

## 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



RICHARD KISHABA, BOARD CHAIR

01/18/2024

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE

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

Type of Grant Request:

Operating

Capital

Legal Name of Requesting Organization or Individual: Dbal:

Ohana Pacific Foundation

Kauai Adult Day Health

Amount of State Funds Requested: \$ 200,000.00

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

As the only licensed free-standing adult day health center on Kauai, Ohana Pacific Foundation, DBA Kauai Adult Day Health serves kupuna and disabled adults who are in need of specialized care. This request would support a sliding scale fee scholarship to provide accessibility of services designed to provide social and basic health services to adults who need supervised care in a safe place outside the home during the day when family members are at work or in need of respite. The frail and under served kupuna on Kauai and their families would benefit from this request.

Amount of Other Funds Available:

State: \$ 0

Federal: \$ 0

County: \$ 5,000

Private/Other: \$ 0

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 1,250,000.00

Unrestricted Assets:

\$ 446,100.00

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 Rd.

City:

Kaneohe

State:

Hawaii

Zip:

96744

Contact Person for Matters Involving this Application

Name:  
Richard Kishaba

Title:  
Board Chair

Email:  
rkishaba@ohanapacific.com

Phone:  
(808)247-0003

Federal Tax ID#:

██████████

State Tax ID#

██████████



Authorized Signature

Richard Kishaba, Board President

Name and Title

01/15/2024

Date Signed



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:** OHANA PACIFIC FOUNDATION

**DBA/Trade Name:** Kauai Adult Day Health Center

**Issue Date:** 01/10/2024

**Status:** **Compliant**

Hawaii Tax#: [REDACTED]  
New Hawaii Tax#: [REDACTED]  
FEIN/SSN#: XX-XXX5629  
UI#: XXXXXX2120  
DCCA FILE#: 214457

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 REVISED STATUTES**

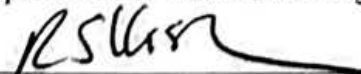
The undersigned authorized representative of the applicant certifies the following:

- 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; and
- 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.
- 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, 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.

Ohana Pacific Foundation  
(Typed Name of Individual or Organization)

  
(Signature)

1.19.24  
(Date)

Richard Kishaba  
(Typed Name)

Board President  
(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)**

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2023.

See attached Certificate of Vendor Compliance.

### **2. Declaration Statement**

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

See attached 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](#).

If awarded the State Grant-in-Aid, the grant would be used for a public purpose as stated in Section II Background and Summary and pursuant to Section 42F-102, Hawaii Revised Statutes. Funds would support the operational costs of the island of Kaua'i's only adult day health program through sliding scale fee scholarship support for Kaua'i residents.

## **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 (OPF), a 501(c)(3) corporation, is caring for kūpuna. This includes our clients, their families, our staff, and our community. OPF owns and operates Kaua'i Adult Day Health Center (KADH) which is currently located at the Līhu'e Christian Church, at 2943 Kress Street,

Līhu'e, Hawaii 96766. The center provides a program and nursing care, if necessary 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.

2. The goals and objectives related to the request; 'Ohana Pacific Foundation (OPF) DBA: Kaua'i Adult Day Health's request's goals and objectives are as follows:

Goals + Objectives:

1. Support accessibility of the island's only adult day health program to all Kaua'i residents, regardless of ability to pay.
  2. Provide quality services such as social and recreational activities, staff training, counseling, nutritious meals, and personal care.
  3. Provide respite to families of kūpuna
  4. Provide Kaua'i families the ability to work during the day knowing their elderly family members are well cared for.
  5. Increase workforce on Kaua'i by expanding adult day health services and clearing the wait list for adult day health on island
  6. Increase workforce on Kaua'i by allowing family members to go to work for the day knowing their elderly parents are well cared for at our program.
3. The public purpose and need to be served;
  4. Describe the target population to be served; and

The request will serve Kaua'i kūpuna who will be provided physical exercise and mental socialization during the day while their caregivers can continue to maintain their place in the workforce and earn a living wage. Expansion of this programming via this request will also allow for OPF to hire additional staff and provide additional living wage jobs to meet ADH demands on island.

5. Describe the geographic coverage.  
All areas of Kaua'i 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;

The major elements of our program operations are to provide socialization, education, health maintenance, and supportive services for our clients. The KADH provides specialized and meaningful activities throughout the day that emphasize the type of individualized attention, which is required by clients with deteriorating mental abilities and physical skills. Nursing services are available for clients who require medication administration, direct medical supervision, and other related health maintenance services with direct supervision by a registered nurse.

Consultation meetings can be arranged with a social worker who is able to provide information regarding community support resources and a dietitian is available for nutrition counseling. The support extended and provided to family caregivers is a monthly check in meeting or call. These meetings are beneficial to express thoughts, frustrations, concerns, and feelings with others who are dealing and experiencing the same challenges through caregiving.

Clients are referred by physicians, agencies, clients and families. A client assessment is done by KADH for appropriateness, specific needs, and to determine level of care. A service plan and individual plan of care (ICP) is developed for the provision of adult day health services and is reviewed on a regular basis to assure consistency with the medical reports of the client's health conditions and status. The client is assisted in completing application forms, getting medical information, and applying for financial assistance, if necessary. Clients requesting financial assistance completes an application to determine eligibility. Specific questions are asked such as: amount of assistance requesting, length of time, other sources of assistance from relatives, friends, church, other agencies such as Medicaid, state/county, or chore respite services etc. They are also asked to note all sources of monthly income, monthly expenses, assets, and liabilities. To determine eligibility, major monthly income and assets are taken in consideration and weighted against monthly expenses. An acuity assessment is conducted to evaluate the client's level of need. In addition to the acuity assessment, KADH utilizes the Income Limits Documentation System as a measurement for Kauai's low to moderate income population.

The guidelines are listed below. Priority is given to participants with greater economic or social need.

- U.S. citizen or qualified alien, 60 years or older
- Client is not already receiving service from another government (e.g. Medicaid) or private service (e.g. Home Health Agency) provider
- Live in a residence, not an institution (ICF, SNF, ARCH, hospital, foster family)

- Have impairment of two or more ADLs or IADLs or significantly reduced mental capacity
- Have one or more unmet ADL or IADL need

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

This request will support the adult day health program that has capacity to serve 55 clients and currently serves a total of 25 enrolled participants to provide operational support via scholarships to create accessibility to a minimum of 25 duplicated participants a quarter for an entire year.

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and
  1. OPF will oversee the capacity building activities of the adult day health program and review and evaluate these on a regular basis.
  2. Continuously monitor and evaluate successes, impacts and effectiveness of the adult day health processes.
  3. Continuously monitor and evaluate successes, impacts and effectiveness of the adult day health outcomes including but not limited to social determinants of health.
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.

Effectiveness will be based on accomplishing the outcomes above that include development of a sustainable scholarship program that ultimately creates accessibility and a sustainable adult day health program for kupuna and families on Kaua'i.

Our objectives and the results we strive to achieve include: helping participants remain at home and in their community by preventing premature institutionalization, providing respite for caregivers and health promotion opportunities for the elderly and disabled adults. We strive to meet social, health maintenance, and rehabilitating needs for our participants. These results are important for the health and well being of the community's kupuna and their caregivers, as well as, decreases incidences of higher medical costs due to premature institutionalization, incidences of falling or neglect, and caregiver health problems. The projected number of kupuna to be served each program year is 16 with partial tuition and 20 caregivers for respite.



The KADH keeps an ongoing record of admissions and discharges. A spreadsheet is managed by our billing office, recording the participants that receive Scholarship Program funds. At the end of each program year, the total number of participants that enrolled into KADH is calculated and the total number of participants that received Scholarship Program funds for tuition assistance is calculated. The data will be entered into an Evaluation Reporting Matrix. With this data we compare the actual numbers with our goal and review if any improvements can be made to reach or exceed our projected Kupuna-Centered Goal.

An effective method in measuring outcomes or results of client support is through a family/client satisfaction survey which is conducted and mailed to families twice a year. Quarterly service plans are also mailed home for the family review client's daily participation while at the center with follow up phone calls to ensure family members have received and reviewed the progress notes. Feedback from surveys and telephone calls with families are documented and reviewed with staff.

Clients are also invited to participate with monthly Client Council Meetings with the purpose to express their concerns or grievances, to contribute ideas, to make recommendations regarding the center's functions and to be informed of any pertinent information that could impact their quality of life while attending the center. The center will continue to utilize these means as feedback for any positive program changes and development.

## **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](#))
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
\$25,000	\$25,000	\$25,000	\$125,000	\$200,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2025.

County of Kaua'i: \$5,000  
 Private trusts + Foundations: \$25,000

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

Not applicable as OPF is a 501(c)3 organization.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2025 for program funding.

County of Kaua'i  
 Kūpuna Caregivers Program FY2019-2022 \$188,455.00  
 Kūpuna Care Program: FY2019-2022 \$180,000.00  
 CACFP Adult Care Food Program: FY 2019-2022 \$20,000.00  
 Kūpuna Caregivers Program FY2022-2025 \$390,000.00  
 Kūpuna Care Program: FY2022-2025 \$120,000.00  
 CACFP Adult Care Food Program: FY 2022-2025 \$20,000.00  
 County GIA: \$5,000.00

State Grant in Aid  
 FY2019 Building Renovation & Fire Sprinkler System Project: \$500,000  
 FY2022 Continuum of Care Project: \$250,000

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2023.

\$446,100.00

**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.

Kaua'i Adult Day Health - Our programming offers daily enrichment for kūpuna who live at home and provides respite for caregivers. We understand that caregivers need a break from their daily duties and are happy to provide the venue for them to do so. Our Adult Day Health program include activities, social connection, and healthy meals and snacks throughout the day and help with personal needs. All of our programs include a nurse on the team to provide additional medical assistance and administer medication if needed.

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 44 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.

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.
- Day Health Specialist (RN) who provides professional nursing care to the clients, coordinates the health component of the program to meet the needs of the clients.
- An Activity Coordinator assesses clients upon admission for group and individual activity participation based on individual preferences.
- Activity Assistants assist in planning, organizing, conducting, and documenting the daily activities. Provides personal care assistance according to clients' needs.

## **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.

Kaua'i Adult Day Health shares a space with Līhu'e Christian Church and provides daily care for kūpuna and respite for caregivers. See Necessary Skills and Experience section for additional information on adequacy in relation to this request.

## **VI. Personnel: Project Organization and Staffing**

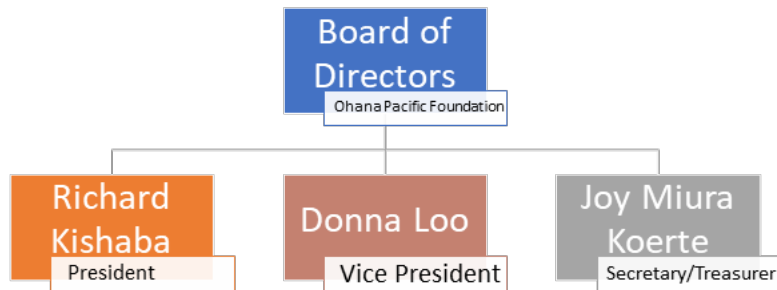
### **1. Proposed Staffing, Staff Qualifications, Supervision and Training**

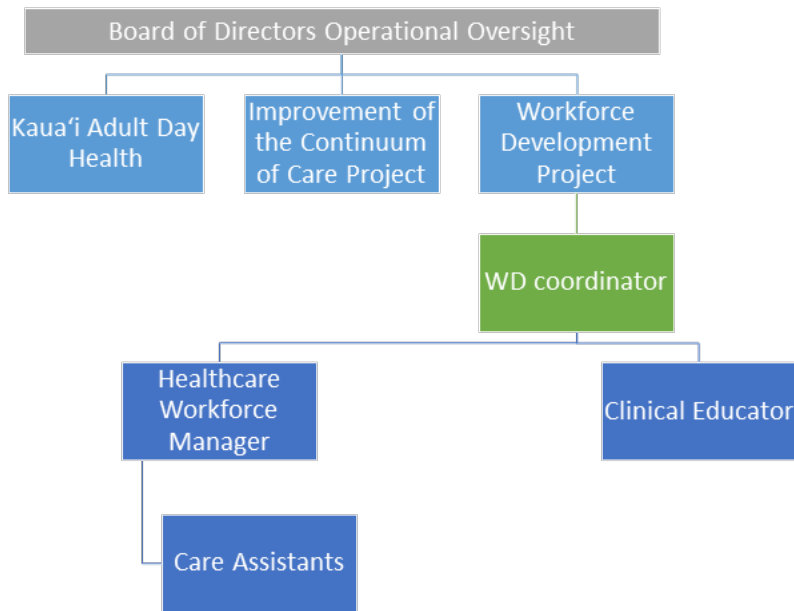
The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative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

'Ohana Pacific Foundation's Board Chair has over 25 years of healthcare experience. Kaua'i Adult Day Health's Administrator has over 20 years of healthcare experience and its Program Director has over 22 years in healthcare and healthcare management experience on Kaua'i. 'Ohana Pacific Foundation is managed by 'Ohana Pacific Management Company, the largest post-acute healthcare company in Hawaii. 'Ohana Pacific Foundation, Kaua'i Adult Day Health and the management team are well suited to continue the Kaua'i Adult Day Health operations and provide much needed care services to Kauai's kūpuna.

### **2. Organization Chart**

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.





**3. Compensation**

The applicant shall provide 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.

Program Coordinator: \$79,043  
Program Aide: \$49,050  
Program Aide: \$49,050

**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.

To the best of our knowledge, there is no pending litigation to which ‘Ohana Pacific Foundation is a party, including any outstanding judgements.

**2. Licensure or Accreditation**

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

‘Ohana Pacific Foundation has an active license to operate an Adult Day Health program from the State of Hawai‘i Department of Health.

### **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.

Grant funding for fiscal year 2023-24 would provide the money for capacity building and seed money to strategically support the adult day health scholarship program. If the program is not able to secure funding in the future, the financial sustainability of the program would continue with the acquisition of private foundation funds that are already lined up to support in two years.

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2024 to June 30, 2025

Applicant: Ohana Pacific Foundation (Kauai Adult Day Health)

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	120,000			
2. Payroll Taxes & Assessments	9,000			
3. Fringe Benefits	13,000			
TOTAL PERSONNEL COST	<b>142,000</b>			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance	10,000			
3. Outside Services - Meals/Software	11,000			
4. Lease/Rental of Space (incl utilities)	34,000			
5. Staff Training				
6. Supplies	1,000			
7. Telecommunication				
8. Utilities				
9. Professional Fees	2,000			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	<b>58,000</b>			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
<b>TOTAL (A+B+C+D+E)</b>	<b>200,000</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	200,000	Suanne Morikuni <span style="float: right;">808-791-4485</span>		
(b) Total Federal Funds Requested	0	Name (Please type or print) <span style="float: right;">Phone</span>		
(c) Total County Funds Requested	0			
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official <span style="float: right;">Date</span>		
<b>TOTAL BUDGET</b>	<b>200,000</b>	Suanne Morikuni, CFO Name and Title (Please type or print)		

08/19/24





## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2024 to June 30, 2025

Applicant: Ohana Pacific Foundation

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				

JUSTIFICATION/COMMENTS:

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2024 to June 30, 2025

Applicant: \_Ohana Pacific Foundation N/A\_\_\_\_\_

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: 2022-2023	FY: 2023-2024	FY:2024-2025	FY:2024-2025	FY:2025-2026	FY:2026-2027
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
<b>TOTAL:</b>						
<b>JUSTIFICATION/COMMENTS:</b>						

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

Applicant: Ohana Pacific Foundation

Contracts Total: 1,138,455

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)</b>	<b>CONTRACT VALUE</b>
1	Kupuna Care Program		AEA	County	180,000
2	Kupuna Caregivers Program	9/1/2022-8/31/2025	AEA	County	188,455
3	Child and Adult Care Food Program	10/1/2022-9/30/202	CACFP	Kauai	20,000
4	Building Renovation/ Fire Sprinkler GIA	2/1/2022-1/31/2024	OCS	State	500,000
5	Continuum of Care Transition GIA	Pending	OCS	State	250,000
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