

House District _____

Senate District _____

THE TWENTY-SEVENTH LEGISLATURE
APPLICATION FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

COPY
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/a: Hawaii Island HIV/AIDS Foundation

Street Address:
74-5620 Palani Rd. Suite 101
Kailua-Kona, HI 96740

Mailing Address:
74-5620 Palani Rd. Suite 101
Kailua-Kona, HI 96740

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name BRUCE MERRELL

Title Executive Director

Phone # 808-331-8177

Fax # 808-331-0762

e-mail bmerrell@hihaf.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

PROCUREMENT OF VEHICLE TO ENHANCE PROGRAMMATIC AND OUTREACH ACTIVITIES OF THE HAWAII ISLAND HIV/AIDS FOUNDATION

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2015: \$ 0

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:

BRUCE MERRELL, EXECUTIVE DIRECTOR
NAME & TITLE

1-21-2016

DATE SIGNED



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1/22/16 HR

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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 Hawaii Island HIV/AIDS Foundation background:

The Hawaii Island HIV/AIDS Foundation (HIHAF) was established through a merger of the Big Island AIDS Project and the West Hawaii AIDS Foundation in September 2003. Our offices in Hilo and Kailua Kona provide Medical Case Management, Education, Prevention and Community Outreach services to all those affected by HIV/AIDS and related diseases.

2. The goals and objectives related to the request:

To procure a vehicle to expand Medical Case Management, Testing, Syringe Access Services and Community Outreach.

3. The public purpose and need to be served:

Public Health, Harm Reduction, Sexually Transmitted Disease (STD) Education

4. Describe the target population to be served:

All Hawaii Island residents affected by HIV/AIDS, Hepatitis and STDs, especially women, youth, MSM, IDU and the homeless.

5. Describe the geographic coverage:

Hawaii Island/County of 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. The applicant shall:

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1. Describe the scope of work, tasks and responsibilities:
This request of \$30,155.00, if granted, will enable HIHAF to purchase a vehicle. We would then be equipped to mobilize our staff to better cover the 4000 square miles of Hawaii County. By taking our services currently offered in office to remote, underserved areas of the Big Island, we will help build a healthier, stronger and more sustainable community that supports its Big Island members with a focus on HIV/AIDS, Hepatitis and other STDs. A vehicle will allow our Case Managers to provide comprehensive case management to our fragile clients- about 30% of our case load. A vehicle will allow us to do better medical case management during face to face visits with clients. On site assessments will improve treatment care and advocacy. HIHAF provides Syringe Access Services at our Kona office and free, confidential HIV and Hepatitis C testing in both Kona and Hilo offices. Our services help keep the community safe from HIV and Hepatitis. We currently exchange and properly dispose of 3000 syringes a month and do harm reduction counseling with over 40 individuals a month at our office in Kona.

With a vehicle, we expect to dispose of over 6,000 syringes while utilizing harm reduction to educate and encourage over 100 Big Island residents to make healthier choices.

A vehicle will be utilized to participate in community events- increasing our prevention education- while we focus on youth in our community and broaden our community outreach.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service:

Our case management and prevention programs are already in place. We are requesting a vehicle to grow our existing successful programs.

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results:

HIHAF has worked closely for 20 years contracting with the State of Hawaii Department of Health STD/AIDS Prevention Branch. We will use the same techniques for monitoring and evaluation that we currently use and send to the STD/AIDS Prevention Branch. HIHAF needs a vehicle to implement existing programs to a wider target population on the island.

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:

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Purchase of a vehicle will increase HIHAF's testing and counseling by 20%; medical case management access to fragile clients by 40%; Syringe Access Services by 100%; Community outreach events and youth education events by 20%.

III. Financial

Budget

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

See Attached.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2017.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$30,115.00	-	-	-	\$30,115.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2017.

See Attached.

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.

Only the July 2015 Federal Health Insurance Credit - \$4,175. No other in the prior 3 years.

5. The applicant shall provide a listing of all federal, state, and county government contracts and grants it has been and will be receiving for program funding.

See Attached

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2015.

Balance of Unrestricted Assets as of June 30, 2015 (not recent Audited Financials) - \$258,243

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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.

For the Subject Motor Vehicle, current staff will be designated as in-house drivers depending on the use of the vehicle at the time. All staff will be trained and licensed in the operation of vehicle. At present, it is not anticipated that dedicated drivers will be hired.

Control procedures will be implemented to closely monitor fuel usage, mileage, official use, and scheduling of the vehicle to ensure appropriate usage of the vehicle.

Appropriate auto and liability insurance coverage will be provided for the vehicle and staff. It is not anticipated that clients nor other non HIHAF staff will drive or ride in the vehicle.

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.

Currently, HIHAF occupies 2 leased office facilities, one in Kona and one in Kea'au:

Kona:

Address:

**74-5620 Palani Rd., Suite 101
Kailua-Kona, HI 96740**

Size: Approximately 1450 Sq. Ft. in a multiple Office Complex

Available Parking: Out-door multiple car parking lot adjacent to the office.

Kea'au:

Address:
16-204 Melekahiwa Pl #1
Kea'au, HI 96749

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Size: Approximately 1525 Sq. Ft. in a multiple Office Complex

Available Parking: Out-door multiple car parking lot adjacent to the office.

IV. Experience and Capability

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.

While the Executive Director will have ultimate responsibility for the use and management of the vehicle, the day to day management and scheduling will be the responsibility of the Program Director or as designated. Teri Hollowell, Program Director, has been with the organization for over 10 years and is a highly skilled and a very successful manager of both facilities and programs at HIHAF and in previous positions including managing Borders Book Store in Kona and Waldenbooks Book also in Kona.

B. Organization Chart

See Attached.

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.

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.

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Employee Name	Current Annual Salary
Merrell, Bruce R, Executive Director	72,000
Hollowell, Teri L, Director of Programs	59,160
Xavier, Mary, Director of Finance	45,900

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.

Not applicable.

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.

All operators of the vehicle will have appropriate valid Hawaii State Drivers Licenses and carry appropriate auto insurance.

C. 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.

Not Applicable

D. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2016-17 the activity funded by the grant if the grant of this application is:

This Application is only for the initial purchase of the vehicle. Operational expenses such as fuel, insurance, maintenance, etc. will be obtained from other programmatic/operational funds. No out-year funding is currently anticipated or required.

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

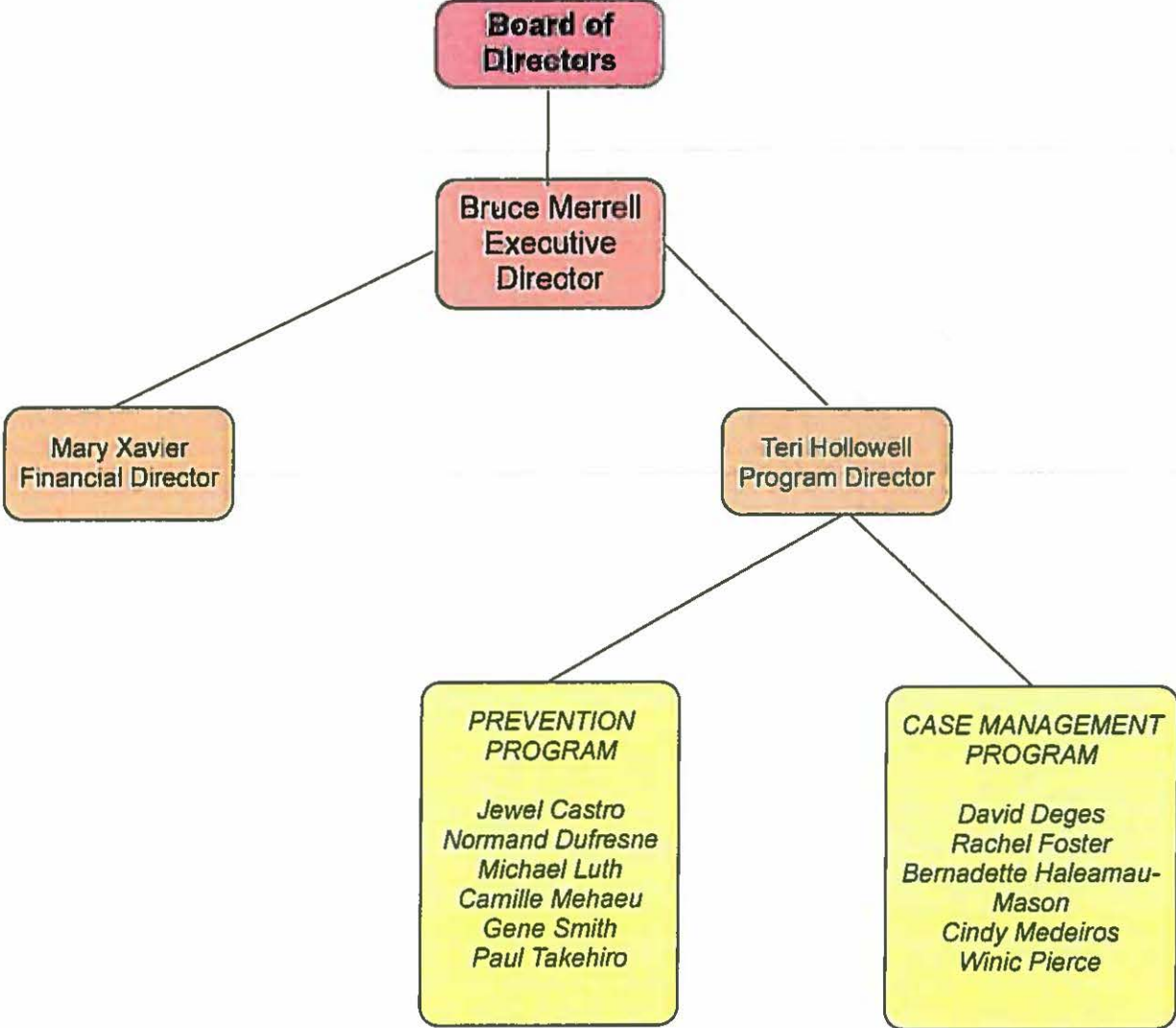
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If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2015.

See Attached.

Hawaii Island HIV/AIDS Foundation
Organizational Chart

COPY





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**STATE OF HAWAII
STATE PROCUREMENT OFFICE**

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: HAWAII ISLAND HIV/AIDS FOUNDATION

DBA/Trade Name: Hawaii Island HIV/AIDS Foundation

Issue Date: 01/19/2016

Status: Compliant

Hawaii Tax#: [REDACTED]
FEIN/SSN#: [REDACTED]
UI#: XXXXXX1389
DCCA FILE#: 91146

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation Internal Revenue Service	Compliant Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Compliant
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2014 to June 30, 2015)

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Hawaii Island HIV/AIDS Foundation

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	0			
2. Payroll Taxes & Assessments	0			
3. Fringe Benefits	0			
TOTAL PERSONNEL COST	0			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0			
2. Insurance	0			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	0			
5. Staff Training	0			
6. Supplies	0			
7. Telecommunication	0			
8. Utilities	0			
9	0			
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	0			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	30,115			
E. CAPITAL				
TOTAL (A+B+C+D+E)	30,115			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	30,115	Bruce Merrell	808-331-8177	
(b)			Phone	
(c)			1/21/16	
(d)			Date	
TOTAL BUDGET	30,115	Bruce Merrell, Executive Director Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Hawaii Island HIV/AIDS Foundation

Period: July 1, 2014 to June 30, 2015

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
No Personnel Costs are assigned to this grant.				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Hawaii Island HIV/AIDS Foundation

Period: July 1, 2014 to June 30, 2015

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Ford Transit 150 Van - Dealer Estimated Price	1.00	\$30,115.00	\$ 30,115.00	30115
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:	1		\$ 30,115.00	30,115
JUSTIFICATION/COMMENTS:				



GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: Hawaii Island HIV/Aids Foundation

Contracts Total: 913,342

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1					
2	Case Management Programs	7/1/15-6/30/16	DOH-CM	State of HI	366,269
3	Client Direct Costs + Case Mgmt Salaries	4/1/15-3/31/16	RYAN WHITE	Federal	284,173
5	Client Housing	7/1/15-6/30/16	HOPWA/HUD	Federal	80,400
6	Prevention programs	1/1/16-12/31/17	DOH Prevention	State of HI	142,500
10	Hep C testing and Case Management	7/1/15-6/30/16	Hawaii County East HEP C	County of HI	10,000
11	Group Interventions & Prevention Education	7/1/15-6/30/16	Hawaii County West SISTA	County of HI	10,000
13	Rural Health	extended thru 8/2016	HRSA Rural Health	Federal	20,000
14					
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**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

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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 and subsidies pursuant to Section 42F-103, Hawaii 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 or subsidy 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 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 ensuring the proper expenditure of the grant or subsidy.

- 2) The applicant meets the following requirements pursuant to Section 42F-103, Hawaii 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 or subsidy 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, Hawaii 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, Hawaii Revised Statutes, for grants or subsidies used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy 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 or subsidy 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.

(Signature)

4/21/16
(Date)

Bruce Merrell, Executive Director _____
(Typed Name) (Title)