

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



Randall Hata, Board Chair and President

1/22/26

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

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

Vendor Name: OHANA PACIFIC FOUNDATION

DBA/Trade Name: Kauai Adult Day Health Center

Issue Date: 01/22/2026

Status: **Compliant**

Hawaii Tax#: [REDACTED]
New Hawaii Tax#: [REDACTED]
FEIN/SSN#: [REDACTED]
UI#: XXXXXX2120
DCCA FILE#: 214457

Status of Compliance for this Vendor on issue date:

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

Status Legend:

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

**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 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, 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.

Ohana Pacific Foundation

(Typed Name of Individual or Organization)



(Signature)

1/22/2026

(Date)

Randall Hata

(Typed Name)

Board Chair and President

(Title)

Application for Grants

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

I. Certification – Please attach immediately after cover page

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

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2025.

- See attached Certificate of Vendor Compliance dated January 22, 2026

2. Declaration Statement

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

- See attached Declaration Statement.

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

- All grant funds awarded would be used for a public purpose as stated in Section II, Background and Summary, and pursuant to Section 42F-102, Hawaii Revised Statutes. Grant funds would support the operational costs of the only adult day health program on the Island of Kauai. Grant funds would be used for the KADH program which serves Kauai's kupuna and their families who provide care thus promoting and benefitting the general welfare, health and safety of Kauai's kupuna community.

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

The mission of Ohana Pacific Foundation ("OPF"), a 501(c)(3) non-profit corporation, is caring for kūpuna. This includes our clients, their families, our staff, and our community. OPF owns and operates Kaua'i Adult Day Health Center ("KADH") which is located and

operates at the Lihue Christian Church, at 2943 Kress Street, Lihue, Hawaii 96766. KADH provides a program and nursing care, if necessary, for the elderly and/or disabled adults in the community by offering a well-rounded and stimulating program of recreational, social, creative, educational, and therapeutic activities. KADH offers a safe and protective environment in which impaired older adults who do not require institutional care may receive preventive, remedial, and restorative services. The service also provides respite to caregivers by freeing their time for other activities while their family member is cared for in a supervised environment for the day.

2. The goals and objectives related to the request;

Goals and Objectives:

- a. Support accessibility to Kauai's only adult day health program to all Kauai residents, regardless of ability to pay.
- b. Provide quality services such as social and recreational activities, staff training, counseling, nutritious meals, and personal care.
- c. Provide respite to families of kupuna.
- d. Provide Kauai families the ability to work during the day knowing their elderly family members are well cared for at our program.
- e. Increase workforce on Kauai by expanding adult day health services and clearing any waitlist for adult day health on island.
- f. Increase workforce on Kauai by allowing family members to go to work for the day knowing their elderly parents are well cared for at our program.

3. The public purpose and need to be served;

Grant funds would support the operational costs of the only adult day health program on the Island of Kauai. Grant funds would be used for the KADH program which serves Kauai's kupuna and their families who provide care thus promoting and benefitting the general welfare, health and safety of Kauai's kupuna community.

4. Describe the target population to be served;

The target population to be served is the Kauai's kūpuna who will be provided physical exercise, cognitive stimulation and positive social experiences during the day while their caregivers can continue to maintain their place in the workforce and earn a living wage. The caregivers of these kupuna will also benefit from these services.

5. Describe the geographic coverage.

The entire island of Kauai.

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:

Describe the scope of work, tasks and responsibilities;

The major elements of our program operations are to provide socialization, education, health maintenance, and supportive services for our clients. KADH provides specialized and meaningful activities throughout the day that emphasize the type of individualized attention required by clients living with cognitive and/or physical decline. Nursing services are available for clients who require medication administration, direct medical supervision, and other related health maintenance services with direct supervision by a registered nurse. Consultation meetings can be arranged with a social worker who is able to provide information regarding community support resources and a dietitian is available for nutrition counseling. KADH supports family caregivers with check-in meetings and calls. These meetings are beneficial to express thoughts, frustrations, concerns, and feelings with others who are dealing with and experiencing the same challenges through caregiving.

Clients are referred by physicians, agencies, clients and families. A client assessment is done by KADH for appropriateness, specific needs, and to determine level of care. A service plan and individual plan of care is developed for the provision of adult day health services and is reviewed on a regular basis to assure consistency with the medical reports of the client's health conditions and status. The client is assisted in completing application forms, getting medical information, and applying for financial assistance, if necessary. Clients requesting financial assistance complete an application to determine eligibility. Specific questions are asked such as: amount of assistance requesting, length of time, other sources of assistance from relatives, friends, church, other agencies such as Medicaid, state/county, or chore respite services etc. They are also asked to note all sources of monthly income, monthly expenses, assets, and liabilities. To determine eligibility, major monthly income and assets are taken into consideration and weighted against monthly expenses. KADH utilizes the Income Limits Documentation System as a measurement for Kauai's low to moderate income population.

The guidelines are listed below. Priority is given to participants with greater economic or social need.

- U.S. citizen or qualified alien, 60 years or older
- Client is not already receiving service from another government (e.g. Medicaid) or private service (e.g. Home Health Agency) provider
- Lives in a residence, not an institution (e.g., ICF, SNF, ARCH, hospital, foster family)

- Have impairment of two or more ADLs or IADLs or significantly reduced mental capacity
- Have one or more unmet ADL or IADL need

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

This request will support the adult day health program which is currently licensed to serve 50 clients and currently has an average daily census of 30 enrolled participants to provide operational support via payment of program expenses and tuition assistance to create and increase accessibility to participants throughout the twelve-month grant term.

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

a. OPF/KADH will oversee the capacity building activities of the adult day health program and review and evaluate these on a regular basis.

b. OPF/KADH will continuously monitor and evaluate successes, impacts and effectiveness of the adult day health processes.

c. OPF/KADH will continuously monitor and evaluate successes, impacts and effectiveness of the adult day health outcomes including but not limited to social determinants of health.

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.

Effectiveness will be based on accomplishing the outcomes above that include continuing to provide the services of the program due to operational expenses being paid and the development of a sustainable scholarship program that ultimately creates accessibility and a sustainable adult day health program for kupuna and families on Kauai.

Our objectives and the results we strive to achieve include: helping participants remain at home and in their community by preventing premature institutionalization, providing respite for caregivers and health promotion opportunities for the elderly and disabled adults. We strive to meet social, health maintenance, and rehabilitating needs for our participants. These results are important for the health and well-being of the community's kupuna and their caregivers, as well as decreases in incidences of higher medical costs due to premature institutionalization, incidences of falling or neglect, and caregiver

health problems. The projected number of kupuna to be served each program year is approximately 35 clients and their caregivers.

An effective method in measuring outcomes or results of client support is through a family/client satisfaction survey which is conducted and mailed to families at least once a year. Progress notes and service plans discussing the client’s daily participation are also available to families as needed and requested with follow up phone calls to ensure family members have received and reviewed the progress notes. Feedback from surveys and telephone calls with families are documented and reviewed with staff.

Clients are also invited to participate in monthly Client Council Meetings with the purpose to express their concerns or grievances, to contribute ideas, to make recommendations regarding the center’s functions and to be informed of any pertinent information that could impact their quality of life while attending the center. KADH will continue to utilize these means as feedback for any positive program changes and development.

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#))
 - d. Capital project details ([Link](#))
 - e. Government contracts, grants, and grants in aid ([Link](#))

- See attachments to application.

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 |
|------------------|------------------|------------------|------------------|--------------------|
| \$40,000 | \$40,000 | \$40,000 | \$40,000 | \$160,000 |

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

- County of Kauai, Child and Adult Care Food Program: \$20,000

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a

listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

- 2023: Federal Employee Retention Credits received in the amount of \$21,516
- 2024: None
- 2025: None

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.

- See page 10, Government Contracts, Grants and/or Grants in Aid chart.

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

- Ohana Pacific Foundation's balance of unrestricted net assets as of December 31, 2025, is \$488,625.

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.

Kaua'i Adult Day Health offers daily enrichment for kūpuna who live at home and provides respite for caregivers. Our program includes activities, social connection, and healthy meals and snacks throughout the day and help with personal needs. Our programs include a nurse on the team to provide additional medical assistance and administer medication if needed. We also understand that caregivers need a break from their daily duties.

Adult day health services were first offered through G.N. Wilcox Memorial Hospital in 1974. The center has been in operation serving the needs of Kauai's elderly for over 50 years and is a licensed facility surveyed annually by the Department of Health. In July 2009, Ohana Pacific Foundation acquired ownership with a smooth and successful transition to continue providing the same quality of care with the intent to limit all disruption or changes to the program. During the transition period, the center was renamed "Kauai Adult Day Health Center." The content of the program, town location, and staff remained the same with no disruption to the service thereby eliminating stress for the clients, caregivers, and family members. The program continues to thrive by providing quality services such as social and recreational activities, staff training, counseling, nutritious meals, and personal care. Trained staff, health professionals, and others who have an interest in working and dealing with the elderly deliver these services.

At present, KADH is staffed by:

- An Administrator who oversees and provides leadership and operational strategies and to achieve facility objectives within planned budgets and schedules.
- A Program Director who organizes and oversees the daily operations.
- A Day Health Specialist (RN) who provides professional nursing care to the clients, coordinates the health component of the program to meet the needs of the clients.
- An Activity Coordinator who assesses clients upon admission for group and individual activity participation based on individual preferences and needs for assistance.
- Activity Aides who assist in planning, organizing, conducting, facilitating and documenting the daily activities. They also provide personal care assistance according to the clients' needs.

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.

Kaua'i Adult Day Health operates out of the gym located at the Lihue Christian Church. See Necessary Skills and Experience section for additional information on adequacy in relation to this request.

VI. Personnel: Project Organization and Staffing

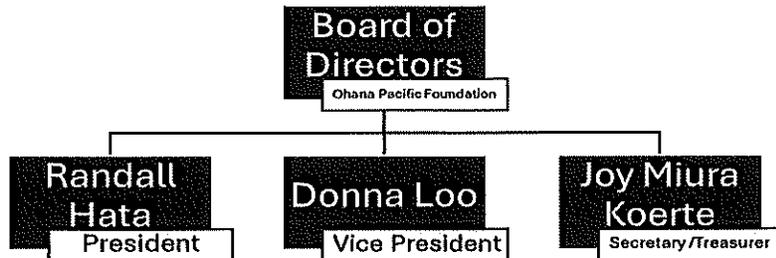
1. Proposed Staffing, Staff Qualifications, Supervision and Training

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.

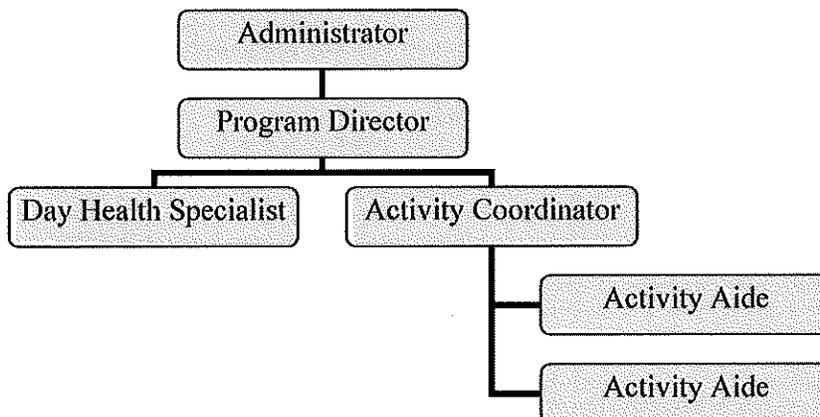
Ohana Pacific Foundation's Board Chair has over 28 years of healthcare experience. Kauai Adult Day Health's Administrator has over 22 years of healthcare experience and its Program Director has over 7 years in healthcare and healthcare related experience on the mainland and on Kauai. Ohana Pacific Foundation is managed by Ohana Pacific Management Company, the largest post-acute healthcare company in Hawaii. Ohana Pacific Foundation, Kauai Adult Day Health and the management team are well suited to continue the Kauai Adult Day Health operations and provide much needed care services to Kauai's kūpuna.

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.



The Board of Director and Officers serve without compensation and are not employees of Ohana Pacific Foundation.



Ohana Pacific Foundation's only employees are those who operate the Kauai Adult Day Health program. Ohana Pacific Foundation and Kauai Adult Day Health are both managed by Ohana Pacific Management Company, Inc. which provides the Administrator for the operations and other management support. The Day Health Specialist is a contracted position.

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.

Program Director: \$56,645
 Activity Coordinator: \$54,074
 Activity Aide: \$48,204

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.

To the best of our knowledge, there is no pending litigation to which Ohana Pacific Foundation is a party and there are 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.

Ohana Pacific Foundation has an active license to operate an adult day health program from the State of Hawai'i Department of Health.

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.

Grant funding for fiscal year 2027 would provide the money for capacity building, to supplement tuition for those who can't afford full tuition, and to supplement operational expenses. If the program is not able to secure funding in the future, the financial sustainability of the program would continue with the acquisition of private foundation funds that are being sought through other grant opportunities.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: Ohana Pacific Foundation (Kauai Adult Day Health)

| 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 | 88,000 | | | |
| 2. Payroll Taxes & Assessments | 7,040 | | | |
| 3. Fringe Benefits | 4,400 | | | |
| TOTAL PERSONNEL COST | 99,440 | | | |
| B. OTHER CURRENT EXPENSES | | | | |
| 1. Utilities | | | | |
| 2. Insurance | | | | |
| 3. Dietary | | | | |
| 4. Lease/Rental of Space (\$5,422/mo.) | 60,560 | | | |
| 5. Supplies | | | | |
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| TOTAL OTHER CURRENT EXPENSES | 60,560 | | | |
| C. EQUIPMENT PURCHASES | | | | |
| D. MOTOR VEHICLE PURCHASES | | | | |
| E. CAPITAL | | | | |
| TOTAL (A+B+C+D+E) | 160,000 | | | |
| SOURCES OF FUNDING | | Budget Prepared By: | | |
| (a) Total State Funds Requested | 160,000 | Suanne Morikuni | 808-791-4485 | |
| (b) Total Federal Funds Requested | | Name (Please type or print) | Phone | |
| (c) Total County Funds Requested | |  | 1/22/26 | |
| (d) Total Private/Other Funds Requested | | Signature of Authorized Official | Date | |
| TOTAL BUDGET | 160,000 | Suanne Morikuni, CFO | | |
| | | Name and Title (Please type or print) | | |

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: Ohana Pacific Foundation

| DESCRIPTION EQUIPMENT | NO. OF ITEMS | COST PER ITEM | TOTAL COST | TOTAL BUDGETED |
|--------------------------|-----------------|------------------|---------------|-------------------|
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| TOTAL: | | | | |

JUSTIFICATION/COMMENTS:

| DESCRIPTION OF MOTOR VEHICLE | NO. OF VEHICLES | COST PER VEHICLE | TOTAL COST | TOTAL BUDGETED |
|---------------------------------|--------------------|---------------------|---------------|-------------------|
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| TOTAL: | | | | |

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2026 to June 30, 2027

Applicant: Ohana Pacific Foundation

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

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Ohana Pacific Foundation (Kauai Adult Day Health)

Contracts Total: 1,508,455

| | CONTRACT DESCRIPTION | EFFECTIVE DATES | AGENCY | GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County) | CONTRACT VALUE |
|----|------------------------------------|------------------------|---------------|--|------------------------|
| 1 | Kupuna Care & Caregivers Program | 9/1/25-2/29/28 | AEA | Kauai | 330,000 |
| 2 | Child and Adult Care Food Program | 10/1/25-9/30/26 | CACFP | Kauai | 20,000 |
| 3 | Nursing Career Pathway (GIA) | 7/1/23-6/30/26 | DOH | State | 350,000 |
| 4 | | | | | |
| 5 | Kupuna Care and Caregivers Program | 9/1/22-8/31/25 | AEA | Kauai | 368,455 |
| 6 | Child and Adult Care Food Program | 10/1/22-9/30/25 | CACFP | Kauai | 40,000 |
| 7 | Tuition Assistance (GIA) | 7/1/24-6/30/25 | DOH | State | 150,000 |
| 8 | Continuum of Care (GIA) | 7/1/22-7/1/23 | DLIR-OCS | State | 250,000 |
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| | | 10 | | | Application for Grants |