House District 22

# THE TWENTY-FIFTH LEGISLATURE HAWAI'I STATE LEGISLATURE

Log No: 170-0

Senate District 11	LECOLATORE	1
APPLICATION FOR C	For Legislature's Use Only	
CHAPTER 42F, HAWA	,	
Type of Grant or Subsidy Request:	•	
GRANT REQUEST - OPERATING GRANT	REQUEST – CAPITAL SU	JBSIDY REQUEST
"Grant" means an award of state funds by the legislature, by activities of the recipient and permit the community to benefit	y an appropriation to a specified reciping from those activities.	pient, to support the
"Subsidy" means an award of state funds by the legislature, appropriation, to reduce the costs incurred by the organizati members of the public.		
"Recipient" means any organization or person receiving a g	rant or subsidy.	
STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (I HEALTH	<u> </u>	
STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): HT	<u>CH 560</u>	
1. APPLICANT INFORMATION:	2. CONTACT PERSON FOR MATTERS APPLICATION:	INVOLVING THIS
Legal Name of Requesting Organization or Individual:  March of Dimes Foundation	Name Connie Brunnn	
Dba: March of Dimes Hawaii Chapter	Title <u>Director of Program Services</u>	3
Street Address: 1451 S. King Street, Suite 504	Phone # _(808) 973-2152	·
Honolulu, HI 96814 Mailing Address: 1451 S. King Street, Suite 504	Fax # <u>(808) 973-2160</u>	
Honolulu, Hl 96814	e-mail <u>cbrunn@marchofdimes.cor</u>	<u>m</u>
3. Type of business entity:	7. DESCRIPTIVE TITLE OF APPLICAN	nt's request:
Non Profit Corporation     ☐ For Profit Corporation	NICU FAMILY SUPP	PORT <sup>®</sup>
LIMITED LIABILITY COMPANY	(Maximum 300 Characters)	OKI
Sole Proprietorship/Individual	8. FISCAL YEARS AND AMOUNT OF S'	TATE FUNDS REQUESTED:
4. FEDERAL TAX ID #:		10122 0
6. SSN (IF AN INDIVIDUAL):	FY 2008-2009 \$ <u>42,989</u>	
9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:  New Service (presently does not exist)  SP	PECIFY THE AMOUNT BY SOURCES OF FU	TOO AVAILABLE
<b>=</b> - ' .	THE TIME OF THIS REQUEST:	NDS AVAILABLE
•	STATE \$ <u>10,406</u> FEDERAL \$	<u>-</u>
	County \$ Private/Other \$24,605	<del>-</del>
· · · · · · · · · · · · · · · · · · ·	1 District of Clark Teachers	
TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:		
CARMELLA HERNAL	NDEZ, STATE DIRECTOR	1-23-08
Nav	Æ&TITLE	DATE SIGNED

# **BUDGET REQUEST BY SOURCE OF FUNDS**

(Period: July 1, 2008 to June 30, 2009)

Applicant: March of Dimes Hawaii Chapter

BUDGET Categories		Total State Funds Requested	OHA Grant Boeing Company Grant		MOD Funds	
		(a)	(b)	(c)	(d)	
A.	PERSONNEL COST					
	1. Salaries	18,391	4,643		13,212	
	2. Payroll Taxes & Assessments	1,407	355		1,011	
	Fringe Benefits	4,782	1,084		3,558	
	TOTAL PERSONNEL COST	24,580	6,082		17,781	
В.	OTHER CURRENT EXPENSES					
Ĭ .	Airfare, Inter-Island					
	2. Insurance					
	Lease/Rental of Equipment					
	4. Lease/Rental of Space	<del></del>				
1	5. Staff Training					
	6. Supplies	12,500	2,435	1,500	5,015	
	7. Telecommunication					
	8. Utilities					
	9. Professional Development	2,500	1,700		200	
	10. Criminal Background Check fee	225	175			
	11. Postage		14		109	
	12. Indirect Costs (8%)	3,184		١.,		
	13			•		
ł	14					
	15					
1	16					
	17					
	18					
1	19					
	20					
	TOTAL OTHER CURRENT EXPENSES	18,409	4,324	1,500	5,324	
C.	EQUIPMENT PURCHASES					
D.	MOTOR VEHICLE PURCHASES					
E.	CAPITAL		1 100 1101			
_	TAL (A+B+C+D+E)	42,989	10,406	1,500	23,105	
1	TAL (ATBTCTDTE)	42,303	10,400	. 1,500	20,100	
			Budget Prepared By:			
sc	OURCES OF FUNDING	•				
١ٽ	(a) Total State Funds Requested	42 020	Connie Brunn		973-2155	
ı		42,303	Name (Please type or print	1) /	Phone	
Ī	(b) Office of Hawaiian Affairs Gra		, 10000 (3po o. print	11	•	
	(c) Boeing Company Grant	1,500	<b>&gt;</b>		1-23-0f	
L	(d) March of Dimes funds	23,105	3,105 Signature of Authorized Official			
			Carmella Hernandez, State	Director		
TOTAL REVENUE 78,000 Name and Title (Please type or print)				į		

House District \_22\_

# THE TWENTY-FIFTH LEGISLATURE

Senate District11_	TE LEGISLATURE					
APPLICATION FOR GRANTS & SUBSIDIES		For Legislature's Use Only				
Chapter 42F, Haw	VAI'I REVISED STATUTES					
Type of Grant or Subsidy Request:		·				
☐ GRANT REQUEST — OPERATING ☐ GRANT	r Request – Capital Su	BSIDY REQUEST				
"Grant" means an award of state funds by the legislature, activities of the recipient and permit the community to bene	by an appropriation to a specified recipe from those activities.	pient, to support the				
"Subsidy" means an award of state funds by the legislature appropriation, to reduce the costs incurred by the organizamembers of the public.						
"Recipient" means any organization or person receiving a	grant or subsidy.					
STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST HEALTH	<u> </u>					
STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): H	TH 560					
1. APPLICANT INFORMATION:	2. CONTACT PERSON FOR MATTERS APPLICATION:	INVOLVING THIS				
Legal Name of Requesting Organization or Individual:  March of Dimes Foundation	Name CONNIE BRUNNN	Name CONNIE BRUNNN				
Dba: March of Dimes Hawali Chapter	Title <u>Director of Program Services</u>	Title Director of Program Services				
Street Address: 1451 S. King Street, Suite 504	Phone # _(808) 973-2152					
Honolulu, HĬ 96814 Mailing Address: 1451 S. King Street, Suite 504	Fax#_(808) 973-2160					
Honolulu, HI 96814	· · · · · · · · · · · · · · · · · · ·	e-mail_cbrunn@marchofdimes.com				
3. Type of business entity:	7. DESCRIPTIVE TITLE OF APPLICAN	vt's request:				
Non Profit Corporation     For Profit Corporation     □	NICU FAMILY SUPP	ORT®				
☐ LIMITED LIABILITY COMPANY ☐ SOLE PROPRIETORSHIP/INDIVIDUAL	(Maximum 300 Characters)					
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4. FEDERAL TAX ID #: 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15	•					
6. SSN (IF AN INDIVIDUAL):	FY 2008-2009 \$ <u>42,989</u>					
9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:	DESCRIPTION AMOUNT BY SOURCES OF FIL	INDO AMAILADLE				
	PECIFY THE AMOUNT BY SOURCES OF FU T THE TIME OF THIS REQUEST:	INDS AVAILABLE				
	STATE \$10,406 FEDERAL \$	_				
	COUNTY \$	<del></del>				
·	PRIVATE/OTHER \$24,605					
TYPE-NAME & TITLE OF AUTHORIZED REPRESENTATIVE:						
1) N		1 22 2				
CARMELLA HERNA	ANDEZ, STATE DIRECTOR	DATE SIGNED				

# Budget Narrative/Justification Period: July 1, 2008-June 30, 2009

# Personnel - \$24.580

The Chapter requests a total of \$24,580 in personnel expenses to cover approximately 50% of personnel costs for the NICU Family Support Specialist to continue working a 28/hour work week. This figure includes a possible 3% salary increase to take effect on January 1, 2009. This figure also includes payroll taxes and assessments calculated at 7.65% and fringe benefits calculated at 23.35%. The remaining personnel costs will be covered by a combination of funds from the March of Dimes National Office (only available until December 31, 2008) and funds raised through grants submitted to various local family and corporate foundations.

# Supplies - \$12,500

The Chapter is also requesting a total of \$12,500 for the purchase of supplies to be used in direct service and volunteer support activities, with an additional \$8,950 to be supplemented by March of Dimes and private foundation funds. Among the additional funds received is \$1500 from the Boeing Company, which is restricted to services for families from the neighbor islands whose newborns have been admitted to Kapi'olani Medical Center for Women and Children, and another \$2435 received from the Office of Hawaiian Affairs and restricted to services provided to Native Hawaiian families. Supplies include costs related to such activities as:

- development and production of new customized modules as well as the continuation and expansion of currently implemented modules;
- · purchase of print materials for the Parent Care Kits distributed by the program to all families;
- supplies and refreshments for Holiday Celebrations and Scrapbooking Evenings;
- · supplies and refreshments for periodic CNAC and graduate parent meetings; and
- · miscellaneous office supplies.

#### Professional Development - \$2,500

The Chapter is requesting \$2,500 for costs related to providing professional development opportunities to the NICU Family Support Specialist, KMCWC antepartum and Newborn Special Care Unit staff, CNAC members and the program's graduate parent volunteers. These funds will be supplemented by \$1900 from other funding sources. This figure includes costs associated with co-sponsoring local events, as well as costs associated with either bringing a mainland speaker to Hawaii for a training (preferable) or sending a limited number of individuals to a mainland conference or training session.

### Criminal Background Checks - \$225

The Chapter also requests a total of \$225 to partially cover the estimated total costs to conduct criminal background checks for five new volunteers to assist in providing direct services. It is estimated that each criminal check will cost the Chapter approximately \$75. (Actual costs vary, depending on the number of states an individual has lived in.)

#### Indirect Costs - \$3184

The Chapter also requests indirect costs in the amount of \$3,184 (8%) to cover costs associated with the monitoring and administration of this grant.

# **BUDGET REQUEST BY SOURCE OF FUNDS**

(Period: July 1, 2008 to June 30, 2009)

Applicant: March of Dimes Hawaii Chapter

BUDGET		Total State	OHA Grant Boeing Company		MOD Funds	
CATEGORIES		Funds Requested (a)	Grant (b) (c)		(d)	
$\vdash$		(4)	(b)	(0)	(4)	
A.	PERSONNEL COST	40.004	4.040		42.040	
	Salaries     Payroll Taxes & Assessments	18,391	4,643 355		13,212 1,011	
	3. Fringe Benefits	1,407 4,782	1,084		3,558	
1			<del>                                     </del>		17,781	
-	TOTAL PERSONNEL COST	24,580	6,082		17,781	
B.	OTHER CURRENT EXPENSES	;				
1	1. Airfare, Inter-Island	·				
	2. Insurance					
	3. Lease/Rental of Equipment				<del></del>	
Į.	4. Lease/Rental of Space		-		<del></del>	
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1	8. Utilities					
1	9. Professional Development	2,500	1,700		200	
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	14					
	15		<u> </u>			
	16	<del></del>	·		-, -,-	
	17					
l	18					
	19					
	20					
1						
i	TOTAL OTHER CURRENT EXPENSES	18,409	4,324	1,500	5,324	
C.	EQUIPMENT PURCHASES		,			
D.	MOTOR VEHICLE PURCHASES					
E.	CAPITAL	•				
	TAL (A+B+C+D+E)	42,989	10,406	1,500	23,105	
ሥ	TAL (A+B+C+D+L)	42,303	10,400	1,000	25,105	
]			Budget Prepared By:			
SOURCES OF FUNDING		•				
	(a) Total State Funds Requested	42 989	Connie Brunn	•	973-2155	
			Name (Please type or print)	1	Phone	
	(b) Office of Hawaiian Affairs Gran	10,406	( /	<u> </u>		
l	(c) Boeing Company Grant	1,500		750	1-23-08	
<u> </u>	(d) March of Dimes funds	23,10ა		iciai)	Date	
			Carmella Hernandez, State Director		ĺ	
TOTAL REVENUE		78,000	Name and Title (Please type	e or print)		
l						
ь		·				

# Budget Narrative/Justification

Period: July 1, 2008-June 30, 2009

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Hawail Chapter 1451 King Street, Suite 504 Honolulu, HI 96814 Telephone (808) 973-2155 Inter-island 1-800-272-5240 Fax (808) 973-2160

marchofdimes.com/hawali

January 23, 2008

The Honorable Senator Rosalyn H. Baker Chair, Senate Committee on Ways and Means State Capitol, Room 210 Honolulu, HI 96813

# Dear Senator Baker:

We are writing to inform you that the March of Dimes Hawaii Chapter continues to require the second year of funding which we originally requested in our Grant-in-Aid proposal submitted to the Hawaii State Legislature in January 2007.

Our original proposal, entitled "NICU Family Support<sup>®</sup> requested second year funding in the amount of \$80,799. Since that submission, we have secured some additional funding and therefore we are adjusting our request to reflect these new funds. We are now requesting \$42,989. We have included a new budget form and narrative to reflect these changes. We have also included a new cover page. Please be aware that our proposed activities and outcomes/outputs will remain unchanged.

Thank you so much for your consideration of our Grant-in-Aid request. We look forward to a positive response. The families of Hawaii's newest, smallest and most vulnerable residents thank you.

Sincerely,

நாமுள் A. Compa Chair, Board of Directors Carmella Hernandez State Director

**Enclosures** 



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