

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

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

**THE TWENTY-EIGHTH LEGISLATURE  
APPLICATION FOR GRANTS  
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No: \_\_\_\_\_

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

"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.

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

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:

MANACEUTICAL LABS L.L.C.

Db/a:

Street Address: 111 NORTH KING STREET, SUITE 504  
HONOLULU, HI 96817

Mailing Address: 1670 MAKALOA STREET PMB 205  
HONOLULU, HI 96814

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

Name THEODISE T. ALEXANDER

Title BUSINESS OWNER

Phone # 808-728-3338

Fax # 808-748-0882

E-mail THEOALEXANDER72@YAHOO.COM

**3. TYPE OF BUSINESS ENTITY:**

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
- FOR PROFIT CORPORATION INCORPORATED IN HAWAII
- LIMITED LIABILITY COMPANY
- OTHER
- SOLE PROPRIETORSHIP/INDIVIDUAL

**6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:**

4. FEDERAL TAX ID #: \_\_\_\_\_

5. STATE TAX ID #: XXXXXXXXXX \_\_\_\_\_

**7. AMOUNT OF STATE FUNDS REQUESTED:**

FISCAL YEAR 2016: \$ \_\_\_\_\_

**8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:**

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

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

STATE \$ \_\_\_\_\_

FEDERAL \$ \_\_\_\_\_

COUNTY \$ \_\_\_\_\_

PRIVATE/OTHER \$ \_\_\_\_\_

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[REDACTED]

AUTHORIZED SIGNATURE

THEODISE T. ALEXANDER BUSINESS OWNER  
NAME & TITLE

1/30/15  
DATE SIGNED

**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
  - a) 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 is awarded;
  - b) Complies 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;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant 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 ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

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

Manaceutical Labs L.L.C.

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(Typed Name of Individual or Organization)

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(Signature)  
Theodise T. Alexander

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(Date)  
Business Owner

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(Typed Name)

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(Title)

## Application for Grants

*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. Please include the following:

1. A brief description of the applicant's background;  
Manaceutical Labs L.L.C. is a minority, veteran-owned and operated, small business positioned locally and headquartered here in Hawaii as the premier consultation and assessment organization offering continuing education and service referrals to US veterans and their families.
2. The goals and objectives related to the request;  
At Manaceutical Labs L.L.C. our goal is to improve access to alternative medical services that promote healthful living strategies toward a reduction in the chronic symptoms caused by PTSD and other debilitating disorders. Our objective is to be the most trusted name providing qualifying US veterans, local residents, visitors and their families' access to a comprehensive network of community health providers specializing in designated alternative health therapies.
3. The public purpose and need to be served;  
The purpose of Manaceutical Labs L.L.C. is to facilitate the community at large by innovative educational programs, products and services designed to assist patients in their moment of need through timely referrals to available community health providers.
4. Describe the target population to be served; and  
To date, there are over 131,000 US veterans residing in the State of Hawaii. Due to the increasing rate of suicide among the US veteran population, Manaceutical Labs L.L.C. has targeted this high risk demographic as a focal point to offer assessment and referral services toward an active, community based, suicide prevention program to include PTSD diagnosed veterans and their family members.
5. Describe the geographic coverage.  
Manaceutical Labs L.L.C. is positioned locally in Honolulu in order to provide assessment and referral services to the community at large throughout the State of Hawaii including the outer islands. Manaceutical Labs L.L.C. is in the process of

expanding our service strategy to include satellite offices/clinics equip with telemedicine technology for the purpose of delivering assessment and referral services to citizens residing in rural areas.

## **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. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;  
Manaceutical Labs L.L.C. is dedicated to providing concise assessments and referral services to Hawaii State residents at their moment of need. Our task is to assist the Hawaiian community at large including PTSD diagnosed US veterans and their families in gaining access to much needed alternative health services through telemedicine technology and referral to a broad array of current community health resources. Manaceutical Labs L.L.C. shall be responsible for the daily data collection regarding the number of assessments and referrals of qualifying Hawaii residents and their families toward documented utilization of highly valued community health resources.
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and
4. 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.

## **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 requests for the fiscal year 2016.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2016.  
N/A
4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.  
N/A
5. The applicant shall provide a listing of all government contracts and grants it has been and will be receiving for program funding.  
N/A
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2014.  
N/A

#### **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.

Please see attached documents (Curriculum Vitae and Professional Bio-sketch)

##### **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.

At present, Manaceutical Labs L.L.C. has one main facilities located on Oahu. The main office is nestled inside the heart of the historic Chinatown district near downtown Honolulu. The one of several proposed sites is set on a large parcel of Native Hawaiian agricultural land in the tranquil Village of Pu'uhonua, a rural section of Waimanalo. Manaceutical Labs L.L.C. is in the process of expanding our service strategy to include satellite offices equip with telemedicine technology in Wahiawa, on the Leeward coast, North Shore, Hawaii Kai, Manoa, and the Salt Lake area. Our long term plan is to encompass the outer islands as a part of our service outreach.

## 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.

In the next 24 months, Manaceutical Labs L.L.C. will recruit and contract with the following list professionals and personnel: Board Certified Medical Physician- M.D. (5); Clinical Psychologist- Psy.D. (1); Clinical Psychiatrist- Psy.D. (1); Public Health Administrator- Ph.D. (1); Health Care Administrator- M.H.A. (1); Clinical Support Personnel- RN (1); LPN (2); Certified Social Worker- B.A. (7); Executive Assistant- B.A. (1); Administrative Support Personnel- Student attending an accredited college or university (5); PTSD diagnosed US veteran currently in treatment at the VA Medical Center (50-100); Academic Instructor Plant Biotechnology- B.S./M.S./Ph.D. (1); Academic Instructor Farming Design and Agribusiness- B.S./M.S./Ph.D. (1); Senior Financial Advisor- B.A./M.B.A./Ph.D. (1); Legal Counsel- J.D. (1); Business Consultant- Ph.D. (1); Custodial Cleaning Staff- H.S. graduate (8); and Community Based Volunteer Staff- H.S. graduate (5).

### 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 organization chart that illustrates the placement of this request.

Manaceutical Labs L.L.C. CEO- (1)

- Public Health Administrator (1)
- Executive Assistant- B.A. (1)
- Legal Counsel (1)
- Business Consultant (1)

Manaceutical Labs L.L.C. Senior Financial Advisor- (1)

- Administrative Support Personnel (5)
- Academic Instructor Plant Biotechnology (1)
- Academic Instructor Farming Design and Agribusiness (1)

Manaceutical Labs L.L.C. Clinical Psychologists- (1)

- Clinical Psychiatrist (1)
- Certified Social Worker (7)
- PTSD diagnosed US veteran (50-100)

Manaceutical Labs L.L.C. Health Care Administrator- (1)  
Board Certified Medical Physician (5)  
Clinical Support Personnel (2)

Manaceutical Labs L.L.C. Custodial Cleaning Staff- (8)  
Community Based Volunteer Staff (5)

**C. Compensation**

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position. Manaceutical Labs L.L.C. Business Owner and C.E.O., \$120,000; Senior Financial Advisor, \$86,000; Clinical Psychologists- Psy.D., \$70,000

**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.  
N/A

**B. Licensure or Accreditation**

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.  
N/A

**C. Federal and County Grants**

The applicant shall separately specify the amount of federal and county grants awarded since July 1, 2014.  
N/A

**D. Private Educational Institutions**

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.  
N/A

**E. Future Sustainability Plan**

The applicant shall provide a plan for sustaining after fiscal year 2015-16 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2015-16, but
- (2) Not received by the applicant thereafter.

**F. Certificate of Good Standing (If the Applicant is an Organization)**

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2014.

N/A