

**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:

Amount of State Funds Requested: \$\_\_\_\_\_

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

Amount of Other Funds Available:

State:           \$\_\_\_\_\_

Federal:       \$\_\_\_\_\_

County:       \$\_\_\_\_\_

Private/Other: \$\_\_\_\_\_

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

\$\_\_\_\_\_

Unrestricted Assets:

\$\_\_\_\_\_

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:

City:

State:

Zip:

Contact Person for Matters Involving this Application

Name:

Title:

Email:

Phone:

Stephanie Nadolny  
Authorized Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date Signed

## 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

Stephanie Nadolny  
AUTHORIZED SIGNATURE

STEPHANIE NADOLNY, PRESIDENT & CEO

PRINT NAME AND TITLE

JANUARY 14, 2025

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:** THE REHABILITATION HOSPITAL OF THE PACIFIC

**DBA/Trade Name:** THE REHABILITATION HOSPITAL OF THE PACIFIC

**Issue Date:** 12/17/2024

**Status:** **Compliant**

Hawaii Tax#: 20102804-01

New Hawaii Tax#:

FEIN/SSN#: XX-XXX0156

UI#: XXXXXX0453

DCCA FILE#: 29293

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, 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.

\_\_\_\_\_  
(Typed Name of Individual or Organization)

Stephanie Nadolny  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(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)**

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, 2024.

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 State Grant-in-Aid, The Rehabilitation Hospital of the Pacific (REHAB) will allocate the funds for a public purpose as outlined in **Section II, Background and Summary, Question 3** below. The funding will support the purchase, installation, freight, tax and all associated costs of Baxter/Hillrom beds, including the Compella Bariatric Beds, Centrella Smart+ Beds, Hospital Bed Monitoring System with Contact-Free Continuous Monitoring and the monitoring subscription. This system will enhance patient safety, reduce strain on healthcare staff and align with REHAB's commitment to quality care and operational excellence, serving a projected 1,687 patients over 12 months.

### **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;

For over 70 years, The Rehabilitation Hospital of the Pacific (REHAB) has been dedicated to rebuilding lives, providing exemplary care for those with physical and cognitive disabilities.

With 82 licensed inpatient beds, three outpatient clinics and a hospital-based physicians clinic, REHAB offers state-of-the-art equipment, specialized experts and powerful programs that are customized for specific needs. Not only have we been a community leader in advanced rehabilitation treatment since 1953, we are also the only facility in the state to offer access to a full continuum of care for inpatient acute rehabilitation and outpatient therapy. Our physicians are available 24/7, which sets REHAB apart from other programs where support by physician specialists is not always available. Although actual numbers are currently being audited, REHAB estimates its services touched the lives of approximately 7,253 individuals in Fiscal Year (FY) 2024.

REHAB is a community safety net for the entire Pacific Region that never turns anyone away because of inability to pay, not only due to our mission to serve the community but the nature of our specialized rehabilitative care which is not offered for over 2,500 miles. REHAB's world-class-level of treatment available right here in Hawaii allows patients to remain close to home with their families during the recovery process, rather than needing to seek care on the mainland and suffer separation from a network of physical and social support. In many cases, the lack of quality acute rehabilitation would lead to increased reliance on caregivers and public support programs to maintain independence or age in place.

Established in 1984, the Rehabilitation Hospital of the Pacific Foundation (REHAB Foundation) supports REHAB's mission through philanthropic initiatives, developing strategies to generate funding for hospital programs that benefit patients and their families, including services not covered by private or government insurance. The Foundation provides financial support for patient care programs, advanced technologies to restore function, clinical education for hospital staff, capital improvements, financial assistance for uninsured or underinsured patients, and special projects addressing the hospital's most pressing annual needs – all of which directly enhance patient care and outcomes.

2. The goals and objectives related to the request;

**Goal**

To enhance REHAB's ability to provide high quality care through the purchase and installation of state-of-the-art hospital beds that promote patient safety and staff efficiency.

**Objectives over 12 months**

- 100% of beds purchased.
- 100% of beds installed in patient rooms.
- 100% of applicable staff trained on the new beds.

- 90% of trained staff demonstrate proficiency using new bed features within the first month based on post-training assessments.
- Fall incidence data monitored and compared pre- and post-implementation using incident reporting systems.

3. The public purpose and need to be served;

REHAB is dedicated to providing exceptional rehabilitative care to individuals with cognitive and physical disabilities. Those facing life-altering injuries or illnesses resulting in disabilities require a comprehensive, multi-disciplinary approach to restore function, prioritize safety and promote optimal independence so they can return home, lead productive lives and age in place. An unexpected injury or illness can be life-changing, often leaving loved ones with significant physical and cognitive limitations, such as permanent reliance on a wheelchair. During this challenging transition, access to a broad range of therapies and interventions is essential to help patients achieve their highest level of functioning, improve their quality of life and live as independently as possible.

REHAB's specialized, comprehensive approach to rehabilitation serves as a critical foundation for successful reintegration into the community. Through a coordinated effort, REHAB's expert teams (physical therapists, occupational therapists, speech-language pathologists, recreational therapists, nurses, physiatrists, social workers, case managers, and psychologists) develop a personalized recovery plan for each patient to safely transition from the hospital back to families, workplaces and communities.

Hawaii's aging population and the rising complexity of health issues in recent years are intensifying the demand for comprehensive rehabilitation services. As people live longer, they face increased risks of chronic conditions like heart disease, diabetes and stroke, which require specialized rehabilitative care for effective management and recovery. Older individuals are more prone to injuries from falls, surgeries and other age-related conditions that necessitate intensive rehabilitative support to regain mobility and independence. In addition, complex health issues have surged due to factors like higher rates of obesity, making treatment and recovery more challenging (Hawaii State Plan on Aging 2023-2027; Lim, Gandhi, Davis, & Chen, 2018).

REHAB's current hospital beds are nearing the end of their functional lifespan, posing increasing risks to patient safety and staff efficiency. Investing in Baxter/Hillrom beds, including the Compella Bariatric Beds, Centrella Smart+ Beds, and the Hospital Bed Monitoring System with Contact-Free Continuous Monitoring, will significantly enhance REHAB's ability to provide high-quality care. These advanced beds are designed with features that promote patient safety, such as integrated fall prevention technologies, real-time health monitoring, and ergonomic designs to reduce strain on healthcare staff. The bariatric beds specifically address the growing need to accommodate patients with higher body weights safely and comfortably. Upgrading to these modern solutions aligns with REHAB's commitment to patient safety, quality care, and operational excellence.

4. Describe the target population to be served; and

Patients must have access to a comprehensive continuum of rehabilitation services to successfully transition back to home, work and community, particularly given Hawaii's aging population, the general rise in chronic health conditions and the desire for an improved quality of life after injury or illness. REHAB provides comprehensive care that directly serves vulnerable patients from early adolescence (aged 16 plus) to kupuna who are suffering from stroke, traumatic brain injuries, spinal cord injuries, orthopedic and neurological disorders, amputations, and debilitating diseases. More than half of REHAB patients are 62 and older.

5. Describe the geographic coverage.

As the only comprehensive acute-care rehabilitation hospital in the Pacific, REHAB benefits all residents of Hawaii, the Pacific Basin and visitors to the state. On average, REHAB provides care to approximately 50 non-resident patients each year who suffer recreational accidents or unexpected illnesses while visiting Hawaii. These individuals require acute rehabilitation before they can safely travel and return home.

### **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 acquisition of these beds will significantly enhance patient care and safety. These state-of-the art beds are designed to support patient dignity, especially for bariatric patients, while reducing the risk of caregiver injuries through ergonomic features. The Centrella Smart+ beds integrate smart technology to monitor patient activity, reducing the incidence of falls and enhancing early detection of clinical deterioration. Additionally, the Contact-Free Continuous Monitoring system provides real-time vital sign tracking without invasive equipment, enabling faster response times and improving patient outcomes. Replacing REHAB's aging beds with these state-of-the-art models will ensure we provide high-quality, reliable care in a safe environment for both patients and staff.

If awarded State Grant-in-Aid, REHAB will use funds toward the purchase, installation, freight, tax and all related costs of Baxter/Hillrom beds, including Compella bariatric beds, Centrella Smart+ beds, Contact-Free Continuous Monitoring beds and the monitoring subscription. REHAB will retain the services of a licensed, experienced vendor who will report progress to the REHAB Director of Facilities throughout the project period.



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

Upon receiving the Notice to Proceed, REHAB will draw down funds toward the purchase, installation, freight, tax and other related costs of the Baxter/Hillrom beds, including Compella bariatric beds, Centrella Smart+ beds, Contact-Free Continuous Monitoring beds and the monitoring subscription.

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

The President/CEO, EVP/CFO and CIO, will be responsible for monitoring and evaluating this capital project. The current process includes the following: vendor selection (including participating in demos, reviewing proposals); contracting to determine timeline for implementation, including design, data collection, testing, training and education of staff.

In addition to the evaluation and monitoring of this project, the President/CEO, EVP/CFO, and CIO work together to ensure that expenses are properly processed on a timely basis, and that the projected expenditures stay within budget. Each year REHAB undergoes a financial audit by certified public accountants to ensure that the financial reporting of the organization complies with U.S. Generally Accepted Accounting Principles.

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.

REHAB will report quarterly progress to the State based upon its pre-established timeline and milestones for this capital project.

## **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](#))

See attached Budget Forms.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2026.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$0	\$0	\$462,350	\$462,350	\$924,700

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2026.

A \$924,700 grant from State GIA would complete funding for the purchase, installation, freight, tax and all related costs of the Baxter/Hillrom beds, including Compella bariatric beds, Centrella Smart+ beds, Contact-Free Continuous Monitoring beds and the monitoring subscription. No additional funding would be required for this capital 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.

REHAB has not received any state and federal tax credits within the prior three years, nor has it applied for or anticipates applying for any tax credits for any capital project.

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 2026 for program funding.

<u>Source</u>	<u>Amount</u>	<u>Purpose</u>
2023 City GIA	\$197,961	Pulmonary Recovery Program
2024 State GIA	\$500,000	Uncompensated Care

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2024.

REHAB's total current assets (unaudited) as of 12/31/24 is \$18,761,638. This amount is subject to change based on the finalization and completion of the FY25 consolidated audit.

## **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.

In 2014, REHAB successfully completed a \$17.2 million capital campaign to renovate the hospital, which included upgrades to 82 licensed inpatient rooms, a new outdoor mobility course, a cardiac rehabilitation clinic, therapy and treatment gyms, a hospital-based physicians clinic, and lobby and waiting areas – all designed to enhance the quality of comprehensive, patient-centered care. In 2021, REHAB further improved its facilities with the installation of an LED lighting system throughout the hospital, encompassing patient rooms, therapy spaces, communal areas, offices, and the building's exterior. Most recently in FY2024, REHAB partnered with Oracle Cerner to fully implement a new Electronic Health Record (EHR) and Revenue Cycle system. The new EHR was created and implemented with patients in mind and is enabling REHAB to communicate with health partners and referring providers, ensuring greater and more effective continuity of care.

As a licensed nonprofit accredited by the Joint Commission, REHAB is recognized for quality nationwide and consistently ranked among Hawaii Business magazine's Top 250, reflecting our market strength and influence. REHAB discharges 86.1% of our patients back to home or community, demonstrating our commitment to helping patients become as independent as possible in their own living environments and getting them back to doing the things they love.

The staff responsible for overseeing this project possess the necessary skills and experience to ensure its successful completion. Detailed qualifications of the key personnel involved can be found below 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.

The REHAB main facility is a four-story licensed 82-bed inpatient hospital in Honolulu, with the top three floors housing private and semi-private patient rooms and rehabilitation therapy gyms for physical, speech/audiology and occupation therapy. The ground floor encompasses the Nuuanu Outpatient Clinic, Physicians Clinic (specializing in Pain Management and NeuroTrauma Recovery), pulmonary rehabilitation and women's health programs, as well as an outdoor mobility course and healing garden. REHAB is Hawaii's premier, acute-care rehabilitation hospital dedicated to providing high-quality, comprehensive and innovative inpatient and outpatient rehabilitation services.

REHAB also has four specialty clinics: Nuuanu Outpatient Clinic and the Physicians Clinic located on the first floor of the main facility in Nuuanu, Aiea Outpatient Clinic at

Pearlridge, and a Hilo Outpatient Clinic on the Big Island. All facilities are ADA compliant.

## **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.

REHAB personnel directly involved in supervising and directing this project include the following:

**Stephanie Nadolny, MHA, FACHE, President and Chief Executive Officer** is responsible for communicating with the Board of Directors regarding all pertinent project related activities and serves as their fiduciary agent regarding all project-related matters. With more than 25 years of experience in hospital management, Stephanie oversees day-to-day operations of the hospital, ensuring quality patient services, growth and financial viability. Stephanie comes to REHAB from Spaulding Rehabilitation Hospital Cape Cod where she had operational responsibility for a 60-bed inpatient rehabilitation facility with five outpatient satellites and a physicians' practice. Stephanie is a graduate of University of New Hampshire with a B.S. in therapeutic recreation and a Master of Healthcare Administration.

**Wendy Manuel, CPA, Executive Vice President and Chief Operating Officer/Chief Financial Officer** supports the CEO in overall management of the hospital with several departments reporting to her, including facilities, business development, financial services, compliance & risk management and information technology. Manuel also has oversight of all financial activities for REHAB as the CFO and is a Certified Public Accountant.

**Jennifer Onishi** assumed the role of **Executive Director of the Foundation** in April 2024, enriching the team with her expertise and fostering a culture of philanthropy within REHAB. With over 15 years of experience in fundraising, donor relations and development strategy, Jennifer most recently served as Director of Corporate Relations & Partnerships at Hawaii Foodbank, where she fostered community engagement and established strategic partnerships to advance the organization's mission. As one of the primary fundraisers on the Institutional Advancement Team, Jennifer also served as the Director of Corporate Relations & Special Events at Bishop Museum, overseeing the museum's corporate giving strategy, annual fundraising and donor cultivation events.

## 2. Organization Chart

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

See attached Organization Chart.

## 3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

The information below is per the reported compensation from the FY2023 990 for REHAB fiscal year ending 9/30/2023. The FY2024 990 will not be available until August 2025 at the latest.

<b>Position</b>	<b>Compensation</b>
President & CEO	\$479,473
EVP/CFO/COO	\$351,663
VP, CMO	\$345,557

## 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.

As of 9/30/2024, REHAB is not aware of any significant cases opened.

### 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.

REHAB is a licensed nonprofit organization accredited by The Joint Commission, a nationally recognized symbol of quality that signifies a commitment to meeting rigorous performance standards. REHAB is the sole organization in the State of Hawaii designated as an Inpatient Rehabilitation Facility by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, and the Hawaii State Health Planning and Development Agency (SHPDA).

### **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.

This does not apply.

### **4. Future Sustainability Plan**

The applicant shall provide a plan for sustaining after fiscal year 2026 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2026, but
- (b) Not received by the applicant thereafter.

This is a one-time funding request of \$924,700 from the State for Grant-in-Aid funding to cover the purchase, implementation, freight, tax and all associated costs of the Baxter/Hillrom beds, including Compella bariatric beds, Centrella Smart+ beds, Contact-Free Continuous Monitoring beds and monitoring subscription. To ensure its long-term sustainability, REHAB will implement an ongoing maintenance plan, supported by general operating funds.

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2025 to June 30, 2026

Applicant: The Rehabilitation Hospital of the Pacific

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	\$0	\$0	\$0	\$0
2. Payroll Taxes & Assessments	\$0	\$0	\$0	\$0
3. Fringe Benefits	\$0	\$0	\$0	\$0
<b>TOTAL PERSONNEL COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	\$0	\$0	\$0	\$0
2. Insurance	\$0	\$0	\$0	\$0
3. Lease/Rental of Equipment	\$0	\$0	\$0	\$0
4. Lease/Rental of Space	\$0	\$0	\$0	\$0
5. Staff Training	\$0	\$0	\$0	\$0
6. Supplies	\$0	\$0	\$0	\$0
7. Telecommunication	\$0	\$0	\$0	\$0
8. Utilities	\$0	\$0	\$0	\$0
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. EQUIPMENT PURCHASES</b>	<b>\$924,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. MOTOR VEHICLE PURCHASES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>E. CAPITAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL (A+B+C+D+E)</b>	<b>\$924,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	\$924,700	Stephanie Nadolny (808) 566-3471		
(b) Total Federal Funds Requested	\$0	Name (Please type or print) Phone		
(c) Total County Funds Requested	\$0	Stephanie Nadolny January 14, 2025		
(d) Total Private/Other Funds Requested	\$0	Signature of Authorized Official Date		
<b>TOTAL BUDGET</b>	<b>\$924,700</b>	Stephanie Nadolny, President & CEO Name and Title (Please type or print)		

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2025 to June 30, 2026

Applicant: The Rehabilitation Hospital of the Pacific ☐

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



## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2025 to June 30, 2026

Applicant: The Rehabilitation Hospital of the Pacific

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Centrella Smart+ Bed, including freight, tax	72	\$9,700.00	\$ 698,400.00	\$698,400
Monitoring Bed, including freight, tax	3	\$10,500.00	\$ 31,500.00	\$31,500
Compella Bariatric Bed, including freight, tax	5	\$38,300.00	\$ 191,500.00	\$191,500
Monitoring Subscription - Contact Fee Continuous Monitor			\$ 3,300.00	\$3,300
			\$ -	
TOTAL:	80		\$ 924,700.00	\$924,700
JUSTIFICATION/COMMENTS: To enhance patient safety, reduce strain on healthcare staff and align with REHAB's commitment to quality care and operational excellence.				

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, 2025 to June 30, 2026

Applicant: The Rehabilitation Hospital of the Pacific

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:2023-2024	FY:2024-2025	FY:2025-2026	FY:2025-2026	FY:2026-2027	FY:2027-2028
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT, including Monitoring Subscription			\$924,700			
<b>TOTAL:</b>			\$924,700			
<b>JUSTIFICATION/COMMENTS:</b> State Grant-in-Aid funds would support the purchase, installation and all other related costs of Baxter/Hillrom beds, including the cost of Monitoring Subscription - Contact Free Continuous Monitor.						

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

Applicant: The Rehabilitation Hospital of the Pacific

Contracts Total: \$697,961

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	CITY Grant-in-Aid FY23	10/1/22 - 9/30/23	Dept Community Services	Honolulu County	\$197,961
2	State Grant-in-Aid FY24	7/1/23 - 6/30/24	Office of Community Services	State	\$500,000
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