

## Application Submittal Checklist

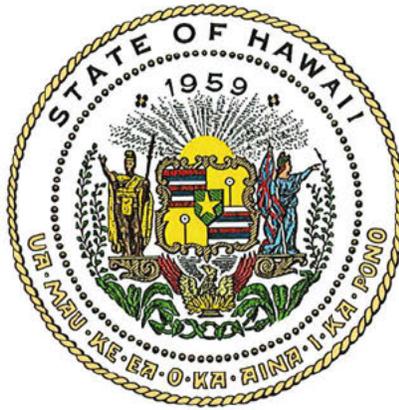
*The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.*

- 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization) (DCCA Good Standing Certificate and DOTAX tax clearance approval attached. Vendor Compliance Certificate still pending and will provide upon receipt)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
  - 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](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

  
AUTHORIZED SIGNATURE

DUK WHAN KIM, President & CEO  
PRINT NAME AND TITLE

1/20/26  
DATE



## 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

HI GOOD SAMARITAN FOUNDATION

was incorporated under the laws of Hawaii on 02/12/2020 ;  
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 20, 2026

Director of Commerce and Consumer Affairs



STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**

LETTER ID: L1988028032  
CASE ID: 2210518

Form A-6 can be filed electronically OR for all state, city, or county government contracts, may be obtained through Hawaii Compliance Express. See Instructions.

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

**1. APPLICANT INFORMATION:**

Applicant's Name HI GOOD SAMARITAN FOUNDATION

Address 1545 KAMEHAMEHA IV RD HONOLULU HI 96819-2548

DBA/Trade Name

**2. TAX IDENTIFICATION NUMBER:**

HAWAII TAX I.D. # [REDACTED]

FEDERAL EMPLOYER I.D. # (FEIN) [REDACTED]

SOCIAL SECURITY # (SSN)

**3. APPLICANT IS A/AN: (Check only ONE box)**

- CORPORATION                       S CORPORATION                       TAX EXEMPT ORGANIZATION
- INDIVIDUAL                               PARTNERSHIP                               ESTATE                       TRUST
- LIMITED LIABILITY COMPANY               LIMITED LIABILITY PARTNERSHIP               OTHER
- SINGLE MEMBER LLC
- SUBSIDIARY CORPORATION

**4. THE TAX CLEARANCE IS REQUIRED FOR: (MUST check at least ONE box)**

- CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII \*
- REAL ESTATE LICENSE                       CONTRACTOR LICENSE                       LIQUOR LICENSE
- FINANCIAL CLOSING                               PROGRESS PAYMENT                               BULK SALES<sup>1</sup>
- HAWAII STATE RESIDENCY                       FEDERAL CONTRACT                               PERSONAL
- SUBCONTRACT                                       COMPLETION/FINAL PAYMENT                               LOAN
- OTHER

\* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK.  
<sup>1</sup> ATTACH FORM G-8A, REPORT OF BULK SALE OR TRANSFER.

**5. DECLARATION** - I declare that I am either the taxpayer whose name is shown on line 1, or a person authorized under section 231-15.6 or 231-15.7, HRS, to sign on behalf of the taxpayer. If the request applies to a joint return, at least one spouse must sign. I declare to the best of my knowledge and belief, that this is a true, correct, and complete form, made in good faith pursuant to Title 14 of the HRS, and the rules issued thereunder.

Original Signature on File

\_\_\_\_\_  
SIGNATURE

HI GOOD SAMARITAN FOUNDATION  
\_\_\_\_\_  
PRINT NAME

Jan-14-2026

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

<b>FOR OFFICE USE ONLY</b>
BUSINESS START DATE IN HAWAII IF APPLICABLE 5/18/2020
HAWAII RETURNS FILED IF APPLICABLE
STATE APPROVAL STAMP (State Approval QR Code) Issued: Jan-14-2026 
You may scan the QR code to authenticate this tax clearance
*IRS APPROVAL STAMP

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED. PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL. SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, 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.

**HI GOOD SAMARITAN FOUNDATION**

(Typed Name of Individual or Organization)

*Duk Whan Kim*

(Signature)

**DUK WHAN KIM**

(Typed Name)

*kt* 12/02/2025

(Date)

**DIRECTOR**

(Title)

## Application for Grants

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

### **I. Certification – Please attach immediately after cover page**

#### **1. 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, 2025.

#### **2. Declaration Statement**

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

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](#).

See Attached Declaration Statement.

### **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;**

The genesis of the HI Good Samaritan Foundation ("HGSF") was initiated when Assembly of God Hawaii Cedar Church located in Kalihi started a homeless relief project and foodbank service in 2004. Thereafter, the House of Love, a rehabilitation center for drug patients in 2005 was established. In September of 2009, in conjunction with the 35th anniversary of the founding of the Hawaii Cedar Church, the HI Good Samaritan Foundation ("HGSF") was formally established to assume and carry forth the homeless initiatives that were initiated through the Hawaii Cedar Church.

In Waianae, HGSF provides residential and supportive services for homeless individuals at its property at 85-596I Waianae Valley Road. The site designated as "Homeless Town" consists of four (4) existing structures that were built in 1934 and fifty-four (54) outdoor sheds. Approximately seventy-three (73) homeless individuals are accommodated through these structures (19 in the 4 existing structures and 54 in the outdoor sheds). Approximately 50% of the homeless individuals staying at HGSF's property suffer from depression, drug abuse, or other mental, physical, or emotional issues.

As to the Kalihi Kauhale site, approximately 40-50 individuals are served, with the majority facing the same challenges as the Waianae project.

HGSF provides residential and supportive services for homeless individuals, couples and families at 2 sites, its campus at 1545 Kamehameha IV Road and its farm at 85-596I Waianae Valley Road. The Waianae project designated as "Homeless Town" consists of four (4) existing structures that were built in 1934 and fifty-four (54) outdoor sheds. Approximately seventy-three (73) homeless individuals are accommodated through these structures (19 in the 4 existing structures and 54 in the outdoor sheds). Approximately 50% of the homeless individuals staying at HGSF's property suffer from depression, drug abuse, or other mental, physical, or emotional issues.

HGSF also started a job training program for the homeless individuals in 2021 and presently, twenty-five (25) individuals are enrolled in a two-year job training program. The goal of the program is to provide the participants with educational and occupational skills training to transition to viable employment opportunities to support their transition from homelessness to self-sufficiency.

2. The goals and objectives related to the request;

HGSF is seeking GIA funds to continue to provide residential, counseling, vocational training and other necessary supportive services for a minimum of fifty (50) homeless individuals at its Kauhale project in Kalihi at 1545 Kamehameha IV Road.

3. The public purpose and need to be served;

Per the Point in Time County 2024 Comprehensive Report there were 4,494 people experiencing homelessness on Oahu which is a 12% increase from the Point in Time Count 2023. Significantly, the number of unsheltered individuals continues to exceed sheltered individuals with 62% listed as unsheltered compared with 38% being recorded as sheltered. As noted in its article published on June 30, 2025, with the cuts in federal funding, "(I)n Hawai'i alone, these cuts would put approximately put 1,428 individuals across neighbor islands and 4,884 individuals on O'ahu at risk of returning to homelessness. "

4. Describe the target population to be served; and

HGSF seeks to serve unsheltered homeless individuals, couples and families. Specifically, HGSF's project 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, its 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, faith-based organizations, private landowners, and Counties to create homes for those experiencing homelessness in less traditional ways.

5. Describe the geographic coverage.

HGSF will primarily seek to serve the unsheltered homeless population from Region 1 which is defined as Downtown Honolulu in the 2024 Point In Time report. Significantly, although Region 1 has the greatest number of shelters at 12, the number of unsheltered individuals of 659 exceeded all other regions except for Region 7, the Waianae Coast, which listed the most acute need at 783 unsheltered homeless with only 2 registered shelters. Therefore, given the acute need for shelter on the Waianae Coast, HGSF will accept unsheltered homeless individuals from Region 7 at its Kalihi Kauhale program that cannot be accommodated at its Waianae site.

### **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;

HI Good Samaritan Foundation will provide residential, vocational training and management services for its Kalihi Kauhale project. Can you provide more insight into each of these areas and how it impacts the population of the Kauhale? One or two sentences for each area will suffice.

Residential: The service population, as detailed in the grant application, are the unsheltered homeless. Accordingly, the HI Good Samaritan Foundation ("Foundation") will provide shelter accommodations (i.e., transitional residential housing) through thirty-one (31) units at its campus at 1545 Kamehameha IV Road. In addition to being provided with shelter, each participant currently receives one (1) prepared meal per day. With

the GIA funds, daily meal service will be expanded to two (2) meals per participant per day. All participants will also have access to the onsite food bank for meals. If not for these accommodations, a minimum of 31 individuals would remain unsheltered and living on the streets, public parks, sidewalks, or alleyways.

**Vocational Training:** In order to attain economic self-sufficiency and to graduate from transitional to permanent housing, quarterly vocational training modules are offered to program participants to develop their occupational skill levels to either gain employment or improve upon their present employment circumstances. Without such training, the program participants will not have the financial capability to transition to permanent housing environments and will likely remain homeless.

**Case Management:** As also noted in the grant application, approximately 50% of the homeless individuals staying at the Foundation's property suffer from depression, drug abuse, or other mental, physical, or emotional issues. Therefore, in order to assist these individuals with their recovery, case management services, to include mental health counseling, faith-based education and physical fitness programs, are offered to all residents.

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 HGSF's Kalihi Kauhale project. As participants transition to other programs and residential facilities, to include permanent housing, new participants are accepted for placement at the project.

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, HGSF 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 project, a standardized program curriculum is difficult to implement, therefore, HGSF, 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.

HGSF will seek the assistance of the State Office On Homelessness and Housing Solutions in developing a measure to assess the effectiveness of its Kalihi Kauhale homeless project, however, as a general assessment, HGSF will seek to serve 50-75 unsheltered homeless individuals over the grant term. Additionally, HGSF will apply a “cost per participant” formula as another measure of effectiveness.

As to specific program measures, the following are the targeted goals:

Residential: A minimum of 30 individuals will be sheltered & 5400 meals (2 meals/day X 30 participants X 30 days X 3 months) will be provided each quarter;

Vocational Training: A minimum of 15 individuals will be offered vocational training services each quarter; and,

Case Management: A minimum of 30 individuals will be provided with case management services each quarter.

The primary measure of success for this GIA is that the Foundation will seek to serve a minimum of 50 unsheltered homeless individuals over the grant term.

#### **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 2027.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant

The HI Good Samaritan Foundation will be seeking quarterly payments of \$75,000/quarter for a total of \$300,000.

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2027.

City & County of Honolulu – Grants-In-Aid Program: \$150,000

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 2027 for program funding.

2026: State of Hawaii/Act 310 - \$300,000

2024: GIA/State of Hawaii - \$200,000

Appropriations are also pending with the Hawaii State Office of Community Services - \$500,000 and City & County of Honolulu - \$7,712,897, however, no contracts have been executed to date and all of these appropriations are for capital improvement costs for the redevelopment of HGSF's Homeless Town project in Waianae, Oahu.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2025.

The sole asset for HGSF is a 4-acre land, with 4 old homes built in 1934, at 85-5961 Waianae Valley Road, Waianae HI 96797. Its' assessed value is \$720,900 for 2025 by the City and County of Honolulu.

## **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.

HGSF as well as its affiliated predecessor, Hawaii Cedar Church, have been assisting homeless and other economically challenged populations, exclusively through volunteers, for over ten (10) years. Its work and contributions have been well documented through the media (see:<https://www.hawaiinewsnow.com/2021/06/11/this-church-is-housing-homeless-cultivating-hope-waianae-farm/>; and, <https://www.staradvertiser.com/2021/06/11/hawaii-news/kalihi-pastor-is-teaching-farming-self-help-and-providing-tiny-homes-at-waianae-farm/>).

## **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 its Kalihi Kauhale site at 1545 Kamehameha IV Road. The project consists of twenty (20) Kauhale units provided by HomeAid Hawaii through the State of Hawaii. In addition to the Kauhale units, approximately \$500,000 of improvements were donated to HGSF to upgrade its existing facilities to accommodate the Kauhale units and service population. These upgrades include ADA improvements, electrical and plumbing upgrades, food bank, shower & restroom facilities and solar panels.

## **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 are already qualified and, with the exception of the Executive Director, serving in the listed positions 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 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, not employee name.

There are no paid officers, compensation is limited to employees which is as follows:

Executive Director: \$75,000 to \$90,000

General Manager: \$60,000 to \$75,000

Site Manager: \$45,000 to \$60,000

## **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.

The HI Good Samaritan Foundation is a federal 501 (c)(3) tax exempt charitable non-profit organization. No other special qualifications or licenses are required for the activities listed in this application.

### **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 2027 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2027, but
- (b) Not received by the applicant thereafter.

In future years, HGSF will continue to seek, county, state, federal and private funds and/or investments to continue with its mission to provide social services to the neglected and economically challenged populations in order to create and cultivate a warmer, love filled world throughout Hawaii, the United States, Korea and ultimately, the World.

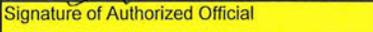
HGSF will seek funds that are available through the normal grants-in-aid opportunities through the Hawaii State Legislature and City & County of Honolulu grants-in-aid programs. Other opportunities include the federal Community Development Grant program of the U.S. Department of Housing and Urban Development.

Irrespective of whether HGSF receives GIA funding in fiscal year 2026 or any year thereafter, given the dire need for programs serving unsheltered homeless individuals, HGSF will continue to serve the community through its programs.

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: HI Good Samaritan Foundation

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	84,000	0	0	0
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>	<b>84,000</b>			
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Insurance	2,500			
3. Lease/Rental of Equipment	7,200			
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies	24,300			
7. Telecommunication	6,000			
8. Utilities	60,000			
9 Professional and Contractual Services	112,000			
10 Audit Costs	4,000			
11				
12				
13				
14				
15				
16				
17				
18				
19				
20 Admin Costs: Legal & Accounting				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>216,000</b>			
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>300,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	300,000	Duk Kim Whan (808) 255-1234		
(b) Total Federal Funds Requested		Name (Please type or print) _____ Phone _____		
(c) Total County Funds Requested				
(d) Total Private/Other Funds Requested				
		Date <u>11/20/24</u>		
<b>TOTAL BUDGET</b>	<b>300,000</b>	Duk Kim Whan., Executive Director		
		Name and Title (Please type or print) _____		

**FY2026-2027 GIA  
Budget Summary**

<b>A.</b>	<b>Personnel</b>	<b>\$ 84,000.00</b>
<b>B.</b>	<b>Other Current Expenses</b>	
	2. Insurance:	
	General Liability	\$ 1,900.00
	Motor Vehicle	\$ 600.00
		<b>\$ 2,500.00</b>
	3. Lease/Rental of Equipment	<b>\$ 7,200.00</b>
	6. Supplies	<b>\$ 24,300.00</b>
	Classroom Textbooks, Supplies & Tools	
	7. Telecommunication <sup>1</sup>	<b>\$ 6,000.00</b>
	8. Utilities	<b>\$ 60,000.00</b>
	Water	
	Electricity	
	9. Professional and Contractual Services	
	Vocational Training/Case Management:	\$ 60,000.00 <sup>2</sup>
	Food Prep:	\$ 6,000.00 <sup>3</sup>
	Educational Stipends/Scholarships:	\$ 30,000.00 <sup>4</sup>
	Translation Services:	\$ 6,000.00 <sup>5</sup>
	Accounting:	\$ 6,000.00 <sup>6</sup>
	Legal Services:	\$ 4,000.00 <sup>7</sup>
		<b>\$112,000.00</b>
	10. Administrative Costs	
	Audit	<b>\$ 4,000.00</b>

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<sup>1</sup> Includes Internet Services

<sup>2</sup> \$1,250 X 4 Case Managers/Trainers X 12 months for Direct Services to Program Participants/Residents

<sup>3</sup> \$500/month X 12 months for Kitchen Assistant

<sup>4</sup> \$2,500/month X 12 months for Educational Stipends for Program Participants and Staff Volunteers.  
Maximum monthly allowance per person shall not exceed \$500.00

<sup>5</sup> \$500/month X 12 months for translation services for Limited English Speaking Program  
Participants/Residents and Staff

<sup>6</sup> General Accounting Services to Comply with Grant Requirements

<sup>7</sup> General Legal Advice and Review of Legal Documents to Comply with Grant Requirements.

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2026 to June 30, 2027

Applicant: HI Good Samaritan Foundation

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Executive Director/CEO	1	\$84,000.00	100.00%	\$ 84,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				84,000.00
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: HI Good Samaritan Foundation

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

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: HI Good Samaritan Foundation

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
None			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
None			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2026 to June 30, 2027

Applicant: HI Good Samaritan Foundation

N/A						
FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY:2024-2025	FY:2025-2026	FY:2026-2027	FY:2026-2027	FY:2027-2028	FY:2028-2029
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
<b>TOTAL:</b>						
JUSTIFICATION/COMMENTS:						

**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: HI Good Samaritan Foundation

Contracts Total: 200,000

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)</b>	<b>CONTRACT VALUE</b>
1	State of HI - GIA	7/1/24 - 6/30/25	DHS	State of Hawaii	200,000
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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30					

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 30 2020

HI GOOD SAMARITAN FOUNDATION  
1545 KAMEHAMEHA IV RD  
HONOLULU, HI 96819-0000

Employer Identification Number:  
85-0764909  
DLN:  
26053513003310  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
February 12, 2020  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

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](http://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.

Letter 947

# HI Good Samaritan Foundation Organization Chart

Executive Director: Duk Whan Kim

Vice Exec Director: Yun Jin Park  
Planning Director: Kum Sun Bluehdorn

Finance Director: Seongeun Hong

General Manager: Miyeo You

Homeless Farm:	Executive Director	Duk Whan Kim
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Homeless Town:	Manager	Sweets Wright
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Homeless Vocational Training School		
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Chief Director	Byung Jae Im
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School Principal	: Miyeo You
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Instructor	: Seongeun Hong
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Instructor	: Kum Sun Bluehdorn
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Homeless Town Foodbank	Manager	Sweets Wright
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Foodbank	Team Manager	Youhui Yi
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Aloha Harvest Foodbank	Team Manager	
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Senior College 1	Principal	Daniel Ham
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Senior College 2	Principal	Hun Jin Im
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