Hoʻōla Early Phase Clinical Research Center Strategic Plan

	MARCH 2021						JANUARY 2024 (CONSERVATIVE)						JANUARY 2024 (OPTIMISTIC)					
Operations	Year 1 (FY23)	Year 2 (FY24)	Year 3 (FY25)	Year 4 (FY26)	Year 5 (FY27)	5-year Net	Year 1 (FY26)	Year 2 (FY27)	Year 3 (FY28)	Year 4 (FY29)	Year 5 (FY30)	5-year Net	Year 1 (FY26)	Year 2 (FY27)	Year 3 (FY28)	Year 4 (FY29)	Year 5 (FY30)	5-year Net
Patient Enrollment [1]	20	40	75	100	100	335	20	30	45	68	101	264	30	40	55	78	111	314
Av. Reimbursement/patient [2]	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000		$ 30,000	$ 31,500	$ 33,075	$ 34,279	$ 36,465		$ 40,000	$ 42,000	$ 44,100	$ 46,305	$ 48,620	
Total Pt Reimbursement							**$ 600,000**	**$ 945,000**	**$ 1,488,375**	**$ 2,344,191**	**$ 3,692,100**	**$ 9,069,666**	**$ 1,200,000**	**$ 1,680,000**	**$ 2,425,500**	**$ 3,588,638**	**$ 5,409,003**	**$ 14,303,140**
Revenues/Investments																		
Industry Grants and Contracts (Pt Revenue) [3]	$ 400,000	$ 800,000	$ 1,500,000	$ 2,000,000	$ 2,000,000	$ 6,700,000	$ 975,000	$ 1,372,500	$ 1,998,375	$ 2,944,191	$ 4,374,600	$ 11,664,666	$ 1,212,500	$ 2,150,250	$ 3,868,500	$ 5,290,500	$ 5,612,775	$ 18,134,525
RTRF (Indirect costs) [4]	-	$ 60,000	$ 120,000	$ 225,000	$ 300,000	$ 705,000	-	$ 90,000	$ 141,750	$ 223,256	$ 351,629	$ 806,635	-	$ 120,000	$ 252,000	$ 496,125	$ 694,575	$ 1,562,700
Philanthropy, expendable [5]	$ 1,425,000	$ 250,000	$ 312,500	$ 390,625	$ 488,281	$ 2,866,406	$ 474,800	$ 474,800	$ 474,800	$ 474,800	$ 474,800	$ 2,374,000	$ 1,425,000	$ 250,000	$ 312,500	$ 390,625	$ 488,281	$ 2,866,406
Philanthropy, endowments [6]	$ 140,000	$ 140,000	$ 180,000	$ 180,000	$ 180,000	$ 820,000	$ 140,000	$ 140,000	$ 180,000	$ 180,000	$ 180,000	$ 820,000	$ 140,000	$ 140,000	$ 180,000	$ 180,000	$ 180,000	$ 820,000
UHCC encumbered funds [7]	$ 2,500,000	-	-	-	-	$ 2,500,000	$ 2,500,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 2,900,000	$ 2,500,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 3,500,000
HCC [8]	$ 500,000	$ 500,000	$ 500,000	$ 500,000	$ 500,000	$ 2,500,000	$ 500,000	$ 500,000	$ 500,000	$ 500,000	$ 500,000	$ 2,500,000	$ 500,000	$ 500,000	$ 500,000	$ 500,000	$ 500,000	$ 2,500,000
P30 [9]	$ 164,000	$ 229,600	$ 147,600	$ 147,600	$ 147,600	$ 836,400	$ 164,000	$ 229,600	$ 147,600	$ 147,600	$ 147,600	$ 836,400	$ 164,000	$ 229,600	$ 147,600	$ 147,600	$ 147,600	$ 836,400
Clinical testing pass-through	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sequencing lab support	-	-	-	-	-	-	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 500,000	$ 120,000	$ 120,000	$ 120,000	$ 120,000	$ 120,000	$ 600,000
Revenue Subtotal	**$ 5,129,000**	**$ 1,979,600**	**$ 2,760,100**	**$ 3,443,225**	**$ 3,615,881**	**$ 16,927,806**	**$ 5,453,800**	**$ 3,951,900**	**$ 5,130,900**	**$ 7,014,038**	**$ 9,920,729**	**$ 31,471,367**	**$ 7,261,500**	**$ 5,439,850**	**$ 8,056,100**	**$ 10,963,488**	**$ 13,402,234**	**$ 45,123,171**
Expenditures																		
Personnel (Clinician) [10]	$ (1,115,200)	$ (1,137,504)	$ (1,160,254)	$ (1,183,459)	$ (1,207,128)	$ (5,803,546)	$ (909,493)	$ (909,967)	$ (936,965)	$ (800,161)	$ (852,169)	$ (4,408,755)	$ (929,493)	$ (904,967)	$ (931,965)	$ (885,564)	$ (940,842)	$ (4,592,831)
Personnel (non-physician) [11]	$ (903,560)	$ (903,560)	$ (1,355,475)	$ (1,807,300)	$ (1,807,300)	$ (6,777,375)	$ (2,002,885)	$ (3,256,038)	$ (3,517,524)	$ (3,805,288)	$ (4,215,881)	$ (16,797,615)	$ (1,126,714)	$ (2,545,067)	$ (2,630,227)	$ (2,916,551)	$ (3,343,060)	$ (12,561,620)
Operational/fixed [12]	$ (270,000)	$ (360,000)	$ (450,000)	$ (450,000)	$ (450,000)	$ (1,980,000)	$ (270,000)	$ (360,000)	$ (450,000)	$ (450,000)	$ (450,000)	$ (1,980,000)	$ (200,449)	$ (130,022)	$ (51,734)	$ (57,975)	$ (66,525)	$ (1,980,000)
Infrastructure/startup	$ (1,250,000)	$ (250,000)	$ (150,000)	$ (75,000)	-	$ (1,725,000)	$ (1,250,000)	$ (250,000)	$ (150,000)	$ (100,000)	$ (100,000)	$ (1,850,000)	$ (1,250,000)	$ (250,000)	$ (150,000)	$ (100,000)	$ (100,000)	$ (1,850,000)
Expenditure Subtotal	**$ (3,538,850)**	**$ (2,651,154)**	**$ (3,115,729)**	**$ (3,515,759)**	**$ (3,464,428)**	**$ (16,285,921)**	**$ (4,432,378)**	**$ (4,776,005)**	**$ (5,054,489)**	**$ (5,155,449)**	**$ (5,618,049)**	**$ (25,036,370)**	**$ (3,506,656)**	**$ (3,830,056)**	**$ (3,763,926)**	**$ (3,960,090)**	**$ (4,450,428)**	**$ (20,984,451)**
Revenue Less Expenses	**$ 1,590,150**	**$ (671,554)**	**$ (355,629)**	**$ (72,534)**	**$ 151,453**	**$ 641,886**	**$ 194,043**	**$ (824,105)**	**$ 76,411**	**$ 1,858,589**	**$ 4,302,680**	**$ 6,434,997**	**$ 3,754,844**	**$ 1,609,794**	**$ 4,292,174**	**$ 7,003,398**	**$ 8,951,806**	**$ 24,138,721**
Running Cash Balance	**$ 1,590,150**	**$ 918,596**	**$ 562,967**	**$ 490,433**	**$ 641,886**	**$ 641,886**	**$ 194,043**	**$ (630,062)**	**$ (553,651)**	**$ 1,304,938**	**$ 5,607,618**		**$ 3,754,844**	**$ 5,364,638**	**$ 9,656,812**	**$ 16,660,210**	**$ 25,612,016**	

2021 Assumptions/Comments:

[1] Patent enrollment target of 100 as described in text. Ramp up over 3 years anticipated.

[2] Average reimbursement per patient as described in text. Clinical care reimbursement for imaging and laboratory testing to be billed directly by clinical partners, and not included in budget.

[3] Pharmaceutical industry contract revenue based on anticipated enrollment and average reimbursement. Pass-through and indirect costs are excluded.

[4] RTRF represents indirect cost funding generated to UH Mānoa ad returned to unit (UHCC). Return based on UH policy estimated at 15% of direct costs, with recovery in following fiscal year. See also explanation in text, below.

[5] Fundraising for this project through philanthropy has exceeded expectations and has led to revised projections. Based on the rate and size of philanthropic commitments over the past 3-4 months, substantial expendable funds should be available for year 1. Subsequent annual philanthropic support support conservatively estimated.

[6] Based on current endowments, already in place, with 4% annual return on investment. If additional endowments are obtained, additional annual funding will be available for programmatic support.

[7] Funds currently avalable at UHCC and encumbered for this initiative.

[8] See explanation in text.

[9] See explanation in text. Represents support for director and clinician investigator from other grants, including the cancer center support grant (p. 30).

[10] Clinician personnel includes Director (MD), clinician investigator (MD) and pharmacy director (PharmD). Expenditures include anticipated slary plus UH fringe, calculated at 64%. Annual cost of living adjustments included.

Office of the Vice President for Research and Innovation

UNIVERSITY of HAWAI'I SYSTEM

UH Cancer Center Update

Early Phase Clinical Research Center (EPCRC) Business Plan Report

BOR Committee on Research and Innovation

February 3, 2022

Background

- At the request of Regent Wayne Higaki, the UH Office of the Vice President for Research and Innovation assembled a task force to provide an assessment of the challenges and opportunities facing the UH Cancer Center's new $13 million Early Phase Clinical Research Center (EPCRC).

UH Cancer Center Task Force Members

- Larry J. Shapiro, MD; CEO, University Health Partners of Hawai‘i (Chair)
- G. Rick Bruno, MD; VP Patient Care, Queen’s Health Systems
- Les Chun, MD; CEO, Hawai‘i Pacific Health Medical Group
- Aimee Malia Grace, MD, MPH; Director, UH Office of Strategic Health Initiatives

With assistance from:

- Joe W. Ramos, PhD; Deputy Director, UH Cancer Center
- Clifford C. Martin, MBA, Assoc. Director for Administration, UH Cancer Center

Report Summary

- The EPCRC Task Force determined that there are a number of challenges that UH faces in the operation of the facility under the current business plan, including:
  - Insufficient patient enrollment targets
    - Growth from 20 research subjects in year one to 100 by year five, is quite ambitious for a Phase 1-only program
    - Attainment of 100 enrolled patients goal at year five = average of two patients per day

Report Summary (cont.)

- Over reliance on philanthropic support
  - EPCRC has secured multi-year financial support for the Hawai‘i Cancer Consortium
  - Funding based on heavy reliance of philanthropic support. Economic uncertainties may render current projected levels of giving to be too optimistic
- Operations/logistics needs to be run like a small clinic or outpatient treatment center, rather than a stand-alone sponsored research program
  - Recruiting and funding of treatment personnel, facilities operations, patient recruitment, integration of clinical trials with on-going care and the assumption of fiscal and legal risk may not be sustainable under the current business plan

Report Summary (cont.)

- The EPCRC may not be eligible for clinical trials requiring radiation therapy, cell-based therapies and advanced imaging technologies—as they are not currently available at UH Cancer Center.
  - Until such time when the EPCRC is equipped with such costly, but necessary technology, it will have to secure collaborations with an external provider
- Existing competition from local health systems with ties to MD Anderson Cancer Center, Seattle Cancer Care Alliance, etc.
  - These existing associations with well-established and well-equipped cancer center will have an impact on securing grants and contracts, as well as patient flow to the EPCRC

Opportunities

- Expansion of scope to include Phase II, Phase III and other non-cancer clinical trails to increase patient numbers and revenue in order to ensure sustainability. Additional costs and operational complexities should be offset by a corresponding increase in revenue. Dep. Dir. Joe Ramos is working with Queen's and HPH officials to assemble a task force to strengthen the business plan
- Augmentation to a Long-Term Survivor Cohort to provide value-added service to patients, including well-being interventions, functionality assessments and cancer recurrence studies that would complement and not compete with local healthcare systems
- Establishment of an academic division of oncology at JABSOM to help build needed expertise and to fill shortages in specialized areas of cancer care and science to benefit the state.
- Creation of new enterprises and other future growth due to UH Cancer Center's reputation as a center of excellence for cancer care, ex. further leveraging of data from the highly regarded Multi Ethic Cohort Study to become a potential revenue stream

ANOVA

Review of Hoʻōla EPCRC Proposal

Written and prepared by J. Freidenberg

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1. Overview

Ho‘ōla EPCRC seeks to address a significant deficiency in cancer care in the state of Hawai‘i. Currently, residents of Hawai‘i must travel to the mainland in order to participate in an early phase clinical trial. This is impractical for virtually all state residents.

A high level estimate is that 500 Hawai‘ians per year are appropriate candidates for an early phase trial. In addition to benefitting cancer patients in Hawai‘i, Ho‘ōla has the potential to significantly diversify the demographics for early phase clinical trials nationally which in turn will benefit ALL cancer patients.

This engagement asks for an assessment of the budget expenses, volume projections and trial revenue contained in the Ho‘ōla EPCRC proposal.

The current proposal, including the budget, volume and revenue projections is a good starting point for the plan to launch a new trial clinic. Having said that, to provide feedback that is actionable, it is necessary to make assumptions (recommendations) regarding the strategic positioning of the EPCRC.

The proposal correctly identifies the demographics of the patient population as a significant advantage and rationale for this trial clinic. Trial sponsors will be motivated to bring trials to Ho‘ōla in order to access the patient population in Hawai‘i. This is particularly true of certain cancers (e.g., breast, liver, nasopharyngeal, pancreatic and stomach cancers) which have disproportionate impact on Asian/Pacific Islanders and particular cancer genomic variants (e.g., EGFR exon 20 insertions). The center can also help address the aggregation of clinical trial data across Asian American, Native Hawai‘ians and Pacific Islanders (AANHPI) which can mask important differences across specific AANHPI populations. Patient safety, regulatory compliance and data collection and reporting are required for every successful trial clinic and assumed. Even with all of that, to fully realize the benefit of this opportunity, the trial clinic must also demonstrate an ability to open trials quickly as well as an ability to actually enroll patients in those trials.

The budget recommendations in this assessment assume a commitment to build a clinic that consistently delivers the performance required to annually attract the most scientifically compelling trials.

We see this as a next iteration rather than a divergence from the current proposal.

2. MD Engagement

The active engagement of the referring oncologists (those oncologists who refer patients to participate in clinical trials) is the single most important factor in determining the success of Ho‘ōla. Alignment of referral incentives is important to program success. We propose an alternative leadership structure in order to maximize physician engagement and align referral incentives. We believe there is benefit to asking physician leaders to focus on those responsibilities for which they are uniquely qualified. Conversely, there is benefit to tasking administrative leaders with non-clinical responsibilities (revenue cycle, HR, IT, facilities, fundraising, PR, etc.).

It is likely to be very challenging, expensive and time consuming to recruit a full-time oncologist with early phase trial experience (and other experience and aptitude you need) who will relocate to launch a startup clinic under the timeframe proposed.

Therefore, we are recommending that the EPCRC hire a non-MD healthcare executive leader to serve as the CEO. Then utilize existing local oncologists to provide the medical leadership required. This alternative structure engages more local physicians into the success of the clinical trials program and increases the chances the referring physicians will refer eligible patients, provide clinical support to clinical trial patients and foster relationships with industry to grow the program.

We recommend identifying one physician champion at each of the four groups (Queens, HCC, HCH and Kaiser). One of the four would be designated as the CMO and paid by Hoʻōla for 2 days per week. The other 3 would have titles denoting their leadership positions and paid for 1 day per week. All 4 would continue to see patients in their respective clinics.

In the event one or more of the groups is unable to identify an existing oncologist willing to serve in leadership, Hoʻōla and that group can collaborate on a recruitment. A new recruit always takes time to build their panel. By providing monetary support for a new oncologist, the clinic makes the recruitment package more attractive (as does the opportunity to participate in scientifically compelling research), While building their panel, the new physician can help identify eligible patients for clinical trial and can support clinical trial patient care.

In addition to compensation for their administrative and trial clinic time, we recommend additional compensation for each trial for which they serve as the PI.

The job description for the CMO position includes:

- Serving as the dyad partner with the CEO;
- Convening the 4 physician leaders;
- Serving on point for all communication with internal and external physicians;
- Overseeing clinical policies and procedures;
- Supporting the fundraising efforts of the CEO;
- Serving as the PI on some number of trials;
- Weekly office hours in the clinic;
- Represent EPCRC at Research Meetings;
- Meet with trial sponsors; and,
- Participate in Tumor Board.

The job description of the other 3 physician leaders includes:

- Supporting the efforts of the CMO;
- Actively participating in the meetings convened by the CMO;
- Serving on point for communication with MD's in their group;
- Serving as PI on some number of trials;
- Weekly office hours in the clinic; and,
- Participate in Tumor Board.

Another recommendation to enhance physician engagement is to compensate RN's who work in the offices of the referring oncologists for their time. We recommend paying one RN in each of the 4 groups for 4 hours per week. Their responsibilities will include:

- Serve as a Hoʻōla champion;
- Assist oncologists with identification, advising, assisting, and enrolling patients in trials; and,
- Serve as a liaison between Hoʻōla and the other clinical RN's in the group.

3. Clinical Sequencing

In order to attract biomarker based trials, it is necessary for Hoʻōla to build a database of patients who have had sequencing performed by one of the accredited national labs (Caris, Foundation Medicine, Tempus, etc.). Ideally, all four groups would agree on a preferred lab. In addition to improving the efficiency of the process, one provider will also position Hoʻōla to negotiate a preferred contract with the selected lab. The benefits may include significantly better rates for patients (especially low income patients), obtaining digital results rather than written reports and financial support for Hoʻōla for staff engaged in the sequencing effort (I.e., staff to assist the 4 groups, mine the database and coordinate patient enrollment).

The groups should be encouraged to order sequencing on every patient (patients can of course decline).

This effort should begin immediately. This should not wait until the clinic opens. The sooner there is a functioning database with a critical mass of patients, the sooner trial sponsors will be interested in Hoʻōla.

The development and utilization of the database should be overseen by an IT professional. Expecting busy oncologists to spend time searching the database is unrealistic.

4. Medical Tourism

Hoʻōla has the potential to attract patients from outside the state. While this includes citizens of countries in East Asia, there are more potential patients (not more total population) on the mainland seeking access to promising investigational products in early phase clinical trials.

Success in attracting these patients will boost the number of trials and enrolled patients. Once the clinic is up and running, there are several steps needed to support this effort. In addition to hiring a concierge/navigator to oversee the program, Hoʻōla will need to partner with a company that assists cancer patients who are actively seeking to travel in order to be able to participate in an early phase trial.

5. Fundraising

This engagement does not include as assessment of fundraising targets. However, we believe a successful early phase trial clinic in Hawai‘i has the potential to raise significant philanthropy. A program that regularly enrolls patients from out of state (and out of the country) will greatly enhance the fundraising success.

6. Miscellaneous

The plan contemplates utilizing existing regulatory staff. While the existing staff may be well positioned to provide some level of regulatory support, we recommend recruiting a regulatory professional with specific experience with early phase clinical trials and regulations governing compassionate use. There are hundreds of regulations governing early phase trials that do not apply to phase 3 and 4 trials. Having someone with experience with early phase regulatory requirements will enhance the opportunity for success.

7. Summary

The attached budget (revised to reflect our recommendations), has just under $200K in increased labor costs in year 1. This is partially offset by a projection in financial support from the preferred sequencing lab.

The most significant proposed change to the expenditures is that instead of allocating funding to a full-time, newly recruited MD, we have more dollars going to oncologists currently working in the community.

We have also revised the revenue projections. Our assessment is that revenue for startup fees and patient enrollment should be higher and have made changes to the budget accordingly. Additionally, we have made changes to the Grants Contracts Worksheet (lines 5 and 6) to reflect ongoing administrative costs related to the annual IRB review, pharmacy fees, study closure fees, etc.

EPCRC assumptions include a relatively hard start date for the program and a scaling of the number of clinical trials and patients on study. This creates financial challenges for the program. In the conservative summary, the program runs in the red during year 2 and year 3 to a total of approximately $630k. This can be bridged by activating the program in 2024 in advance of the clinic being opened. This will allow for clinical trial opportunities to be identified and the activation process to be started so that the program launches with a handful of protocols and associated revenue streams.

We believe the volume and revenue projections are realistic provided that Ho‘ōla is able to 1. Secure the support of referring oncologists, 2. Quickly build a robust database of sequenced patients and 3. Open trials and enroll patients expeditiously. We also believe that all three of these requirements are doable.

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ANOVA

Program ID: UOH100 UNIVERSITY OF HAWAII, MANOA
Structure #: 070301000000
Subject Committee: HRE HIGHER EDUCATION

SEQ #	EXPLANATION	FY 2024 Perm	FY 2024 Temp	FY 2024 Amt	FY 2025 Perm	FY 2025 Temp	FY 2025 Amt	
100-001	SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100/AA). ********** DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES (FY25: 5,600,000)						5,600,000	A
101-001	SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100/AA). ********** DETAIL OF GOVERNOR'S REQUEST: WOMEN'S SPORTS GUARANTEES (FY25: 300,000) WOMEN'S SPORTS TEAM TRAVEL (FY25: 2,100,000) WOMEN'S SPORTS MEALS (FY25: 300,000) WOMEN'S SPORTS RECRUITING (FY25: 300,000) WOMEN'S SPORTS SUPPLIES (FY25: 200,000)						3,200,000	A

Program ID: UOH100 UNIVERSITY OF HAWAII, MANOA
Structure #: 070301000000
Subject Committee: HET HIGHER EDUCATION & TECHNOLOGY

	HB300 CD1							HB300 GM						
		FY24			FY25				FY24			FY25		
SEQ #	Perm	Temp	Amt	Perm	Temp	Amt		Perm	Temp	Amt	Perm	Temp	Amt	
100-001			5,600,000				A			5,600,000			5,600,000	A
	EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100). ********** LEGISLATURE DOES NOT CONCUR. BREAKOUT AS FOLLOWS: OTHER PERSONAL SERVICES (FY24: 5,600,000)							EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100). ********** DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES (5,600,000)						
101-001							A			6,073,157			6,073,157	A
	EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100). ********** LEGISLATURE DOES NOT CONCUR. DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES (6,073,157)							EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100). ********** DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES (6,073,157)						
102-001			3,200,000				A			3,200,000			3,200,000	A
	EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100). ********** LEGISLATURE DOES NOT CONCUR. BREAKOUT AS FOLLOWS: WOMEN'S SPORTS GUARANTEES (FY24: 300,000) WOMEN'S SPORTS TEAM TRAVEL (FY24: 2,100,000) WOMEN'S SPORTS MEALS (FY24: 300,000) WOMEN'S SPORTS RECRUITING (FY24: 300,000) WOMEN'S SPORTS SUPPLIES (FY24: 200,000)							EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA (UOH100). ********** DETAIL OF GOVERNOR'S REQUEST: WOMEN'S SPORTS GUARANTEES (300,000) WOMEN'S SPORTS TEAM TRAVEL (2,100,000) WOMEN'S SPORTS MEALS (300,000) WOMEN'S SPORTS RECRUITING (300,000) WOMEN'S SPORTS SUPPLIES (200,000)						

Program ID: UOH100 UNIVERSITY OF HAWAII, MANOA
Structure #: 070301000000
Subject Committee: HET HIGHER EDUCATION & TECHNOLOGY

	HB1600 CD1						HB1600 GM					
	2022			2023			2022			2023		
SEQ #	Perm	Temp	Amt	Perm	Temp	Amt	Perm	Temp	Amt	Perm	Temp	Amt
30-001			A							1.00		82,491 A
	SUPPLEMENTAL REQUEST: TRANSFER-IN POSITION AND FUNDS FROM UNIVERSITY OF HAWAII, SYSTEMWIDE SUPPORT (UOH900/JC) TO UNIVERSITY OF HAWAII, MANOA (UOH100/AF). ********** LEGISLATURE DOES NOT CONCUR.						SUPPLEMENTAL REQUEST: TRANSFER-IN POSITION AND FUNDS FROM UNIVERSITY OF HAWAII, SYSTEMWIDE SUPPORT (UOH900/JC) TO UNIVERSITY OF HAWAII, MANOA (UOH100/AF). ********** DETAIL OF GOVERNOR'S REQUEST: (1) PERM ACADEMIC SUPPORT (#79854; 1.0; 82,491) SEE UOH900 SEQ. NO. 30-001.					
100-001			30,000,000 A						30,000,000 A			
	SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA(UOH100/AA). ********** LEGISLATURE CONCURS. DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES (30,000,000)						SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA(UOH100/AA). ********** DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES (30,000,000)					
101-001			7,200,000 A						3,600,000 A			
	SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA(UOH100/AF). ********** LEGISLATURE DOES NOT CONCUR. BREAKOUT AS FOLLOWS: GUARANTEES (2,400,000) TEAM TRAVEL (2,400,000) COST OF ATTENDANCE (600,000) MEALS (1,400,000) RECRUITING (400,000) $3,200,000 NON RECURRING						SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, MANOA(UOH100/AF). ********** DETAIL OF GOVERNOR'S REQUEST: GUARANTEES (1,200,000) TEAM TRAVEL (1,200,000) COST OF ATTENDANCE (300,000) MEALS (700,000) RECRUITING (200,000)					

Program ID: UOH210 UNIVERSITY OF HAWAII, HILO
Structure #: 070303000000
Subject Committee: HRE HIGHER EDUCATION

SEQ #	EXPLANATION	FY 2024 Perm	FY 2024 Temp	FY 2024 Amt		FY 2025 Perm	FY 2025 Temp	FY 2025 Amt	
101-001	SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210/MM). ********** DETAIL OF GOVERNOR'S REQUEST: TEAM TRAVEL EXPENSES (FY25: 400,000)							400,000	A
102-001	SUPPLEMENTAL REQUEST: ADD POSITIONS AND FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210/MM). ********** DETAIL OF GOVERNOR'S REQUEST: (2) PERM ASSISTANT PROFESSOR I3H09 (#95600F, #95601F; FY25: 1.00 EACH; 75,000 EACH) (1) PERM ADVISOR/COORDINATOR PBB (#95602F; FY25: 1.00; 60,000)					3.00		210,000	A
	TOTAL BUDGET CHANGES					4.00		4,007,627	A
	BUDGET TOTALS	522.25	7.00	47,428,371	A	526.25	7.00	49,690,749	A
		64.00	0.00	47,227,520	B	64.00	0.00	47,227,520	B
		0.00	0.00	443,962	N	0.00	0.00	443,962	N
		2.00	0.00	7,474,443	W	2.00	0.00	7,488,856	W

Program ID: UOH210 UNIVERSITY OF HAWAII, HILO
Structure #: 070302000000
Subject Committee: HET HIGHER EDUCATION & TECHNOLOGY

	HB300 CD1							HB300 GM						
		FY24			FY25				FY24			FY25		
SEQ #	Perm	Temp	Amt	Perm	Temp	Amt		Perm	Temp	Amt	Perm	Temp	Amt	
102-001			400,000				A			400,000			400,000	A
	EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210). ********** LEGISLATURE DOES NOT CONCUR. BREAKOUT AS FOLLOWS: TEAM TRAVEL (FY24: 400,000)							EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210). ********** DETAIL OF GOVERNOR'S REQUEST: TEAM TRAVEL (400,000)						
103-001							A			1,700,000			1,700,000	A
	EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210). ********** LEGISLATURE DOES NOT CONCUR. DETAIL OF GOVERNOR'S REQUEST: HAWAII PROMISE PROGRAM (1,700,000)							EXECUTIVE REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210). ********** DETAIL OF GOVERNOR'S REQUEST: HAWAII PROMISE PROGRAM (1,700,000)						
104-001							A		8.00	198,000		8.00	198,000	A
	EXECUTIVE REQUEST: ADD POSITIONS AND FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210). ********** LEGISLATURE DOES NOT CONCUR. DETAIL OF GOVERNOR'S REQUEST: (2) PERM ASSISTANT PROFESSOR I-3 (#94600F, #94601F; 1.00 EACH; 99,000 EACH) (1) PERM ASSISTANT PROFESSOR I-3 (#94602F; 1.00) (2) PERM INSTITUTIONAL/ACADEMIC SUPPORT PBB-01 (#94605F, #94606F; 1.00 EACH) (1) PERM ACADEMIC SUPPORT PBA-01 (#94607F; 1.00) (2) PERM INSTRUCTOR I-2 (#94603F, #94604F; 1.00 EACH)							EXECUTIVE REQUEST: ADD POSITIONS AND FUNDS FOR UNIVERSITY OF HAWAII, HILO (UOH210). ********** DETAIL OF GOVERNOR'S REQUEST: (2) PERM ASSISTANT PROFESSOR I-3 (#94600F, #94601F; 1.00 EACH; 99,000 EACH) (1) PERM ASSISTANT PROFESSOR I-3 (#94602F; 1.00) (2) PERM INSTITUTIONAL/ACADEMIC SUPPORT PBB-01 (#94605F, #94606F; 1.00 EACH) (1) PERM ACADEMIC SUPPORT PBA-01 (#94607F; 1.00) (2) PERM INSTRUCTOR I-2 (#94603F, #94604F; 1.00 EACH)						

Program ID: UOH210 UNIVERSITY OF HAWAII, HILO
Structure #: 070302000000
Subject Committee: HET HIGHER EDUCATION & TECHNOLOGY

	HB1600 CD1							HB1600 GM						
	2022			2023				2022			2023			
SEQ #	Perm	Temp	Amt	Perm	Temp	Amt		Perm	Temp	Amt	Perm	Temp	Amt	
31-001				1.00		155,040	A				1.00		155,040	A
	SUPPLEMENTAL REQUEST: TRANSFER-IN POSITION AND FUNDS FROM UNIVERSITY OF HAWAII, SYSTEMWIDE SUPPORT (UOH900/JC) TO UNIVERSITY OF HAWAII, HILO (UOH210/BF). ********** LEGISLATURE CONCURS. DETAIL OF GOVERNOR'S REQUEST: (1) PERM DIRECTOR - MAUNAKEA STEWARDSHIP(#89571; 1.00; 155,040) SEE UOH900 SEQ. NO. 31-001.								SUPPLEMENTAL REQUEST: TRANSFER-IN POSITION AND FUNDS FROM UNIVERSITY OF HAWAII, SYSTEMWIDE SUPPORT (UOH900/JC) TO UNIVERSITY OF HAWAII, HILO (UOH210/BF). ********** DETAIL OF GOVERNOR'S REQUEST: (1) PERM DIRECTOR - MAUNAKEA STEWARDSHIP(#89571; 1.0; 155,040) SEE UOH900 SEQ. NO. 31-001.						
100-001						2,280,000	A						2,280,000	A
	SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO(UOH210/MM). ********** LEGISLATURE CONCURS. DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES(2,280,000)								SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO(UOH210/MM). ********** DETAIL OF GOVERNOR'S REQUEST: OTHER PERSONAL SERVICES(2,280,000)						
101-001						800,000	A						400,000	A
	SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO(UOH210/BF). ********** LEGISLATURE DOES NOT CONCUR. BREAKOUT AS FOLLOWS: ATHLETICS(800,000) $400,000 NON-RECURRING.								SUPPLEMENTAL REQUEST: ADD FUNDS FOR UNIVERSITY OF HAWAII, HILO(UOH210/BF). ********** DETAIL OF GOVERNOR'S REQUEST: TRAVEL(400,000)						