

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](#).

Attached.

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](#).

The requested grant in the amount of \$887,540 dollars will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. The primary goal of this operating grant request is to support the opening, ongoing operation, and programmatic delivery of a community-based wellness and therapeutic movement space and a structured afterschool program for high-risk adolescents on O’ahu, along with associated outreach, education, care coordination, and administrative functions that serve a clear public purpose.

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;

IMUA Heart is a Hawai’i-based 501(c)(3) nonprofit organization established to advance behavioral health, wellness, and prevention services for individuals and communities facing systemic barriers to care. IMUA Heart’s mission is to increase equitable access to trauma-informed, culturally responsive, and

preventive services that support mental health, emotional regulation, and overall well-being, particularly for populations that are historically underserved or disproportionately impacted by stress, trauma, and chronic health conditions.

IMUA Heart was created to complement and support community-based behavioral health service delivery by addressing gaps that are not fully reimbursed through traditional healthcare payment systems. The organization focuses on preventive and early-intervention strategies that reduce downstream reliance on higher-cost emergency, inpatient, and justice-system responses.

Services supported through IMUA Heart are currently in operation and are designed as public-facing, community-based programs that are accessible regardless of ability to pay. IMUA Heart operates with established financial controls, board oversight, and administrative systems to ensure compliance with all applicable state and federal requirements.

2. The goals and objectives related to the request;

The primary goal of this operating grant request is to support the opening, ongoing operation, and programmatic delivery of a community-based wellness and therapeutic movement space and a structured afterschool program for high-risk adolescents on O‘ahu, along with associated outreach, education, care coordination, and administrative functions that serve a clear public purpose.

Specific goals and objectives include:

1. Support facility operations for community and youth access

Support the operational costs necessary to open and maintain a community-accessible wellness and therapeutic movement space that is safe, supervised, and designed to promote behavioral health, stress reduction, and trauma recovery, including facility operations that enable consistent afterschool programming for adolescents.

2. Deliver structured, trauma-informed movement and wellness programming

Provide evidence-informed, trauma-informed movement and wellness groups as a preventive and early-intervention strategy that supports emotional regulation, healthy coping, functional improvement, and recovery for individuals impacted by trauma, chronic stress, and co-occurring conditions.

3. Implement a structured afterschool program for high-risk adolescents

Operate an afterschool program that provides supervised, prevention-focused programming for high-risk adolescents, incorporating therapeutic movement, pro-social skill-building, routine, and supportive adult engagement to strengthen protective factors and reduce escalation to crisis-driven systems.

4. Reduce stigma and increase help-seeking through public education

Reduce stigma related to mental health and help-seeking through consistent, culturally responsive public education and social media messaging that normalizes early support, wellness, and access to behavioral health resources.

3. The public purpose and need to be served;

This request meets the public purpose requirements of Chapter 42F, Hawai'i Revised Statutes. Grant funds will be used exclusively to support operating costs associated with community-based wellness programming, behavioral health prevention, early intervention, outreach, public education, and the infrastructure necessary to deliver these services equitably. Funds will not be used for capital construction, private benefit, entertainment, lobbying, or sectarian purposes.

Hawai'i Need and Service Gap

Hawai'i continues to face significant behavioral health access challenges, including workforce shortages, long wait times, stigma-related barriers, and limited reimbursement for prevention-oriented and supportive services. These barriers are compounded by Hawai'i's geographic realities, where access is further constrained by transportation limitations and uneven service availability across communities. Recent reporting on Hawai'i's workforce constraints highlights ongoing shortages that intensify access challenges across the health system. Nationally, federal workforce analysis similarly identifies behavioral health workforce and reimbursement barriers that limit access and capacity.

While clinical behavioral health services are essential, there is a documented need for complementary, community-based, non-clinical interventions that support prevention and early intervention—particularly for individuals and families who face barriers to engaging in traditional care. These interventions include structured therapeutic movement, stress regulation, skill-building, supportive group environments, and consistent pro-social engagement, approaches that can prevent escalation of symptoms and reduce reliance on crisis-driven systems.

Youth Mental Health and the Public Health Rationale for Afterschool Programming

The need is especially urgent for youth. Hawai'i's youth mental health burden has been recognized as a serious public health concern, with suicide identified as a leading cause of death for Hawai'i youth ages 10–19 in recent years, alongside substantial numbers of youth treated in emergency departments or hospitalized for self-inflicted injury. At the national level, CDC youth surveillance continues to document persistent mental health and suicide-risk indicators among adolescents, underscoring the value of prevention strategies that strengthen protective factors such as connection, support, and school/community belonging.

A structured, supervised afterschool program—integrated with therapeutic movement and wellness programming—directly addresses protective factors by offering youth: (1) safe supervision during high-risk hours, (2) predictable routines, (3) pro-social connection, and (4) skill-building opportunities that support emotional regulation and healthy coping. This supports the State's interest in prevention and early intervention, particularly for adolescents at elevated risk due to trauma exposure, chronic stress, family instability, or justice-system involvement.

Why Operating Funds Are Needed

Operating funds are needed to support the ongoing costs of delivering prevention-focused services that function as public health interventions. These costs include staffing, program delivery, supervision, scheduling, outreach, public education (including stigma-reduction messaging), care coordination, and facility operations necessary to safely and equitably serve the community and operate an afterschool program for high-risk adolescents.

Public Benefit and Cost Avoidance

This project serves a clear public purpose by expanding prevention and early intervention capacity and reducing reliance on higher-cost systems. Operating support enables IMUA Heart to:

- Reduce barriers to preventive and behavioral health–supportive services, including safe access to structured therapeutic movement and pro-social group programming
- Provide early intervention and diversion for at-risk populations, including high-risk adolescents served through afterschool programming

- Reduce avoidable use of emergency departments, inpatient services, and other crisis-driven systems through upstream supports
- Deliver consistent public education and stigma reduction to increase help-seeking and normalize early support
- Advance health equity by prioritizing access for Medicaid/Medicare beneficiaries, justice-impacted individuals, Native Hawaiian and Pacific Islander communities, and individuals facing financial and access barriers

Collectively, these services align with State priorities related to prevention, youth well-being, equity, and long-term cost containment through community-based, accountable solutions.

4. Describe the target population to be served; and

The target populations served through this operating grant include children, adolescents, adults, and families on O‘ahu who face elevated behavioral health risk and barriers to preventive services. Priority populations include:

- Medicaid and Medicare beneficiaries, including individuals who would otherwise experience delayed or limited access to prevention-oriented services
- Individuals receiving services on a sliding fee scale due to financial hardship, including those who are uninsured or underinsured
- High-risk adolescents, including youth impacted by trauma exposure, chronic stress, school disengagement, family instability, or other risk factors associated with crisis involvement, substance use, or justice-system contact
- Justice-involved or justice-impacted individuals, including adolescents and adults currently involved in, transitioning from, or at elevated risk of involvement with the justice system
- Native Hawaiian and Pacific Islander communities and other populations disproportionately affected by health inequities and structural barriers to care
- Individuals experiencing trauma, chronic stress, co-occurring behavioral health conditions, or chronic pain/stress-related functional impairment
- Individuals who face stigma, cultural barriers, transportation barriers, or access challenges that limit engagement in traditional mental health settings

Services supported through this grant are designed to be inclusive, prevention-focused, and accessible, reducing barriers to engagement, strengthening protective factors, and supporting early intervention for individuals and families most likely to be underserved by traditional systems of care.

5. Describe the geographic coverage.

IMUA Heart will deliver services primarily on O‘ahu, with the renovated commercial facility in ‘Aiea serving as the central hub for program delivery. The ‘Aiea site will function as a community-accessible location for therapeutic movement and wellness programming and as an afterschool program site for high-risk adolescents, providing a consistent, supervised setting for prevention-focused services.

In addition to facility-based programming, IMUA Heart will conduct outreach, referral coordination, and public education activities to reach individuals across O‘ahu, with particular attention to communities experiencing demonstrated behavioral health access gaps and barriers related to transportation, stigma, and affordability. Social media-based mental health education and destigmatization messaging will extend the reach of prevention messaging beyond the facility footprint, supporting broader community awareness and connection to available services.

Geographic coverage and service volume will scale proportionally based on available operating funds, ensuring responsible stewardship of state resources while maintaining core services at the ‘Aiea hub and prioritizing access for high-need populations.

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;

Grant-in-Aid operating funds will support the delivery of community-based behavioral health prevention, therapeutic movement and wellness programming, a structured afterschool program for high-risk adolescents, public education and stigma reduction, and the administrative, outreach, and care coordination functions necessary to deliver services equitably. Services are designed to complement, not replace, clinical care and to address access gaps caused by limited reimbursement for prevention-oriented and supportive services.

The renovated commercial space in 'Aiea, O'ahu will serve as the central hub for program operations and service delivery.

Supported Services Include

- Operation of a community-accessible therapeutic movement and wellness space in 'Aiea
- Structured, trauma-informed movement and wellness groups as prevention and early intervention
- A structured, supervised afterschool program for high-risk adolescents, incorporating therapeutic movement, routine, skill-building, and pro-social engagement
- Behavioral health–supportive preventive programming (non-clinical) that strengthens protective factors and reduces escalation to crisis-driven systems
- Care coordination and outreach for individuals receiving services on a sliding fee scale and/or using public insurance
- Public education and mental health destigmatization through social media and community messaging
- Program administration, supervision, scheduling, safety protocols, and compliance activities necessary for safe, equitable service delivery

All services will be delivered with a public-health and prevention orientation and structured to ensure accessibility regardless of ability to pay.

Program Operations (Facility-Based)

- Maintain day-to-day operations of the 'Aiea facility, including scheduling, staffing coverage, participant intake/registration processes (as applicable), and safety protocols.
- Coordinate facility use to support both therapeutic movement programming and afterschool programming, including safe supervision workflows and space-use scheduling.
- Ensure accessibility for Medicaid and Medicare beneficiaries and individuals utilizing sliding fee scale services, including operational practices that

reduce barriers (e.g., consistent program times, clear enrollment steps, and supportive navigation as appropriate).

Therapeutic Movement and Wellness Programming

- Deliver structured, trauma-informed movement and wellness groups facilitated by trained staff, designed to support stress regulation, emotional well-being, and functional improvement.
- Adapt programming to accommodate individuals with chronic stress, trauma histories, chronic pain, and co-occurring physical or behavioral health conditions.
- Monitor participation, utilization patterns, and engagement to ensure equitable access and to guide continuous quality improvement.

Afterschool Program for High-Risk Adolescents (O'ahu)

- Operate a structured afterschool program for high-risk adolescents that provides safe supervision during afterschool hours and integrates prevention-focused activities.
- Incorporate therapeutic movement, skill-building, pro-social engagement, and supportive adult connection to strengthen protective factors (e.g., routine, coping skills, emotional regulation, and connectedness).
- Coordinate enrollment and participation support for youth facing barriers related to family resources, stigma, or system involvement, consistent with program capacity and safety requirements.

Care Coordination and Access Support

- Coordinate, as appropriate, with IMUA Health to support continuity for individuals receiving behavioral health services and to ensure prevention programming is aligned with overall care goals.
- Provide outreach and navigation support for individuals and families facing financial, logistical, or systemic barriers to participation (e.g., understanding program options, connecting to resources, and reducing access friction).

Public Education and Mental Health Destigmatization

- Develop and disseminate culturally responsive mental health education and stigma-reduction messages through social media and digital platforms.
- Normalize help-seeking, early support, and prevention as part of overall health, with messaging appropriate for adolescents, families, and adults.
- Promote awareness of available community-based services and reduce barriers to engagement created by stigma or misinformation.

Program Administration and Oversight

- Conduct program planning, scheduling, staffing coordination, and operational monitoring to ensure safe, reliable service delivery.
 - Maintain data tracking, outcome monitoring, and reporting consistent with expending agency requirements and audit readiness.
 - Ensure adherence to trauma-informed, culturally responsive, and nondiscrimination standards.
 - Maintain documentation and financial records in accordance with state requirements to support accountability for use of public funds.
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

Quarter 1 – Infrastructure Development and Start-Up

- Establish foundational infrastructure for program operations at the 'Aiea facility, including development of safety protocols, facility-use procedures, and operational policies to support future community programming and afterschool services.
- Initiate staff recruitment and hiring, including program coordination, licensed mental health oversight for the afterschool program, therapeutic movement facilitators, administrative support, and social media/public education staff.
- Develop core operational workflows, including scheduling systems, supervision structures, documentation standards, and data tracking processes aligned with expending agency requirements.

- Develop program curricula and implementation frameworks for therapeutic movement programming and the afterschool program, including youth safety protocols and supervision expectations.
- Develop a public education and stigma-reduction strategy, including a social media content framework, messaging guidelines, and baseline tracking metrics (without large-scale dissemination at this stage).

Quarter 2 – Workforce Training and Operational Readiness

- Complete onboarding and training for newly hired staff, including trauma-informed practices, culturally responsive engagement, youth supervision standards, safety procedures, confidentiality, and documentation/audit readiness.
- Conduct tabletop exercises and operational readiness reviews to test workflows, supervision coverage, incident response protocols, and facility-use scheduling.
- Finalize referral pathways and coordination protocols with community partners, youth-serving organizations, and providers to support future program enrollment.
- Pilot internal systems for attendance tracking, outcome measurement, and public education analytics to ensure readiness for service launch.
- Refine curricula, schedules, and staffing plans based on readiness assessments and training outcomes.

Quarter 3 – Pilot Programming and Quality Review

- Initiate limited pilot programming for therapeutic movement and wellness groups and select afterschool activities to test operations, staffing patterns, and participant flow.
- Begin phased dissemination of public education and stigma-reduction messaging, monitoring engagement and refining content as needed.
- Review early utilization, safety, and access data from pilot activities to identify barriers and operational improvements.
- Conduct an internal quality review focused on service equity, youth safety, staff supervision effectiveness, and documentation completeness; implement corrective actions as indicated.
- Finalize full implementation schedules and staffing coverage based on pilot findings.

Quarter 4 – Full Implementation, Reporting, and Sustainability Planning

- Launch full program implementation at the ‘Aiea hub, including therapeutic movement programming and a structured afterschool program for high-risk adolescents operating on a consistent schedule.
 - Sustain service delivery with stable staffing, supervision, and safety protocols.
 - Compile outcome data and performance metrics, including unduplicated participants served, Medicaid/Medicare and sliding fee scale utilization, youth participation trends, and public education reach.
 - Prepare and submit required reports to the expending agency, ensuring documentation is complete, accurate, and audit-ready.
 - Update operational planning and sustainability actions for the subsequent period, including staffing plans, partner coordination, and proportional service scaling aligned with funding levels.
3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

IMUA Heart utilizes a structured Quality Assurance (QA) and evaluation framework to ensure all services supported by Grant-in-Aid operating funds are delivered safely, effectively, equitably, and in alignment with public purpose objectives under Chapter 42F, HRS. The framework is designed to support compliance-ready operations, consistent service delivery at the ‘Aiea program hub, and transparent reporting suitable for review by the expending agency, legislative staff, and the State Auditor.

Quality Assurance Framework and Oversight

IMUA Heart’s QA framework includes operational oversight, routine performance monitoring, and documented corrective action processes. Program leadership is responsible for ensuring that:

- Services are delivered as described in the proposal and within the grant period, including therapeutic movement programming and the afterschool program for high-risk adolescents
- Public funds are used only for allowable operating purposes and are directly tied to approved program activities
- Program, participation, and financial records are maintained in an organized, auditable manner

- Program delivery remains accessible to Medicaid/Medicare beneficiaries and individuals utilizing sliding fee scale services
- Youth programming is operated with appropriate supervision, safety procedures, and facility-use controls consistent with a structured afterschool environment

Oversight includes regular internal reviews of operations and periodic review through organizational leadership and board governance structures consistent with IMUA Heart's established financial controls and accountability requirements.

Routine Monitoring of Service Delivery and Participation

IMUA Heart will monitor service delivery to verify that programming is implemented consistently and reaches intended populations. Monitoring activities include:

- Tracking program delivery (dates, session type, duration, facilitator coverage), including both wellness groups and afterschool programming days
- Maintaining attendance documentation and participation counts (unduplicated and total), including a distinct unduplicated count of adolescents served through afterschool programming
- Monitoring utilization patterns (e.g., average attendance, repeat participation where applicable, retention in youth programming as feasible)
- Reviewing scheduling capacity and access barriers (e.g., cancellations, no-show patterns, waitlists where applicable) and identifying trends that may impact equitable access

These monitoring activities support timely operational adjustments, service continuity, and alignment with the scope supported by State funds.

Safety, Accessibility, and Participant Engagement

Because services will expand to include therapeutic movement programming and structured youth programming, IMUA Heart emphasizes safety, accessibility, and inclusion. QA activities include:

- Use of standard safety protocols for group-based movement activities, including capacity limits, appropriate facilitator-to-participant ratios, and safety readiness checks
- Youth safety and supervision procedures during afterschool hours, including defined supervision coverage, structured program routines, and facility-use practices that support consistent oversight

- Routine review of accessibility considerations (e.g., scheduling barriers, transportation limitations, culturally responsive engagement strategies, and reasonable accommodations as needed)
- Documentation of engagement indicators, including participation levels, program uptake trends, and observed barriers to participation
- Incident documentation and response procedures for safety concerns (as applicable), including corrective action tracking and follow-up review

These processes ensure services are delivered responsibly and equitably, particularly for participants impacted by trauma, chronic stress, or co-occurring conditions.

Staff Supervision, Training, and Fidelity to Approach

IMUA Heart maintains supervision and training structures to ensure services are delivered consistently and in alignment with trauma-informed and culturally responsive approaches. QA activities include:

- Routine supervision and check-ins for staff responsible for facilitation, youth programming, care coordination, outreach, and administration
- Ongoing training in trauma-informed principles, cultural humility, stigma-reduction practices, and youth engagement/supervision expectations
- Periodic review of service delivery fidelity through structured debriefs, observation where appropriate, and documentation review
- Reinforcement of nondiscrimination requirements, ethical service delivery standards, and clear role expectations for program staff

This supervision and training structure supports service quality, consistency, and appropriate engagement with high-need populations.

Evaluation of Outreach, Public Education, and Destigmatization Messaging

IMUA Heart will evaluate outreach and public education efforts to ensure messaging remains consistent, culturally responsive, and tied to public purpose objectives.

Evaluation activities include:

- Tracking the number of mental health education messages disseminated and their thematic focus (e.g., prevention, help-seeking, stress regulation, youth/family support, access navigation)
- Monitoring reach and engagement indicators through platform analytics (e.g., impressions, views, interactions)

- Reviewing content cadence and consistency to ensure sustained messaging across the grant period
- Incorporating feedback from participants and community partners, as available, to refine messaging effectiveness and reduce barriers to engagement

This evaluation supports accountability for outreach activities and documents the public benefit of stigma reduction and public education.

Continuous Quality Improvement and Corrective Action

IMUA Heart will implement Continuous Quality Improvement (CQI) processes to refine programming and address barriers identified through monitoring and evaluation. CQI activities include:

- Regular review of participation and access trends to identify underutilization or barriers affecting high-need populations, including adolescents served through afterschool programming
- Adjustments to program schedules, outreach strategies, or access supports based on observed needs and utilization data
- Documentation of improvement actions taken and outcomes observed (e.g., improved participation, strengthened youth engagement, reduced cancellations, improved access for sliding fee scale participants)
- Periodic internal review of compliance and documentation practices to ensure audit readiness and alignment with expending agency reporting requirements

CQI is implemented throughout the grant period to improve service delivery, strengthen equity outcomes, and ensure responsible stewardship of public funds.

Documentation and Audit Readiness

All QA and evaluation activities will be documented and maintained in a format suitable for review by the expending agency and the State Auditor. IMUA Heart will retain organized program and financial documentation consistent with state requirements, including records needed to substantiate service delivery, participation (including adolescents served), and appropriate use of Grant-in-Aid operating funds.

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.

IMUA Heart will report standardized, quantifiable measures of effectiveness to the state agency through which grant funds are appropriated (the expending agency). Measures are designed to provide an objective, auditable assessment of program activity, access, and public benefit, and to demonstrate appropriate use of Grant-in-Aid operating funds consistent with Chapter 42F, HRS.

Measures will focus on (1) service delivery at the 'Aiea program hub, (2) access for high-need populations—including high-risk adolescents served through afterschool programming, (3) outreach and public education reach, and (4) continuity of services in the context of limited reimbursement for prevention-oriented supports.

1) Service Delivery and Participation (Facility-Based Programming)

IMUA Heart will track and report:

- **Unduplicated number of individuals** participating in therapeutic movement and wellness groups during the grant period
- **Total number of therapeutic movement/wellness group sessions delivered** (monthly and annually)
- **Average attendance per session** and **capacity utilization** (e.g., percent of available slots filled)
- **Retention/repeat participation**, where feasible, to demonstrate ongoing engagement in prevention-focused programming
- **Facility utilization indicators**, such as total program hours per week and number of active group cohorts or program blocks

Data sources: program schedules, attendance logs, and administrative records.

2) Afterschool Program Delivery and Youth Participation (High-Risk Adolescents)

To document the adolescent component and public benefit of prevention-focused afterschool programming, IMUA Heart will track and report:

- **Number of afterschool program days offered** per week and per quarter
- **Unduplicated number of adolescents served** through afterschool programming during the grant period
- **Average daily attendance** and **capacity utilization** for the afterschool program

- **Participation continuity indicators** (as feasible), such as repeat attendance/retention over time or completion of program cycles/cohorts
- **Program implementation indicators**, including documentation of structured programming components (e.g., therapeutic movement sessions, skill-building activities, supervised group activities)

Data sources: afterschool schedules, youth participation logs, and program operations records.

3) Access and Equity Indicators (Public Insurance, Sliding Fee Scale, and Barriers)

To ensure services reach populations with the greatest need and to demonstrate equitable access, IMUA Heart will track:

- **Percentage of participants utilizing Medicaid, Medicare, and/or sliding fee scale services** (where applicable and allowable)
- **Number and percentage of participants receiving reduced-cost or no-cost services** due to financial hardship
- **Number of individuals receiving access support/care coordination** related to participation (e.g., outreach, navigation, referral coordination, barrier reduction support)
- **Equity-focused reach indicators** (as allowable and appropriate), such as participant age categories and representation of priority communities, to demonstrate alignment with intended target populations

Data sources: intake/enrollment data where applicable, participation records, and care coordination logs.

4) Public Education and Mental Health Destigmatization (Outreach Reach)

Effectiveness of stigma reduction and public education will be measured through:

- **Number of mental health education messages disseminated** via social media and digital platforms
- **Aggregate reach and engagement metrics**, such as impressions, views, shares, and interactions
- **Consistency of messaging cadence** over the grant period (e.g., monthly content delivery targets)
- **Topic alignment indicators**, demonstrating focus on prevention, help-seeking, youth/family support, stress regulation, and access navigation

Data sources: platform analytics exports and messaging logs/content calendar records.

5) Service Continuity and Financial Access (SFS Gap and Stabilization)

To demonstrate the role of Grant-in-Aid funds in stabilizing operations and preserving access despite reimbursement limitations, IMUA Heart will report:

- **Service volume maintained during the grant period** compared to baseline operational capacity (e.g., total sessions delivered, total participants served)
- **Evidence of maintained or increased access** for high-need populations despite sliding fee scale reimbursement gaps (e.g., continued service availability for SFS participants; stable program offerings)
- **Documentation of operating funds applied to allowable prevention-oriented services and enabling supports** that are not fully reimbursed through Medicaid, Medicare, or other payers (reported as expenditure categories consistent with the approved budget)
- **Data sources:** program output summaries and budget/expenditure tracking reports.

Reporting, Documentation, and Adjustments

All measures will be compiled and reported in accordance with expending agency requirements. Data will be maintained in an organized format suitable for audit and review by legislative committees and the State Auditor, including supporting documentation for reported outputs and expenditures.

If the level of appropriation differs from the amount requested, IMUA Heart will adjust service volume and corresponding measures proportionally and submit updated performance targets and service projections to the expending agency, consistent with Chapter 42F requirements.

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](#))

Attached.

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
\$221,885	\$221,885	\$221,885	\$221,885	\$887,540

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

IMUA Heart is also seeking \$350,000 from the State under a GIA CIP.

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.

Not applicable.

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

IMUA Heart has no unrestricted assets as of December 31, 2025.

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.

IMUA Heart has the organizational capacity to administer public funds responsibly and to deliver community-based prevention and wellness programming to high-need populations in a manner that is compliant, measurable, and audit-ready. The

organization operates with established financial controls, board governance, and administrative oversight to ensure appropriate stewardship of state funds and adherence to applicable requirements under Chapter 42F, HRS.

Leadership and program staff bring relevant experience in behavioral health prevention, trauma-informed and culturally responsive approaches, community engagement, and program operations. IMUA Heart's service model prioritizes equitable access and has a demonstrated track record of serving populations that face the greatest barriers to care, including Medicaid beneficiaries, individuals accessing services through sliding fee scale arrangements due to financial hardship, justice-involved or justice-impacted individuals, and communities disproportionately affected by health inequities.

IMUA Heart is prepared to build the operational infrastructure required to implement and sustain facility-based programming at the 'Aiea hub, including recruitment and onboarding of staff, development of workflows and safety protocols, supervision structures, training, and audit-ready documentation systems. Upon completion of this start-up infrastructure, IMUA Heart will implement and operate facility-based services that include therapeutic movement and wellness groups, public education and stigma-reduction activities, and a structured afterschool program for high-risk adolescents, supported by appropriate safety procedures, supervision practices, and consistent data tracking and reporting.

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

The proposed facility is an existing leased commercial space located in 'Aiea, O'ahu, which will serve as the central hub for IMUA Heart's community-based programming. The facility includes dedicated areas to support both therapeutic movement/wellness programming and youth-focused afterschool programming and program administration.

- **Office/Program Space: 1,429 sq. ft.** (will be used for afterschool programming support areas, participant flow/check-in functions as applicable, program administration, and secure storage)
- **Gym/Movement Space: 1,043 sq. ft.** (will be used for therapeutic movement and supervised wellness programming and structured group activities)

Planned improvements will convert the facility into a safe, functional, and ADA-compliant community space suitable for public use, including youth programming. Lease costs are directly tied to maintaining access to this facility for community programming and ensuring consistent availability of prevention-oriented services delivered for a public purpose.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

IMUA Heart will implement services through a multidisciplinary staffing model designed to ensure safe, consistent, and equitable delivery of community-based prevention programming, therapeutic movement services, a structured afterschool program for high-risk adolescents, and public education activities. Staffing will be scaled to available funding while maintaining core supervision, safety, and compliance functions.

1. Staffing Model (Roles and Functions)

A. Program Coordination and Oversight (Facility and Program Operations)

- Provides overall program coordination and operational oversight, including scheduling, staffing coverage, facility-use planning, and performance monitoring.
- Ensures day-to-day operations align with the approved scope, public purpose requirements, and expending agency reporting expectations.
- Maintains administrative systems for attendance tracking, documentation, and program reporting.

B. Licensed Mental Health Professional — Afterschool Program Development and Oversight

- Leads development and oversight of the structured afterschool program for high-risk adolescents, including youth engagement framework, safety protocols, behavioral expectations, and coordination with families and community partners as appropriate.
- Ensures programming reflects trauma-informed, developmentally appropriate, and culturally responsive practices.
- Provides clinical oversight and consultation to staff regarding youth engagement, de-escalation strategies, and supportive interventions within a prevention-focused scope.

C. Licensed Mental Health Professionals — Program Implementation and Support

- Support implementation of prevention-oriented programming, including group-based wellness and skill-building components integrated into therapeutic movement programming.
- Provide consultation and care coordination support, as appropriate, to reduce barriers to participation and support continuity with existing systems of care.
- Ensure services remain within scope, ethical standards, and nondiscrimination requirements.

D. Lead Fitness Trainer / Program Development and Team Oversight

- Develops and standardizes therapeutic movement and wellness curricula, including session formats, progressions, and adaptations for varying abilities, trauma histories, and co-occurring conditions.
- Trains and onboards facilitators, delivering competency-based instruction in safety, trauma-informed facilitation, inclusive engagement, and appropriate response protocols; maintains training documentation.
- Manages and coaches the facilitation team, coordinating scheduling/coverage, observing sessions, providing feedback, and ensuring consistent program fidelity and quality.
- Leads safety and risk management for movement programming by implementing safety protocols, monitoring capacity limits, ensuring CPR/First Aid readiness, and documenting/responding to incidents as needed.
- Collaborates with program and clinical leadership to align movement programming with prevention goals and afterschool services for high-risk adolescents, contributing to continuous quality improvement.

E. Trained Facilitators — Therapeutic Movement and Wellness Programming

- Deliver structured therapeutic movement and wellness groups under established safety protocols.
- Support inclusive programming appropriate for individuals impacted by trauma, chronic stress, and co-occurring conditions.
- Coordinate with licensed staff to adapt programming for safety and accessibility as needed.

F. Social Media and Public Education Coordinator (Mental Health Destigmatization)

- Develops and disseminates culturally responsive, prevention-focused mental health education and stigma-reduction content through social media and digital platforms.

- Ensures messaging aligns with public health objectives, promotes help-seeking and early intervention, and avoids private-pay marketing or promotional content.
- Maintains content calendars, tracks reach and engagement metrics, and provides documentation for reporting to the expending agency.
- Coordinates with program leadership and licensed staff to ensure accuracy, appropriateness, and alignment with trauma-informed principles and youth/family audiences.

G. Administrative and Outreach Support Staff

- Manage scheduling, participant communications, registration processes (as applicable), and documentation support for facility-based programming and afterschool services.
- Support outreach and navigation functions for individuals and families facing financial, logistical, or access barriers.
- Assist with program logistics and reporting support consistent with grant requirements.

2. Staff Qualifications (Minimum Standards; No Names)

A. Program Coordination and Oversight (Facility and Program Operations)

The Program Coordinator/Operations Lead will possess experience in community-based program operations, nonprofit administration, or health and human services program management. Qualifications include demonstrated competency in operational planning, scheduling, staff coordination, documentation, and compliance with funder requirements. Experience supporting programs serving high-need or underserved populations is preferred.

B. Licensed Mental Health Professional — Afterschool Program Development and Oversight

This role will be filled by a licensed mental health professional in the State of Hawai'i (e.g., psychologist, licensed clinical social worker, licensed mental health counselor, marriage and family therapist, or other applicable licensure). Required experience includes work with adolescents and/or high-risk youth, familiarity with trauma-informed and culturally responsive approaches, and experience developing or overseeing group-based or prevention-focused programming.

C. Licensed Mental Health Professionals — Program Implementation and Support

Licensed mental health professionals supporting program implementation will hold active Hawai'i licensure in an applicable discipline and have experience delivering group-based or community-based behavioral health-supportive services. Experience working with individuals impacted by trauma, chronic

stress, or co-occurring conditions is preferred. Training in trauma-informed care and culturally responsive practices is required.

D. Lead Fitness Trainer / Program Development and Team Oversight

The Lead Fitness Trainer will have demonstrated experience designing and supervising structured group-based movement and wellness programming in community settings. Required competencies include expertise in safe exercise programming, group facilitation standards, and the ability to adapt movement-based activities for participants with varying functional levels, including individuals impacted by chronic stress, trauma exposure, and co-occurring conditions. Professional training and/or certification in fitness instruction, strength and conditioning, or a comparable discipline is required; additional training in trauma-informed facilitation and inclusive practices is strongly preferred. CPR/First Aid certification (or equivalent) is required. The Lead Fitness Trainer will also demonstrate supervisory and team leadership experience, including the ability to train facilitators, standardize program delivery, and implement quality and safety procedures across multiple group offerings.

E. Trained Facilitators — Therapeutic Movement and Wellness Programming

Therapeutic movement and wellness facilitators will have demonstrated training and experience facilitating group-based movement or wellness activities in community settings. Required competencies include knowledge of participant safety practices, ability to facilitate inclusive group activities, and training in trauma-informed engagement principles. CPR/First Aid certification (or equivalent) is required for staff directly facilitating physical activity.

F. Social Media and Public Education Coordinator

The Social Media and Public Education Coordinator will have experience in public health communication, community education, or nonprofit communications. The Coordinator will demonstrate the ability to develop culturally responsive, prevention-focused messaging related to mental health, wellness, and youth/family support, with content designed to normalize help-seeking and reduce stigma as a barrier to early intervention. The Coordinator will have experience tracking and reporting engagement metrics (e.g., impressions, reach, interactions) to support accountability and evaluation, and will maintain organized documentation suitable for expending agency reporting and audit review. Training or demonstrated understanding of trauma-informed communication principles and stigma-reduction strategies is strongly preferred.

G. Administrative and Outreach Support Staff

Administrative and outreach support staff will have experience in program support functions such as scheduling, participant communication, documentation, and community engagement. Required competencies include

professionalism, attention to confidentiality, culturally responsive communication, and ability to support access and navigation for individuals facing logistical or systemic barriers.

3. Supervision and Oversight

A. Program Coordination and Oversight (Facility and Program Operations)

The Program Coordinator/Operations Lead will possess experience in community-based program operations, nonprofit administration, or health and human services program management. Qualifications include demonstrated competency in operational planning, scheduling, staff coordination, documentation, and compliance with funder requirements. Experience supporting programs serving high-need or underserved populations is preferred.

B. Licensed Mental Health Professional — Afterschool Program Development and Oversight

This role will be filled by a licensed mental health professional in the State of Hawai'i (e.g., psychologist, licensed clinical social worker, licensed mental health counselor, marriage and family therapist, or other applicable licensure). Required experience includes work with adolescents and/or high-risk youth, familiarity with trauma-informed and culturally responsive approaches, and experience developing or overseeing group-based or prevention-focused programming.

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Fitness Trainer will also demonstrate supervisory and team leadership experience, including the ability to train facilitators, standardize program delivery, and implement quality and safety procedures across multiple group offerings.

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Therapeutic movement and wellness facilitators will have demonstrated training and experience facilitating group-based movement or wellness activities in community settings. Required competencies include knowledge of participant safety practices, ability to facilitate inclusive group activities, and training in trauma-informed engagement principles. CPR/First Aid certification (or equivalent) is required for staff directly facilitating physical activity.

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The Social Media and Public Education Coordinator will have experience in public health communication, community education, or nonprofit communications. The Coordinator will demonstrate the ability to develop culturally responsive, prevention-focused messaging related to mental health, wellness, and youth/family support, with content designed to normalize help-seeking and reduce stigma as a barrier to early intervention. The Coordinator will have experience tracking and reporting engagement metrics (e.g., impressions, reach, interactions) to support accountability and evaluation, and will maintain organized documentation suitable for expending agency reporting and audit review. Training or demonstrated understanding of trauma-informed communication principles and stigma-reduction strategies is strongly preferred.

G. Administrative and Outreach Support Staff

Administrative and outreach support staff will have experience in program support functions such as scheduling, participant communication, documentation, and community engagement. Required competencies include professionalism, attention to confidentiality, culturally responsive communication, and ability to support access and navigation for individuals facing logistical or systemic barriers.

4. Training and Professional Development

Training for staff involved in public education will include:

- Trauma-informed communication and stigma reduction principles
- Cultural humility and culturally responsive messaging
- Youth- and family-appropriate mental health education practices
- Confidentiality, boundaries, and ethical considerations in public-facing communication

- Documentation and reporting requirements for publicly funded education activities

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.

Attached.

3. Compensation

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

IMUA Heart will provide required salary range disclosures consistent with Chapter 42F requirements in the financial section of the application.

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.

IMUA Heart is not a party to any pending litigation and has no outstanding judgments.

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.

IMUA Heart complies with all applicable federal, state, and county requirements related to service delivery. Services supported through this grant do not require additional licensure beyond existing organizational compliance standards.

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.

IMUA Heart is not a private educational institution. Grant funds will not be used for the support or benefit of any private educational institution.

4. **Future Sustainability Plan**

IMUA Heart is committed to long-term program sustainability through a diversified funding strategy that reduces reliance on any single revenue source while preserving equitable access to prevention-oriented services for high-need populations. Sustainability planning is integrated into program operations, financial management, and partnership development to support continuity of services delivered from the 'Aiea program hub, including therapeutic movement and wellness programming, public education and stigma reduction, and a structured afterschool program for high-risk adolescents.

Grant-in-Aid operating funds play a critical stabilization role by supporting core costs that are not fully reimbursed through traditional healthcare payment mechanisms, particularly for preventive, community-based, and supportive services. This investment allows IMUA Heart to maintain service availability and build consistent program operations while longer-term, renewable funding sources are developed and secured.

Diversified Funding Strategy

IMUA Heart's sustainability strategy will include a balanced mix of:

- **State, federal, and private foundation grants** aligned with behavioral health prevention, youth well-being, health equity, and community-based wellness initiatives
- **Service contracts and partnership agreements** that support defined program components (e.g., youth prevention services, community wellness programming, outreach/education)
- **Philanthropic contributions and community-based fundraising**, prioritized to support access for low-income participants and sustain non-reimbursable prevention services
- **Strategic alignment with reimbursable services** delivered through partner organizations, to support continuity of care and maximize appropriate third-party reimbursement where available

This approach reduces fiscal risk, strengthens program resilience, and supports measured scaling rather than abrupt expansion or contraction.

Facility-Based Sustainability at the 'Aiea Program Hub

Sustainability planning includes ensuring the 'Aiea hub remains a stable community resource for ongoing programming. IMUA Heart will maintain a facility utilization plan that supports consistent scheduling of wellness programming and afterschool services, maximizes safe and efficient use of the space, and aligns staffing and operating costs with program volume and funding levels. This includes planning for scalable operations that can adjust service delivery proportionally based on available resources while maintaining core programming and safety standards.

Integration with Broader Systems of Care and Youth-Serving Networks

Sustainability is strengthened through coordination with existing behavioral health and community service systems. IMUA Heart's programs complement clinical care by addressing upstream factors such as stress, trauma exposure, social isolation, and barriers to engagement. This coordination supports prevention and continuity, reduces duplication, and increases the value of services to partners.

For the adolescent component, IMUA Heart will strengthen connections with youth-serving community partners and referral pathways to ensure consistent participation and alignment with prevention priorities. Demonstrating measurable program outputs and access outcomes increases competitiveness for future youth-focused grant opportunities and partnership support.

Data-Informed Sustainability and Accountability

IMUA Heart will use program data, utilization metrics, and outcome measures to inform sustainability planning and demonstrate public benefit. Data collected during the grant period will be used to:

- Demonstrate demand, reach, and equity impact (including adolescents served through afterschool programming)
- Support future grant applications and contract development
- Inform resource allocation, staffing decisions, and program refinement
- Provide accountability to funders, stakeholders, and the expending agency through auditable documentation

This data-driven approach ensures sustainability planning is grounded in measurable performance and responsible stewardship of public funds.

Long-Term Public Benefit and Cost Avoidance

Preventive and early-intervention services supported through this request—including therapeutic movement programming, supportive group-based prevention services, stigma reduction, and structured afterschool programming—contribute to long-term cost avoidance by reducing escalation to crisis-driven systems such as emergency departments, inpatient care, and justice-system involvement. These outcomes align with state goals related to youth well-being, health equity, system efficiency, and responsible use of public funds.

By stabilizing operations and preserving equitable access during the Grant-in-Aid period, this investment strengthens IMUA Heart's capacity to sustain services beyond the funding cycle and supports a long-term return on public investment through community-based prevention and early intervention.

**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.

IMUA Heart

(Typed Name of Individual or Organization)



(Signature)

01/23/2026

(Date)

Travis Purdy, Treasurer

(Typed Name)

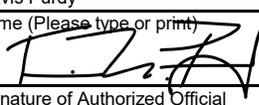
(Title)

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

App

IMUA Heart

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	558,000			
2. Payroll Taxes & Assessments	68,355			
3. Fringe Benefits	115,785			
TOTAL PERSONNEL COST	742,140			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	72,000			
5. Staff Training				
6. Supplies	59,000			
7. Telecommunication				
8. Utilities	14,400			
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	0			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	887,540			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	887,540	Travis Purdy		(808) 953-4682
(b) Total Federal Funds Requested		Name (Please type or print)		Phone
(c) Total County Funds Requested				1/23/2026
(d) Total Private/Other Funds Requested		Signature of Authorized Official		Date
TOTAL BUDGET	887,540	Travis Purdy, Treasurer		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2026 to June 30, 2027

Applicant: IMUA Heart

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Program Coordinator / Operations Lead	0.75	\$100,000.00	75.00%	\$ 75,000.00
Licensed Mental Health Professional - Afterschool Oversight	0.5	\$140,000.00	50.00%	\$ 70,000.00
Mental Health Professionals - Program Implementation (Groups)	3 contract / part time	\$180,000.00	100.00%	\$ 180,000.00
Therapeutic Movement Facilitators	2 contract / part time	\$55,000.00	100.00%	\$ 55,000.00
Social Media & Public Education Coordinator	0.5	\$64,000.00	50.00%	\$ 32,000.00
Administrative & Outreach Support (2 people)	1	\$76,000.00	100.00%	\$ 76,000.00
Lead Fitness Trainer	1	\$70,000.00	100.00%	\$ 70,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				558,000.00
JUSTIFICATION/COMMENTS: Program description attached.				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: IMUA Heart

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Program Materials & Supplies (groups + afterschool)			\$ 15,000.00	
Youth Program Supplies & Activities			\$ 18,000.00	
Training & Required Certifications			\$ 10,000.00	
Outreach & Public Education Materials			\$ 10,000.00	
Data Tracking, Reporting, & Compliance tools			\$ 6,000.00	
TOTAL:			\$ 59,000.00	
JUSTIFICATION/COMMENTS Program description attached.				

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

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2026 to June 30, 2027

Applicant: _____

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	0	0	0	0	0	0
LAND ACQUISITION	0	0	0	0	0	0
DESIGN	0	0	0	0	0	0
CONSTRUCTION	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
TOTAL:				0	0	0
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

App:

IMUA Heart

Contracts Total: -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	N/A				
2					
3					
4					
5					
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30					



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 and pending](#)
- 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

Travis Purdy, Treasurer
PRINT NAME AND TITLE

01/23/2026
DATE