

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating

Capital

Legal Name of Requesting Organization or Individual: Dba:

Hale Makua Health Services

Amount of State Funds Requested: \$ 200,000.00

Brief Description of Request (Please attach word document to back of page if extra space is needed):

Planning and design for consolidation and expansion of Hale Makua Health Services Kahului campus with the vision of creating an integrated planned community offering services, living and care opportunities for Maui's frail elderly residents for generations to come.

Amount of Other Funds Available:

State: \$ _____

Federal: \$ _____

County: \$ _____

Private/Other: \$ _____

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 1,299,279.49

Unrestricted Assets:

\$ 8,611,173

New Service (Presently Does Not Exist):

Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation

Other Non Profit

Other

Mailing Address:

472 Kaulana Street

City:

Kahului

State:

HI

Zip:

96732

Contact Person for Matters Involving this Application

Name:
Denise Thayer

Title:
Director of Development & Marketing

Email:
deniset@halemakua.org

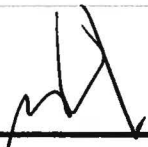
Phone:
808-871-9218

Federal Tax ID#:

██████████

State Tax ID#

██████████



Authorized Signature

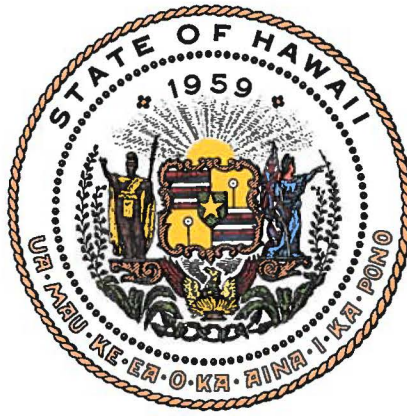
Wesley Lo, CEO

Name and Title

11/6/19

Date Signed

received
11/7/19 12:37p PR



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

HALE MAKUA HEALTH SERVICES

was incorporated under the laws of Hawaii on 01/15/1954 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 11, 2019

Director of Commerce and Consumer Affairs

**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, 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 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, 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 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 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.

Hale Makua Health Services
(Typed Name of Individual or Organization)


(Signature)

11/15/19
(Date)

Wesley Lo
(Typed Name)

CEO
(Title)

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Certification – Please attach immediately after cover page

1. 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, 2018.

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. ([Link](#))

Yes, the grant will be used for public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

II. 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;

Hale Makua Health Services (HMHS) was established by the Maui community in 1946, shortly after World War II, to care for frail, vulnerable elders who needed 24-hour care and support, and who had no family to care for them or resources to provide the care. From its humble beginning 72 years ago, HMHS has grown from a single 24-bed residential home to include two nursing homes with rehab centers, a home health care agency, an adult day health center, and an adult residential care home. Our mission, "We improve the well-being of those in our care through compassionate personalized health services, in our home and yours" reflects the commitment we have to providing quality care with competence and compassion to Maui's frail elders and disabled individuals of all ages throughout the continuum of healthcare services that the organization provides.

opportunities for Maui's frail elderly residents for generations to come on a 7.5 acre parcel of land being leased to HMHS by the County of Maui for 75 years. This parcel of land is adjacent to Hale Makua Kahului, which houses HMHS administrative offices and kitchen, 254 skilled and intermediate nursing home beds and an Adult Day Health Center, as well as Hale Mahaolu, which provides affordable senior housing. The development of the land would allow for the potential consolidation of HMHS's two campuses, in Kahului and Wailuku, which has 90 skilled and intermediate nursing home beds, the laundry and a 22-bed Adult Residential Care Home).

Objectives:

1. Develop a long-range master plan, which will allow for:
 - a. An infill community which shall be generally defined by adjacent properties currently used by the Hale Makua Kahului, Hale Mahaolu and the County of Maui projects, and the Kahului Community Center Park, and which shall focus on the needs of Maui's frail and elderly.
 - b. Identification of future health care, social service, recreational, and living/care opportunities within the master plan area.
 - c. Identification of synergies in use, operations, and facilities/service infrastructure systems to ensure that the master plan creates an environment which meets the needs of residents and clients in an efficient and operationally effective manner.
 - d. Formulation of an implementation framework for the master plan such that phasing, development sequencing, financial feasibility, and community needs are appropriately considered in the context of the master plan's planning horizon.
 2. Establish a working committee with representatives from partner organizations to manage the master planning process.
 3. Develop a broad-based outreach program to educate community stakeholder and to receive input regarding key issues to be addressed through the master plan process.
 4. Seek funding to ensure that planning, programming and implementation for the initial phase or increment of the master plan is initiated and completed in accordance with the vision of an integrated planned community offering services, living and care opportunities for Maui's frail and elderly residents for generations to come.
3. The public purpose and need to be served;

U.S. Census projections indicate that by 2030, more than one-fifth of the U.S. population will be 65 years of age or older. AARP Hawaii reveals that "in less than ten years baby boomers will turn 80, placing new expectations and demands" on long-term

- Financial and contracting oversight will be the responsibility of HMHS's Chief Financial Officer.
 - Day-to-day management of the project will be the responsibility of the Project Manager.
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

July - September 2019: Planning Phase

- Site evaluation
- Environmental market analysis
- Zoning research
- Assemble development team
- Massing studies

October 2019 – March 2020: Feasibility Phase

- Schematic design
- Preliminary cost estimates
- Determine potential funding sources

April 2020 – February 2021: Predevelopment Phase

- Design development
- Construction documents
- Select General Contractor
- Refine performs
- Obtain permits
- Construction bids

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

HMHS's CEO and Strategy Ad Hoc Committee of the Board of Directors will monitor and keep the project on track. Change orders if any, will be carefully scrutinized to keep the project cost increases to a minimum. Hale Makua Health Services CEO and its Board of Directors will receive reports on the progress of the master plan design.

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.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2020 for program funding.

- Maui County CDBG for Emergency Generator in FY18: \$270,465
- Maui County CDBG for Hale Makua Kahului Fire Alarm System in FY19: \$212,000
- Maui County CDBG for Hale Makua Wailuku Fire Alarm System in FY19: \$47,000
- Maui County CDBG for Hale Makua Wailuku Facility Rehab in FY19: \$36,525
- State Capital GIA for Wander Guard System in FY19: \$175,000

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2018.

Financial Statements as of December 31, 2018 have not yet been completed. As of November 30, 2018, HMHS has unrestricted current assets of \$ 7,530,359

V. Experience and Capability

1. 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.

Hale Makua Health Services (HMHS) is well equipped and staffed with over 450 employees to provide healthcare services for the frail elderly and disabled. The organization has been providing care for the elderly in the Maui community since 1946. HMHS owns and operates two of the three nursing homes on Maui. The only other nursing home on Maui is at Kula Hospital, which is a critical access hospital. HMHS’ nursing homes and rehab centers are both located in Central Maui. In addition, HMHS has operated a CHAP accredited home health care agency that provides home-bound individuals with skilled nursing and therapy for 50 years, a state licensed adult day health center for 30 years, and most recently opened a state licensed adult residential care home in 2013.

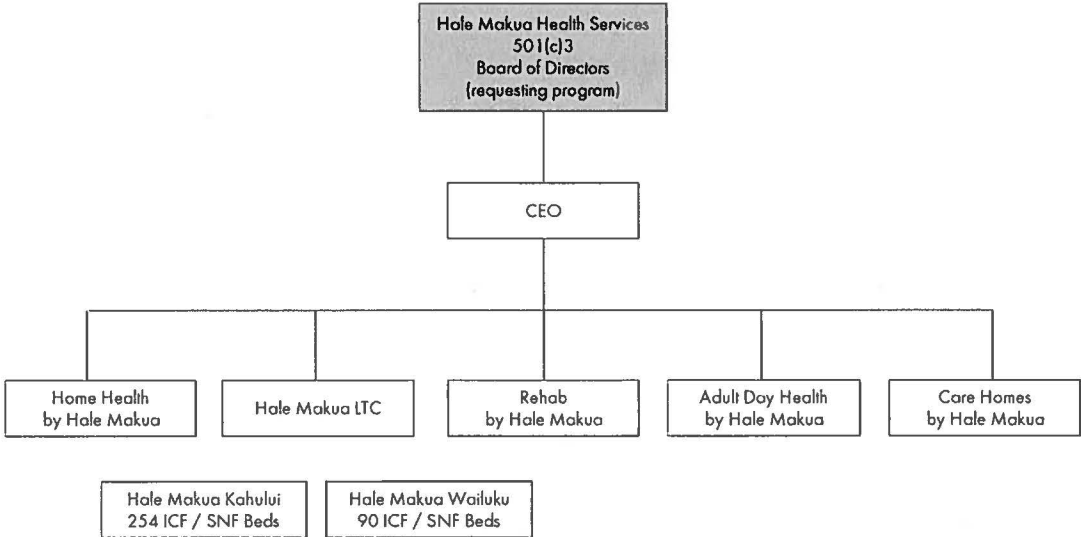
HMHS has been working for the past five years with Maui Memorial Medical Center and Kula Hospital to address the current and future needs of Maui’s aging population. In collaborating with Maui’s hospitals, the organizations have improved local capacity and coordination of care, allowed the organizations to work collaboratively to tackle other

In addition to 72 years of experience running nursing homes on Maui, HMHS has a team of highly qualified staff who will be responsible for implementing this request:

- HMHS CEO, Wesley Lo, will be responsible for providing oversight for this project. He has over 15 years of experience in the healthcare industry on Maui. Most recently he served as the CEO of Maui Memorial Medical Center, and led the transition of the public hospital to a partnership with Kaiser Permanente.
- HMHS CFO, Kirsten Szabo, will be responsible for managing the financial aspects of the project including oversight for financial assessments, billing and fiscal reporting; and will be responsible for quarterly reports to the State. She has over 21 years of business and finance experience with 13 years in the healthcare industry.
- Hale Makua Kahului Administrator, Teana Kaho’ohanohano will provide oversight for all patients admitted to our Kahului nursing home. She has over 11 years of experience as a licensed Administrator in California and Hawaii. Most recently she worked as the Senior Executive Director / Administrator at Regency Pacific Management where she oversaw management of a skilled nursing facility and two assisted living facilities.
- Hale Makua Wailuku Acting Administrator, Janinne Grimes, RN, will provide oversight for all patients admitted to Hale Makua Wailuku. She has seven years of experience as a Director of Nursing at a nursing home.

2. 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.



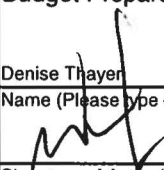
(b) Not received by the applicant thereafter.

This is a one-time request for assistance in funding the planning and design of a central, senior living community with healthcare services and other amenities for Maui residents. Subsequent to fiscal year 2019-20, HMHS intends to seek private, Federal, State and County support for the construction of the project, however the project will be financially viable without State support once it is completed and operational.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2019 to June 30, 2020

Applicant: Hale Makua Health Services

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
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. Planning & Design	200,000		200,000	
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	200,000		200,000	
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	200,000		200,000	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	200,000	Denise Thayer (808) 871-9218		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested	200,000	Signature of Authorized Official  Date 1/16/19		
(d) Total Private/Other Funds Requested		Date		
TOTAL BUDGET	400,000	Wesley Lo, CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2019 to June 30, 2020

Applicant: Hale Makua Health Services

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not applicable.				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2019 to June 30, 2020

Applicant: Hale Makua Health Services

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2019 to June 30, 2020

Applicant: Hale Makua Health Services

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2017-2018	FY: 2018-2019	FY:2019-2020	FY:2019-2020	FY:2020-2021	FY:2021-2022
PLANS			100000	100000		
LAND ACQUISITION						
DESIGN			100000	100000		
CONSTRUCTION					1000000	1000000
EQUIPMENT						
TOTAL:			200,000	200,000	1,000,000	1,000,000
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Hale Makua Health Services

Contracts Total: -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Not applicable				
2					
3					
4					
5					
6					
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