

House District 28

Senate District 12

**THE TWENTY-FOURTH LEGISLATURE
HAWAI'I STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAI'I REVISED STATUTES**

Log No: 54-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

- GRANT REQUEST – OPERATING GRANT REQUEST – CAPITAL SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

DEPT. OF LAND AND NATURAL RESOURCES

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): LNR 806 (PARKS ADMINISTRATION AND OPERATION)

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dbn: The Friends of Iolani Palace

Street Address: 364 S. King St.

Mailing Address: P. O. Box 2259, Honolulu, HI 96804

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name KIPPEN DE ALBA CHU

Title Executive Director

Phone # 522-0822

Fax # 532-1051

e-mail director@iolanipalace.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
 FOR PROFIT CORPORATION
 LIMITED LIABILITY COMPANY
 SOLE PROPRIETORSHIP/INDIVIDUAL

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

TO PROVIDE FUNDS TO ASSIST IN THE OPERATION AND PRESERVATION OF IOLANI PALACE.

(Maximum 300 Characters)

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

6. SSN (IF AN INDIVIDUAL): NA

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 500,000

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
 EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[REDACTED SIGNATURE]
AUTHORIZED SIGNATURE

KIPPEN DE ALBA CHU, EXECUTIVE DIRECTOR
NAME & TITLE

1/28/08
DATE SIGNED

Application for Grants and Subsidies

If any item is not applicable to the request, the applicant should enter "not applicable".

I. 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. Include the following:

1. A BRIEF description of the applicant's background;

The Friends of Iolani Palace was founded in 1966 by Liliuokalani Kawanakoa Morris, who was the grandniece of Queen Kapiolani. The Friends has since supported and guided the restoration of the Palace. In 1978, the Palace re-opened for public tours. The Friends continues to manage the Palace as a historic house museum.

2. The goals and objectives related to the request;

This grant request is to allow The Friends to meet critical operational expenses such as high priority repair and maintenance issues and increasing utility costs.

3. State the public purpose and need to be served;

The public purpose is to help restore and preserve important historic landmarks that represent the culture and history of the Hawaiian monarchy.

4. Describe the target population to be served; and

Target population is school children, local residents, visitors, and visiting dignitaries.

5. Describe the geographic coverage.

Iolani Palace Complex, Honolulu, Hawaii

II. 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.

1. Describe the scope of work, tasks and responsibilities;

This grant request is to cover the following operational costs:

- 1) Repairs and maintenance for three historic structures: Iolani Palace, Iolani Barracks, and Coronation Pavilion (air conditioning system, elevator and wheelchair lift, pest control, security monitoring system, hazard mitigation and prevention, electrical upgrades, and physical structure);**
- 2) Utilities (electricity and telephone);**
- 3) Supplies for public areas (cleaning, paper goods, protective wear);**
- 4) Staff training and professional development to improve customer service, visitor hospitality, and curatorial research capabilities;**
- 5) Lease costs for 150 audio tour wands; and**
- 6) Insurance costs associated with general liability and fine arts policies to protect artifacts on loan from other institutions.**

2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service;

Grant monies are to cover operational costs incurred for fiscal year 2008-2009.

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

This application is to provide direct financial assistance for the operation and maintenance of Iolani Palace and other historic structures within the 11-acre Palace complex. For repair and maintenance projects, work performed by outside contractors is supervised by Palace security and reviewed by a Facilities Manager and the Curator. If the work includes historic preservation, the Curator will also consult with a historic preservation architect as well as the State Historic Preservation Office.

4. The applicant shall 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.
 - 1) **Full accounting of all state funds expended, including copies of invoices paid.**
 - 2) **Final narrative on all expenses paid, stating purpose for each expenditure and results achieved.**

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.

Please see attached.

2. The applicant shall provide its anticipated quarterly funding requirements for the fiscal year 2008-2009.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
- 0 -	- 0 -	\$250,000	\$250,000	\$500,000

IV. Experience and Capability

A. 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.

The applicant was founded in 1966 for the express purpose of supporting and guiding the restoration and management of Iolani Palace. Once the Palace reopened to the public in 1978, the applicant has dedicated itself to preserving the structure as well as the history of the Hawaiian monarchy. The applicant's main

goal is to operate the Palace as an educational facility and to provide visitors with a fresh understanding of Hawaii's royal heritage.

B. 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. Also describe how the facilities meet ADA requirements, as applicable.

Iolani Palace is arguably the most significant historical building in Hawaii. It also stands as a symbol of a modern and independent nation more than 100 years ago. As a state facility, ADA requirements are handled by DLNR.

V. Personnel: Project Organization and Staffing

A. 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.

NOT APPLICABLE

B. 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 organizational chart that illustrates the placement of this request.

NOT APPLICABLE

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

NOT APPLICABLE

B. Licensure or Accreditation

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

NOT APPLICABLE

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2008 to June 30, 2009)

Applicant: The Friends of Iolani Palace

BUDGET CATEGORIES	Total State Funds Requested		(c)	(d)
	(a)	(b)		
A. PERSONNEL COST				
1. Salaries	0	930,000		
2. Payroll Taxes & Assessments	0	90,000		
3. Fringe Benefits	0	170,000		
TOTAL PERSONNEL COST		1,190,000		
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0	0		
2. Insurance	20,000	37,000		
3. Lease/Rental of Equipment	38,000	90,500		
4. Lease/Rental of Space	0	0		
5. Staff Training	12,000	30,000		
6. Supplies	40,000	50,000		
7. Telecommunication	15,000	15,000		
8. Utilities	275,000	275,000		
9. Repair and Maintenance	100,000	200,000		
10. Marketing / Promotion	0	175,000		
11. Postage / Shipping	0	8,000		
12. Printing	0	42,000		
13. Public Programs	0	65,000		
14. Taxes / Regulatory Fees	0	20,000		
15. Membership / Association Dues	0	4,500		
16. Curatorial Projects	0	150,000		
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	500,000	1,162,000		
C. EQUIPMENT PURCHASES	0	50,000		
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	500,000	2,402,000		
SOURCES OF FUNDING			Budget Prepared By: <i>Kippen de Alba Chu</i> 522-0825	
(a) Total State Funds Requested	500,000		Name (Please type or print) <i>Kippen de Alba Chu</i> Phone	
(b) Income from Operations	1,112,000		Signature of Authorized Official <i>[Signature]</i> Date <i>1/28/08</i>	
(c) Development / Dues	790,000		Name and Title (Please type or print) <i>Executive Director</i>	
(d)				
TOTAL REVENUE	2,402,000			

**BUDGET JUSTIFICATION
PERSONNEL - SALARIES AND WAGES**

Applicant: The Friends of Iolani Palace

Period: July 1, 2008 to June 30, 2009

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME BUDGETED TO REQUEST B	TOTAL SALARY BUDGETED IN REQUEST A x B
NOT APPLICABLE				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				\$ -

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: The Friends of Iolani Palace Period: July 1, 2008 to June 30, 2009

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
NOT APPLICABLE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
NOT APPLICABLE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: The Friends of Iolani Palace

Period: July 1, 2008 to June 30, 2009

FUNDING AMOUNT REQUESTED					
TOTAL PROJECT COST	ANY OTHER SOURCE OF FUNDS RECEIVED IN PRIOR YEARS FY: 2005-2006	STATE FUNDS REQUESTED		FUNDING REQUIRED IN SUCCEEDING YEARS	
		FY: 2007-2008	FY: 2008-2009	FY: 2009-2010	FY: 2010-2011
PLANS					
LAND ACQUISITION					
DESIGN					
CONSTRUCTION					
EQUIPMENT					
TOTAL:	0	0	0	0	0
JUSTIFICATION/COMMENTS:					
NOT APPLICABLE					

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawai'i Revised Statutes:

- (1) 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 or subsidy is awarded;
- (2) Comply 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;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy 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 assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

The Friends of Iolani Palace

(Typed Name of Individual or Organization)


(Signature)

1/28/08
(Date)

Kippen de Alba Chu

(Typed Name)

Executive Director

(Title)