

#### STATE OF HAWAII STATE PROCUREMENT OFFICE

## **CERTIFICATE OF VENDOR COMPLIANCE**

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

#### Vendor Name: BACK TO THE BEGINNING, INC.

Issue Date: 01/24/2025

#### Status: Compliant

Hawaii Tax#:

| New Hawaii Tax#: | GE-1306760704-01 |
|------------------|------------------|
| FEIN/SSN#:       | XX-XXX4248       |
| UI#:             | No record        |
| DCCA FILE#:      | 318330           |

Status of Compliance for this Vendor on issue date:

| Form  | Department(s)                                     | Status    |
|-------|---|-----------|
| A-6   | Hawaii Department of Taxation                     | Compliant |
| 8821  | Internal Revenue Service                          | Compliant |
| COGS  | Hawaii Department of Commerce & Consumer Affairs  | Exempt    |
| LIR27 | Hawaii Department of Labor & Industrial Relations | Compliant |

#### Status Legend:

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

#### 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: BACK TO THE BEGINNING, INC.

Amount of State Funds Requested: \$ 500,000

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

Back to the Beginning, Inc. ("BTB") is seeking GIA funds to build residential facilities at 87-381 B Hakimo Road to provide residential, health care, respite and supportive services for homeless individuals from the Leeward Coast, and specifically, Waianae, Oahu. Currently, BTB assists homeless individuals and families at three (3) locations in Waianae, Oahu through temporary structures. Approximately 36 families are served at these locations and receive shelter, food and supportive services to assist them in recovering from substance abuse and other mental, social, and economic challenges with the goal of transitioning them to more permanent structures. Additionally, BTB assists homeless individuals with terminal illnesses with respite services.

| Amount of (                      | Other Funds Available:     |                   | Total amount of St              | ate Grants Red | ceived in the Past 5 |  |  |
|----------------------------------|----------------------------|-------------------|---------------------------------|----------------|----------------------|--|--|
| State:                           | \$_0.00                    |                   | Fiscal Years:                   |                |                      |  |  |
| Federal:                         | \$ <u>0.00</u>             |                   | \$_0.00                         |                |                      |  |  |
| County:                          | \$_0.00                    |                   | Unrestricted Asset              | S:             |                      |  |  |
| Private/Other: \$_0.00           |                            |                   | -<br>\$                         |                |                      |  |  |
| New                              | v Service (Presently Does  | s Not Exist):     | Existing Servic                 | e (Presently i | n Operation): 🔳      |  |  |
|                                  | Type of Business Entit     | ty:               | Mailing Address:                |                |                      |  |  |
| 501(C)(3) Non Profit Corporation |                            | ation             | PMB 222 590 FARRINGTON HWY #210 |                |                      |  |  |
|                                  | Other Non Profit           |                   | City:                           | State:         | Zip:                 |  |  |
|                                  | Other                      |                   | Kapolei                         | HI             | 96707                |  |  |
| Contact P                        | erson for Matters Involvir | ig this Applicati | on                              |                |                      |  |  |
| Name:<br>Sabrina G               | Brace                      | x                 | Title:<br>Secretary             |                |                      |  |  |
| Email:<br>sabrina.gı             | race57@yahoo.com           |                   | Phone:<br>(808) 699-5488        |                |                      |  |  |
| Sol                              | nnin Bruce                 | Sabrina Grad      | ce, Secretary                   |                | 01-17-25             |  |  |
| < A 11                           |                            | N.I.              | 1.7710                          |                |                      |  |  |

Authorized Signature

Name and Title

Date Signed

# BACK TO THE BEGINNING, Inc. PMB 222 590 Farrington Hwy #210 Kapolei, Hawaii 96707

#### January 10, 2025

# Subject: Statement of Applicant for Grants Pursuant to Chapter 42F, Hawaii Revised Statutes

Please accept this statement attesting to and affirming Back to the Beginning, Inc.'s compliance with Chapter 42F, Hawaii Revised Statutes ("HRS") and specifically, that should it be awarded a Grant-in-Aid from the State of Hawaii, that these funds will be used for a public purpose as detailed in our grant application.

To further affirm our compliance, this letter shall also serve to attest to the following:

- Back to the Beginning, Inc. ("BTB") is organized as a non-profit corporation under the laws of the State of Hawaii and designated as public charity under Internal Revenue Code ("IRC") Section 501(c)(3) (see attached Tax Exempt Designation Letter dated November 8, 2020);
- (2) BTB complies with all applicable federal and state laws prohibiting discrimination; and,
- (3) BTB agrees to not use state funds for entertainment or lobbying activities.

Should you have any questions concerning this <u>Statement of Applicant for</u> <u>Grants Pursuant to Chapter 42F, Hawaii Revised Statutes</u>, please feel free to contact me at (808) 699-5488 or at <u>sabrina.grace57@yahoo.com</u>.

hun Muu

Sabrina Grace Secretary Back to the Beginning, Inc.

# 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. Hawaii Compliance Express Certificate (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2024.

#### 2. Declaration Statement

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

#### 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>. <u>See Attached Declaration</u>.

### 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;

Back to the Beginning, Inc. ("BTB") is a 501(c)(3) non-profit organization that provides residential, health care, respite and supportive services for homeless individuals from the Leeward Coast, and specifically, Waianae, Oahu. Currently, BTB assists homeless individuals and families at three (3) locations in Waianae, Oahu through temporary structures. Approximately 36 families are served at these locations and receive shelter, food and supportive services to assist them in recovering from substance abuse and other mental, social, and economic challenges with the goal of transitioning them to more permanent structures. Additionally, BTB assists homeless individuals with terminal illnesses with respite services. All of BTB's services and structures are staffed by volunteers and privately funded through nominal participant fees and private donors as BTB receives no public funding for its Homeless Town project.

#### 2. The goals and objectives related to the request;

Back to the Beginning, Inc. ("BTB") is seeking GIA funds to build residential facilities at 87-381 B Hakimo Road to provide residential, health care, respite and supportive services for homeless individuals from the Leeward Coast, and specifically, Waianae, Oahu. Currently, BTB assists homeless individuals and families at three (3) locations in Waianae, Oahu through temporary structures. Approximately 36 families are served at these locations and receive shelter, food and supportive services to assist them in recovering from substance abuse and other mental, social, and economic challenges with the goal of transitioning them to more permanent structures. Additionally, BTB assists homeless individuals with terminal illnesses with respite services.

3. The public purpose and need to be served;

Per the <u>Point in Time County 2023 Comprehensive Report</u> (dated 5/11/2023) there were 4.028 people experiencing homelessness on Oahu on January 22, 2023 which is a slight increase from the Point in Time Count 2022 of 3,951. Significantly, the number of unsheltered individuals continues to exceed sheltered individuals with 2,365 listed as unsheltered with 1,663 being recorded as sheltered.

As detailed in the <u>Point in Time County 2023 Comprehensive Report</u>, Region 7 (Wai'anae), which is the focus area for this application and project, had the largest percentage of the unsheltered population at 27% (603 individuals) than any other region on Oahu and more concerning, reflected an 18% increase of homeless individuals over 2022 which equated to 206 individuals since the 2022 count.

#### 4. Describe the target population to be served; and

Specifically, to the target area of this application, the <u>Point in Time County</u> <u>2023 Comprehensive Report</u> identified 630 people experiencing homelessness on the Waianae Coast on January 22, 2023. Of the 630, 576 were adults, 54 were children and 1 was an unaccompanied minor. With the largest number of unsheltered individuals experiencing homeless residing in Waianae, the demand for emergency, transitional and permanent housing opportunities is quite evident.

The "Homeless Town" project of the applicant follows the focus of the Statewide Office On Homelessness and Housing Solutions in creating places for people experiencing homelessness to be housed and healed. In particular, the "Homeless Town" project is synonymous with one of the principal priorities of the Office of the Governor which is to "*Test New Solutions to Long-Term Affordable Communities (Including Non-Traditional Housing)*" through: (1) the creation of low-cost, low-footprint, "village" housing where people support each other's healing and growth as a community; and, (2) to partner with community groups, nonprofits, faithbased organizations, private landowners, and Counties to create homes for those experiencing homelessness in less traditional ways.

5. Describe the geographic coverage.

### See prior response above.

# 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;

The requested GIA funds will be expended for costs associated with the purchase and construction of four (4) modular residential units that will be utilized as transitional housing for BTB's program participants. These costs are detailed in the enclosed budget forms.

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

Residential, vocational, counseling and other necessary supportive services are provided year-round to residents of BTB's projects. As participants transition to other programs and residential facilities, to include permanent housing, new participants are accepted for placement at BTB's projects.

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

Presently, BTB evaluates its programs quarterly through surveying its program participants to ensure that his/her individual service goals and objectives are being addressed. Given the diversity and complexity of the populations served at its BTB's projects, a standardized program curriculum is difficult to implement, therefore, BTB, through the surveying of its program participants, enables its staff to adjust program components as necessary to allow the participants to progress towards recovery and eventually, self-sufficiency.

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.

BTB will seek the assistance of the State Office On Homelessness and Housing Solutions in developing a measure to assess the effectiveness of BTB's projects. Additionally, BTB will apply a "cost per participant" formula as another measure of effectiveness.

# 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)
- 2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2026. BTB seeks \$125,000 per quarter or a total of \$500,000 through this GIA request.

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total Grant |
|-----------|-----------|-----------|-----------|-------------|
|           |           |           |           |             |
|           |           |           |           |             |

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2026. None.

- 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 2026 for program funding. Not Applicable.
- 6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2024. There are no unrestricted assets for BTB.

# 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.

BTB has been assisting homeless and other economically challenged populations, exclusively through volunteers, for over fifteen (15) years.

#### 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.

HGSF provides residential and supportive services for homeless individuals at three (3) sites in Waianae, Oahu The site at 87-264 Hakimo Road provides shelter for physically and/or mentally challenged and elderly homeless individuals. Currently, at its site at 87-381 B Hakimo Road, eleven (11) homeless families are assisted with temporary residences. Finally, at its third site at 87-1621 Kanahale Road, twenty-five (25) families, of which are facing substance abuse challenges are served.

# 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.

# The staffing pattern is detailed in the attached organization chart. All of the personnel listed on the chart serve on a volunteer basis.

#### 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 organizational 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 employee name</u>.

Presently, there are no compensated officers or directors for BTB.

#### 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.

#### None.

#### 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.

#### 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 2026 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2026, but
- (b) Not received by the applicant thereafter.

Irrespective of whether BTB receives GIA funding in fiscal year 2026 or any year thereafter, given the dire need for programs and shelter for our State's indigent and houseless populations, BTB will continue to serve the community through its program sites in Waianae, Oahu.

# BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2025 to June 30, 2026

Applicant: Back to the Beginning, Inc.

|                      |   |   |  | a yunar asalari sanari una marina ina ina ina ina ina ina ina ina ina |  |
|----------------------|---|---|--|---|--|
|                      | U D G E T<br>A T E G O R I E S          | Total State                                     | Total Federal  | Total County  | Total Private/Other                        |
|                      | ATEGORIES                               | Funds Requested<br>(a)                          | (b)  | Funds Requested<br>(c)  | Funds Requested<br>(d)                     |
| А.                   | PERSONNEL COST                          | (u)   | (6)  | (0)   | (9)  |
| А.                   | 1. Salaries                             |   |  |   |  |
|                      | 2. Payroll Taxes & Assessments          | •   |  |   |  |
|                      | 3. Fringe Benefits                      |   |  |   |  |
|                      | TOTAL PERSONNEL COST                    |   |  |   |  |
| В.                   | OTHER CURRENT EXPENSES                  | an de stano stantske som om en som stantske sta |  |   |  |
| 5.                   | 1. Airfare, Inter-Island                |   |  |   |  |
|                      | 2. Insurance                            |   | *********  |   |  |
|                      | 3. Lease/Rental of Equipment            |   |  |   | and an |
|                      | 4. Lease/Rental of Space                |   | and a second |   | A M Albert I look on the                   |
|                      | 5. Staff Training                       |   |  |   |  |
|                      | 6. Supplies                             |   |  |   |  |
|                      | 7. Telecommunication                    |   |  |   |  |
|                      | 8. Utilities                            |   |  |   |  |
| l                    | 9 Professional and Contractual Services |   |  |   |  |
|                      | 10 Taxes - Real Property                | •   |  |   |  |
|                      | 11                                      |   |  |   |  |
|                      | 12                                      |   |  |   |  |
|                      | 13                                      |   | 11775-717-7117-11-11-11-11-11-11-11-11-11-11-  |   |  |
|                      | <u>14</u><br>15                         |   |  |   | 1  |
|                      | 16                                      |   |  |   |  |
|                      | 17                                      |   |  |   |  |
|                      | 18                                      |   |  |   |  |
|                      | 19                                      |   | - /  |   |  |
|                      | 20 Admin Costs: Legal & Accounting      |   |  |   |  |
|                      |   |   |  |   |  |
|                      | TOTAL OTHER CURRENT EXPENSES            |   |  |   |  |
| C.                   | EQUIPMENT PURCHASES                     |   |  |   |  |
| D.                   | MOTOR VEHICLE PURCHASES                 |   |  |   |  |
| E.                   | CAPITAL                                 | 500,000   |  |   |  |
| тс                   | DTAL (A+B+C+D+E)                        |   |  |   |  |
| ktola 2014 Scottaler |   |   | Budget Prepared  | -<br>By:  |  |
|                      |   |   | Budget Fiehaled  | Dy.   |  |
| 50                   | OURCES OF FUNDING                       |   |  |   |  |
|                      | (a) Total State Funds Requested         | 500,000   | Sabrina Grace  | (808) 699-5488  |  |
|                      | (b) Total Federal Funds Requested       |   | Name (Please type or   |   | Phone                                      |
|                      | (c) Total County Funds Requested        |   | SAMU   | ~ Jou   | 01-17-25                                   |
| L                    | (d) Total Private/Other Funds Requested |   | Signature of Authorized  | d Official  | Date                                       |
| TOTAL BUDGET         |   |   | Sabrina Grace, Secret  | ary   |  |
|                      |   | 500,000   | Name and Title (Please type or print)  |   | •  |
|                      |   |   | , ,  |   |  |
| L                    |   |   | L  |   |  |

# BACK TO THE BEGINNING, INC.

Organizational Chart



**Program Participants** 



Department of the Treasury Internal Revenue Service Tax Exempt and Government Entities P.O. Box 2508 Cincinnati, OH 45201

BACK TO THE BEGINNING INC C/O RANDALL HARAKAL 798 KAINUI DRIVE KAILUA, HI 96734

Date: 09/07/2021 **Employer ID number:** 85-3804248 Person to contact: Name: Customer Service ID number: 31954 Telephone: (877) 829-5500 Accounting period ending: December 31 Public charity status: 509(a)(2) Form 990 / 990-EZ / 990-N required: Yes Effective date of exemption: November 06, 2020 **Contribution deductibility:** Yes Addendum applies: No DLN: 26053565006551

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

stephere a martin

Stephen A. Martin Director, Exempt Organizations Rulings and Agreements

> Letter 947 (Rev. 2-2020) Catalog Number 35152P

# **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.

|            | 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization) Certificate Requested & Pending   |
|------------|--|
| Χ          | 2) Declaration Statement   |
| X          | 3) Verify that grant shall be used for a public purpose  |
| X          | 4) Background and Summary  |
| X          | 5) Service Summary and Outcomes  |
| Ľ <b>X</b> | <ul> <li>6) Budget <ul> <li>a) Budget request by source of funds (Link)</li> <li>b) Personnel salaries and wages (Link)</li> <li>c) Equipment and motor vehicles (Link)</li> <li>d) Capital project details (Link)</li> <li>e) Government contracts, grants, and grants in aid (Link)</li> </ul> </li> </ul> |
| X          | 7) Experience and Capability   |

8) Personnel: Project Organization and Staffing

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AUTHORIZED SIGNATURE

SABRINA GRACE, Secretary PRINT NAME AND TITLE

anuary 17,2025