

House District _____

Senate District _____

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

Log No: 56-0

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:

Db: Hawaii Children's Complementary Therapy and Research Clinic- Mana Ola O Ka Lani

Street Address: 45-3221 Ohia Street Honokaa, Hawaii 96727

Mailing Address: P.O. Box 1191 Honokaa, Hawaii 96727

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name THERESA T. POTTER

Title Founder _____

Phone # (808) 775-1725

Fax # (808) 775-1725

e-mail pottert003@yahoo.com

3. TYPE OF BUSINESS ENTITY:

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

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

6. SSN (IF AN INDIVIDUAL): _____

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

PLEASE SEE ATTACHED SHEET

(Maximum 300 Characters)

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 90,000.00

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:



Theresa T. Potter, Founder
NAME & TITLE

1.28.08
DATE SIGNED

ATTACHMENT FROM COVER SHEET

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Hawaii Children's Complementary Therapy Clinic- Mana Ola O Ka Lani "The Living Power from Heaven" is requesting funding for operational cost, other current cost, cost of complementary therapies to be offered to children of cancer, asthma or diabetes and training fees for 10 - 20 volunteers to provide children, siblings, and parents with group facilitation support.

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; Theresa T. Potter, Applicant recently graduated from Capella University with her Masters degree in Health Care Administration. Currently she is working on her Doctorate degree at the School of Business. Her experience includes the following (1) Certified Nurse Aide (2) Attending Nursing classes at the University of Hawaii Hilo (3) Attending Pharmacy Technician class at the Hawaii Community College in Hilo (4) Volunteer work at the Hawaii Adult Mental Health Office in Honokaa as an Office Manager (5) Volunteer work at Hale Ho'ola Hamakua as a student helper to the Social Worker (MSW) (6) Worked in several agencies caring for the elderly in Home Health. She has also assisted her Mother who had a care home for 15 years. She has worked for the Department of Education since 2004 as a substitute teacher as well as an educational helper for Autistic children.
2. The goals and objectives related to the request;
 - 1) Provide 10 children and their families, during the first program year, with low cost complementary treatments such as medical massage, acupuncture, FDA approved Bio Feedback Machine, and healing touch. These treatments will take place at different business within their community.
 - 2) Conduct 18 free classes during the first program year in complementary Therapies for parents and caregivers (12 classes at Tutu's House in Kamuela and 6 classes at Neighborhood Place of Kona).

- 3). Provide group facilitation training for 10 volunteers within the community who want to provide support services. Training will be conducted by Trish Ellis from the Kona based Institute of Attitudinal Healing. Those who receive training will be expected to volunteer their services for one full year.
3. State the public purpose and need to be served: We will be providing services to children with serious medical issues focusing on children suffering from cancer, asthma or diabetes. On the Big Island of Hawaii approximately 40 children and adolescents are diagnosed with cancer each year, though some sources report higher numbers. Based on the Department of Health 2005 statistics show that there are about 281 children that were diagnosed with cancer from 0- 14 years of age. The children who were diagnosed with asthma from 0 -14 years of age showed that are 25,144 children who are affected by asthma. As for Diabetes children whose age ranges from 0-14 years shows that there are 584 children in the State of Hawaii who are diagnosed with Diabetes. Traditional Western medicine is not enough because it does not treat the whole person it focuses primarily on the medical conditions. Where as research has shown that there is a mental, emotional and nutritional aspect that needs to also be addressed in relationship to the patient's overall condition. Research has shown that alternative methods can be valuable when incorporated with traditional medicine to produce a more positive outcome for the patients. One of the therapies that we will be providing are medical massage to the children. Families are finding it difficult for their children to receive medical care due to the lack of pediatric doctors, specialist and lack of health resources for children on the Island of Hawaii. State of Hawaii Linda Lingle states that "Hawaii's doctors are retiring early, leaving the state, or closing their practice as medical cost continue to soar. The exorbitant cost of medical malpractice insurance is the number one reason for the loss of our doctors, leaving Hawaii residents in need of quality medical services—especially in rural areas and on the Neighbor Islands" Hawaii Children's Complementary Therapy is the only organization in the State of Hawaii that will offer educational classes to parents on the different types of complementary therapies, We will also offer group facilitation support to the child, siblings and parents. We plan to offer complementary therapies for children such as medical massage, acupressure, healing touch and we will also have a nutritionist on staff to provide parents consultations on their child dietary needs. On the Island of Hawaii this program can help supplement the scarcity of health resources on the Island of Hawaii for the terminally and chronically ill children and their families. Having this program will help parents to receive complementary care for the children on the Island of Hawaii. My motivation for this clinic is when I met Keawe and Kekoa. A couple years ago, I met Stan Nawatani and his son Keawe, who was 8 years old at Hapuna Beach on the Island of Hawaii. He could not go into the water because he had a feeding tube and he could not get it wet, this little boy could not go into the water to play. My son asked Keawe why he could not go into the water and he said, that he could not get his feeding tube wet because it was for his medicine. Keawe and my son started

to walk toward the beach so that they could build sand castles in the sand. Just after listening to their conversation I knew that something needed to be done to help these children. I spoke to Stan about his son and he told me that there is a lack of health care resources for the children who are terminally and chronically ill. A couple hours later, a little boy named Kekoa came to the beach to join us with his parents and siblings. He was diagnosed with a form of brain cancer. I first met him when we was 5 years of age at a school that I was working at. I was later told that Kekoa had taken out a tumor that was in his brain at Kapiolani Children's Hospital and found out that his Mother had to leave him in intensive care to get on a plane to get back to the Big Island so that her husband could go to work to help pay for Kekoa's medical expenses and to meet their daily needs. When Stan mentioned to Kekoa's Mother about the Clinic that I would be doing in the future she mentioned that having a clinic would be needed to help children like Keawe and Kekoa.

4. Describe the target population to be served; the target population that we will be serving children ages 5-12 and teens ages 13-18 who were diagnosed with cancer, asthma or diabetes. Parents and siblings of the child will receive services. We will be helping children in the urban areas who lack medical resources.
5. Describe the geographic coverage. There will be two geographic coverage sites On the Island of Hawaii. The first geographic coverage that we will serve is for children and their families from Kailua-Kona to South Kona. The other geographic coverage that we will provide services at is at Kamuela, Hawaii which will care for Hamakua, North Hawaii, Kohala and Waikoloa. This will assist us in caring for children living on the Island of Hawaii who are terminally and chronically ill. Both of the geographic areas will assist children in the urban areas of the Big Island.

II. Service Summary and Outcomes

4. 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 social outcome are based on education, group facilitation support, complementary therapies and Mala'ai Garden for children and parents.

OUTCOMES:

- 1) Our first goal is to provide educational classes, workshops and seminars at Tutu's House in Kamuela, Hawaii and Neighborhood Place of Kona in Kailua, Kona will provide parents with education about the different types of complementary therapies that are in their community. Our target will be 10 participants attending each class for a total of 18 classes for the year. We will serve a total of 180 parents in a year.

- 2) Our second goal is to provide complementary treatment to 5 children or teens every six months along with social support network through education and health support services. We will serve a total of 10 children and 20 parents annually.
- 3) Our third goal is to provide training to 10 volunteers to provide group facilitation support to the child, siblings and parents in 2007. We will provide 6 week sessions for child, siblings and parents with a total of 18 sessions to begin in 2009. We plan to serve 20 children and 20 parents of a total of 40 for the year.
- 4) Our fourth goal is to provide children and parents to be a part of the Mala'ai Garden. It is a way for children and their parents to grow vegetables and to work in the garden. Once a month the children and their parents will be able to help with the garden. Our target will be 10 children and 20 parents annually. We will also be educating parents and children at the garden in regards to nutrition and cooking class will also be provided.

MEASUREMENTS:

- 1) The type of measurements that will be used are surveys from participants from the classes, workshops, and seminars.
 - 2) We will also evaluate the child and teens progress based on complementary therapy through the evaluation of the therapist, nutritionist and their primary Physician.
 - 3) Group Facilitation Training and Mala'ai Garden measurement will be done through a volunteer and parent survey;
Assessment and Survey of Parents and Child will measure emotional support, educational classes, resources and actual therapies.
1. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service; our goals are based on a quarterly basis.

3-6 month goals

Apply for non profit status

Apply for grants

Write letters asking for financial donations

Continuous fundraising efforts

Start looking for a place to call home

Start educational classes at Tutu's House (2xs a month every other month)

January, March, July, September, November (2 hours each class)

Educational classes at Neighborhood Place of Kona (2xs a month every other Month) February, April, May, June, August, October and December (1 ½ hour for each class). The above classes will help us expand the knowledge of Complementary therapies and to promote strategies for Mana Ola O Ka Lani and A market research will also be done.

6-9 month goals

Raise funds to hire 2 full time staff and 3 part time positions

Move into new location

Continue Educational Programs at Tutu's House, Neighborhood Place of Kona and Mala'ai Garden Program for children and their parents.

Continue with monthly fundraising

Continuation of applying for grants

Continuation of writing letters for financial donations to corporations and Businesses.

9- 12 month goals

Non profit status (501 c3)

The establishment of full staff to work at the Kamuela Clinic.

Continuation of applying for grants

Continue Educational Programs at Tutu's House and Neighborhood Place of Kona.

We will be starting the group support services and complementary therapy services

2. 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 we will do an evaluation and assessment of participants who will be attending educational classes, group support services and complementary therapy.
3. 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.

Performance Measures:

	FY 2006-07 Actual *	FY 2007-08 Budget *	FY 2008-09 Estimate
(A) LOW-COST COMPLEMENTARY TREATMENT			
Number of children served	N/A	N/A	10
Number of family members served	N/A	N/A	20
TOTAL INDIVIDUALS RECEIVING LOW-COST COMPLEMENTARY THERAPY	N/A	N/A	30
(B) EDUCATIONAL CLASSES – number of classes			
Number of sessions at Neighborhood Place of Kona	N/A	N/A	10
Number of sessions at Tutu's House at Kamuela, Hawaii	N/A	N/A	10
Children's Garden	N/A	N/A	6
Nutrition	N/A	N/A	4
TOTAL CLASSES CONDUCTED	N/A	N/A	30
(C) PARTICIPATION IN EDUCATIONAL CLASSES			
Neighborhood Place of Kona	N/A	N/A	50
Tutu's House	N/A	N/A	50
Children's Garden	N/A	N/A	30
Nutrition	N/A	N/A	20
TOTAL PARTICIPATION	N/A	N/A	150

(D) GROUP FACILITATION CLASS			
Number of sessions	N/A	N/A	4
Number of participants/program volunteers	N/A	N/A	10

*If applicable

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
22,500.00	22,500.00	22,500.00	22,500.00	90,000.00

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.

Applicant, Theresa T. Potter (Founder) for Hawaii Children's Complementary Therapy and Research Clinic- Mana Ola O Ka Lani " The Living Power from The Founder graduated from Capella University in 2007 with her Masters degree in Health Care Administration. She is currently in the School of Business working towards her PhD. In 2003 she graduated from the University of Hawaii Hilo with her Bachelors of Science degree in Sociology. 1992, she also graduated from Hawaii Community College with her Associate of Arts degree in Liberal Arts.

Certificates that she has achieved are (1) Pharmacy Technician (Hawaii Community College) (2) Certified Nurse Aide (Hale Ho'ola Hamakua 1999).

VOLUNTEER WORK:

Student Internship at Hale Ho'ola Hamakua (2004) from the University of Hawaii Hilo/ Sociology Department.

Adult Mental Health Department- Honokaa- Waimea (2004) as an Office Manager.

EMPLOYMENT POSITIONS:

Substitute Teacher for the Department of Education, Sales, Marketing, Behavioral Health Aide for children with was diagnosed with Autism. Home Health as a Certified Nurse Aide, and assisting my Mother with her care home for the elderly for 15 years.

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.

Hawaii Children's Complementary Therapy and Research Clinic does not have a facility to call home. We will be providing complementary therapy classes for parents and caregivers at Tutu's House and Neighborhood Place of Kona. We will also be providing opportunities for the children to work in the Mala'ai Garden and plant vegetables. When we have a location for us to call home we will be offering group support services and work with complementary therapist within our community.

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.

We will hire 5 individuals such as the Executive Director, Office Manager, Administrative Assistant, Counselor Facilitator, Fundraising Coordinator and Group Facilitator to provide Group Support for Children, Siblings and Parents. We will have Complementary Therapy Staff at the Clinic to provide services to the children.

Staff: Personnel includes: Mary Ann Sakamoto (28 years experience), Wendy Kapu (2 years experience) and Janice Pennington (15 years experience) of medical massage. These individuals are with Honokaa Massage Therapy Clinic. Keoki Hook I Health Therapist (3 years experience) from Malama First, Herbert Moniz (25 years in Therapeutic massage and herbalist from Herb's Herb and Donna Worden Nutritionist (25 years experience), and Trish Ellis from the Institute for Attitudinal Healing (25 years experience),

All of these individuals will provide supervision, training, and provide us with administrative direction.

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.

There are currently 5 Board of Directors: Thomas Pepe, Realtor for Ranch and Sea Realty, Dr. Ruth Matsuura Retried Pediatrician, and Kahu Wendel Davis Chaplain of Kamehameha School in Keeau, Penny Alcoran Program Director for Waimea Family YWCA and Donna Findlay, Educator, Realtor for Ranch and Sea Realty. The Board members mentioned above will serve in the decision making process of the Clinic. We also have a community committee which is made up of Councilman Dominic Yagong, Representative Dwight Takamine, Councilman Angel Pilago, and Steven Carter, Financial Advisor. These individuals will be providing input into the organization.

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. Non Applicable;

There is no litigation pending at Hawaii Children's Complementary Therapy and Research Clinic- Mana Ola O Ka Lani at this time.


B. Licensure or Accreditation

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

Complementary Therapist, Psychologist and MFT (Marriage and Family Therapist) are all independent contractors that will have their own license, GE and Tax ID #.

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

App HCCTRC-Mana Ola O Ka Lani

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	76,032			
2. Payroll Taxes & Assessments	9,615			
3. Fringe Benefits				
TOTAL PERSONNEL COST	79,647			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	400			
2. Insurance	1,700			
3. Lease/Rental of Equipment	5,500			
4. Lease/Rental of Space	500			
5. Staff Training	2,500			
6. Supplies	500			
7. Telecommunication	2,000			
8. Utilities	1,800			
9. Comp. Therapies	20,000			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	37,000			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	116,647			
SOURCES OF FUNDING		Budget Prepared By:		
Total State Funding needed	90,000	Theresa T. Potter	(808) 775-1725	
Fundraising	10,000	Name (Please type or print)	Phone	
Donations from Community	6,647		1/28/08	
Corporate Sponsors	10,000	Signature of Authorized Official	Date	
Total cost of Funding	116,647	Theresa T. Potter, Founder		
		Name and Title (Please type or print)		
		Theresa T. Potter, Founder		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

HCCTRC- Mana Ola O Ka Lani

Period: July 1, 2008 to June 30, 2009

DESCRIPTION EQUIPMENT	NO. OF	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Rental of Xerox Machine @ 300 per month/12=\$3600.00	1	\$300.00	\$ 4,600.00	4600
Rental of Typewriter @ 25.00 per month/12=300.00	1	\$300.00	\$ 300.00	300
Rental of Fax Machine @ 50.00 per month/12 = \$600.00	1	\$600.00	\$ 600.00	600
		\$ -	-	
TOTAL:	3		\$ 5,500.00	5,500

JUSTIFICATION/COMMENTS:

We will rent the above equipment from Business Automations from Hilo, Hawaii.

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
TOTAL:				

JUSTIFICATION/COMMENTS: