

House District \_\_\_\_\_

Senate District \_\_\_\_\_

**THE TWENTY- FOURTH LEGISLATURE  
HAWAII STATE LEGISLATURE  
APPLICATION FOR GRANTS & SUBSIDIES  
CHAPTER 42F, HAWAII REVISD STATUTES**

Log No: 64-0

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): \_\_\_\_\_

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): \_\_\_\_\_

**1. APPLICANT INFORMATION:**

Legal Name of Requesting Organization or Individual:  
Hawaii Children's Cancer Foundation  
Dba:

Street Address: 1814 Liliha Street  
Honolulu, HI 96817

Mailing Address: 1814 Liliha Street

**2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:**

Name \_\_\_\_\_ MINA HUMPHREYS

Title \_\_\_\_\_ Chair, Fund Development

Phone # \_\_\_\_\_ 808.528.5161

Fax # \_\_\_\_\_ 808.521.4589

e-mail \_\_\_\_\_ hccf@lava.net

*Continued  
on next  
page*

3. TYPE OF BUSINESS ENTITY:

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

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

HAWAII CHILDREN'S CANCER FOUNDATION'S FAMILY ASSISTANCE PROGRAM PROVIDES FINANCIAL SUPPORT TO HAWAII CHILDREN DIAGNOSED WITH CANCER AND THEIR FAMILIES TO DEFRAY OUT-OF-POCKET MEDICAL, TRANSPORTATION, HOUSING AND OTHER LIVING EXPENSES. THE PROGRAM HELPS FAMILIES TRYING TO COPE AND CARE FOR A CHILD FIGHTING TO OVERCOME A LIFE-THREATENING ILLNESS.

BETWEEN 50 TO 65 HAWAII CHILDREN ARE DIAGNOSED EACH YEAR WITH ABOUT 200 CHILDREN IN TREATMENT AT ANY GIVEN TIME SINCE PEDIATRIC CANCER TREATMENT LASTS FROM ONE TO THREE YEARS, DEPENDING ON THE DIAGNOSIS AND PROGNOSIS. FAMILIES' NEEDS RANGE FROM PROVIDING EQUIPMENT AND SUPPLIES NOT COVERED BY INSURANCE SUCH AS A HEARING AID OR A SPECIAL CHAIR TO MORE BASIC NEEDS SUCH AS PAYING THE RENT AND UTILITIES TO KEEP A HOUSEHOLD GOING WHILE TENDING TO A SICK CHILD IN THE HOSPITAL.

THE PROGRAM HAS BEEN IN EXISTENCE FOR MORE THAN 10 YEARS SO IT HAS A PROVEN TRACK RECORD AND IT HAS GROWN TREMENDOUSLY OVER THE YEARS INDICATING THE NEED BY THE HAWAII CHILDREN AND THEIR FAMILIES FOR THE PROGRAM.

IN FAMILIES WITH TWO WORKING PARENTS, ONE PARENT USUALLY HAS TO STOP WORKING FOR SOME LENGTH OF TIME TO BE WITH THE CHILD IN TREATMENT. A CHILD'S CANCER DIAGNOSIS IS ESPECIALLY HARD-HITTING IN SINGLE PARENT FAMILIES. BESIDES DEALING WITH THE CHILD'S ILLNESS EMOTIONALLY, THE FINANCIAL BURDEN IS TREMENDOUS. THE PROGRAM ENCOMPASSES THE ENTIRE STATE OF HAWAII AND HELPS FAMILIES WITHOUT REGARD TO GENDER, SEXUAL ORIENTATION, RACE, AGE, OR RELIGION. THE PROGRAM IS WELL MANAGED WITH LITTLE OVERHEAD BECAUSE OF DONATED OFFICE SPACE AND IN-KIND SERVICES PROVIDED BY VOLUNTEERS TO ADMINISTER THE PROGRAM WITH ONE PAID STAFF PERSON.

- 4. FEDERAL TAX ID # \_\_\_\_\_
- 5. STATE TAX ID #: \_\_\_\_\_
- 6. SSN (IF AN INDIVIDUAL): \_\_\_\_\_

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 150,000

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 \$ 100,000

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

MINA HUMPHREYS, CHAIR, FUND DEVELOPMENT

NAME & TITLE

JAN. 31, 2008

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;

Hawaii Children's Cancer Foundation ("HCCF") serves to assist, support and advocate for the needs of Hawaii's children diagnosed with cancer, their families and long term survivors of childhood cancer. HCCF helps Hawaii's families from the time a family receives the devastating diagnosis that their child has cancer, continuing throughout treatment and even after treatment has been completed. HCCF provides emotional support, financial assistance, and education and advocacy for Hawaii's children and their families who face this disease.

HCCF was founded in 1991 by a group of parents whose children were fighting cancer or who had lost the battle to cancer, together with medical professionals treating the children. At its inception and throughout its existence, the main objective has been to identify and meet the needs in services for families of children with cancer. HCCF is the only organization in the state of Hawaii dedicated exclusively to providing services to children with cancer and to their families. All services are provided free of charge.

2. The goals and objectives related to the request;

When diagnosed with cancer, a child and his or her family face a long and frightening journey through a treatment regimen that lasts from one to three years and sometimes longer if a relapse occurs. With great strides in medical advancement over the last several decades, the overall prognosis for childhood cancers has improved with 70 to 80% of the children surviving.

In families with two working parents, one parent usually has to stop working for some length of time to be with the child in treatment. In some instances both parents stop working or have substantially used up their paid leave to care for their child who has been sick for a period of time before diagnosis. A child's cancer diagnosis is especially hard-hitting in single parent families. Besides dealing with the child's illness emotionally, the financial burden on the families is tremendous.

One tangible service provided by HCCF is the **Family Assistance Program** where families apply for financial assistance for out-of-pocket medical, transportation, housing and other living expenses especially while a child is in the first and most intense year of treatment. Families can also apply for assistance beyond the first year of treatment and even after treatment is completed. During our last fiscal year from July 1, 2006 to June 30, 2007, HCCF provided about \$160,000 in financial assistance to approximately 60 Hawaii families. During the first six months of this fiscal year, HCCF has expended \$184,000 in financial assistance. The need among the families is great and appears to be growing.

The **Family Assistance Program** helps the families who are trying to cope and care for a child fighting to overcome a life-threatening illness. By alleviating or defraying some of the high cost of medical and other expenses, the family is then better able to focus its attention on the child and improving the child's quality of life.

Funds from the program have helped several families with medical costs for procedures, treatment or therapy not covered by medical insurance. Funds have been used to pay for needed supplies and equipment such as a hearing aid and a special chair for the children. The foundation's financial assistance has offered some families the opportunity to remain together through support in the way of travel expenses not covered by insurance. In one instance HCCF's support allowed a father to accompany his wife and child for a bone marrow transplant in Seattle and for car rental reimbursement for ground transportation while they were there. A rented car afforded the family the comfort of knowing that they had accessible transportation any time of the day or night and could run errands, pick up medication and do some things as a family when they were able to. Neighbor island families have been helped as well with lodging expenses and car rental while a child is in Honolulu for treatment. In another case, HCCF assisted a family who wanted to explore other treatments available for their child.

In many other cases, monies from the Family Assistance Program have been used to pay for much more basic needs. Often families dealing with childhood cancer get caught in the trap of not qualifying for government assistance but having insufficient resources to meet expenses. HCCF has covered mortgage and rent payments as well as utility bills for families when their resources were scarce and the potential for losing their home loomed due to loss of income. The critical importance of the need this program has served for many Hawaii families cannot be over-emphasized. In some cases, it has literally helped keep a roof over head and water and electricity in the home.

HCCF employs checks and balances to verify that the requests for monies from the Family Assistance Program are legitimate. Other standard accounting checks and balances prevent any abuse of these funds from within HCCF. These checks and balances are described in more detail below.

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

Hawaii averages between 50 to 65 new cases of childhood cancer each year. A little more than one child per week is told that he or she has cancer. As many as 200 children are in

treatment in Hawaii at any given time because of the protracted nature of the chemotherapy regimens that the children undergo. Disconcertingly, nationally as well as internationally, the incidence of childhood cancer is on the rise, particularly brain tumors.

Hawaii Children's Cancer Foundation is the only organization locally whose sole purpose is to help children diagnosed with cancer and their families. HCCF's largest and most needed program is the **Family Assistance Program** because families facing the medical crisis of a child with cancer often face financial hardship with mounting bills and a child who requires much care giving and attention. HCCF helps the families it serves during this period of crisis in their lives. Currently in Hawaii, there is no other source of financial assistance for living expenses other than medical expenses for these families aside from public assistance. HCCF also provides assistance for medical and educational expenses of children who have completed treatment for cancer and for funeral and burial expenses if the child passes away.

4. Describe the target population to be served; and

HCCF serves all children diagnosed with cancer and survivors of childhood cancer together with their families who reside in Hawaii. HCCF serves families throughout the entire state of Hawaii on all of the inhabited islands as well as Hawaii childhood cancer survivors who are engaged in post-high school education or training outside the state. In addition, families who relocate to Hawaii so that their children receive treatment in Hawaii are also eligible for financial assistance. HCCF has helped military families who are stationed in Hawaii as well. The Foundation serves children with cancer, survivors, and their families without regard to gender, sexual orientation, race, age or religion. The Foundation welcomes the opportunity to provide services to children and their families who are working with physical disabilities or challenges. A child or family's language has never been a factor or consideration in providing services, especially since Hawaii is a community of many different races, cultures and ethnicities.

5. Describe the geographic coverage.

HCCF serves families throughout the entire state of Hawaii. Pediatric oncology patients are treated and cared for in Honolulu because of the medical facilities and trained professionals at Kapiolani Medical Center for Women and Children, Tripler Army Medical Center and Kaiser Moanalua. More than 90% of the children are treated at Kapiolani Medical Center. Because almost all of the children are in Honolulu for treatment, HCCF is able to make contact with the children and their families through the hospital social workers. After initial contact is made, communication with the families continues through the mail, email and telephone. HCCF maintains a comprehensive database of children diagnosed with cancer and their families in 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;

HCCF's **Family Assistance Program** has been in existence for the last ten or more years. By 2004, the program grew such that it was providing over \$100,000 in assistance. In this fiscal year, we anticipate providing assistance of approximately \$250,000 or more.

The program is administered by HCCF's administrative manager who handles preparation of correspondence, disbursements and organizing files. A volunteer who is an HCCF board member receives the requests for assistance from families and from the hospital social worker. She then reviews and approves the requests for payment. All checks are signed by the President of HCCF or another officer who is a signatory on HCCF's account. Requests are approved if they fall within HCCF's written guidelines. If there is any question about approving a request, the situation or question is posed to a committee of volunteers who are also board members to give input on whether the request should be approved or not. An extraordinary request or situation can always be brought before the board of directors for final disposition.

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

The **Family Assistance Program** is ongoing throughout the year. The goal is to always respond to requests for assistance in a timely fashion. Sometimes bills are already late when a request is made to HCCF. We strive to be able to approve requests quickly and have payments made right away so that the support really does help the families and does relieve some stress and anxiety.

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

HCCF prides itself in the **Family Assistance Program** and being able to promptly fulfill requests for assistance from the families. A check and balance system is in place so the administrative manager who issues the checks and the volunteer who approves requests never sign checks. HCCF's treasurer reviews all disbursements made and prepares a monthly report to the Board of Directors. At year end, a certified public accounting firm performs an audit and prepares an audited financial statement.

At every board meeting, besides the Treasurer's report, the volunteer in charge of the Family Assistance Program makes a detailed report to the board. About once a year the Family Assistance Program guidelines are reviewed, discussed and revised by the Board of Directors. The most recent guideline revision was made by analyzing how quickly families use their allotted assistance. Heretofore, families of children within the first year of diagnosis were allowed \$3,000 a year in covered expenses. Now families are given \$4,000 in assistance for the first year after diagnosis. Increases in allowable assistance were made in other categories as well, including the addition of a new category of eligibility for recipients of allogeneic transplants.

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.

HCCF will report on the effectiveness of the Program to the State by showing how the funds were spent and how many families were helped. The success of the program will be gauged by feedback from the families who are served as well as the medical professionals and social worker who interact and work with the families on an ongoing basis. HCCF maintains a close working relationship with the social worker and several nurses, nurse practitioners and pediatric oncologists who treat the children. Feedback and evaluation will be sought from these medical professionals as well.

A report will be prepared detailing objective measures such as the number of families that program served, the amount of assistance given, and the type of assistance used (reimbursement of medical expenses, living expenses, transportation, etc.). One important indicator of need is how quickly each family uses its allotment for assistance so this data will be collected from the families' files as one objective measure of the adequacy of the allotment allowed under HCCF's guidelines,

HCCF will obtain subjective feedback from the users of the program as well as from allied health professionals indicating the level of satisfaction with the program, timeliness of the assistance, adequacy of the assistance, and the importance of this support that was provided. Responses will be systematically obtained from the families and healthcare professionals and accumulated to glean areas of satisfaction and areas that need attention and improvement in the program.

### **III. Financial**

#### **Budget**

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

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 |
|-----------|-----------|-----------|-----------|-------------|
| \$37,500  | \$37,500  | \$37,500  | \$37,500  | \$150,000   |

**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.

HCCF has a track record of experience in handling not only the Family Assistance Program but other programs as well. HCCF has administered the Family Assistance Program for more than ten years and also has a Book Reimbursement Program for childhood cancer survivors engaged in post-high school education or training for approximately seven years. A Healthcare Professionals' Educational Fund is handled by HCCF so that pediatric oncology professionals can attend conferences and seminars which enhance their knowledge and training. HCCF administers the Frank Seleny Scholarship Fund that awards two college scholarships a year to childhood cancer survivors. The success and growth of the Family Assistance Program attest to HCCF's ability to continue to administer the program. In 2000, about \$10,000 was expended for the Family Assistance Program. By the end of this fiscal year (2007-2008), HCCF will have experienced a 25-fold increase in the program.

HCCF has received grants from the Friends of Hawaii Charities for about five years, from the Hawaii Women's Legal Foundation for two years and from the Combined Federal Campaign for the last several years. The Seto Foundation also contributed to the Program. All of these grants have been designated for use by the **Family Assistance Program**. (See attached letters and checks awarding HCCF the grants, Attachments 1 through 13.)

**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.



HCCF is located in donated office space at the Liliha Healthcare Center at 1814 Liliha Street, Honolulu, HI 96817. The facility is very adequate for HCCF's needs at this time. Dr. Edison Miyawaki generously donates this office space along with a storage closet for use by HCCF. All patient/family files are located in secure storage cabinets at the office. The healthcare center meets ADA requirements.

## **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.

HCCF's staffing is one paid person who serves as its administrative manager. The administrative manager has a bachelor's degree and has been employed by HCCF for three years. She is intimately familiar with the day-to-day operations of HCCF. The volunteer board member who serves as Chair of the Family Assistance Program has a master's degree and is employed as a dietitian. With the volunteer in charge of the Program, the hospital social worker and others on the board to consult, along with HCCF's sole staff person, the administrative manager, the Program is adequately staffed with highly qualified individuals who are committed to the success and sustainability of the Program. Although the quality of HCCF's present staffing is excellent with a wealth of experience and diligence, HCCF has had staffing changes over the years of the Program's existence. Because the Program is not entrusted to one person, a new, qualified person stepping in to any of the roles is readily trainable.

### **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.

**Board of Directors of HCCF** – The Board is ultimately responsible for overseeing the Family Assistance Program from an overall perspective. The Board sets policy and guidelines for the Program. All board members have a fiduciary responsibility to see that the funds used for the Program are carefully stewarded. All board members review a detailed, confidential listing of all expenditures made each month for the Family Assistance Program and are able to raise any questions they may have.

**President of HCCF (and other officers who are signatories on HCCF's accounts)** – Each officer who is a signatory on HCCF's bank accounts has the further responsibility of signing all checks presented by the Chair of the Family Assistance Program for payment. If a check is for an amount greater than \$3,500, two signatures are required. These officers who serve as signatories on the bank accounts are responsible in a day to day sense for supervising the Program.

**Treasurer of HCCF** – The Treasurer of HCCF is responsible for preparing and providing the Board of Directors with a monthly financial report. He is responsible for reviewing all transactions of HCCF and seeing that all accounts are properly reconciled. He reviews all canceled checks and deposits made. The Treasurer serves as an additional checkpoint to verify that all transactions of the Family Assistance Program are bona fide and proper.

**Chairperson of the Family Assistance Program** – The Chair is a member of the Board of Directors and serves on a volunteer basis. Her committee consists of the hospital social worker at Kapiolani Medical Center, the Vice President of HCCF in charge of Programs and other board members who help by giving input when questions arise. The Chair receives requests for assistance primarily from the hospital social worker who is in daily contact with families who have children in the hospital. Other requests come directly to the HCCF office and sometimes from families at Kaiser and Tripler as well. The Chair reviews all requests to be sure the request properly falls within HCCF's guidelines for the Family Assistance Program. If the request is approved, the Chair prepares the necessary letters to accompany the checks with the assistance of HCCF's administrative manager. If a request requires further inquiry, the Chair conducts further investigation or consultation to be able to make final disposition of the request. In the few instances when a request has to be denied, the Chair prepares a letter explaining to the family the reason for the denial.

The Chair is also responsible for entering the balance of assistance remaining in each child's file so that available assistance is readily ascertainable.

**Administrative Manager** – The sole paid staff person of HCCF is responsible for organizing and maintaining the files for each of the families so that there is a clear record of all disbursements made on behalf of each family. She handles seeing that the President or another officer is alerted when checks need to be signed. She is responsible for maintaining and posting all transactions of HCCF, including those made for the Family Assistance Program. She sends out all of the correspondence and checks pertaining to the Program.

**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.

HCCF is not a party to any pending litigation nor does it have any outstanding judgments.

**B. Licensure or Accreditation**

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

No specific licensure is required; however, HCCF is very aware of the need for confidentiality with regard to patient and family names and any other information gleaned through the family's use of any of HCCF's programs.

# Combined Federal Campaign

## Hawaii-Pacific Area



March 12, 2007

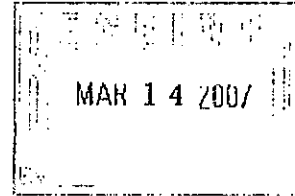
PO Box 1096 • Honolulu, HI 96808

Website [www.cfc-hawaii.org](http://www.cfc-hawaii.org)

Phone 808-543-2233/2232

Fax 808-543-2257

8030  
Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817



Dear Friends,

Here is the news you have been awaiting. The final total for the 2006 Hawaii-Pacific Area Combined Federal Campaign is \$5,961,545.11. Of this amount, \$5,784,258.44 was designated to specific agencies or Federations. \$0.00 was designated to the "III" category and \$177,286.67 was undesignated. Your share of the campaign donations is as follows.

|                        |                    |
|------------------------|--------------------|
| Payroll Deduction:     | \$42,307.76        |
| Cash:                  | \$5,393.50         |
| Share of Undesignated: | \$1,462.03         |
| Share of "III"         | \$0.00             |
| Total:                 | <u>\$49,163.29</u> |

Any pledges received after this letter will necessitate recalculation of percentages. Late receipts will be included in your monthly payment; you will be notified of changes.

The first disbursement will be made no later than April 1, 2007. This disbursement will include cash receipts, both designated and undesignated, as well as the first month of payroll deduction pledges. Subsequent disbursements will be made mid-month and will be based on your pro-rata share of pledge payments received during the previous month. The last disbursement for the year will be made February 2008.

2006 expenses totaled \$327,668.58 and your pro-rata share of these expenses will be deducted from the first disbursement.

Disbursements will be based on actual dollars collected each month; therefore, no provision for uncollected pledges is required. (Note: shrinkage has averaged 7% - 9% over the past few years.)

Enclosed is your list of the names and addresses of donors who wished to be acknowledged; (*we encourage you thank these people.*) If there is not an address with the donor name, one was not provided. If there is no list enclosed, none of your contributors chose to be acknowledged.

If you have any questions, please feel free to call me at (808) 543-2233.

Sincerely,

  
Nita Yates, Director  
Hawaii-Pacific Area  
Combined Federal Campaign

Attachment 1

# Combined Federal Campaign

## Hawaii-Pacific Area



March 6, 2006

PO Box 1096 • Honolulu, HI 96808

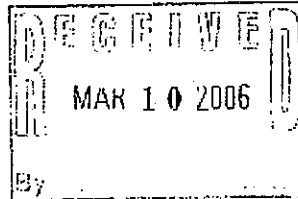
Website [www.cfc-hawaii.org](http://www.cfc-hawaii.org)

Phone 808-543-2233/2232

Fax 808-543-2257

8030

Hawaii Children's Cancer Foundation  
1814 Liliha St  
Honolulu, HI 96817



Dear Friends,

Here is the news you have been awaiting. The final total for the 2005 Hawaii-Pacific Area Combined Federal Campaign is \$6,112,982. Of this amount, \$5,945,667.08 was designated to specific agencies or Federations. \$28.00 was designated to the "III" category and \$167,286.78 was undesignated. Your share of the campaign donations is as follows.

|                        |                    |
|------------------------|--------------------|
| Payroll Deduction:     | \$29,691.77        |
| Cash:                  | \$4,026.00         |
| Share of Undesignated: | \$948.67           |
| Share of "III"         | \$0.00             |
| Total:                 | <u>\$34,666.44</u> |

Any pledges received after this letter will necessitate recalculation of percentages. Late receipts will be included in your monthly payment; you will be notified of changes.

The first disbursement will be made no later than April 1, 2006. This disbursement will include cash receipts, both designated and undesignated, as well as the first month of payroll deduction pledges. Subsequent disbursements will be made mid-month and will be based on your pro-rata share of pledge payments received during the previous month. The last disbursement for the year will be made February 2007.

2005 expenses totaled \$333,938.58 and your pro-rata share of these expenses will be deducted from the first disbursement.

Disbursements will be based on actual dollars collected each month; therefore, no provision for uncollected pledges is required. (Note: shrinkage has averaged 7% - 9% over the past few years.)

Enclosed is your list of the names and addresses of donors who wished to be acknowledged; (*we encourage you thank these people.*) If there is not an address with the donor name, one was not provided. If there is no list enclosed, none of your contributors chose to be acknowledged.

If you have any questions, please feel free to call me at (808) 543-2233.

Sincerely,

  
Nita Yates, Director  
Hawaii-Pacific Area  
Combined Federal Campaign

Attachment 2

# Combined Federal Campaign

## Hawaii-Pacific Area



March 4, 2005

PO Box 1096 • Honolulu, HI 96808

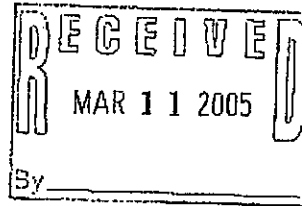
Website [www.cfc-hawaii.org](http://www.cfc-hawaii.org)

Phone 808-543-2233/2232

Fax 808-543-2257

9124

Hawaii Children/Es Cancer Foundation  
1814 LILIHA ST  
HONOLULU, HI 96817



Dear Friends,

Here is the news you have been awaiting. The final total for the 2004 Hawaii-Pacific Area Combined Federal Campaign is \$1,991,986. Of this amount, \$4,786,975 was designated to specific agencies or Federations. \$935 was designated to the "III" category and \$204,076 was undesignated. Your share of the campaign donations is as follows.

|                        |                    |
|------------------------|--------------------|
| Payroll Deduction:     | \$19,370.53        |
| Cash:                  | \$1,802.68         |
| Share of Undesignated: | \$902.64           |
| Share of "III"         | \$0.00             |
| Total:                 | <u>\$22,075.85</u> |

Any pledges received after this letter will necessitate recalculation of percentages. Late receipts will be included in your monthly payment; you will be notified of changes.

The first disbursement will be made no later than April 1, 2005. This disbursement will include cash receipts, both designated and undesignated, as well as the first month of payroll deduction pledges. Subsequent disbursements will be made mid-month and will be based on your pro-rata share of pledge payments received during the previous month. The last disbursement for the year will be made February 2006.


2004 expenses totaled \$357,659 and your pro-rata share of these expenses will be deducted from the first disbursement.

Disbursements will be based on actual dollars collected each month; therefore, no provision for uncollected pledges is required. (Note: shrinkage has averaged (7% - 9% over the past few years.)

Enclosed is your list of the names and addresses of donors who wished to be acknowledged; (*we encourage you thank these people.*) If there is not an address with the donor name, one was not provided. If there is no list enclosed, none of your contributors chose to be acknowledged.

If you have any questions, please feel free to call me at (808) 543-2233.

Sincerely,

  
Nita Yates, Director  
Hawaii-Pacific Area  
Combined Federal Campaign



**HONOLULU-PACIFIC FEDERAL EXECUTIVE BOARD**

300 Ala Moana Boulevard, Box 50268, Room 8-125

Honolulu, Hawaii 96850

Telephone: (808) 541-2637/2638 Fax: (808) 541-3429

Email: [laburke@hpfeb.org](mailto:laburke@hpfeb.org) [gareese@hpfeb.org](mailto:gareese@hpfeb.org)

Web Site: <http://www.honolulu-pacific.feb.gov>

April 29, 2004

Ms. Mina Humphreys  
Hawaii Children's Cancer Foundation  
44-391 Kaneohe Bay Drive  
Kaneohe, Hawaii 96744


Dear Ms. Humphreys:

Thank you for your application to participate in the 2004 Hawaii-Pacific Area Combined Federal Campaign (CFC). I am pleased to inform you that the Local Federal Coordinating Committee approved your application.

The Combined Federal Campaign is the only authorized solicitation of employees in the federal workplace on behalf of charitable organizations. The campaign will be held during a six-week period in the fall of this year. Your organization will be listed in the CFC brochure, and federal employees may designate contributions to you. If you receive designations, your organization will also receive a proportional percentage of the undesignated contributions.

Additional information about the CFC can be found at [www.opm.gov/cfc](http://www.opm.gov/cfc) and [www.cfc-hawaii.org](http://www.cfc-hawaii.org). If you have questions regarding the campaign, you can call the FEB at (808) 541-2637.

Sincerely,

  
W. B. Short  
CAPT, SC, USN  
Commander  
Defense Finance and Accounting Service-Pacific  
FY 04 FEB Chair

Attachment 4



**HONOLULU-PACIFIC FEDERAL EXECUTIVE BOARD**

300 ALA MOANA BOULEVARD, BOX 50268 (ROOM 8-125)

HONOLULU, HAWAII 96850

TELEPHONE: (808) 541-2637/FAX (808) 541-3429

E-mail: hpfeb@stoha.net

MAY 1 6 2001

Ms. Trudi Cannon  
Executive Consultant to HCCF  
Hawaii Children's Cancer Foundation  
708 Wanaao Road  
Kailua, Hawaii 96734

Dear Ms. Cannon:

Thank you for your application to participate in the 2001 Hawaii-Pacific Area Combined Federal Campaign (CFC). I am pleased to inform you that the Local Federal Coordinating Committee approved your application.

The Combined Federal Campaign is the only authorized solicitation of employees in the federal workplace on behalf of charitable organizations. The campaign is conducted during a six-week period in the fall. Your organization will be listed in the CFC brochure along with over 1,000 other national, international and local charitable organizations. Federal employees can contribute to your organization, and you will receive the contributions less an amount deducted for shrinkage and administrative expenses. If your organization receives designations, you will also receive a percentage of the undesignated funds.

If you have any questions regarding the campaign, please call the FEB office at (808) 541-2637.

Sincerely,

  
Nat H. Aycox  
Chairman





# HAWAII WOMEN'S LEGAL FOUNDATION

PO BOX 2576 • Honolulu, Hawaii 96803-2576 • Phone (808) 845-4994 • Facsimile (808) 847-0575

mailed 12/17/07

December 10, 2007

John L. Lederer, M.D., President  
Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817

RE: HWLF Grant Application December 2007

Dear Dr. Lederer:

I am pleased to inform you that the Hawaii Children's Cancer Foundation's grant application was successful. The board has awarded your foundation \$4,000.00 in grant monies to provide out of pocket medical, transportation, and housing expenses.

At the bottom of this letter, please sign and date your acceptance of the award and mail it back to me for my files. Upon receipt, the check will be mailed to you for your foundation.

Congratulations!

Very truly yours,

Zale T. Okazaki  
HWLF Co-Chair, Grant Committee

I, \_\_\_\_\_, hereby accept the HWLF grant committee's award of \$4,000.00 to provide out of pocket medical, transportation, and housing expenses.

John L. Lederer, M.D.

Date

12/13/07

Attachment 6

RECEIVED  
DEC 26 2006  
By

BANK OF HAWAII  
MAIN OFFICE  
HONOLULU, HAWAII 96813

530  
53-107 12/14/06

HAWAII WOMEN'S LEGAL FOUNDATION  
PO BOX 2576  
HONOLULU, HI 96803-0576

12/14/2006

PAY TO THE  
ORDER OF

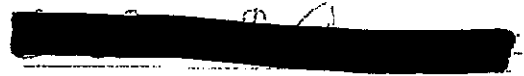
The Hawaii Children's Cancer Foundation

\$ 5,000.00

Five Thousand and 00/100

DOLLARS

The Hawaii Children's Cancer Foundation  
Ms. Mina Humphreys  
Executive Director  
1314 Liliha Street  
Honolulu, HI 96817  
Assist families with financial needs



⑈005331⑈ ⑈121301028⑈ 0001⑈930014⑈

# THE SETO FOUNDATION

1164 Bishop Street ♦ Suite 800 ♦ Honolulu ♦ Hawai'i ♦ 96813 ♦ (808) 537-6333

June 1, 2006

Dr. Robert W. Wilkinson  
President  
Hawaii Children's Cancer Foundation  
P.O. Box 3105  
Honolulu, HI 96802

Dear Dr. Wilkinson:

On behalf of the Directors of The Seto Foundation, it is a pleasure to advise you that a grant was authorized as indicated below.

Proposal ID#: 20060231      Grant Amount: \$10,000.00  
Grant Purpose: Family Financial Assistance Program  
Grant Conditions: None


Please read the following grant terms carefully:

- ◆ This grant is to be used only for the purpose designated. If you are unable to use this grant for the above noted purpose, please contact us before expending the funds.
- ◆ A Final Report to The Seto Foundation is required 13 months from the date of this letter. Please refer to the enclosed for report guidelines. Late or missing Final Reports may affect consideration of future requests.
- ◆ The Seto Foundation reserves the right to follow up this grant with a site visit while the project is in progress or once the project has been completed. You might be asked to provide The Seto Foundation with a brief interim report indicating the progress of the project.
- ◆ You must notify The Seto Foundation of any unexpended funds at the end of the grant period, or if (i) your organization has not performed in accordance with this agreement, (ii) your organization loses its exemption from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, or (iii) your organization materially changes its program, activities or mission.
- ◆ The Seto Foundation respectfully requests that you do not publicize this grant in any media or printed material. You may attribute this grant to "anonymous."

By cashing the check, you hereby accept and agree to follow the above grant terms.


If you have any questions, please contact Jeanne Hamilton at (808) 566-5524 or toll-free from neighbor islands at (888) 731-3863. We wish you success in your good work, and look forward to hearing about your progress.

Sincerely,

  
Cynthia Seto Hartwell  
President

Enclosures

I agree to all terms set forth above:

  
~~Dr. Robert W. Wilkinson~~      Dr. John Lederer      Date  
President  
Hawaii Children's Cancer Foundation

Attachment 8

11/2/04  
Original marked in



June 8, 2007

Ms. Diane Ono  
President  
Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817

Dear Ms. Ono:

Congratulations! On behalf of the board of directors of the Friends of Hawaii Charities, Inc., I am pleased to enclose a \$7,500 check for the "Family Assistance Program."

The Friends of Hawaii Charities—the event host of the Sony Open in Hawaii—was formed in 1998 with the purpose of raising funds for Hawaii charities. Through our charity partnership with The Harry & Jeanette Weinberg Foundation, Inc., we have been able to distribute more than \$7 million to programs like yours.

Please see the enclosed packet that includes the 2007 Grant Follow-Up Report (which is due on February 1, 2008) and outlines various Friends' partnership opportunities.

We may, from time to time, use the name or visual images of our grant recipients in various advertising and collateral materials. Your acceptance of this grant indicates your authorization for Friends or its agencies to do so, and that you agree to the terms of this award.

We appreciate the work that you do in our island home. If you have any questions, please call Lori Yip at (808) 792-9310 or via e-mail at [lyip@141hawaii.com](mailto:lyip@141hawaii.com).

Sincerely,

  
Anthony R. Guerrero, Jr.  
President

Enclosures

Attachment 9



HAWAII CHILDRENS CANCER FOUNDATION  
1814 LILIIHA STREET  
HONOLULU, HI 96817

DATE 6/16/06  
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

DEPOSIT TICKET



CURRENCY ▶

COIN ▶

CHECK ▶

TOTAL FROM BACK ▶

SUBTOTAL ▶

LESS CASH ▶

5000

5000

5000

\$

5000

Restricted Grant - Sony Open

⑈000000⑈ ⑆5288000⑆ 2⑆ 0⑆⑈⑆59003⑈

Friends of Hawaii Charities, Inc.  
HOST OF THE SONY OPEN IN HAWAII  
733 Bishop Street, Suite 2180  
Honolulu, Hawaii 96813-4012

FIRST HAWAIIAN BANK  
Honolulu, HI 96813  
59-10171213

5566

5/31/2006

PAY TO THE ORDER OF Hawaii Children's Cancer Foundation

\$ \*\*5,000.00

Five thousand and 00/100

DOLLARS

Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817



⑆0⑆5⑆ 0⑆⑈08396⑆⑈

OB 6/16/06

First Hawaiian Bank

2005



June 15, 2005

Ms. Janice Nagahiro  
Vice President, Programs  
Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817

Dear Ms. Nagahiro,

Congratulations! On behalf of the Board of Directors of the Friends of Hawaii Charities Inc., I am pleased to enclose a check for \$10,000.00 for the "Family Assistance" Program.

The Friends of Hawaii Charities—the event host of the Sony Open in Hawaii—was formed in 1998 with the purpose of raising funds for Hawaii charities. Through our charity partnership with The Harry & Jeanette Weinberg Foundation, Inc., we have been able to distribute more than \$5 million to projects like yours.

We request that you complete the enclosed detailed follow-up report by January 31, 2006. The grant should be used for the project specified in your application. Should this change, you will need to submit a letter to the board of directors requesting approval.

At times, we will use the name or visual images of our grant recipients in various advertising, and collateral materials. Your acceptance of this grant indicates your authorization for Friends or its agencies to do so, and that you agree to the terms of this award.

The grant we are able to provide you is primarily raised through funds generated through the Sony Open in Hawaii PGA TOUR tournament. We encourage you to participate in our *Sony Open Charity Ticket Sales* program. Your organization can raise even more money by selling tournament tickets before they are available at ticket outlets—with your organization retaining 50% of your ticket sales. Enclosed are information and sign up forms.

We appreciate the work that you do in our island home. If you have any questions, please call Lori Yip at (808) 792-9310 or e-mail at [lyip@141worldwide.com](mailto:lyip@141worldwide.com).

Sincerely,

  
Anthony A. Guerrero, Jr.  
President

Attachment 11



DEPOSITED IN  
**First Hawaiian Bank**

CHECKS  
051 527

DOLLARS CENTS

4106

10,000 00

FIFTEEN  
THOUSAND  
DOLLARS

10,000.00

4106

FIRST HAWAIIAN BANK  
Honolulu, HI 96813  
59-1071213

5/5/2004

Friends of Hawaii Charities, Inc.  
HOST OF THE SONY OPEN IN HAWAII  
733 Bishop Street, Suite 2160  
Honolulu, Hawaii 96813-4012

\$ \*\*10,000.00

PAY TO THE ORDER OF Hawaii Children's Cancer Foundation

Ten Thousand and 00/100\*\*\*\*\* DOLLARS

Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817

Attn: Mina Humphreys

MEMO

⑆004106⑆ ⑆121301015⑆ 01⑆08396⑆⑆

RIENDS OF HAWAII CHARITIES, Inc. 02-98  
HOST OF THE SONY OPEN IN HAWAII  
733 BISHOP STREET, SUITE 2160  
HONOLULU, HAWAII 96813-4012

FIRST HAWAIIAN BANK  
HONOLULU, HI 96813  
59-101/1213

3491

5/12/2003

PAY TO THE ORDER OF Hawaii Children's Cancer Foundation

\$ \*\*10,000.00

Ten Thousand and 00/100

DOLLARS

Hawaii Children's Cancer Foundation  
1814 Liliha Street  
Honolulu, HI 96817

Attn: Mina Humphreys

MEMO

⑈003491⑈ ⑆121301019⑆ 01⑈083961⑈

*hawaii*



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

App Hawaii Children's Cancer Foundation

| <b>BUDGET CATEGORIES</b>            | <b>Total State Funds Requested (a)</b> | <b>(b)</b>  | <b>(c)</b>    | <b>(d)</b>     |
|-------------------------------------|--|---|---------------|----------------|
| <b>A. PERSONNEL COST</b>            |  |   |               |                |
| 1. Salaries                         |  |   |               | 15,000         |
| 2. Payroll Taxes & Assessments      |  |   |               | 1,380          |
| 3. Fringe Benefits                  |  |   |               | 1,755          |
| <b>TOTAL PERSONNEL COST</b>         |  |   |               | <b>18,135</b>  |
| <b>B. OTHER CURRENT EXPENSES</b>    |  |   |               |                |
| 1. Airfare, Inter-Island            |  |   |               |                |
| 2. Insurance                        |  |   |               |                |
| 3. Lease/Rental of Equipment        |  |   |               |                |
| 4. Lease/Rental of Space            |  |   |               |                |
| 5. Staff Training                   |  |   |               |                |
| 6. Supplies                         |  |   |               | 500            |
| 7. Telecommunication                |  |   |               | 250            |
| 8. Utilities                        |  |   |               |                |
| Family Assistance Program           | 150,000                                | 40,000  | 10,000        | 100,000        |
| 10                                  |  |   |               |                |
| 11                                  |  |   |               |                |
| 12                                  |  |   |               |                |
| 13                                  |  |   |               |                |
| 14                                  |  |   |               |                |
| 15                                  |  |   |               |                |
| 16                                  |  |   |               |                |
| 17                                  |  |   |               |                |
| 18                                  |  |   |               |                |
| 19                                  |  |   |               |                |
| 20                                  |  |   |               |                |
| <b>TOTAL OTHER CURRENT EXPENSES</b> | <b>150,000</b>                         | <b>40,000</b>   | <b>10,000</b> | <b>100,750</b> |
| <b>C. EQUIPMENT PURCHASES</b>       |  |   |               |                |
| <b>D. MOTOR VEHICLE PURCHASES</b>   |  |   |               |                |
| <b>E. CAPITAL</b>                   |  |   |               |                |
| <b>TOTAL (A+B+C+D+E)</b>            | <b>150,000</b>                         | <b>40,000</b>   | <b>10,000</b> | <b>118,885</b> |
| <b>SOURCES OF FUNDING</b>           |  | Budget Prepared By:   |               |                |
| (a) Total State Funds Requested     | 150,000                                | Dale F. Salto, CPA <span style="float:right">528-5161 529</span>                  |               |                |
| Combined Fed Campaign -pendin       | 40,000                                 | Name (Please type or print) <span style="float:right">Phone</span>                |               |                |
| Friends of HI Charities - pending   | 10,000                                 | [Redacted] <span style="float:right">1/31/08</span>                               |               |                |
| HCCF thru donations                 | 118,885                                | Signature of Authorized Official <span style="float:right">Date</span>            |               |                |
| <b>TOTAL REVENUE</b>                | <b>318,885</b>                         | Mina Humphreys, Chair , Fund Development<br>Name and Title (Please type or print) |               |                |

## BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: \_\_\_\_\_ Hawaii Children's Cancer Foundation \_\_\_\_\_

Period: July 1, 2008 to June 30, 2009

| POSITION TITLE          | FULL TIME EQUIVALENT | ANNUAL SALARY<br>A | % OF TIME BUDGETED TO REQUEST<br>B | TOTAL SALARY BUDGETED IN REQUEST<br>A X B |
|-------------------------|----------------------|--------------------|------------------------------------|---|
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| not applicable          |                      |                    |                                    | \$ -                                      |
| <b>TOTAL:</b>           |                      |                    |                                    | \$ -                                      |
| JUSTIFICATION/COMMENTS: |                      |                    |                                    |   |

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: \_Hawaii Children's Cancer Foundation\_    Period: July 1, 2008 to June 30, 2009

| DESCRIPTION<br>EQUIPMENT | NO. OF<br>ITEMS | COST PER<br>ITEM | TOTAL<br>COST | TOTAL<br>BUDGETED |
|--------------------------|-----------------|------------------|---------------|-------------------|
| not applicable           |                 |                  | \$ -          |                   |
| not applicable           |                 |                  | \$ -          |                   |
| not applicable           |                 |                  | \$ -          |                   |
| not applicable           |                 |                  | \$ -          |                   |
| not applicable           |                 |                  | \$ -          |                   |
| <b>TOTAL:</b>            |                 |                  |               |                   |

JUSTIFICATION/COMMENTS:

| DESCRIPTION<br>OF MOTOR VEHICLE | NO. OF<br>VEHICLES | COST PER<br>VEHICLE | TOTAL<br>COST | TOTAL<br>BUDGETED |
|---------------------------------|--------------------|---------------------|---------------|-------------------|
| not applicable                  |                    |                     | \$ -          |                   |
| not applicable                  |                    |                     | \$ -          |                   |
| not applicable                  |                    |                     | \$ -          |                   |
| not applicable                  |                    |                     | \$ -          |                   |
| not applicable                  |                    |                     | \$ -          |                   |
| <b>TOTAL:</b>                   |                    |                     |               |                   |

JUSTIFICATION/COMMENTS:

**BUDGET JUSTIFICATION  
CAPITAL PROJECT DETAILS**

Applicant: Hawaii Children's Cancer Foundation

Period: July 1, 2008 to June 30, 2009

| FUNDING AMOUNT REQUESTED       |   |               |                       |               |                                      |               |
|--------------------------------|---|---------------|-----------------------|---------------|--------------------------------------|---------------|
| TOTAL PROJECT COST             | ANY OTHER SOURCE OF FUNDS RECEIVED IN PRIOR YEARS |               | STATE FUNDS REQUESTED |               | FUNDING REQUIRED IN SUCCEEDING YEARS |               |
|                                | FY: 2005-2006                                     | FY: 2006-2007 | FY: 2007-2008         | FY: 2008-2009 | FY: 2009-2010                        | FY: 2010-2011 |
| PLANS                          | n/a   | n/a           | n/a                   | n/a           | n/a                                  | n/a           |
| LAND ACQUISITION               | n/a   | n/a           | n/a                   | n/a           | n/a                                  | n/a           |
| DESIGN                         | n/a   | n/a           | n/a                   | n/a           | n/a                                  | n/a           |
| CONSTRUCTION                   | n/a   | n/a           | n/a                   | n/a           | n/a                                  | n/a           |
| EQUIPMENT                      | n/a   | n/a           | n/a                   | n/a           | n/a                                  | n/a           |
| <b>TOTAL:</b>                  | n/a   | n/a           | n/a                   | n/a           | n/a                                  | n/a           |
| <b>JUSTIFICATION/COMMENTS:</b> |   |               |                       |               |                                      |               |

**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, Hawaii 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.

Hawaii Children's Cancer Foundation

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

  
\_\_\_\_\_  
(Signature)

Mina Humphreys

\_\_\_\_\_  
(Typed Name)

January 31, 2008

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

Chair, Fund Development

\_\_\_\_\_  
(Title)