bookkeeper will be responsible for the administrative/financial function of tracking all expenses and invoice submissions to the state of Hawaii for reimbursement and sound accounting reporting.

## **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.

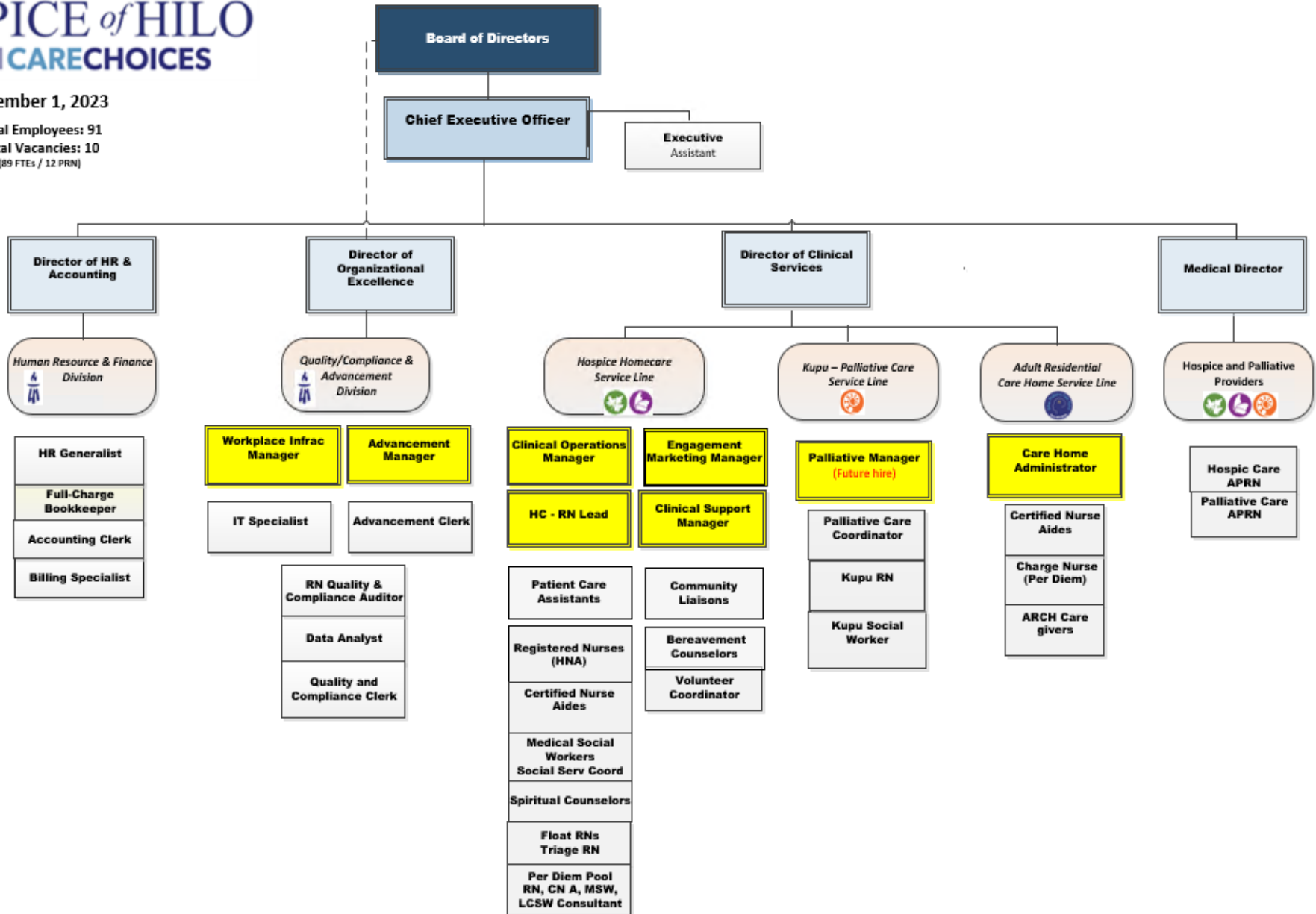
(Please see attached next page)

HiCARE has included an Organization Chart that illustrates the position of each staff and line of responsibility/supervision.



December 1, 2023

Total Employees: 91  
 Total Vacancies: 10  
 (89 FTEs / 12 PRN)



### **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.

- CEO: \$180,000 – \$200,000
- Director of Clinical Services: \$145,000 – \$160,000
- APRN: \$145,000 - \$160,000

## **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.

HiCARE is not a party in any pending litigation at this time.

### **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.

Not Applicable

### **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 2024-25 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2024-25, but
- (b) Not received by the applicant thereafter.

Hawai'i Care Choices' bereavement program relies on advancement / fund development efforts including securing grant awards, individual/corporate donations, and fundraising to provide the needed and required bereavement support to patients and the agency. The program has successfully continued the past four decades. In plans to expand the program and its outreach, an aggressive advancement plan has been created that focuses on major gifts and planned giving for increased program costs and special project(s) funding like those identified in this request.