

House District 28

Senate District 12

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

Log No: 165-0

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:
Lupus Hawaii

Db/a: _____

Street Address: 700 Bishop Street, Suite 444
Honolulu, HI 96813

Mailing Address: same as above

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name CHERYL ANN JONG

Title President

Phone # 285-3550

Fax # 538-1525

e-mail cjong@lupushawaii.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:

WE REQUEST OPERATING FUNDS TO SUSTAIN THE ONLY ORG. IN THE STATE FOCUSING ON LUPUS & ITS RELATED DISORDERS.

(Maximum 300 Characters)

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 \$ 25,000

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 \$ 25,000

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[Signature]
AUTHORIZED SIGNATURE

CHERYL ANN JONG
NAME & TITLE

JANUARY 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;

Lupus Hawai'i is the ONLY organization in the state that provides support, advocacy and education to people affected by lupus. We also reach out to people with overlapping diseases such as Fibromyalgia, Celiac (Gluten-Allergies) Disease, etc.

2. The goals and objectives related to the request;

We are starting a new organization and are in need of operating funds. We were formally the Lupus Foundation of America, Hawai'i Chapter. We have disaffiliated in November 2007. At that point, we have had to give up all our assets. We now are rebuilding.

Now, as a new entity, ALL funds received are kept in Hawai'i to service Hawai'i.

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

We are in need of assistance to help pay for our operating costs. (rent, salaries, etc.) This will enable us to continue us to provide the services we do.

We touch peoples lives everyday. We take calls, emails, and meet people on a daily basis. Someone knows someone with lupus and they need help, questions answered and we do it the best way we know how...with integrity, honesty and with compassion.

4. Describe the target population to be served; and

9 out of 10 lupus patients are women, but we are finding more and more, patients are also men, teens and children.

Asians, Native Hawaiians, Pacific Islanders, African Americans, Hispanics, Latinos and Native Americans are disproportionately affected.

The average age of women being identified is 14-45. It takes about 4-7 years to be diagnosed.

5. Describe the geographic coverage.

Statewide

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;

Lupus Hawai'i provides statewide education, awareness and support of lupus education through newsletters, magazine publication, health fairs, public speaking engagements, email, phone, hospital, one-on-one, support groups, etc. These tasks are mainly done by the President who oversees all programs and support counseling and the Director of Operations who oversees the Administrative and assists in the Programs and oversees the Newsletters and Magazine editing.

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

The printed materials are projected to be done quarterly; the programs are ongoing and the counseling are daily and as needed.

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

Lupus Hawai'i has a Quality Survey that is asked of all participants at every event and program to evaluate and improve ourselves as well as collect demographic, geographic, and whether or not the participant is a patient data.

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.

The measure of effectiveness will be measured through the growth of the organization. As a newly organized organization, we would use the funds wisely to assist us to reach out into the community and grow.

Our measure of success will be seen in our responses.

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
\$6,250	\$6,250	\$6,250	\$6,250	\$25,000

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.

We are a brand new entity (as an organization), but I have over 20 years in the non-profit field (as a Crisis Intervention Counselor to a Director of Programs). I am a lupus patient with the capacity to bring into the field an empathy of support to the patients that no one else can touch them with.

Our Director of Operations brings a unique experience of finance and education. He also regularly attends compliance seminars and financial responsibility classes.

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.

Our facility is in a building downtown meeting all ADA requirements. I am in a wheelchair.

My office is from home.

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.

The President and Director of Operations shall utilize GIA to continue the operations of the organization. The funds shall be used to continue educating the public, patients and medical community about Lupus and its overlapping conditions.

The President is an experienced Crisis Intervention Counselor, Teacher and former Director of health programs at other non-profits while the Director of Operations comes from an economic and financial background and is keeping up with the yearly non-profit accountability laws. He also coordinates our Health Fairs while the President takes care of our Programs and Peer Counseling, Education and Support.

We believe we are able to responsibly continue to run the organization with financial assistance.

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.

Please see attached Organizational Chart of Lupus Hawai'i

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.

There is no litigation pending of any kind.

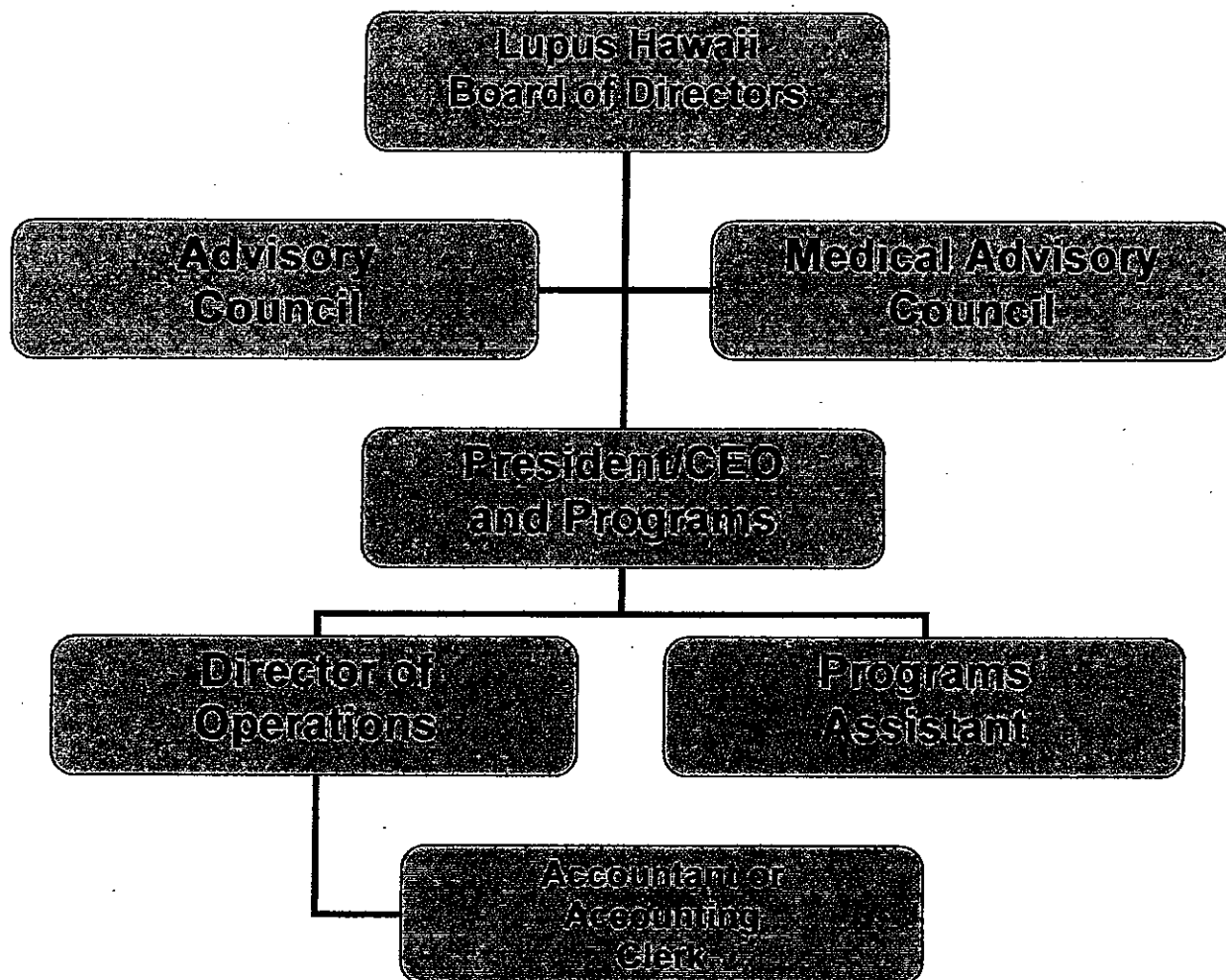
B. Licensure or Accreditation

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

N/A

Lupus Hawai'i

Organizational Chart



FILED 11/26/2007 1:31 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 585-2727



11/27/200720009

ARTICLES OF AMENDMENT TO CHANGE CORPORATE NAME
(Section 414D-183, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting these Articles of Amendment, certify as follows:

1. The present name of the corporation is:

LUPUS Foundation of America, Hawaii Chapter, Inc.

2. The name of the corporation is changed to:

Lupus Hawaii

3. The amendment to change the corporation name was adopted on:

11 / 17 / 2007
(Month Day Year)

(Check one)

at a meeting of the *members*:

Designation (class) Of membership	Total Number of Memberships (votes) outstanding	Total Number of Votes Entitled to be Cast By each Class	Number of Votes Cast by each class For Amendment	Number of Votes Cast by each class Against Amendment

OR

by written consent of the *members* holding at least eighty per cent of the voting power.

OR

by a sufficient vote of the *Board of Directors or Incorporators* because member approval was not required.

4. Check one:

The written approval of a specified person or persons named in the articles of incorporation was obtained.

The written approval of a specified person or persons is not required.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements and that the same are true and correct.

Signed this 26th day of November, 2007

Tracy Nakashima, Treasurer
(Type/Print Name & Title)

[Signature]
(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE. The articles must be signed by at least one officer of the corporation.

11/27/200720009

Lupus Hawaii
700 Bishop Street, Suite 444
Honolulu, HI 96813

November 26, 2007

IRS
300 Ala Moana Blvd.
Honolulu, HI 96850

RE: Name Change for the Lupus Foundation of America, Hawai'i Chapter

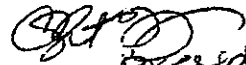
To Whom It May Concern,

Per the minutes of our Board Meeting of 11/19/07 (please see attached), please change our name to **Lupus Hawaii** immediately.

I appreciate your assistance.

Mahalo,


Cheryl Ann Jong
President

TUR E19# 15 99-0199198

President

11/26/07

INTERNAL REVENUE SERVICE
W&I - FIELD ASSISTANCE
HONOLULU, HI 96850

NOV 26 2007

RECEIVED
51612

Applicant: Lupus Hawai'i

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
President		9600	60	\$ 5760-
Director of Operations		25,000	35	\$ 8750 -
				\$ -
				\$ -
				\$ -
TOTAL:				\$14,510.00

JUSTIFICATION/COMMENTS:

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

Applicant: _____ Lupus Hawaii _____

BUDGET CATEGORIES	Total State Funds Requested	(a)	(b)	(c)	(d)
A.					
PERSONNEL COST					
1. Salaries	14,510.00				
2. Payroll Taxes & Assessments	117.00				
3. Fringe Benefits	6000				
TOTAL PERSONNEL COST					
B.					
OTHER CURRENT EXPENSES					
1. Airfare, Inter-island					
2. Insurance					
3. Lease/Rental of Equipment					
4. Lease/Rental of Space					
5. Staff Training					
6. Supplies					
7. Telecommunication					
8. Utilities					
9. Postage	1000				
10. Printing	3373				
11					
12					
13					
14					
15					
16					
17					
18					

	19				
	20				
	TOTAL OTHER CURRENT EXPENSES				
C.	EQUIPMENT PURCHASES				
D.	MOTOR VEHICLE PURCHASES				
E.	CAPITAL				
TOTAL (A+B+C+D+E)					
SOURCES OF FUNDING					
	(a) Total State Funds Requested				
	(b)				
	(c)				
	(d)				
TOTAL REVENUE					
Budget Prepared By: Cheryl Ann Jong					
		Name (Please type or print) Cheryl Ann Jong		Phone 285- 3550	
		Signature of Authorized Official		Date 01/30/08	
		Name and Title (Please type or print) Cheryl Ann Jong, President			

Applicant: Lupus
 Hawaii: _____

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						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						

JUSTIFICATION/COMMENTS:

N/A

**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.

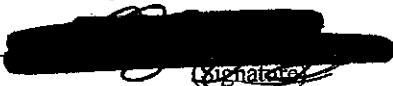
In addition, a grant or subsidy may be made to an organization only if the organization:

- (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.

Lupus Hawai'i (Typed Name of Individual or Organization)	Jan. 30, 2008
 (Signature) Cheryl Ann Jong	(Date) President
(Typed Name)	(Title)

