THE THIRTIETH LEGISLATURE APPLICATION FOR GRANTS

CHAPTER 42F, HAWAII REVISED STATUTES

Тур	e of Grant Request:		
Operating	g 🔲 Capital		
Legal Name of Requesting Organization or Inc The Rehabilitation Hospital of the Pacific (REHAB)	lividual: Dba:		
Amount of State Funds	Requested: \$ <u>700,000</u>		
Brief Description of Request (Please attach word do State Grant-in-Aid funds would be used to support have access to our full continuum of rehabilitation spatient-centered care exceeds healthcare reimburs	REHAB under/uncompensated caservices regardless of ability to pa	are costs, which	ensure all patients
Amount of Other Funds Available: State: \$\frac{0}{5}\$ Federal: \$\frac{0}{5}\$	Total amount of State Fiscal Years:	e Grants Recei	ived in the Past 5
County: \$\frac{0}{0}\$ Private/Other: \$\frac{0}{0}\$	Unrestricted Assets: \$\frac{15,614,763}{}		
New Service (Presently Does Not Ex	ist): Existing Service	(Presently in	Operation):
Type of Business Entity: 501(C)(3) Non Profit Corporation Other Non Profit	Mailing Address: 226 N. Kuakini Stre City:	eet State:	Zip:
Other	Honolulu	HI	96817
Contact Person for Matters Involving this A	pplication		
Name: Stephanie Nadolny, MHA, FACHE	Title: President and Chie	f Executive O	fficer
Email: stephanie.nadolny@rehabhospital.org	Phone: (808) 566-3471		
Federal Tax ID#:	State Tax ID#		

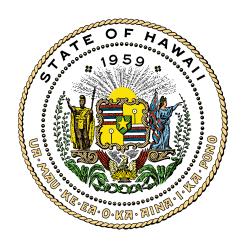
Authorized Signature

Stephanie Nadolny, President & CEO

January 13, 2023

Name and Title

Date Signed



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

THE REHABILITATION HOSPITAL OF THE PACIFIC

was incorporated under the laws of Hawaii on 08/13/1975; 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.

CONSUMER AFFAINS OF HAW AIL

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, 2023

Nadinil/ando

Director of Commerce and Consumer Affairs

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

\boxtimes	1) Certificate of Good Standing (If the Applicant is an Organization)
	2) Declaration Statement
\boxtimes	3) Verify that grant shall be used for a public purpose
\boxtimes	4) Background and Summary
\boxtimes	5) Service Summary and Outcomes
	 6) Budget a) Budget request by source of funds (<u>Link</u>) b) Personnel salaries and wages (<u>Link</u>) c) Equipment and motor vehicles (<u>Link</u>) d) Capital project details (<u>Link</u>) e) Government contracts, grants, and grants in aid (<u>Link</u>)
	7) Experience and Capability
\boxtimes	8) Personnel: Project Organization and Staffing

STEPHANIE NADOLNY, PRESIDENT & CEO
AUTHORIZED SIGNATURE
PRINT NAME AND TITLE

JANUARY 13, 2023

DATE

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, 2022.

See attached Certificate of Good Standing.

2. Declaration Statement

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

See attached Declaration Statement.

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.

If awarded State Grant-in-Aid, The Rehabilitation Hospital of the Pacific (REHAB) will use funding toward a public purpose as explained in **Section II. Background and Summary, Question 3** below. Funding will be used to support REHAB's under and uncompensated care costs, which help to ensure low-income and financially struggling patients have access to our rehabilitation services even when health insurance does not cover the full cost of patient care. Funds will enhance REHAB's ability to continue providing high-quality, comprehensive and innovative inpatient and outpatient rehabilitation services for those with physical and cognitive disabilities in Hawaii and the Pacific, regardless of ability to pay.

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;

Rev 10/29/2022 1 Application for Grants

For the past 70 years, REHAB has been dedicated to rebuilding lives, providing exemplary care for those with physical and cognitive disabilities.

With 82 licensed inpatient beds, three outpatient clinics and a hospital-based physicians clinic, REHAB offers state-of-the-art equipment, specialized experts and powerful programs that are customized for specific needs. Unlike skilled nursing facilities and outpatient clinics, REHAB has a licensed rehabilitation physician on call 24/7, setting us apart from other programs.

Not only have we been a community leader in advanced rehabilitation treatment since 1953, we are also the only facility in the state to offer access to a full continuum of care for inpatient acute care rehabilitation therapy and outpatient therapy. This includes wellness programs benefiting adolescents and kupuna statewide who are recovering from a stroke, traumatic brain injury, spinal cord injury, complicated orthopedic and neurological disorders, amputation, and debilitative diseases. We have the largest staff of board-certified rehabilitation medicine doctors in the state and our 24/7 accessible physician sets REHAB apart from other programs where physician support is not specialized in rehabilitation.

In 1984, REHAB Foundation was created to support REHAB's mission through philanthropic support – developing strategies that generate revenue through campaigns aimed at offsetting costs for hospital programs impacting the care of patients and their families, including those not covered by private or government insurance. REHAB Foundation provides funding for patient care programs, cutting-edge technologies to restore function, clinical education for hospital staff, capital improvements, financial assistance to patients who are uninsured or underinsured and special projects focused on the hospital's annual area of highest need, all directly impacting the care of patients and their families.

2. The goals and objectives related to the request;

Goal: To continue providing Hawaii with a community safety net that never turns anyone away because of inability to pay, not only due to our mission to serve the community but the nature of our specialized rehabilitative care which is not offered for over 2,500 miles.

Objective: To help offset the costs of under/uncompensated care and financial assistance to patients who are uninsured, have lost or have limited healthcare insurance or whose health insurance does not cover the full cost of patient care.

Based on the past three fiscal years of data, we project these costs to be at least \$4 million and impact at least 1,000 patients and families over 12 months.

3. The public purpose and need to be served;

REHAB strives to provide the best rehabilitative care possible to patients with cognitive and physical disabilities. Individuals struggling with a debilitating injury or illness resulting in disabilities desperately need a comprehensive, multi-disciplinary approach to rehabilitation to restore function, focus on safety and optimal independence so they can return home, live productive lives and age in place. When a patient or a loved one experiences an unexpected injury or illness resulting in disability, it changes lives forever. Physical and cognitive limitations may leave a person wheelchair bound, perhaps permanently. During this transition, patients must have access to a range of therapies and interventions to help them reach the highest level of functioning to improve the quality of life and live as independently as possible.

REHAB's comprehensive and specialized approach to rehabilitation creates a catalyst for successful community re-entry. Utilizing a range of interventions, REHAB's skilled rehabilitation teams (physical therapy, occupational therapy, speech-language pathology, recreational therapy, nursing, physiatry, social services, case management and psychology) work together to create an individualized roadmap to recovery for each patient to safely transition from the hospital back to family, work and community.

As with most hospitals nationwide, REHAB patient volume experienced a downturn in census during COVID-19, fluctuating between 20%-50% of pre-pandemic levels as patients delayed care or postponed elective surgeries, compounded with healthcare staffing shortages. Although REHAB served over 5,000 individuals in the last fiscal year, we continue to incur operating losses even after offsets by Federal Provider Relief Funding and donations from individuals and foundations. REHAB also continues to incur significant under/uncompensated care costs, which ensure low-income and financially struggling patients have access to our rehabilitation services even when health insurance does not cover the full cost of patient care. We expect this need to continue in FY 2024 as costs of providing quality patient-centered care exceed reimbursements from healthcare insurers, especially in the wake of a prolonged pandemic, record-high inflation and unprecedented times of economic uncertainty.

4. Describe the target population to be served; and

Unanticipated accidents, injuries or illnesses strike people of all ages who desperately need REHAB's advanced, intensive therapy and patient education and training to adapt to a new normal. Patient hospital stays can be as short as ten days to many months based on patient need, condition, level of independence and safety. REHAB's world-class-level of treatment available right here in Hawaii allows patients to remain close to home with their families during the recovery process, rather than needing to seek care on the mainland and suffer from separation from a network of physical and social support. REHAB's Cares Fund for under/uncompensated care supports adolescents to kupuna (aged 16 plus) statewide who are recovering from a stroke, traumatic brain injury, spinal cord injury, complicated orthopedic and neurological disorders, amputation, and debilitative diseases.

5. Describe the geographic coverage.

As the only comprehensive acute-care rehabilitation hospital serving the Pacific, REHAB and this project will benefit all Hawaii residents, residents of locations throughout the Pacific Basin, and any visitors to the State. While its annual support varies, REHAB serves approximately 50 non-resident patients annually from around the world who experience a recreational accident or unexpected illness while visiting Hawaii. These individuals require acute rehabilitation before they can safely travel and return home.

Without REHAB, residents would need to travel over 2,500+ miles to the mainland for services (for many patients this is not an option due to condition) or forgo the care they need to recover with connection to family, caregivers and community for their optimal potential. In many circumstances, the lack of quality acute rehabilitation will mean greater dependency on caregivers and public support programs and services to live independently and/or age in place.

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. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

REHAB will compile uncompensated admissions that qualify for Medicaid, Quest and Questex. The estimated cost to provide the service is calculated then compared against projected payments to establish the amount of under/uncompensated care. This information is tracked for REHAB's cost report, as well as for the financial statement audit in November/December of each year.

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

Upon receiving the Notice to Proceed, REHAB will begin tracking under/uncompensated care for the cost report for the 12-month project period, slated for July 2023 – June 2024.

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

The President/CEO and Executive Vice President/COO/CFO work together to ensure that expenses are properly processed on a timely basis, and that the projected expenditures are accurately tracked for the cost report. Each year REHAB undergoes a financial audit by certified public accountants to ensure that the financial reporting of the organization complies with U.S. Generally Accepted Accounting Principles.

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.

REHAB will report (in 6-month time periods): total number of patients served; total charges; and estimated reimbursements in semi-annual progress reports to the State.

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)
 - b. Personnel salaries and wages (Link)
 - c. Equipment and motor vehicles (Link)
 - d. Capital project details (Link)
 - e. Government contracts, grants, and grants in aid (Link)

See attached Budget forms.

2. The applicant shall provide its anticipated semi-annual funding requests for the fiscal year 2024.

Semi-Annual	Semi-Annual	Total Grant
Anticipated Time Period	Anticipated Time Period	
(7/1/23 - 12/31/23)	(1/1/24 - 6/30/24)	
\$350,000	\$350,000	\$700,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2024.

If awarded funding from State Grant-in-Aid, REHAB will request a dollar-for-dollar match from a private donor who has expressed strong interest in committing to the match to support under/uncompensated care. Additional funding for REHAB's Care Fund will be sought from private philanthropic sources in 2023.

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.

REHAB has not received any state and federal tax credits within the prior three years, nor has it applied for or anticipates applying for any tax credits for any capital project.

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 2024 for program funding.

Date	Amount and Source	Purpose Purpose
10/1/2021	\$184,500, City GIA	UVC Wall-Mounted and Mobile Units
10/1/2022	\$197,961, City GIA	Pulmonary Recovery Program

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2022.

REHAB's total current assets (unaudited) as of 12/31/22 is \$15,614,763. This amount is subject to change based on the finalization and completion of the FY23 consolidated audit.

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.

Since 1953, REHAB has been committed to providing the best environment it can for patients, families and staff. We believe in continuous improvement and strive to offer the best quality care and to be among the best rehabilitation hospitals in the nation. Although REHAB was impacted by COVID-19, we continued to serve our community without interruption, touching 1,355 patients through comprehensive care in our hospital and 5,956 lives at our outpatient clinics and Physicians Clinic in fiscal year ending September 30, 2022.

As the community's need for acute-care rehabilitation has grown over the years, REHAB has responded by offering specialized therapy programs to assist patients with successfully transitioning back to home, work, and the community. One of our most innovative programs is our new Pulmonary Recovery Program, one of the first of its kind in the state that addresses Oahu's growing need for respiratory illness care, particularly given the devastating impacts of long-haul COVID. This program is helping COVID survivors increase independence and regain health.

In 2014, REHAB completed a \$17.2 million capital campaign for renovations to the Hospital, which included 82-licensed inpatient rooms, a new outdoor mobility course, cardiac rehabilitation clinic, therapy and treatment gyms, hospital-based physicians clinic, lobby and waiting area, which enhance the quality of a comprehensive patient-centered care model. REHAB also completed installation of an LED Lighting System in 2021 throughout the hospital, including patient spaces, therapy rooms, communal areas, offices and throughout the building's exterior.

REHAB is a licensed nonprofit organization accredited by the Joint Commission, accreditation and certification that is recognized nationwide as a symbol of quality. In 2022, REHAB was recognized again for Hawaii Business magazine's Top 250, the premier ranking of Hawaii's largest companies and nonprofits. REHAB's Return to Home/Community rate has consistently exceeded national averages year after year, demonstrating our commitment to helping patients become as independent as possible in their own living environments and getting them back to doing the things they love.

REHAB staff responsible for directing the project have the required skills and experience to manage this project. See the qualifications of key staff involved in this project in the section below, *VI. Personnel: Project Organization and Staffing*.

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 REHAB main facility is a four-story licensed 82-bed inpatient hospital in Honolulu. The three top floors house inpatient services with each floor housing private and semi-private patient rooms and rehabilitation therapy gyms for physical, speech/audiology and occupation therapy. Inpatient areas also include vision testing, life skills simulation and common patient/caregiver areas. Ground floor contains Nuuanu Outpatient Clinic, Physicians Clinic (specializing in Pain Management and NeuroTrauma Recovery), Cardiovascular and Pulmonary Rehabilitation Clinic, Women's Rehabilitation Clinic, inpatient admissions, patient/customer service lobby, outdoor mobility course and a healing garden.

REHAB also has four specialty clinics: Nuuanu Outpatient Clinic and the Physicians Clinic located on the first floor of the main facility in Nuuanu, Aiea Outpatient Clinic at Pearlridge, and a Hilo Outpatient Clinic on the Big Island. All facilities are ADA compliant.

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.

REHAB personnel directly involved in supervising and directing this project include the following:

Stephanie Nadolny, MHA, FACHE, President and Chief Executive Officer is responsible for communicating with the Board of Directors regarding all pertinent project related activities and serves as their fiduciary agent regarding all project-related matters. With more than 25 years of experience in hospital management, Stephanie Nadolny was named REHAB's new CEO, replacing Dr. Timothy Roe who retired in September 2021. Nadolny comes to REHAB from Spaulding Rehabilitation Hospital Cape Cod where she had operational responsibility for a 60-bed inpatient rehabilitation facility with five outpatient satellites and a physicians' practice. Nadolny is a graduate of University of New Hampshire with a B.S. in therapeutic recreation and a Master of Healthcare Administration from University of New Hampshire.

Wendy Manuel, CPA, Vice President and Chief Operating Officer/Chief Financial Officer supports the CEO in overall management of the hospital with several departments reporting to her, including facilities, business development, financial services, compliance & risk management and information technology. Manuel also has oversight of all financial activities for REHAB as the CFO and is a Certified Public Accountant.

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.

See attached Organization Chart.

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> employee name.

The information below is per the reported compensation from the FY2021 990. The FY2022 990 will not be available until August 2023 at the latest.

<u>Position</u>	Compensation
President & CEO	\$506,057*
VP/CFO/COO	\$259,613
VP, Clinical Services	\$218,501

^{*}Note: This is the salary of REHAB's former CEO; a new CEO started at the beginning of FY22 which was not disclosed in the FY21 990.

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.

As of 9/30/2022, REHAB is not aware of any significant cases opened.

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.

REHAB is a licensed, nonprofit organization accredited by The Joint Commission. This accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. REHAB is the sole organization in the State of Hawaii that is qualified as an Inpatient Rehabilitation Facility by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, and the Hawaii State Health Planning and Development Agency (SHPDA).

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 Article X, Section
1, of the State Constitution for the relevance of this question.

Not Applicable

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2023-24 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2023-24, but
- (b) Not received by the applicant thereafter.

This is a one-time \$700,000 request to the State for Grant-in-Aid funding to support REHAB's Care Fund for under/uncompensated care. We anticipate securing additional funds from foundations in 2023 and would approach a private donor who is interested in matching a State GIA dollar-for-dollar up to \$700,000 if awarded funding.

Once REHAB's patient census rebounds to pre-pandemic levels, we anticipate reestablished special events and regular funding streams to offset operating costs and sustain programs and services in subsequent years.

DECLARATION STATEMENT OF APPLICANTS FOR GRANTS PURSUANT TO CHAPTER 42F, HAWAI'I REVISED 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; and
- 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.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

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.

The Rehabilitation Hospital of the Pacific	
(Typed Name of Individual or Organization)	
Stephante Naddhuy	January 13, 2023
(Signature)	(Date)
Stephanie Nadolny, MHA, FACHE	President & CEO
(Typed Name)	(Title)

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2023 to June 30, 2024

Applicant: The Rehabilitation Hospital of the Pacific

	UDGET ATEGORIES	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	\$0	\$0	\$0	\$0
	2. Payroll Taxes & Assessments	\$0	\$0	\$0	\$0
	3. Fringe Benefits	\$0	\$0	\$0	\$0
	TOTAL PERSONNEL COST	\$0	\$0	\$0	\$0
В.	OTHER CURRENT EXPENSES				
Š.	1. Airfare, Inter-Island	\$0	\$0	\$0	\$0
	2. Insurance	\$0	\$0	\$0	\$0
	3. Lease/Rental of Equipment	\$0	\$0	\$0	\$0
	4. Lease/Rental of Space	\$0	\$0	\$0	\$0
	5. Staff Training	\$0	\$0	\$0	\$0
	6. Supplies	\$0	\$0	\$0	\$0
	7. Telecommunication	\$0	\$0	\$0	\$0
	8. Utilities	\$0	\$0	\$0	\$0 \$3,300,000
	9. Uncompensated/Undercompensated Care 10	\$700,000	\$0	\$0	\$3,300,000
	11				
	12				
	13				
	14				***************************************
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	17				
	18				
	19				
	20				
	TOTAL OTHER CURRENT EXPENSES	\$700,000	\$0	\$0	\$3,300,000
C.	EQUIPMENT PURCHASES	\$0	\$0	\$0	\$0
D.	MOTOR VEHICLE PURCHASES	\$0	\$0	\$0	\$0
E.	CAPITAL	\$0	\$0	\$0	\$0
ТО	TAL (A+B+C+D+E)	\$700,000	\$0	\$0	\$3,300,000
			D 1 (D		
			Budget Prepared	ву:	
so	URCES OF FUNDING				
	(a) Total State Funds Requested	\$700,000	Stephanie Nadolny, MH	IA, FACHE	(808) 566-3471
	(b) Total Federal Funds Requested	\$0	Name (Please type or p	rint)	Phone
	(c) Total County Funds Requested	\$0	Adod	16 Doy 10 i	January 13, 2023
	(d) Total Private/Other Funds Requested	\$3,300,000	Signature of Authorized	Official	Date
		, , , , , , , , , , , , , , , , , , , ,	Stanbania Nadalay, Bra	raidant 8 CEO	0
то	TAL BUDGET	Stephanie Nadolny, Pre Name and Title (Please			
REH	AB has a \$100K pending gift from a foundation	n and is working with	a donor for a dollar-	for-dollar State GIA r	match up to \$700K.

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2023 to June 30, 2024

Applicant: The Rehabilitation Hospital of the Pacific

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:				

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Application for Grants

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2023 to June 30, 2024

Applicant: The Rehabilitation Hospital of the Pacifi

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2023 to June 30, 2024

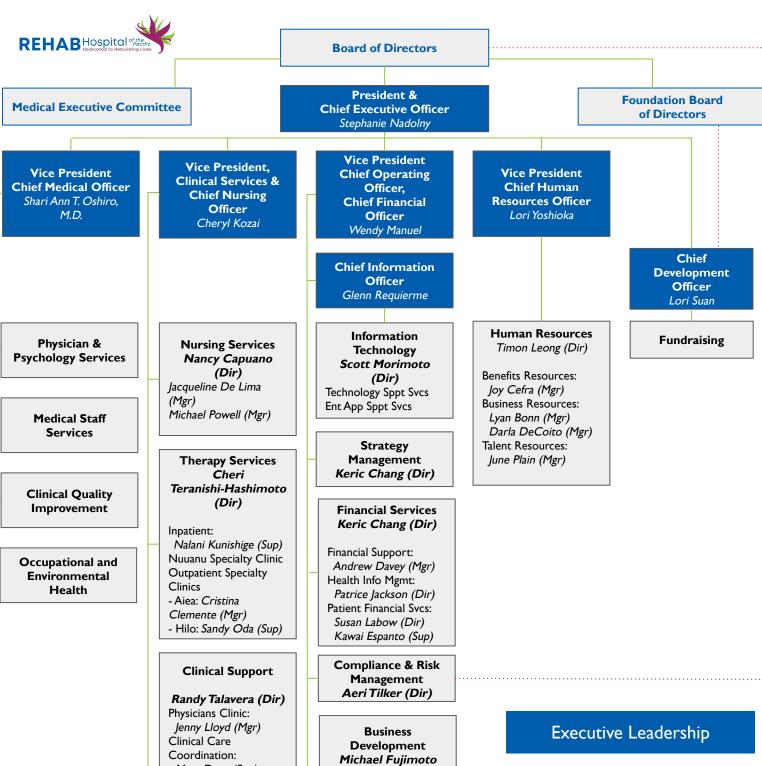
Applicant: The Rehabilitation Hospital of the Pacific

TOTAL PROJECT COST		ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS		
	FY: 2021-2022	FY: 2022-2023	FY:2023-2024	FY:2023-2024	FY:2024-2025	FY:2025-2026	
PLANS							
LAND ACQUISITION							
DESIGN							
CONSTRUCTION							
EQUIPMENT							
TOTAL:							

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: The Rehabilitation Hospital of the Pacific Contracts Total: \$982,461

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	CITY Grant-in-Aid FY22	10/1/21 - 9/30/22	Dept Community Services	Honolulu County	\$184,500
2	State Grant-in-Aid	7/1/22 - 6/30/23	Dept Community Services	State	\$600,000
3	CITY Grant-in-Aid FY23	10/1/22 - 9/30/23	Dept Community Services	Honolulu County	\$197,961
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21 22					
23					
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25 26					
27					
28		10			Application for Grants



Coordination: Myra Duey (Sup) Support Services

Lyvonne Loui (Mgr) Community Liaisons

Jeanne Vave (Sup) **PPS** Coordination

Quality and **Performance Improvement** Tina Laupola (Dir)

Other Officers

Compliance Officer: Aeri Tilker Privacy Officer: Patrice Jackson Safety Officer: Kurt Kobashigawa

Facilities Kurt Kobashigawa (Dir)

(Dir)

Melissa Mullen (Mgr)

Community Relations

Communications

Marketing &

Edgar Binuya (Mgr) Sandy Kahawaii (Sup)

Safety: Security, PBX, Emergency Mgmt Plant Ops/Groundskeeping Logistics: **EVS/Procurement**

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