



## 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)
- 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

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AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE

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

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:** (PLEASE TYPE OR PRINT CLEARLY)

Applicant's Name HOSPICE HAW All, INC.  
Address 680 Iwilei Road Suite 660  
City/State/Postal/Zip Code Honolulu, HI 96817, United States  
DBNTrade Name Navian Hawaii

**2. TAX IDENTIFICATION**

NUMBER: HAWAII [REDACTED]  
FEDERAL EMPLOYER I.D. # (FEIN) [REDACTED]  
SOCIAL SECURITY # (SSN) [REDACTED]

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

CORPORATION  OS CORPORATION  TAX EXEMPT ORGANIZATION  
 INDIVIDUAL  PARTNERSHIP  ESTATE  TRUST  
 LIMITED LIABILITY COMPANY  LIMITED LIABILITY PARTNERSHIP  
 Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN \_\_\_\_\_  
 Subsidiary Corporation; enter parent corporation's name and FEIN \_\_\_\_\_

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

CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII \*  LIQUOR LICENSE  
 REAL ESTATE LICENSE  CONTRACTOR LICENSE  FINANCIAL CLOSING  
 PROGRESS PAYMENT  PERSONAL  HAWAII STATE RESIDENCY  
 FEDERAL CONTRACT  SUBCONTRACT  LOAN  
 OTHER \_\_\_\_\_

\* IRS APPROVAL STAMP IS ONLY REQUIRED FOR PURPOSES INDICATED BY AN ASTERISK

**FOR OFFICE USE ONLY**  
BUSINESS START DATE IN HAWAII IF APPLICABLE  
11/15/1979  
HAWAII RETURNS FILED IF APPLICABLE  
20 20 20  
STATE APPROVAL STAMP  
(State Approval QR Code)  
You may scan the QR code to authenticate this tax clearance  
IRS APPROVAL STAMP  
(City, County, or State Government Contract)



A6\_1\_2025A 01 VID01

**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.

[Signature]  
SIGNATURE

01/23/2026  
DATE

(808) 924-9255  
TELEPHONE

(808) 791-8049  
FAX

Dan Haire  
PRINT NAME

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

**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.

6. CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:  Bid/Entering Into or Ongoing Contract  Completion/Final Payment

For completion/final payment of contract, provide the name, agency, and telephone number of the contact person at the State or County Agency.

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

7. LIQUOR LICENSING:  Initial  Renewal  Transfer-Seller  Transfer-Buyer  Special Event

8. CONTRACTOR LICENSING:  Initial  Renewal

9. STATE RESIDENCY: DATE APPLICANT ARRIVED OR RETURNED TO HAWAII \_\_\_\_\_

10. ACCOUNTING PERIOD:  Calendar year  Fiscal year ending (MM/DD) \_\_\_\_\_

11. TAX EXEMPT ORGANIZATION:

A) Provide the Internal Revenue Code Section that applies to your exemption (e.g., 501(c)(3)). 501(c)(3)

B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? YES  NO

C) Is your organization required to file federal Form 990, Return of Organization Exempt From Income Tax, or federal Form 990-EZ, Short Form Return of Organization Exempt From Income Tax?  YES

If "YES", your organization is required to obtain a general excise tax license. Go to line 13.

If "NO", go to line 120.

D) Does your organization have fundraising income?  YES

If "YES", your organization is required to obtain a general excise tax license.

12. INDIVIDUAL: Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_

13. IF YOU **DO NOT** HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE:

A) Description of your firm's business \_\_\_\_\_

B) Has your firm had any business income in Hawaii?  YES  NO

C) Has your firm had an office, inventory, property, employees, or other representatives in the State of Hawaii?  NO

D) Has your firm provided any services within the State of Hawaii (e.g., servicing computers, training sessions, etc.)?  YES  NO

E) In the current or preceding calendar year has your firm had gross income of \$100,000 or more, or entered into 200 or more separate transactions attributable to your firm in any of the following, or combination of the following, activities? a) Tangible property delivered in Hawaii; b) Services used or consumed in Hawaii; or c) Intangible property used in Hawaii.  YES

Note: If you answer "Yes" to any of the above questions, you are required to apply for a general excise tax license.

FILING THE APPLICATION FOR TAX CLEARANCE

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Form A-6 may be used to get both a state tax clearance and a federal tax clearance. If you get a tax clearance from both agencies, you should submit a separate Form A-6 to each agency.

State Department of Taxation  
Taxpayer Services Branch  
P.O. Box 259  
Honolulu, HI 96809-0259

Telephone No.: 808-587-4242  
Toll Free: 1-800-222-3229  
Fax No.: 808-587-1488  
or  
830 Punchbowl Street  
Honolulu, HI 96813-5094

Internal Revenue Service  
W&I Field Assistance  
300 Ala Moana Blvd., #1-315  
Honolulu, HI 96850

(By appointment only. To make an appointment, please call 844-545-5640.)

Automated phone messaging: 808-466-6011

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation on Oahu at 808-587-4242 or toll-free at 1-800-222-3229. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website at [tax.hawaii.gov](http://tax.hawaii.gov).



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

The undersigned authorized representative of the applicant certifies the following:

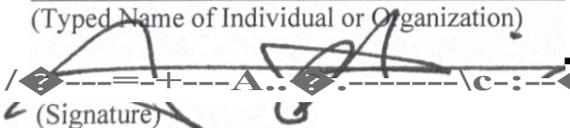
- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.
- 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 I, 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, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

**Navian Hawaii**

(Typed Name of Individual or Organization)

 \_\_\_\_\_  
(Signature) (Date)

**Dan Haire**

(Typed Name)

**President and CEO**

(Title)

January 23, 2026

Senate Committee on Ways and Means  
House Committee on Finance  
415 South Beretania St.  
Honolulu, HI 96813

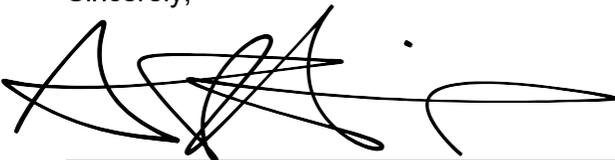
Dear Honorable Legislators,

I am writing as the President and CEO of Navian Hawaii to certify that the funds requested through this grant application will be used exclusively for a public purpose, pursuant to Section 42F-102, Hawaii Revised Statutes. Below, I have outlined the key details of this request:

- (1) **Name of the Organization:** Navian Hawaii
- (2) **Public Purpose:** To provide access to hospice inpatient and respite care for terminally ill Hawai'i residents, particularly those without adequate care alternatives.
- (3) **Services Supported:** Renovation of the Kailua Hospice Home to achieve Medicare certification for inpatient hospice and respite care.
- (4) **Target Group:** Terminally ill patients with a life expectancy of eight weeks or less, including low-income and uninsured individuals statewide.
- (5) **Total Cost of the Grant:** \$450,000

Thank you for your attention to this important initiative. We are committed to using these funds to create meaningful and lasting impacts in Hawai'i.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dan Haire', written over a horizontal line.

Dan Haire  
President and CEO, Navian Hawaii

## 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](#).

#### **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](#).

### **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;**

Navian Hawaii is a non-profit healthcare organization established in Hawaii in 1979 as Hospice Hawaii. It is the second-oldest hospice in the state, serving thousands of individuals - both kūpuna and keiki - experiencing life-threatening and life-limiting illnesses over its nearly 50-year history.

The organization has 158 staff - including registered nurses, social workers, and certified nursing assistants - who meet the physical, emotional, psychosocial, and spiritual needs of patients and families in the comfort of their own home or any location they call home.

That includes their Kailua Home, a licensed skilled nursing facility established in 1994 which serves hospice patients without a better care setting. The facility serves over 100 terminally-ill patients every year, an estimated 3,400 since launch. It includes individualized care, overnight stays for families, and counseling and education on

end-of-life transition for each of its five bedrooms. It is staffed in part by licensed practical nurses and certified nursing assistants.

The majority of Kailua Hospice Home patients are referred by hospitals, particularly when they are without a place to stay or do not have adequate healthcare coverage. In 2024, 75 patients were considered “uncompensated and charity care,” meaning these individuals were given care despite inadequate healthcare coverage and/or an inability to pay for room and board.

In 2019, Hospice Hawaii rebranded to Navian Hawaii, indicating an expanded scope of services, including palliative care and geriatric primary care. Accordingly, today, Navian cares for roughly 500 individuals on a daily basis, via both hospice (patients with a six-months or less life expectancy) and palliative (patients with a serious life-limiting illness) care.

2. The goals and objectives related to the request;

Navian Hawaii will complete renovations to its Kailua Home to achieve Medicare certification for general inpatient and inpatient respite care. Currently, the facility operates at a loss of nearly \$700,000 a year. This has long been accounted for in the organization’s annual budget, paid for by general hospice revenues.

Medicare certification would make the facility revenue-positive by allowing Navian to bill Medicare for general inpatient and/or respite care.

General inpatient (GIP) hospice care is a short-term, high-acuity level of hospice care used when a patient's symptoms cannot be adequately managed in a home or routine skilled nursing facility setting. Whereas Medicare pays roughly \$200 - \$220 per day for routine hospice care, GIP is billed at around over \$1,000 per day.

Inpatient respite care is short-term hospice care provided to give their normal caregiver a break and is limited to 5 consecutive days per respite episode. Medicare pays roughly \$500 - \$520 per day.

These changes would *not* raise out of pocket costs for patients or their families. They would provide for additional federal dollars to be received by the facility via Medicare.

The specific improvements will be done in part in accordance with Code of Federal Regulations Section 418, which sets requirements for staffing, physical environment, fire protection, building safety, patient areas and rooms, etc.

3. The public purpose and need to be served;

Hawaii has a critical need for hospice care, particularly for lower income residents, who are often without a place to stay or a care alternative. The need is only increasing.

According to the Department of Business, Economic Development, and Tourism, older adults aged 65 and older will represent a steadily larger share of the population through 2050 with an expected maximum population share of 26.2%. Particularly rapid growth will be seen in the 75 and older range, the vast majority of which suffer from 2 or more chronic health conditions.

The toll this will take on the healthcare system is acute. An aging population means more emergency room visits and hospitalizations, limiting healthcare availability and increasing costs statewide. Accordingly, it is imperative that Hawaii invest in healthcare infrastructure for high-acuity demographics, such as hospice- and palliative care-eligible patients.

The Kailua Home serves over 100 high-acuity patients every year. Roughly half of Kailua Home patients were without a care alternative, due in large part to cost constraints for room and board. As federal cuts are made to Medicaid and other social safety nets, a greater percentage of the population will be cost-limited, increasing the need for facilities like the Kailua Home.

Renovations to make the Kailua Home Medicare-certified would provide for additional federal dollars to be received by the facility, making it more financially sustainable as Hawaii's aging population increases.

4. Describe the target population to be served; and

The Kailua Home serves patients statewide with a life expectancy of 8 weeks or less. These are individuals who have been diagnosed with Stage IV cancer, severe heart or lung disease, Parkinson's Disease, Dementia, etc. Oftentimes, they are experiencing significant pain and symptoms, placing a strain on them and their families.

These patients primarily come in one of three ways:

1. *Hospital referral.* This is the most common occurrence. Frequently, when a patient is diagnosed as terminally ill but is without a place to stay or does not have adequate healthcare coverage, hospitals will refer them to the Kailua Hospice Home.
2. *Inability for families to continue caretaking.* Caretakers, especially family caretakers, are often unable to adequately address the health needs of their terminally ill loved ones. They refer them as a result.
3. *Word of mouth.* Many patients are referred out of necessity. Some are not; they hear about the Kailua Home independently and seek it out as an option.

Patients also may come when a neighbor-island resident visits Oahu and experiences a life-limiting illness that prevents them from returning home.

5. Describe the geographic coverage.

While the Hospice Home is in Kailua, it serves patients across Oahu, in addition to patients flown to Oahu but are unable to return home due to their terminal status.

In 2024, the geographic breakdown of patients served is as follows:

- Kaneohe (14)
- East Honolulu (8)
- Kailua (8)
- Waipahu (7)
- Moanalua (7)
- Palolo / Kaimuki / Kahala (6)
- Waianae (6)
- Kapolei (5)
- Manoa / Makiki (5)
- Pearl City (5)
- Ewa Beach (5)
- Nuuanu / Downtown / Kakaako (4)
- Waikiki (3)
- Salt Lake (3)
- Kalihi (3)
- Wahiawa (3)
- Kamuela (2)
- Ala Moana (2)
- Mililani (2)
- Hilo (1)
- Kailua Kona (1)
- Waimanalo (1)
- Lihue (1)
- McCully / Moiliili (1)
- Haleiwa (1)
- Aiea (1)

Navian also tracks the locations of the bereaved, who the majority of the time live in a similar location.

### **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;

Navian Hawaii’s Kailua Home currently provides hospice services as a skilled nursing facility at a single-family residence. Accordingly, the current building does not meet the requirements of an inpatient Medicare Certified Hospice Care facility for 24/7 nursing care, pain management, and other support services. These conditions are in-part governed by *Code of Federal Regulations Section 418*, which set federal regulations for hospices, including routine home care, general inpatient care, and inpatient respite care. CFR 418 specifies a number of standards, including staffing, physical environment, fire protection, building safety, patient areas and rooms, etc. For example, federal regulation requires:

1. Light, temperature, and ventilation/air exchanges throughout the hospice;
2. Positive latching hardware for certain corridor doors and doors to certain rooms; and
3. Meeting of applicable provisions with the Health Care Facilities Code.

Construction will be done in accordance with these regulations and others, as necessary.

Furthermore, the Kailua Home is in need of general repair and maintenance, given the facility’s age - the original structure was built in 1961 and has functioned as a SNF since 1994. It is in a shoreline management area (SMA), and will need to abide by all SMA rules and requirements in the City and County of Honolulu.

Navian Hawaii will hire a contractor and architectural services, including coordination, research, inspections, opinion analysis, drawings, in addition to obtaining building permits, solicitation of bids, and provision of construction administration services.

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

Task(s)	Start Date	End Date	Status
Exterior repairs (Not included in GIA request)	01/05/2026	01/30/2026	In progress
Exterior Painting (Not included in GIA request)	02/02/2026	02/04/2026	To do
Architectural Services for Remodel	06/01/2026	10/18/2027	To do
Interior Remodel	09/01/2026	10/18/2027	To do

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

Navian Hawaii will work closely with hired architects and contractors to ensure all aspects of the State Grant-in-Aid contract are followed and funds are expended in a timely manner. Navian will engage a licensed contractor(s) to manage and complete the project, with David Nguyen, Chief Operating Officer, serving as the project lead to ensure timely completion and adherence to the budget.

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.

Measure	Type
Building permit status	Government Approval
Shoreline management area permit status	Government Approval
Design completion	Percentage, as determined by architectural firm
Construction completion	Percentage, as determined by hired contractor
Number of patients served in 2027	Count, dependent on final completion of the project

## **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](#))

**For 1a-e, please see Budget forms attached below**

- The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2027.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$112,500	\$112,500	\$112,500	\$112,500	\$450,000

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

Not applicable.

- 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.

- 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.

Not applicable.

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

\$8,750,836

## **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.

Navian Hawaii has provided hospice care since the organization was established in 1979. It is the second-oldest hospice in the state, serving thousands of individuals - both kūpuna and keiki - experiencing life-threatening and life-limiting illnesses over its nearly 50-year history.

These patients have been served in a number of care locations, but most commonly at their place of residence - their home, a loved one's home, or a nursing home. Care includes pain and symptom relief, medication management and administration, illness treatment, personal care, social work services for patients and their families, and spiritual-care services.

Navian Hawaii has 158 staff composed of an interdisciplinary team of professionals including nurses, nurse practitioners, certified nursing assistants, physicians, social workers, and chaplains. These staff serve an average daily census (ADC) of 424 patients across Oahu.

In 2025, Navian Hawaii served 691 patients under its hospice program. Of these patients and their families, 87% of them rated their care a nine or 10 out of 10. These ratings and others exceed national and state benchmarks, leading to a 4-star rating on Hospice Compare.

Concurrently, Navian Hawaii provided care for 316 palliative care patients. The rehospitalization rate for those patients was 4%, among the lowest for post-acute organizations on Oahu.

Navian Hawaii's Kailua Home was established in 1994. It provides individualized care, overnight stays for families, and counseling and education on end-of-life transition for each of its five bedrooms. It is staffed in part by licensed practical nurses and certified nursing assistants, who serve over 100 terminally-ill patients every year, an estimated 3,400 in total.

In addition to these services, Navian Hawaii has experience with capital improvements - in its Kailua Home over the course of its 30+ year history and with future projects such as a planned Gulick project, which is currently in the pre-construction phase. It is currently contracting with INK Architects, an architectural design firm based in Honolulu.

## **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.

Navian Hawaii's Kailua Home is located on a 8,002 square foot parcel. The facility is 2,186 square feet across five bedrooms and three bathrooms. It also includes a lanai, a living room with cable television, air conditioning, garden/lawn areas, and home-cooked meals.

The Kailua Home serves over 100 high-actuity patients every year. Roughly half of Kailua Home patients were without a care alternative, due in large part to cost constraints for room and board. The facility provides these individuals with both a place

to stay and place to receive care as if they had been a hospice patient at home or in a nursing facility.

It is staffed in part by licensed practical nurses and certified nursing assistants who provide pain control and symptom relief, medication management and administration, illness treatment, personal care, social work services to support patients and families with emotional needs, and spiritual-care services.

## **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.

For construction, Navian Hawaii will hire a contractor and architectural services, including coordination, research, inspections, opinion analysis, drawings, in addition to obtaining building permits, solicitation of bids, and provision of construction administration services.

For general operations, the facility includes the following personnel:

- Licensed Practical Nurses: 6.6 FTEs
- Certified Nursing Assistants: 4.2 FTEs
- Other (Chaplains, social workers, dieticians, etc.): 3.0 FTEs

Personnel provide individualized care, overnight stays for families, and counseling and education on end-of-life transition for each of the facility's five bedrooms.

### **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.

1. Chief Medical Officer \$319,987.82
2. Palliative and Hospice Physician \$289,988.82
3. President & Chief Executive Officer \$216,291.71

## **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.

*Islands Hospice, Inc., vs. Hospice Hawaii, Inc., et al.*

Per the complaint, Islands Hospice, a foreign profit corporation organized in Oklahoma is alleging that Hospice Hawaii, Inc., a Hawaii domestic nonprofit corporation conspired to wrongfully solicit Islands Hospice clients, referral sources, and employees. The case was filed in the First Circuit on August 19, 2025.

### **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.

- Licensed skilled nursing facility
- Licensed hospice provider

### **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.

Federal regulations specify four payment categories for hospice care:

1. Routine home care.

2. Continuous home care.
3. Inpatient respite care.
4. General inpatient care.

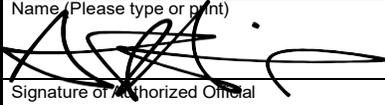
Currently, Navian Hawaii bills Medicare for routine home care, the lowest of the payment categories. Given the frequent high acuity of care, which frequently demands 24/7 nursing, expenses far exceed revenues. This leads to a roughly \$700,000 loss annually.

Achieving Medicare certification for inpatient respite care and general inpatient care would significantly increase the billable amount from Medicare. Net revenues are expected to more than double, allowing the facility to operate at a net positive and, as a nonprofit, allocate those revenues to other community-based medical services.

# BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: Hospice Hawaii dba Navian Hawaii

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	\$0	\$0	\$0	\$0
2. Payroll Taxes & Assessments	\$0	\$0	\$0	\$0
3. Fringe Benefits	\$0	\$0	\$0	\$0
<b>TOTAL PERSONNEL COST</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. OTHER CURRENT EXPENSES</b>				
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
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. EQUIPMENT PURCHASES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. MOTOR VEHICLE PURCHASES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>E. CAPITAL</b>	<b>\$450,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL (A+B+C+D+E)</b>				
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	\$450,000	Dan Haire (808) 924-9255		
(b) Total Federal Funds Requested	\$0	Name (Please type or print) Phone		
(c) Total County Funds Requested	\$0	 Signature of Authorized Official Date		
(d) Total Private/Other Funds Requested	\$0			
<b>TOTAL BUDGET</b>	<b>\$450,000</b>	President and CEO Name and Title (Please type or print)		

January 23 2026



**BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES**

Period: July 1, 2025 to June 30, 2026

Applicant: Hospice Hawaii dba Navian Hawaii

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

JUSTIFICATION/COMMENTS:

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

JUSTIFICATION/COMMENTS:

**BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2026 to June 30, 2027

Applicant: Hospice Hawaii dba Navian Hawaii

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				100,000		
CONSTRUCTION				350,000		
EQUIPMENT						
<b>TOTAL:</b>				450,000		
<b>JUSTIFICATION/COMMENTS:</b>						

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

Applicant: Hospice Hawaii dba Navian Hawaii

Contracts Total: -

	<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	Not Applicable				
2					
3					
4					
5					
6					
7					
8					
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