All REVISED STATUTES	ace is needed er in Hoolehu n Molokai and ting, read tes	a, Molokai. To train Lanai. The nurse(s)
al: Dba: quested: \$100,000 ent to back of page if extra spa at Lanikeha Community Cent erica and AHEC Scholars from Cholesteral, Vitals, patient char	er in Hoolehu n Molokai and ting, read tes	a, Molokai. To train Lanai. The nurse(s)
quested: \$ <u>100,000</u> ent to back of page if extra spa at Lanikeha Community Cent erica and AHEC Scholars from Cholesteral, Vitals, patient char	er in Hoolehu n Molokai and ting, read tes	a, Molokai. To train Lanai. The nurse(s)
ent to back of page if extra spa at Lanikeha Community Cent erica and AHEC Scholars fron Cholesteral, Vitals, patient char	er in Hoolehu n Molokai and ting, read tes	a, Molokai. To train Lanai. The nurse(s)
at Lanikeha Community Cent erica and AHEC Scholars from Cholesteral, Vitals, patient char	er in Hoolehu n Molokai and ting, read tes	a, Molokai. To train Lanai. The nurse(s)
vide these free services to service to service to service to other training s		A pilot mini clinic
Total amount of State	Grants Rece	eived in the Past 5
Fiscal Years:		
\$200,000		
Unrestricted Assets:		
\$ Not for profit, its a	assests are	restricted
Mailing Address: P O Box 290613 City: Ho'olehua	State: HI	Zip: 96729
cation	I	
Title:		
(808) 646-9037		
State Tax ID#		
ulotu, President	Ja	anuary 14, 2022
Name and Title		Date Signed
		·
	Total amount of State of Fiscal Years: \$200,000 Unrestricted Assets: \$Not for profit, its a Existing Service (F Mailing Address: P O Box 290613 City: Ho'olehua Cation Title: Consultant Phone: (808) 646-9037	\$200,000 Unrestricted Assets: \$Not for profit, its assests are Mailing Address: P O Box 290613 City: State: Ho'olehua HI Consultant Phone: (808) 646-9037 Ulotu, President

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, 2021.

Please see attached.

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with <u>Section</u> 42F-103, <u>Hawaii Revised Statutes</u>.

Please see attached.

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to <u>Section 42F-102</u>. <u>Hawaii Revised Statutes</u>.

Please see attached.

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;

In 2006, a group of homestead farmers created Molokai Homestead Farmers Alliance (MHFA). We organized to advocate for the protection of homestead farmers, evolving to all farmers in commercial operations and subsistence farming. We have since evolved to partnering with many other organizations and assisting the community of Molokai during this COVID 19 pandemic, providing medical services, safety gear, and food for the Molokai community. Since 2006 we have provided education to farmers and community by updating them on laws



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

MOLOKA'I HOMESTEAD FARMERS ALLIANCE

was incorporated under the laws of Hawaii on 05/24/2006; 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 10, 2022

Cathin P. Quali Calh

Director of Commerce and Consumer Affairs

To check the authenticity of this certificate, please visit: http://hbe.ehawaii.gov/documents/authenticate.html Authentication Code: 417283-COGS_PDF-215861D2

DECLARATION STATEMENT OF APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO CHAPTER 42F -103, HAWAAI'I REVISED STATUES

The undersigned authorized representative of the application certifies the following:

- 1.) The applicant meets and will comply with all the following standards for the award of grants and subsidies pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or country statutes, rules, or ordinances, to conduct the activities or provide the services for which 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, 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 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, 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 or subsidies used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which 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 if the amount if 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.

MOLOKAI HOMESTEAD FARMERS ALLIANCE (Typed Name of Individual or Organization)

(Signature)

Faith Tuipulotu (Typed Name) January 14, 2022 (Date)

President (Title)

Public Purpose Verification Document

42F – 102 Application for grants. Requests for grants shall be submitted to the appropriate committees of the legislature at the start of each regular session of the legislature. Each request shall state:

(1) The name of the requesting organization or individual:

Molokai Homestead Farmers Alliance

(2) The public purpose for the grant:

Molokai Homestead Farmers Alliance states that as a 501 (c) 3 nonprofit, the proposed program funding support request through the State will be utilized in a nonprofit fashion with the purpose of supporting the public and needed health services training to provide specific to health career students, identified as Area Health Education Center, (AHEC)scholars and Health Occupations Students of America (HOSA).

(3) The services to be support by the grant:

Free services at the designated site and set up for social distancing as required by COVID 19 regulations at the Lanikeha Community provided by the HOSA and AHEC Scholar students to the public in the areas of testing for glucose, cholesterol, BMI, blood pressure, reading of tests, charting of patient files and COIVD 19 pandemic safety supplies. To the entire island of the Molokai public.

(4) The target group; and

Molokai students the target is 30 HOSA and AHEC Scholars, and Lanai students 5 AHEC Scholars and 5 HOSA students, for a total of 40 students. The public would then be served with free testing services on Molokai 1,500, and Lanai 125 public members.

(5) The cost of the grant and the budget. [Page 6. B.1, B.4, B.6, B.9]

2022 GIA support Request: \$100,000

Other Sources of Funding Secured: \$25,500

Overall Total Program Budget: \$125,500

pertaining to food and safety, water issues, certifications, agriculture laws, trainings, and innovative technology tools for farmers to expand their produce and product. The proposed project for MHFA is to provide mini health clinics on Molokai and support travel for students in health careers from Molokai, and Lanai students traveling to each island for health site visits . These Health Occupations Students of America (HOSA) health career students, and Area Health Education Center, (AHEC) Scholar's students would travel monthly to Lanikeha Community Center in Hoolehua, Molokai, receiving free training from nurses and physicians to provide a mini clinic, the ability to learn how to test for cholesterol, glucose, blood pressure, read results, patient charting and BMI. To learn professional bed side patient skills. These vitals are important part of one's health, and as we continue in this COVID 19 pandemic, more health care professional are encouraged. The students will provide these services, at no cost to the community members.

2. The goals and objectives related to the request:

The goal is to establish the Lanikeha Community Center as a mini clinic training site for students on Molokai, Lanai and Molokai, AHEC HOSA and AHEC Scholars.

- Objective # 1: To enroll Molokai and Lanai, HOSA and AHEC Scholar students for training and travel to Molokai
- Objective # 2: To increase the number of health career students on Molokai and Lanai by 40
- Objective #3: To coordinate training from the nurses/physicians and consultants in clinical skills
- Objective #: To coordinate a schedule of services for the community to access

The purpose is to provide a functional and friendly mini clinic user site to meet the needs of the public The need to provide the mini clinic on Molokai, and Lanai, and to prepare and train our own health career students. The COVID pandemic has created a larger shortage and lack of health careers professionals affecting all areas to provide mini clinics for the public. The CDC has warned the public, person(s) with heart disease, high blood pressure, and diabetes are at an increased risk and severity of lack in recovery. The symptoms from contacting COVID 19 pandemic. The students will have oversight by consultant 1, 2 and 3, and trained by the nurses/physicians, while serving the public, by providing free testing services requested by public members.

3. Describe the target population to be served; and

Rev 10/29/2021

1. Describe the target population to be served:

The Molokai HOSA and AHEC Scholars students to be trained are estimated to be 30, the Lanai HOSA and AHEC Scholars students to be trained are 10, increasing the total number of health career students by 40 students. The Molokai population is 6,570 of which 60% represent the agriculture/farming community. Molokai will serve and provide free testing serves to an estimated 1,250 people on island. Lanai, with a population of 2,705, will serve 125 community members.

2. Describe the geographic coverage:

Molokai is 38 miles long and 10 miles wide. The island of Lanai is 18 miles wide. These two islands are federally designated underserved rural areas, severally distressed census tract as identified, both islands are designated Enterprise Zones.

III. 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:

The scope of work includes performing the proposed project goals and objectives that includes training for Molokai and Lanai Health Occupations Students America, (HOSA), health career high school students, and Area Health Education Center Scholar college students, (AHEC). The consultant will coordinate all of the following: oversight of proposed project consultant(s), registered nurses and physicians. Nurses/Physicians and Consultants will train the students to provide mini clinics on a monthly schedule to the public in the following health screening areas: 1.) Cholesterol testing, 2.) Glucose testing 3.) Blood pressure reading, 4) BMI 5.) Patient charting, and 6.) reading test results. Although taught by medical professionals, these screening tests are not diagnostic for students to use. The students would also travel to other islands for site visits to health facilities. The public member participating in the mini clinic will receive a printed slip of results from there reading(s), and a copy placed in their chart, to recheck every month at no cost to the public, to monitor and maintain or improve their results. The knowledge and educational training gained through hands-on training to students is a valuable tool, and the public receives free health screening as well.

- 2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
 - 1st and 2nd week, Consultant 1 coordinate everyone
 - 3rd week, Molokai and Lanai students will enroll 40 students for training
 - 4th week, Nurses/Physicians set up trainings for students
 - 2nd month, Schedule Molokai mini clinics for the public
 - 5th month, Lanai will plan a pilot mini clinic for students.
 - 6th month, Schedule Lanai mini clinics for the public
 - 7th month, Students travel to do on-site visits to Health facilities and organizations
 - 3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results:

The MHFA Board will require monthly meetings and financial reports from Consultant 1, which also includes results of his/her oversight from other Consultant (s), and all related partners (nurses, physicians, and students). The meetings would be to monitor the timeline and determine where the project is in the line of accomplishments.

MHFA has and will continue to operate with all Government regulations and policies to include, but are not limited to, 501 (c) 3 non-profits. In addition, MHFA will follow the policies and procedures set forth by MHFA's by-laws. As required in the procurement process, reporting procedures to the State of Hawaii will be followed. In addition, an annual financial audit will be performed under the MFHA By-Laws policies and guidelines. It is planned that the proposed audit will be outsourced to the accounting office's firm.

Parameters to monitor progress are based on pretest and posttest surveys and discussions of improvements of the project. Evaluation of the progress will be based on a checklist of scheduled mini clinics, schedules, timelines, progress, and participant feedback, and surveys. Each progress report will include an account summary and/or detailed report each month.

Monitor	Outputs	Outcomes	Evaluation

Applicant: Molokai Homestead Farmers Alliance

A Tama in the state		T	
1.To provide updates at monthly meetings with all members of the mini clinic	 a. To determine progress at the designated site with each partner of the mini clinic. b. Involve the consultants, nurses, physicians, and students. 	 a. To identify roles for each individual. b. Develop the protocol based on the organizational chart and communication for progress completion each month. c. All partners and individuals would provide a verbal and written report monthly. 	 a. A checklist would be developed to implement the following criteria for evaluation process. b. Questionnaires would be provided for feedback on the checklist. Comments in verbal and writing would also be encouraged c. All partners and individuals would provide a verbal and written report on a monthly basis.

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.

The funds would be appropriated to the MHFA. MHFA will submit reports as required by the State of Hawaii. MHFA will meet on a monthly schedule to review the outcomes for the month from the checklist implemented. The monthly Project and Financial reports will be submitted to the MHFA Board and included in the grant reports.

Measure of Effectiveness	Outcome
Identify designated site	Completed
Identify all partners	To be completed, during Q1 of 2022
Identify HOSA and AHEC Scholars	To be completed, during Q1 of 2022
Training nurses/doctors	To be completed, during Q1 of 2022
Open Molokai mini clinic to the public	To be completed, during Q1 of 2022
Train Lanai Students on Molokai	To be completed, during Q3 of 2022
Open Lanai pilot mini clinic	To be completed during Q 3 of 2022
Increase the number of health students	To be completed during Q 3 of 2022

Applicant: Molokai Homestead Farmers Alliance

Open Lanai pilot mini clinic	To be completed during Q 3 of 2022
Increase the number of health students	To be completed during Q 3 of 2022
Students visit health training site	To be completed during Q 3 of 2022
Q1 = Quarter 1 (July, August, September)'	Q2 = Quarter 2 (October, November,

December), Q3= Quarter 3 (January, February, March), Q4 =Quarter 4 (April, May, June)

IV. Financial

Budget

- 1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds (Link) Please see attached
 - b. Personnel salaries and wages (Link) Not applicable
 - c. Equipment and motor vehicles (Link) Not applicable
 - d. Capital project details (Link) Not applicable
 - e. Government contracts, grants, and grants in aid (Link) Please see attached
- 2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2023.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
\$25,000	\$25,000	\$25,000	\$25,000	\$100,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2023.

Bank of Hawaii, HMSA, Atherton Foundation, Maui County Area Health Education, Molokai Rural Health Community Association, Lana`i Kina'ola, and Blue Planet

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.

Not Applicable

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 2023 for program funding.

State of Hawaii – July 2021 to June 2023 Department of Hawaiian Homelands – COVID 19 Homestead Food Grant \$200,000.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2022 to June 30, 2023

Applicant: Molokai Homestead Farmers Alliance

A. PERSONNEL COST 1. Salaries 2. Payroll Taxes & Assessments 3. Fringe Benefits TOTAL PERSONNEL COST	BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
2. Payroll Taxes & Assessments	A. PERSONNEL COST				
3. Fringe Benefits	The second se				
TOTAL PERSONNEL COST Image: Control of the control of th		_			
B. OTHER CURRENT EXPENSES 45,000 0 0 1. Airfare, Inter-Island 45,000 0 0 2. Insurance 0 0 0 0 3. Lease/Rental of Equipment 0 0 0 0 4. Lease/Rental of Equipment 0 0 0 0 5. Staff Training 0 0 0 0 6. Supplies 2,000 0 0 0 7. Telecommunication 0 0 0 0 9. Consultants 42,000 0 0 0 10	3. Fringe Benefits				
1. Airfare, Inter-Island 45,000 0 0 2. Insurance 0 0 0 0 3. Lease/Rental of Equipment 0 0 0 0 4. Lease/Rental of Space 11,000 0 0 0 5. Staff Training 0 0 0 0 0 6. Supplies 2,000 0 0 0 0 7. Telecommunication 0 0 0 0 0 9. Consultants 42,000 0 0 0 0 10 1 <td< td=""><td>TOTAL PERSONNEL COST</td><td></td><td></td><td></td><td>-</td></td<>	TOTAL PERSONNEL COST				-
2. Insurance 0 0 0 0 3. Lease/Rental of Equipment 0 0 0 0 0 4. Lease/Rental of Space 11,000 0 0 0 0 0 5. Staff Training 0 0 0 0 0 0 0 6. Supplies 2,000 0 0 0 0 0 0 7. Telecommunication 0 0 0 0 0 0 0 9. Consultants 42,000 0 0 0 0 0 0 10 11 11 11 12 13 14 15 16 17 18 19 14 15 16 16 17 18 19 10 10 12 13 19 10 10 10 12 12 12 13 16 16 16 16 16 16 16 16 10 10					
2. Insurance 0 0 0 3. Lease/Rental of Equipment 0 0 0 0 4. Lease/Rental of Space 11,000 0 0 0 5. Staff Training 0 0 0 0 0 6. Supplies 2,000 0 0 0 0 7. Telecommunication 0 0 0 0 0 8. Utilities 0 0 0 0 0 0 9. Consultants 42,000 0 0 0 0 0 10 1 <	1. Airfare, Inter-Island	45,000	0	0	2,000
3. Lease/Rental of Equipment 0 0 0 4. Lease/Rental of Space 11,000 0 0 0 5. Staff Training 0 0 0 0 0 6. Supplies 2,000 0 0 0 0 0 7. Telecommunication 0 0 0 0 0 0 8. Utilities 0 0 0 0 0 0 9. Consultants 42,000 0 0 0 0 10 1 1 1 1 1 1 12 1 1 1 1 1 1 1 13 1		0		and the second data	3,500
4. Lease/Rental of Space 11,000 0 0 5. Staff Training 0 0 0 6. Supplies 2,000 0 0 7. Telecommunication 0 0 0 9. Consultants 0 0 0 10 10 0 0 11 11 12 13 12 13 14 15 16 17 18 19 20 19 10 10 19 19 10 10 20 10 10 20 TOTAL OTHER CURRENT EXPENSES 100,000 2 C. EQUIPMENT PURCHASES 100,000 2 C. EQUIPMENT PURCHASES 100,000 25 SOURCES OF FUNDING 100,000 25 SOURCES OF FUNDING 100,000 100,000 (a) Total Federal Funds Requested 100,000 100,000 (b) Total Federal Funds Requested 0 100,000 (d) Total Private/Other Funds Requested 0 100,000 (d) Total Private/Other Fund	3. Lease/Rental of Equipment	0			0
6. Staff Training 0 0 0 0 6. Supplies 2,000 0 0 0 7. Telecommunication 0 0 0 0 8. Utilities 0 0 0 0 9. Consultants 42,000 0 0 0 10		11,000			5,000
6. Supplies 2,000 0 0 0 7. Telecommunication 0 0 0 0 0 8. Utilities 0 0 0 0 0 0 9. Consultants 42,000 0 0 0 0 0 10 10 10 10 0 0 0 0 11		0	. 0		0
7. Telecommunication 0 0 0 0 8. Utilities 0 0 0 0 9. Consultants 42,000 0 0 0 10 10 10 0 0 0 11 11 12 13 14 15 16 16 16 16 17 18 19 20 20 20 20 20 TOTAL OTHER CURRENT EXPENSES 100,000 2 2 C. EQUIPMENT PURCHASES 100,000 2 2 D. MOTOR VEHICLE PURCHASES 100,000 25 SOURCES OF FUNDING (a) Total State Funds Requested 100,000 25 G(a) Total Federal Funds Requested 100,000 25 (d) Total Federal Funds Requested 0 Name (Please type or print) Phone (d) Total Private/Other Funds Requested 0 0 Date		2,000	0	No. of Concession, Name	3,000
8. Utilities 0 0 0 0 9. Consultants 42,000 0 0 10 0 0 0 11 12 13 14 15 16 17 18 18 19 10 10 20 10 10 10 TOTAL OTHER CURRENT EXPENSES 100,000 2 2 C. EQUIPMENT PURCHASES 100,000 2 2 D. MOTOR VEHICLE PURCHASES 100,000 25 25 SOURCES OF FUNDING 100,000 25 25 (a) Total State Funds Requested 100,000 25 25 (d) Total Private/Other Funds Requested 0 0 100,000 25 G(d) Total Private/Other Funds Requested 0 0 100,000 25 Home Private/Other Funds Requested 0 0 100,000 100,000 100,000		0	0	and the second se	4,000
10 10 0 0 0 11 12 13 14 15 16 17 18 19 10		0	0		4,000
11 12 13 13 14 15 16 16 16 17 18 19 20 10 10 TOTAL OTHER CURRENT EXPENSES 100,000 2 C. EQUIPMENT PURCHASES 100,000 2 D. MOTOR VEHICLE PURCHASES 100,000 25 SOURCES OF FUNDING 100,000 25 (a) Total State Funds Requested 100,000 25 (b) Total Federal Funds Requested 0 Name (Pigase type or print) (c) Total County Funds Requested 0 Name (Pigase type or print) Phone (d) Total Private/Other Funds Requested 0 35 35 35 Faith Tuipulotu 104 104 104 104		42,000	0	0	4,000
12 13 13 14 15 15 16 17 18 19 20 10 TOTAL OTHER CURRENT EXPENSES 100,000 C. EQUIPMENT PURCHASES 20 D. MOTOR VEHICLE PURCHASES 20 TOTAL (A+B+C+D+E) 100,000 TOTAL (A+B+C+D+E) 100,000 SOURCES OF FUNDING 25 (a) Total State Funds Requested 100,000 (b) Total Federal Funds Requested 0 (c) Total County Funds Requested 0 (d) Total Private/Other Funds Requested 0 (d) Total Private/Other Funds Requested 0 Faith Tuipulotu Date			-		.,
13 14 15 14 15 16 15 16 17 18 19 16 20 100,000 2 C. EQUIPMENT PURCHASES 100,000 2 D. MOTOR VEHICLE PURCHASES 100,000 25 SOURCES OF FUNDING (a) Total State Funds Requested 100,000 Rosie F Davis (808) 646-9037 (b) Total Federal Funds Requested (c) Total County Funds Requested (d) Total Private/Other Funds Requested Image: Provide Control State Funds Requested 100,000 100,000 Rosie F Davis (808) 646-9037 Phone Image: Provide Control State Funds Requested 100,000 100,000 100,000 Image: Provide Control State Funds Requested 100,000 100,000 100,000 100,000 Image: Provide Control State Funds Requested 100,000 100,000 100,000 100,000 100,000 Image: Provide Control State Funds Requested 100,000 10,000 10,000 10			_		
14 15 16 16 17 18 19 20 10 20 100,000 2 C. EQUIPMENT PURCHASES 100,000 2 D. MOTOR VEHICLE PURCHASES 100,000 25 SOURCES OF FUNDING 100,000 25 (a) Total State Funds Requested 100,000 25 SOURCES OF FUNDING 8udget Prepared By: 100,000 (b) Total Federal Funds Requested 100,000 100,000 (c) Total County Funds Requested 0 Name (Please type or print) Phone (c) Total County Funds Requested 0 35 35 35 (d) Total Private/Other Funds Requested 0 35 35 35 Faith Tuipulotu Faith Tuipulotu Date 35					
15 16 17 16 17 18 19 20 10 20 100,000 2 TOTAL OTHER CURRENT EXPENSES 100,000 2 C. EQUIPMENT PURCHASES 100,000 2 D. MOTOR VEHICLE PURCHASES 100,000 25 E. CAPITAL 100,000 25 SOURCES OF FUNDING 100,000 25 (a) Total State Funds Requested 100,000 8sie F Davis (b) Total Federal Funds Requested 0 Name (Plgase type or print) Phone (c) Total County Funds Requested 0 Name (Plgase type or print) Phone (d) Total Private/Other Funds Requested 0 Signifature of Authorized Official Date					
16 17 18 19 19 20 100,000 20 TOTAL OTHER CURRENT EXPENSES 100,000 20 C. EQUIPMENT PURCHASES 100,000 20 D. MOTOR VEHICLE PURCHASES 100,000 20 E. CAPITAL 100,000 25 SOURCES OF FUNDING 100,000 25 (a) Total State Funds Requested 100,000 8csie F Davis (808) 646-9037 (b) Total Federal Funds Requested 0 Name (Please type or print) Phone (c) Total County Funds Requested 0 3000000000000000000000000000000000000					
17 18 19 11 19 20 100,000 100 20 TOTAL OTHER CURRENT EXPENSES 100,000 100 20 20 TOTAL OTHER CURRENT EXPENSES 100,000 100 20 20 TOTAL OTHER CURRENT EXPENSES 100,000 100 20 20 C. EQUIPMENT PURCHASES 100,000 100 20 20 D. MOTOR VEHICLE PURCHASES 100,000 100 25 E. CAPITAL 100,000 25 25 SOURCES OF FUNDING 8udget Prepared By: 100,000 25 (a) Total State Funds Requested 100,000 Rosie F Davis (808) 646-9037 (b) Total Federal Funds Requested 0 Name (Please type or print) Phone (c) Total County Funds Requested 0 3ignature of Authorized Official Date (d) Total Private/Other Funds Requested 25,500 Signature of Authorized Official Date					
18 19 10 10 10 20 TOTAL OTHER CURRENT EXPENSES 100,000 2 2 TOTAL OTHER CURRENT EXPENSES 100,000 2 2 C. EQUIPMENT PURCHASES 100,000 2 2 D. MOTOR VEHICLE PURCHASES 100,000 100 2 E. CAPITAL 100,000 25 SOURCES OF FUNDING 8udget Prepared By: 25 (a) Total State Funds Requested 100,000 100,000 25 (b) Total Federal Funds Requested 0 Name (Please type or print) Phone (c) Total County Funds Requested 0 100,000 100,000 100 (d) Total Private/Other Funds Requested 0 100,000 100,000 100,000 Faith Tuipulotu Faith Tuipulotu Date 100 100 100					
19 20 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
20 TOTAL OTHER CURRENT EXPENSES 100,000 2 TOTAL OTHER CURRENT EXPENSES 100,000 2 C. EQUIPMENT PURCHASES 2 2 D. MOTOR VEHICLE PURCHASES 2 2 E. CAPITAL 2 2 TOTAL (A+B+C+D+E) 100,000 25 SOURCES OF FUNDING 8udget Prepared By: 25 (a) Total State Funds Requested 100,000 8osie F Davis (808) 646-9037 (b) Total Federal Funds Requested 0 Name (Please type or print) Phone (c) Total County Funds Requested 0 3ignature of Authorized Official Date (d) Total Private/Other Funds Requested 25,500 Signature of Authorized Official Date					
TOTAL OTHER CURRENT EXPENSES 100,000 2 C. EQUIPMENT PURCHASES 0 2 D. MOTOR VEHICLE PURCHASES 0 0 E. CAPITAL 0 0 0 TOTAL (A+B+C+D+E) 100,000 0 25 SOURCES OF FUNDING (a) Total State Funds Requested 100,000 Rosie F Davis (808) 646-9037 Phone (c) Total Federal Funds Requested 0 Name (Please type or print) Phone (d) Total Private/Other Funds Requested 25,500 Signature of Authorized Official Date 	many sector and the s				
C. EQUIPMENT PURCHASES	20				
D. MOTOR VEHICLE PURCHASES		100,000			25,500
E. CAPITAL Image: Constraint of the second seco	C. EQUIPMENT PURCHASES			and the second	_
TOTAL (A+B+C+D+E) 100,000 25 SOURCES OF FUNDING Budget Prepared By: 300,000	D. MOTOR VEHICLE PURCHASES				
SOURCES OF FUNDING Budget Prepared By: (a) Total State Funds Requested 100,000 (b) Total Federal Funds Requested 0 (c) Total County Funds Requested 0 (d) Total Private/Other Funds Requested 0 Faith Tuipulotu 5	E. CAPITAL				
SOURCES OF FUNDING Budget Prepared By: (a) Total State Funds Requested 100,000 (b) Total Federal Funds Requested 0 (c) Total County Funds Requested 0 (d) Total Private/Other Funds Requested 0 Faith Tuipulotu Faith Tuipulotu	TOTAL (A+B+C+D+E)	100,000			25,500
SOURCES OF FUNDING Image: Constraint of the second sec			Budget Prepared F		
(a) Total State Funds Requested 100,000 Rosie F Davis (808) 646-9037 (b) Total Federal Funds Requested 0 Name (Please type or print) Phone (c) Total County Funds Requested 0 Interview of Authorized Official Date (d) Total Private/Other Funds Requested 25,500 Signature of Authorized Official Date	SOURCES OF FUNDING	ľ	eager repared c	·y.	
(b) Total Federal Funds Requested 0 Name (Please type or print) Phone (c) Total County Funds Requested 0 Interview of Authorized Official Phone (d) Total Private/Other Funds Requested 25,500 Signature of Authorized Official Date		400.000			
(c) Total County Funds Requested 0 Image: Construction of the second secon				(1	808) 646-9037
(d) Total Private/Other Funds Requested 25,500 Signature of Authorized Official Date Faith Tuipulotu		0	vame (Please type or pl	int) colo	Phone
Faith Tuipulotu		0	TAITA	MANIAN	1/14/2022
Faith Tuipulotu	(d) Total Private/Other Funds Requested	25,500	Signature of Authorized	Official	Date
			Faith Tuipulatu		
	TOTAL BUDGET	10000	the local division of the state		
125,500 Name and Title (Please type or print)		120,000	vame and Title (Please	type or print)	

6

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2022 to June 30, 2023

Applicant: Molokai Homestead Farmers Alliance

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTA STATE F REQUE (A x	UNDS
t Applicable				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
				\$	-
TOTAL:					0.0

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2022 to June 30, 2023

Applicant: Molokai Homestead Farmers Alliance

DESCRIPTION EQUIPMENT	NO. OF	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	0
			\$ -	
	_		\$ -	
			\$ -	
			\$ -	
TOTAL:				0
JUSTIFICATION/COMMENTS:				1

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

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2022 to June 30, 2023

Applicant: Molokai Homestead Farmers Alliance

TOTAL PROJECT COST	RECEIVED IN	ES OF FUNDS PRIOR YEARS	STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED		EQUIRED IN
	FY: 2020-2021	FY: 2021-2022	FY:2022-2023	FY:2022-2023	FY:2023-2024	FY:2024-2025
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Molokai Homestead Farmers Alliance

Contracts Total: \$ 200,000.00

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	COVID 19 Relief Program	7/2021 to 6/2023	DHHL	Maui County	\$ 200,000.00
2					
3					
4					
5					
6					
7					
8 9	1				
9 10					
11			-		
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28		1	_		
29			5		
30					

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2021.

Not Applicable: MHFA is a not-for-profit organization, and as such, its assets are restricted.

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.

Our skills have progressed and over time as continued growth has built capacity of the organization at various levels of service. MHFA is a non-profit organization run by volunteers and a project manager to advocate for farmers since 2005, and now advocates with diverse partners to provide critical access to other partnerships and organizations. MHFA has expanded throughout Molokai and is also reaching out to other islands to share the knowledge, services, and benefits as we go through the COVID 19 pandemic. MHFA includes famers who continue to participate in food production and more recently, medical tele health services, health testing and education services, and different workshops by Zoom or in person as warranted.

Our skills and experience stem from perseverance and determination to succeed by promoting our produce and products for and by farmers of Molokai. Our skills have developed tremendously from the following partners.

2020 to present: Molokai Rural Health Community Association – A program geared toward Kupuna and elderly services, promoting health care and health careers for students providing health careers and educational support.

2021 to present: Sustainable Molokai – An organization formed to assist farmers, and provide healthy school meals, workshops, and provide food relief on Molokai.

2021 to present: Maui County Area Health Education Center – An organization to promote health careers, recruit and assist in training students interested in health careers. AHEC provides internships, and rotations to medical students throughout Maui County.

2019 to present: Molokai Hawaiian Homelands Kupuna Committee – The Kupuna provides support to the homestead communities and the community in traditional practices, and wisdom through an important cultural component to the MHFA

2. 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.

The Lanikeha Community Center is located at 2200 Farrington Avenue, Farrington Highway, Ho'olehua, Hawaii. The Lanikeha Community Center is equipped with a certified kitchen, hall, multipurpose rooms, classrooms, and an administrative office. The facility is ADA complaint, as required by law.

VI. Personnel: Project Organization and Staffing

1. 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.

Consultant #1 (Contracted)

The Consultant #1 will pose qualifications and experience to oversee the goal and objectives; to meet the timelines; expected outcomes, and evaluation; to provide support, direction and guidance to Nurses/Physicians, and Consultant(s). These roles are vital to ensure the students enroll for the trainings and set up a schedule to meet the timelines as indicated for processing and setting up the training site(s). Responsible for planning, scheduling, and coordinating meeting with all consultants, nurses, doctors, and students, and on-going assistance as needed to accomplish reports, and or assist with other tasks as required. To assist in training others if needed and assisting in the development of protocols and monitoring outcomes.

Consultant #2 (Contracted)

Consultant #2 will pose qualifications of and experience of assist in accomplishing the goals and objectives; of scheduling students for training with the nurses and physicians and assist in setting up the training site with the proper medical supplies and tools. Assist in reporting and monitoring necessary paperwork for students to attended classes and participate in the mini clinics on Molokai and Lanai.

Consultant #3 (Contracted)

Consultant # 3 will pose the qualifications and experience of processing all student paperwork and files. Development and implementation of proper paperwork for public use of files for charting. Setting up all technology required for processing of students and public members requesting testing. Social media announcements and

Nurses/Physicians (Donated Services)

We have 3 registered nurses willing to contribute their time to provide free training to the HOSA and AHEC Scholar students. Nurse 1.) A RN for over 25 years, a community advocate in elderly health care, part owner of Molokai Drugstore, and willing to donate her time to the Molokai and Lanai students. Nurse 2.) Air Ambulance RN, a 20-year nurse serving the Molokai community, and willing to donate her time to train all students from Molokai and Lanai. Nurse 3) Is a Department of Health Nurse, and willing to assist her time to help train these students, in health care testing for public service. The physician has over 25 years of experience and works at John Burns medical school, she travels from Honolulu, and provides free training to all students enrolled to provide free testing to the public. She is willing to donate her time once a month to travel to Molokai and train Lanai students for participation in the mini clinic.

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.

Please see attached

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, <u>not</u> <u>employee name</u>.

Not Applicable: MHFA is a volunteer Board

VII. Other

1.

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

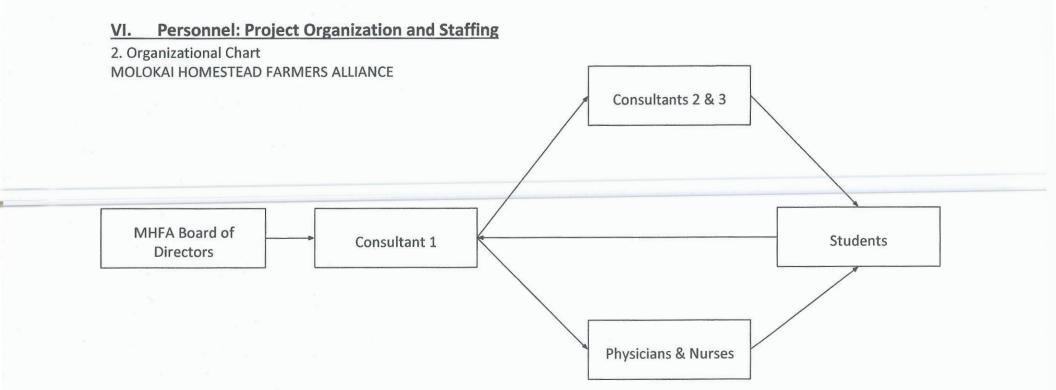
2. Licensure or Accreditation

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

Not Applicable

Rev 10/29/2021

9



Not Applicable

3. 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 <u>Article X, Section</u> <u>1, of the State Constitution</u> for the relevance of this question.

Not Applicable

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2022-23 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2022-23, but
- (b) Not received by the applicant thereafter.

Future Sustainability Plan

The future sustainability plan is to continue to partner with the nurses and doctors to provide free training. The two of three consultants have offered to provide some free services to the project and students to further their knowledge in health careers. The MHFA has offered to provide the site location Lanikeha Community Center for further mini clinics in the future to assist the public with free medical services. The MHFA will continue to partner with others and seek other funding resources and partnerships. If necessary to continue to provide services to the students and serve the public. Fundraising is another possibility for the MHFA to include the students in public awareness of the medical need for the community, and other avenue(s) of knowledge for the students to gain experience in raising awareness of the health career opportunities and medical services.