

KATHY L. KAOHU  
County Clerk



JAMES G.M. KRUEGER  
Deputy County Clerk

**OFFICE OF THE COUNTY CLERK**

COUNTY OF MAUI  
200 SOUTH HIGH STREET  
WAILUKU, MAUI, HAWAII 96793  
[www.mauicounty.gov/county/clerk](http://www.mauicounty.gov/county/clerk)

November 20, 2020

Honorable Tasha Kama, Chair  
Affordable Housing Committee  
Council of the County of Maui  
Wailuku, Hawaii 96793

Dear Chair Kama:

By letter dated November 10, 2020 (County Communication No. 20-565), the Director of Finance transmitted 73 contracts/grants for filing with the County Clerk.

At the November 20, 2020 Council meeting, the foregoing communication was filed; however, Contract No. G5178 was referred to your Committee at Councilmember King's request. Transmitted is a copy of the contract.

Respectfully,

A handwritten signature in cursive script that reads "Kathy L. Kaohu".

KATHY L. KAOHU  
County Clerk

/lks

Enclosure

cc: Director of Council Services

## GRANT AGREEMENT CERTIFICATION

I, **SCOTT K. TERUYA**, Director of Finance of the County of Maui, State of Hawaii, do certify that there is available appropriation or balance of an appropriation over and above all outstanding contracts, sufficient to cover the amount required by the foregoing contract, i.e.

Appropriation  
Index

Title

Amount Required

914903B

HHC HOMELESS PROGRAM

(6317)

\$ 202,806.00 ✓

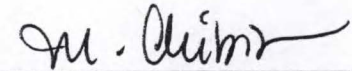
GRANT AGREEMENT

G 5178

KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.

Dated this 23 day of OCTOBER 2020

Grant Period: July 1, 2020 - June 30, 2021



SCOTT K. TERUYA  
Director of Finance

Ka La Hiki Ola Mobile  
Hygiene Unit for DHHC  
ORDINANCE #5099 (FY2021)

FY 2021

jh

aug 10/23  
j219

ji

GRANT AGREEMENT OF COUNTY FUNDS

(FY2021 & FY2022) DHHC GRANT

G5178

Certification Requested from County: \$ 202,806.00

THIS AGREEMENT, made this 28th day of October, 2020, by and between KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC., a Hawaii nonprofit corporation, whose local mailing address is 670 Waiale Road, Wailuku, Hawaii, 96793, hereinafter called the "GRANTEE", and the COUNTY OF MAUI, a political subdivision of the State of Hawaii, whose principal place of business is 200 South High Street, Wailuku, Maui, Hawaii 96793, hereinafter called "COUNTY".

WITNESSETH:

WHEREAS, the COUNTY desires to encourage and support the Ka La Hiki Ola Mobile Hygiene Unit program; and

WHEREAS, the Department of Housing and Human Concerns, hereinafter called "DHHC", has reviewed and approved the GRANTEE's application for a grant of COUNTY funds in furtherance of this goal;

NOW, THEREFORE, the COUNTY and GRANTEE in consideration of the mutual promises hereinafter set forth hereby agree as follows:

A. General Conditions. In consideration of a grant of COUNTY funds, the GRANTEE shall agree to the following conditions in the use and administration of the COUNTY funds:

1. Perform under and fulfill all terms and conditions of the grant, attached as Exhibits "A" through "C-2", which are incorporated by reference and made a part hereof.
2. Initial and final payment under this Agreement shall be subject to receipt, by the COUNTY of original copies of State of Hawaii Tax Clearance Certificate(s) for the GRANTEE validated by the State of Hawaii Department of Taxation and the Internal Revenue Service (IRS) or a Certificate of Vendor Compliance (CVC) as required by COUNTY policy.
3. This grant Agreement is for two (2) grant performance periods (See: Section P), which are contingent upon the following:
  - 1) The availability and appropriation of funds;



KAHALEA-01

FLAFE1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Pyramid Insurance Centre, Ltd. Honolulu Branch 420 Waikamilo Road, Suite 411 Honolulu, HI 96817	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (808) 527-7667	<b>FAX (A/C, No):</b> (808) 545-3450
<b>INSURED</b>  Ka Hale A Ke Ola Homeless Resource Centers, Inc. 670 Waiale Road Wailuku, HI 96793	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Alliance of Nonprofits for Insurance Risk Retention Group	
	<b>INSURER B:</b> National Interstate Insurance Company	
	<b>INSURER C:</b> Hawaii Employers' Mutual Insurance Company	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		202031676	1/31/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						PROFESSIONAL LI \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X		CAH000811900	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> RETENTION \$						
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC0026738	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Grant Funding; Defence Cost are in addition to the limits of insurance. No erosion of limit by payment of defense costs.

County of Maui Department of Housing & Human Concerns is named as additional insured as provided in the written contract as set forth in the policy.

Named Insured: Ka Hale A Ke Ola Homeless Resource Center Inc DBA Ka Hale A Ke Ola Homeless Resource Center Central, Ka Hale A Ke Ola Homeless Resource Center Westside.

AM Best Rating - A++ (Philadelphia Indemnity) and A (Hawaii Employers). All carriers providing the above policies are Admitted Carriers.

## CERTIFICATE HOLDER

## CANCELLATION

COUNTY OF MAUI  
Department of Housing & Human Concerns  
200 South High Street  
Wailuku, HI 96793

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

- 2) GRANTEE's compliance with all DHHC/GMD mandates, and/or instructions pursuant to any grant application, or fiscal policy and procedure;
- 3) GRANTEE's successful performance of all program and fiscal reporting requirements as specified in the Agreement.
4. Second year grant specifications are subject to change depending upon the availability of funds, programs and/or any other factors as determined by the COUNTY.

B. Project Budget. The COUNTY agrees to make available as a grant to the GRANTEE a sum not to exceed, for FY2021, TWO HUNDRED TWO THOUSAND EIGHT HUNDRED SIX AND NO/100 DOLLARS (\$202,806.00) in grant funds (Index codes: 914903B; grants and disbursements for homeless programs, and a sum not to exceed, for FY2022, TWO HUNDRED TWO THOUSAND EIGHT HUNDRED SIX AND NO/100 DOLLARS (\$202,806.00) in grant funds for this two year Agreement. The GRANTEE agrees to use the grant funds for purposes specified in Exhibit "B" and shall allocate the County funds according to the budget attached as Exhibit "C-1" (an amount not to exceed \$202,806.00 for FY2021) and "C-2" (an amount not to exceed \$202,806.00 for FY2022).

GRANTEE shall comply with all standard policies and procedures pertaining to budget revisions and/or budget modifications as specified in the DHHC Grants Management Division, herein called "GMD", budget revision guidelines.

C. Method of Payment. For and in consideration of the agreements and undertakings of the GRANTEE, the COUNTY hereby agrees to pay the GRANTEE in five (5) allotments.

Disbursements shall be made as follows:

1. A first payment (Advance) for each fiscal year shall be up to 25% of the fiscal year grant award. Disbursement shall be made within twenty-one (21) days of the execution of a Grant Agreement subject to the GRANTEE's satisfactory completion of required supporting documents for the first year, and satisfactory completion of required of program description and/or budget revisions for the second year.
2. The second payment for each fiscal year shall be up to 25% of the fiscal year grant or an amount so that the cumulative grant payments do not exceed 50% of the fiscal year grant award.
3. The third payment for each fiscal year shall be up to 25% of the fiscal year grant or an amount so that the cumulative grant payments do not exceed 75% of the fiscal year

grant award.

4. The fourth payment for each fiscal year shall be up to 15% of the fiscal year grant or an amount so that the cumulative grant payments do not exceed 90% of the fiscal year grant award.
5. The fifth payment for each fiscal year shall be up to 10% of the fiscal year grant or an amount so that the cumulative grant payments do not exceed 100% of the fiscal year grant award.

With the exception of the first (Advance) payment, all payments shall be made no later than thirty (30) calendar days after the receipt of the GRANTEE's quarterly reports and allotment request, provided that the GRANTEE has met all terms and conditions of this Agreement.

- D. Reporting Requirements. The GRANTEE shall submit to the COUNTY a Quarterly Certification, Quarterly Allotment Request (QAR), a Quarterly Financial Report (QFR), a Quarterly Demographics Report (QDR), and a Quarterly Narrative Report (QNR), on forms prescribed by the DHHC not later than three (3) weeks following the end of each quarter, as follows:

<u>1st Year (FY2021) Quarterly Reports</u>	<u>Due to the COUNTY No Later than</u>
First Quarter (Jul-Sep 2020)	October 21, 2020
Second Quarter (Oct-Dec 2020)	January 21, 2021
Third Quarter (Jan-Mar 2021)	April 21, 2021
Fourth Quarter (Apr-Jun 2021)	July 21, 2021
<u>2nd Year (FY2022) Quarterly Reports</u>	<u>Due to the COUNTY No Later than</u>
First Quarter (Jul-Sep 2021)	October 21, 2021
Second Quarter (Oct-Dec 2021)	January 21, 2022
Third Quarter (Jan-Mar 2022)	April 21, 2022
Fourth Quarter (Apr-Jun 2022)	July 21, 2022

The Quarterly Reports shall be submitted in a timely manner and authenticated as to its accuracy by the GRANTEE, verified by a designated COUNTY official and shall include a certification by the GRANTEE that the work was performed in accordance with the terms of this Agreement.

E. Program Monitoring. The GRANTEE shall retain and permit the COUNTY or its duly authorized agent free access to any and all GRANTEE programs, facilities, events or activities without advance or formal notification or appointment when such access is for the express purpose of monitoring, investigating, researching or formulating programs, services, or related policies and procedures or when the COUNTY is otherwise in the pursuit of any official business relative to any aspect of this Agreement.

F. Documents and Files.

1. Any information, data, report, record, summary, table, map or study given to or prepared or assembled by the GRANTEE under this Agreement that the COUNTY requests to be kept confidential shall not be made available to any individual or organization other than any subcontractor to which the material may relate, without prior written approval of the COUNTY.
2. The COUNTY shall have complete ownership of all material, both finished and unfinished that is developed, prepared, assembled, or conceived by the GRANTEE pursuant to this Agreement, and all such materials shall be considered "works made for hire". All such material shall be delivered to the COUNTY upon expiration or termination of this Agreement. The COUNTY, in its sole discretion, shall have the exclusive right to copyright any product, concept, or material developed, prepared, assembled, or conceived by the GRANTEE pursuant to this Agreement.
3. The GRANTEE and any subcontractors shall maintain the books and records that relate to the Agreement, and any cost of pricing data for three (3) years from the date of the final payment under the Agreement. In the event of any litigation, claim, investigation, audit, or other action, the records shall be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later. During the period that records are retained under this section, the GRANTEE and any subcontractors shall allow COUNTY free and unrestricted access to such records.

G. Changes. The COUNTY may from time to time require changes in the scope of services which the GRANTEE is to perform. Such changes, including any increases or decreases in the amount of the GRANTEE's funding, shall be incorporated by written amendment to this Agreement.

- H. Independent Contractor. GRANTEE acknowledges that it is an independent contractor and not an employee of the COUNTY.
- I. Indemnification. GRANTEE shall defend, indemnify and hold harmless the COUNTY, its officers, agents, and employees from and against any and all manner of actions and claims arising, either directly or indirectly, out of or resulting from the errors, omissions, or acts of GRANTEE, its officers, its employees, or its agents occurring during or in connection with the performance of the GRANTEE's services under this Agreement.
- J. Insurance. In order to protect itself as well as the COUNTY under the indemnification agreement set forth above, the GRANTEE shall obtain, pay for, and keep in force throughout the period of this Agreement comprehensive liability insurance issued by an insurance company (the "Carrier") authorized to do business in the State of Hawaii (an "Admitted Carrier"), or by a company not authorized to do business in the State of Hawaii (a "Non-Admitted Carrier") or its equivalent only through a general insurance agent or broker licensed in the State of Hawaii.

The Carrier shall be rated no less than "A-" as established by "AM Best" or "Standard & Poor" ratings. The insurance policy, as evidenced by issuance of a "Policy Endorsement", shall name the COUNTY, its officers, employees and agents as "Additional Insured", and shall include a duty to defend the COUNTY, its officers, employees and agents against any loss, liability, claims, and demands for injury or damage, including, but not limited to, claims for property damage, personal injury, or wrongful death, arising out of, or in connection with GRANTEE's actions and/or performance of this Agreement. Unless otherwise agreed to by the COUNTY, through the joint decision and discretion of the Director of the Department of Housing and Human Concerns, and the Director of the Department of Finance, the insurance policy shall contain the following minimum requirements:

- 1) No less than a Combined Single Limit ("CSL") of liability coverage of \$1,000,000;
- 2) No erosion of limit by payment of defense costs; and
- 3) Minimum annual aggregate limit of \$2,000,000.

Prior to or upon the execution of this Agreement, GRANTEE shall furnish the COUNTY with a copy of the insurance policy certificate together with the required endorsements verifying such insurance coverage. If the scheduled expiration date of a current

insurance policy is sooner than the specified termination date of this Agreement, the GRANTEE shall, upon renewal of the insurance policy, provide the COUNTY with a copy of the renewed insurance policy certificate together with the required endorsements. Unless waived by the COUNTY, the insurance policy shall expressly state that the coverage provided under such policy shall not be cancelled or terminated, unless the Carrier has first given the COUNTY thirty (30) calendar day's prior written notice of the intended cancellation or termination.

**K. Modification and Termination of Agreement.**

1. Any modification, alteration or change to this Agreement, including, but not limited to, modification of the services to be performed, extension of time of performance, or changes of the approved budget, shall be made only by written supplemental agreements executed by the parties.
2. This Agreement may be terminated in whole or in part when the COUNTY determines that there has been a change in the conditions upon which the need for the services was based, that the GRANTEE has failed to provide services adequately or satisfactorily, that funding for this agreement is not available or cannot be secured or that other good cause for the whole or partial termination of this Agreement exist.
3. If the COUNTY determines, in its sole discretion, that it is necessary or convenient, this Agreement may be terminated in whole or in part at the option of the COUNTY. If the COUNTY elects to terminate under this section, the GRANTEE shall be entitled to reasonable payment as determined by the COUNTY for satisfactory services rendered under this Agreement up to the time of termination.
4. The GRANTEE may withdraw from the Agreement after obtaining the written consent of the COUNTY. The COUNTY, upon the GRANTEE's withdrawal, shall determine whether payment is due to the GRANTEE, and the amount that is due.
5. The COUNTY may offset against any monies or other obligations the COUNTY owes to the GRANTEE under this Agreement, any amounts owed to the COUNTY of Maui by the GRANTEE, including but not limited to the payment of any taxes or levies of any kind or nature. The COUNTY shall notify the GRANTEE in writing of any exercise of its right of offset and the nature and amount of such offset.

**L. County's Remedies.** GRANTEE understands that in the event that it fails to comply with

any of the performance requirements, provisions, or conditions set forth in this Agreement, that the COUNTY may refuse to make further payments to GRANTEE of money under this Agreement. The COUNTY will give a written notice to the GRANTEE of any stop payment action.

- M. Subcontracting. GRANTEE shall not procure, or subcontract, any part of the services under this Grant Agreement without the prior written consent of the COUNTY which consent shall not be unreasonably withheld.
- N. Severability. Every provision of this Agreement is intended to be severable. If any term or provision hereof is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this Agreement. If the entire Agreement is deemed illegal or invalid, the COUNTY may terminate the Agreement without liability except as provided herein.
- O. Headings. All headings of this Agreement are for convenience only and are not to be construed as limiting in any manner the content of any section or particular provision.
- P. Performance Schedule. The first year performance period shall begin on July 1, 2020, and shall terminate on June 30, 2021. Subject to the terms and conditions specified herein, the second year performance period shall terminate on June 30, 2022.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the parties hereto have executed the Agreement the day,  
month and year first above written.

GRANTEE: KA HALE A KE OLA HOMELESS  
RESOURCE CENTERS, INC.,

By: Monique K. Ibarra  
(Signature)

MONIQUE K. IBARRA  
(Print Name)

Its EXECUTIVE DIRECTOR  
(Title)

By: Alvin Tagomori  
(Signature)

ALVIN TAGOMORI  
(Print Name)

Its BOARD CHAIR  
(Title)

COUNTY OF MAUI:

By: Michael P. Victorino

MICHAEL P. VICTORINO  
Its Mayor

APPROVAL RECOMMENDED:

Lori Tsuhako

LORI TSUHAKE, Director  
Department of Housing & Human Concerns

Michele Yoshimura

MICHELE YOSHIMURA  
Budget Director

APPROVED AS TO FORM AND LEGALITY:



Digitally signed by Gary Murai  
DN: cn=Gary Murai, o=Corp.Counsel,  
ou=C & D,  
email=gary.murai@co.maui.hi.us, c=US  
Date: 2020.10.22 11:59:45 -10'00'

GARY Y. MURAI  
Deputy Corporation Counsel  
County of Maui

STATE OF HAWAII )

) SS.

COUNTY OF MAUI )

On this \_\_\_\_ day of \_\_\_\_\_, 2020, before me personally appeared \_\_\_\_\_, to me personally known, who, being by me duly sworn or affirmed, did say that person(s) executed the foregoing instrument as the free act and deed of such person(s), and if applicable in the capacities shown, having been duly authorized to execute such instrument in such capacities.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

Notary Public, State of Hawaii

My commission expires: \_\_\_\_\_

NOTARY PUBLIC CERTIFICATION		
Doc. Date:	Not dated at time of notarization	# Pages: _____
Notary Name:	_____	Judicial Circuit: _____
Doc. Description:	_____	
	_____	
	_____	
Notary Signature:	_____	
Date:	_____	

STATE OF HAWAII )

) SS.

COUNTY OF MAUI )

On this \_\_\_\_ day of \_\_\_\_\_, 2020, before me personally appeared \_\_\_\_\_, to me personally known, who, being by me duly sworn or affirmed, did say that person(s) executed the foregoing instrument as the free act and deed of such person(s), and if applicable in the capacities shown, having been duly authorized to execute such instrument in such capacities.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

Notary Public, State of Hawaii

My commission expires: \_\_\_\_\_

NOTARY PUBLIC CERTIFICATION		
Doc. Date:	Not dated at time of notarization	# Pages: _____
Notary Name:	_____	Judicial Circuit: _____
Doc. Description:	_____	
	_____	
	_____	
	_____	
Notary Signature:	_____	
Date:	_____	

[Stamp or Seal]

STATE OF HAWAII )

) SS.

COUNTY OF MAUI )

On this 28th day of October, 2020, before me appeared MICHAEL P. VICTORINO to me personally known, who being by me duly sworn did say that he is the Mayor of the County of Maui, a political subdivision of the State of Hawaii, and that the seal affixed to the foregoing instrument is the lawful seal of the said County of Maui, and that the said instrument was signed and sealed in behalf of said County of Maui by authority of its Charter, and the said MICHAEL P. VICTORINO, acknowledged the said instrument to be the free act and deed of said County of Maui.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



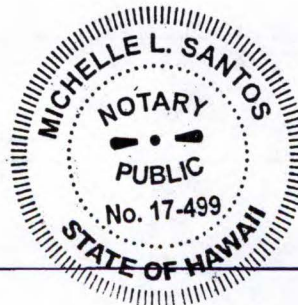
Michelle L. Santos  
Signature

MICHELLE L. SANTOS  
Type or Print Name

Notary Public, State of Hawaii

My commission expires: 12-03-2021

NOTARY PUBLIC CERTIFICATION			
Doc. Date:	<u>10-28-2020</u>	# Pages:	<u>65</u>
Notary Name:	<u>MICHELLE L. SANTOS</u>	Judicial Circuit:	<u>2nd</u>
Doc. Description:	<u>Grant Agreement</u>		
Notary Signature:	<u>Michelle L. Santos</u>		
Date:	<u>10-28-2020</u>		



## **ADDITIONAL CONDITIONS**

### **Department of Housing and Human Concerns (DHHC)**

In consideration of a grant of COUNTY funds, GRANTEE agrees to the following conditions in the use and administration of COUNTY funds. In the event the following conditions conflict with any term, provision, condition and/or covenant contained in the body of the Grant Agreement, the terms, provisions, conditions and/or covenants contained in said body shall prevail.

- 1) GRANTEE shall keep records and prepare reports, including detailed, separate financial records relating to ALL GRANT FUNDS. All accounts shall be prepared and maintained according to generally accepted accounting principles and as otherwise provided by law. GRANTEE shall maintain such accounts and documents as will serve to permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all monies received from the COUNTY and the nature and amount of all charges claimed to be against such funds.
- 2) GRANTEE shall provide the COUNTY written quarterly narrative progress reports regarding the Project and use of grant funds within three (3) weeks after the end of each quarter of the fiscal year. GRANTEE's narrative reports shall contain the following information: summary of the status in the relationship to outcomes, outputs and scheduled action steps outlined in the grant proposal; numbers and descriptions of people or businesses served including progress in meeting performance standards and economic self-sufficiency if appropriate. Within three (3) weeks after expiration of the time of performance, GRANTEE shall submit to the COUNTY a final project report in a form satisfactory to the COUNTY documenting GRANTEE's efforts toward meeting the requirements of this Agreement, an inventory of all equipment costing \$5,000.00 or more acquired with funds provided under this Agreement, and a list of expenditures incurred in the performance of this Agreement. GRANTEE's final project report shall contain the following information: summary of program status in relation to outcomes, outputs and scheduled action steps outlined in grant proposal; numbers and descriptions of people or businesses served; financial status report of COUNTY funds used; and narrative report, including progress in meeting performance standards and economic self-sufficiency, if appropriate.

- 3) GRANTEE shall provide the COUNTY written quarterly allotment, financial and demographic reports on forms prescribed by the department.
- 4) GRANTEE shall not use grant funds to compensate its employees more than the prevailing wages in the State of Hawaii for employees with similar skills and abilities.
- 5) Unless otherwise required in the Grant Agreement or in related application submittals, GRANTEE shall supply the COUNTY with a copy of its audited financial statements, prepared by its Certified Public Accountant(s). GRANTEE shall, upon request of the COUNTY, provide the COUNTY full access to inspect or audit GRANTEE's records, report books, files, and other financial records and documents to allow the COUNTY to determine compliance with the terms of the Grant Agreement, measure program effectiveness, and assure proper expenditure. GRANTEE shall cooperate fully and assist the COUNTY in any such audit or inspection.
- 6) GRANTEE shall give the COUNTY and, if applicable, the State of Hawaii, appropriate recognition in all grant-funded programs and printed materials.
- 7) GRANTEE shall comply with its articles of incorporation and/or bylaws and all relevant COUNTY, State and/or Federal rules and regulations concerning its policies and operations.
- 8) GRANTEE shall not discriminate either in the hiring of staff, use of volunteers, use of facilities, or delivery of client services on the basis of sex, sexual orientation, national origin, age, race, color, religion or disability. GRANTEE shall comply with all applicable federal and state laws prohibiting discrimination.
- 9) GRANTEE shall not alter program plans which provided the justification for the grant without first obtaining the prior written consent of the COUNTY. GRANTEE shall inform the COUNTY of any proposed changes to the budget allocations or project description or schedule outlined herein.
- 10) GRANTEE shall comply with all requests of the County of Maui for information and reports regarding the Project and GRANTEE's operations.
- 11) GRANTEE shall comply with all applicable federal, state and COUNTY licensing requirements and with all applicable accreditation and other standards of quality generally accepted in the field of GRANTEE's activities. GRANTEE shall assure that any person or

entity GRANTEE may engage, retain or subcontract with to provide any service or perform any function under this grant complies with all applicable federal, state and COUNTY licensing requirements and with all applicable accreditation and other standards of quality generally accepted in said person's or entity's field.

- 12) GRANTEE shall not use any grant funds for purposes of providing entertainment, food and beverages, or perquisites to GRANTEE's employees or staff. For purposes of this Agreement, "perquisites" means a privilege provided or service rendered by GRANTEE to an employee, officer, director, or member of GRANTEE agency to reduce that individual's personal expenses.
- 13) GRANTEE shall not use any grant funds for payments into self-funded unemployment insurance benefit accounts. (H.R.S. Chapter 383-62)
- 14) As a nonprofit organization, GRANTEE shall establish and be governed by bylaws or policies which shall include provisions relating to nepotism and management of potential conflict-of-interest situations, as required by Section 3.36.040(c) of the Maui County Code.
- 15) GRANTEE shall not dispose of any real or personal property acquired with grant funds received under this Agreement without first receiving prior written consent of the COUNTY. Should GRANTEE cease to use any real or personal property acquired with grant funds for purposes described in this Agreement, GRANTEE shall either:
  - a) Pay the COUNTY the current fair market value of the asset; or
  - b) Transfer the control of the asset to the COUNTY.
- 16) Upon expiration or termination of this Agreement, the GRANTEE shall transfer to the COUNTY
  - a) Any COUNTY funds on hand at the time of termination;
  - b) Any account receivables attributed to the use of COUNTY funds; and
  - c) Any real and/or personal property acquired or improved in whole or in part with COUNTY funds.

17) NONCOMPLIANCE, SUSPENSION AND TERMINATION: GRANTEE's failure to faithfully perform any part of this Agreement or any of the Additional Conditions herein shall constitute noncompliance, and:

- a) Should the noncompliance continue for thirty (30) days after written notice thereof is delivered to GRANTEE or mailed to its last known address; or,
- b) If such noncompliance cannot be reasonably cured in thirty (30) days, and GRANTEE has failed to commence to cure such noncompliance and to continue to diligently use its best efforts to cure such noncompliance; or
- c) If GRANTEE shall become bankrupt; or,
- d) If GRANTEE fails to perform any of the terms of this Agreement, or abandons or substantially suspends any part of this Agreement's Scope of Work; then the COUNTY may, at its sole discretion, take any one or more of the following actions:
  - i) Withhold grant fund payments pending correction of the noncompliance by the GRANTEE;
  - ii) Disallow all or part of the cost/expense of the activity or action not in compliance;
  - iii) Suspend or terminate, wholly or partially, the current award of this Agreement with the GRANTEE;
  - iv) Withhold additional award(s) to the GRANTEE; and
  - v) Terminate this Agreement without service or notice or legal process and without prejudice to any other remedy or right of action for breach or contract

18) Upon termination of this Agreement, all finished or unfinished documents, data, studies, and reports purchased or prepared by the GRANTEE pursuant to this Agreement shall be transferred to the COUNTY.

19) COST INCURRED DUE TO SUSPENSION OR TERMINATION: Any costs incurred by the GRANTEE resulting from any obligations incurred by GRANTEE during suspension or after termination of this Agreement are not allowable unless the COUNTY authorizes such costs in the Notice of Suspension or Termination issued to the GRANTEE. The determination of eligible costs shall be made by the COUNTY in its sole discretion.

20) FOR GRANTS INVOLVING USE OF COUNTY FUNDS FOR THE DESIGN AND/OR CONSTRUCTION OF IMPROVEMENTS TO REAL PROPERTY IN ADDITION TO THE ABOVE CONDITIONS, THE FOLLOWING CONDITIONS SHALL ALSO APPLY:

a) PERFORMANCE SCHEDULE

- i) Within thirty (30) days from receipt of the COUNTY issued notice to proceed, GRANTEE shall provide the COUNTY with an implementation schedule specifically indicating the time frame and the expenditures required to complete each major phase of the Project. Quarterly, GRANTEE shall submit status reports to the COUNTY in a form acceptable to the COUNTY, detailing the Project's financial status and progress of the Scope of Work. Status reports shall be submitted within three (3) weeks after the end of the quarter of the fiscal year.
- ii) Within ninety days of the Project completion, a final report shall be furnished to the COUNTY. Additional reports required by the COUNTY shall be provided by the GRANTEE as requested.

b) INSPECTIONS AND MONITORING: During normal business hours, all of GRANTEE'S records relating to the Project will be available for examination by the COUNTY. On a semi-annual basis until the final report for the Project is accepted by the COUNTY, the COUNTY will make a determination as to whether the GRANTEE (a) has complied with the terms of this Agreement; and (b) has the continuing capacity to complete the Project in a timely manner. The COUNTY may withhold payments if it determines that the GRANTEE is unable to comply with these requirements.

c) SUBCONTRACTING: The GRANTEE shall not procure or subcontract any part of the services under this Agreement without the prior written consent of the COUNTY. All subcontracts entered into by the GRANTEE shall be in writing.

d) PROCUREMENT: If GRANTEE contracts for the design and/or construction of any structure, defined for purposes hereof as any construction involving a load-bearing wall, GRANTEE shall comply with the Hawaii Public Procurement Code, Chapter 103D, Hawaii Revised Statutes, and any COUNTY procurement policies for the procurement of contracts for design and/or construction of any structures as defined herein. GRANTEE

shall submit to the COUNTY copies of all plans, specifications, permits and other approval applications for review and approval by the COUNTY's designated departmental officer prior to soliciting construction bids and proposals from contractors for the construction. Additionally, GRANTEE shall ensure that all procurement transactions for construction of non-structures, as defined herein, and all procurement transactions for goods and services are conducted in a manner to provide, to the maximum extent practical, open and free competition.

- e) **PREVAILING WAGES:** GRANTEE shall ensure that all contractors and subcontractors shall comply with all applicable provisions of the prevailing wage schedule as required under Chapter 104, Hawaii Revised Statutes, and further, shall require all contractors and subcontractors to submit certified payroll records to the GRANTEE on a periodical basis for GRANTEE's and the COUNTY's review and files.
- f) **METHOD OF PAYMENT:** GRANTEE shall submit to the COUNTY written Request for Payment. Each request shall be authenticated as to accuracy by the GRANTEE, and verified by the designated COUNTY departmental officer. Each request shall include the following:
  - i) Certification by the GRANTEE that the work for which payment is requested was performed in accordance with the terms of this Agreement;
  - ii) Certified payroll records for the applicable time period or phase for which payment is being requested; and
  - iii) Copies of all contracts, bills, invoices and purchase orders which support the request shall:
    - (a) Be the original document, unless prior approval is obtained from the COUNTY's designated departmental officer to submit document copies.
    - (b) Be under the letterhead of the respective contractor or subcontractor requesting payment.
    - (c) Be signed by an authorized official of the GRANTEE.
    - (d) Identify the Project, the nature of the work or materials provided, and the specific Phase of the Project for which the work or materials were provided.

- 21) GRANTEE shall maintain in its files, at all times, documentation verifying that work described in any contract, bill, invoice, purchase order or Request for Payment sent to the COUNTY is correct, complete, and in accordance with the terms of this Agreement. Initial and final payment under this Agreement shall be subject to receipt by COUNTY of original tax clearance certificates for the GRANTEE from the State of Hawaii Department of Taxation and the Internal Revenue Service. A current Certificate of Vendor Compliance (CVC) is also acceptable in lieu of tax clearance certificates.
- 22) THE COUNTY MAY WITHHOLD ANY OR ALL PAYMENTS TO THE GRANTEE IF THE AMOUNT OF PAYMENT AS REQUESTED IS, IN THE COUNTY'S DETERMINATION, UNREASONABLE, OR DOES NOT COMPLY WITH THE TERMS OF THIS AGREEMENT.
- 23) PROSELYTIZATION PROHIBITED: Grant funds shall not be used to recruit or convert a person to a new faith, institution, or cause.

## ## ##

COUNTY OF MAUI  
DEPARTMENT OF HOUSING & HUMAN CONCERNS  
GRANT APPLICATION (FY2021, FY2022)

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**Ka Hale A Ke Ola Homeless Resource Centers, Inc.  
Ka La Hiki Ola Mobile Hygiene Unit**

**Program Proposal**

**I. Executive Summary:**

Located in Kihei, Maui, Ka Lā Hiki Ola is a community outreach program which utilizes a Mobile Hygiene Unit (MHU) custom trailer and a Static site at St. Theresa's Church where homeless individuals can access housing focused services to assist with increasing their quality of life by providing services that include referrals to homeless shelter services, permanent housing, a laundry facility, a shower facility, and a place to eat and utilize internet services for job search and housing search. Services will be provided in two modalities. For two days weekly, services will be conducted at St. Theresa's Church in Kihei and outreach to the homeless using the Hale Kau Kau meal services. The Mobile Hygiene Unit (Ka Lā Hiki Ola) will operate for the other three days weekly, mobile outreach services will be provided at the Kihei Boat Harbor and Kalama Beach Park as approved by the Maui County Department of Parks and Recreation. Each homeless individual utilizing services will be referred to housing services.

1. The Program will assist at least 100 unduplicated persons for each fiscal year.
2. Ka Lā Hiki Ola will be a first step for homeless individuals seeking services to exit homelessness. The services provided will assist individuals to access services they may not have known and will decrease the homeless population in the South Maui area by offering referrals to homeless shelters, permanent housing, and healthcare services.
3. The South Maui area the targeted geographical area that this program will serve.

**II. Background:**

1. Needs and gaps in the community the program addresses.

Homelessness impacts the overall community on several levels but the most negative aspects are associated with the health and safety of those who experience homelessness, particularly families with young children. In a community with a wealth of natural and human resources that attract and are supported by a vibrant visitor industry, homelessness negatively impacts the community of Maui to potential visitors. KHAKO's mission is to effectively address the housing and supportive services needs of homeless persons and minimize the negative impacts to the overall community.

There are very limited homeless service programs being offered in the South Maui Area. This program will fill this gap by providing mobile outreach and a dedicated place for the homeless individuals to go to obtain services.

2. Target Population.

The target population for this program are families with children and adults on the island of Maui, specifically South Maui who are experiencing homelessness.

3. Past agency experience in the service delivery area.

KHAKO has been providing a continuum of services to individuals and families experiencing homelessness on Maui since 1986. The consistent record of funding from public and private sources to support these services and programs is indicative of our success in accomplishing established goals and objectives to address the needs of our target population. As a result of this experience, KHAKO has been able to refine specific service strategies for each program component, which has resulted in a consistently high level of quality services provided to clients on a very cost-effective basis.

4. Key Program Personnel

KHAKO is administered by a professional management staff directed by a volunteer board of directors comprised of individuals from the community with a diverse range of experience and expertise. The Executive Director (ED) is responsible for the direct supervision and oversight of the executive team that includes the Deputy Director (DD) Finance Director (FD) and Housing Program Manager (HPM). As the primary representative of KHAKO in the community, the ED is required to have a comprehensive knowledge of homelessness issues, experience in developing and managing service delivery strategies, understanding of fund development and financial management and excellent communication and networking skills.

The DD is responsible for managing all aspects of KHAKO's operations, programs and projects. The DD provides oversight, monitoring and reporting of grant requests, funding sources and internal performance for all of KHAKO to ensure compliance. Supervises a staff of managers and supervisors.

The FD is responsible for managing and coordinating all fiscal matters including the development and preparation of monthly, quarterly and annual financial statements, and plays a key role in developing operational and program budgets. In addition to practical knowledge relative to generally accepted accounting practices, the FD is required to have experience and expertise in financial planning and projection, financial reporting and information management systems.

The HPM is responsible for the management and coordination of all services and programs and provides direct supervision to all case managers and support staff to ensure a consistent level of appropriate service to all KHAKO clients. The HPM is required to have extensive experience in developing, implementing and coordinating service strategies and case management procedures based on assessments of clients and community needs.

Ka Hale A Ke Ola Homeless Resource Centers, Inc.  
Ka La Hiki Ola Mobile Hygiene Unit  
Page | 3

The Community Specialists will conduct outreach activities, refer to appropriate community resources, and as appropriate assess and triage for shelter services. The Logistics Specialist will be the primary driver of the truck that tows the MHU custom trailer, as well as conduct general maintenance, cleaning, and repairs.

Table 1 - Program Personnel

Position Title	Name	Required qualifications	Brief description of main duties for this program	Position is funded in full or in part by Maui County?
Housing Programs Manager	Mary Nakooka	Bachelor's Degree or over 10 years' experience in Human Services	Provides oversight and management to the Shelter program case management staff and programs.	Yes
Community Specialist	Barron Burton	A.S. in Human Services and at least 2 years Human Services exp.	Will work with homeless individuals seeking services at the KLHA MHU.	Yes
Community Specialist	To Be Determined	A.S. in Human Services and at least 2 years Human Services exp.	Will work with homeless individuals seeking services at the KLHA MHU.	Yes
Logistics Specialist	Ronald Reed	A.S. in Human Services and at least 2 years Human Services exp.	Will work with homeless individuals seeking services at the KLHA MHU.	Yes
Executive Director	Monique R Yamashita	Bachelor's degree or higher, at least 10 years Human Service Experience	Provides comprehensive oversight of all of KHAKO to ensure mission is carried out.	no
Finance Director	Thanaid Uralwong	BA/BS in accounting, finance or related major Minimum 5 years financial management experience	Provides comprehensive financial oversight of KHAKO.	no
Deputy Director	To Be Determined	Bachelor's Degree or higher, at least 7 years human services exp.	Assists E.D. to ensure oversight and management of agency programs.	no

### **III. Program Description:**

Human Services for the homeless community on the South side of Maui are extremely limited and yet there is a population of homeless individuals that would benefit from initial, first step services.

The Ka La Hiki Ola Mobile Hygiene Unit (MHU) and Static site(static site) are safe places where the homeless can "drop-in" and obtain such basic necessities such as food, clothing, personal care items, and access to phone, computers and email with the goal of assisting guests to obtain permanent housing. Showers and washer and dryer facilities will also be available free of charge to the guests. Referrals and linkage to community resources and support services will also be provided to address a variety of needs including shelter and permanent housing referrals, mental health services, job readiness training, education support, and counseling. The goal of this program is to offer first step services to the homeless in the South Maui area with the goal of assisting these individuals to obtain permanent housing and exit homelessness permanently.

1. Services will be provided to the homeless in the South Maui area at St. Theresa's Church in Kihei and outreach to individuals and families using the Hale Kau Kau meal services and offered on a first come first served basis.
2. Through the MHU, mobile outreach activity will be conducted four days per week with services at St. Theresa's Church for three days per week and one day at a county park. A Memorandum of Agreement with the County of Maui will be completed prior to usage. The sites for the County Parks usage will be areas where a high volume of unsheltered individuals are identified. As the mobile outreach component to the program, the MHU will have the same goals and outcomes as the static site but will encompass a greater breadth of service delivery by outreaching to the whole South Maui homeless community where they are living.
  - a. Guests may enter program by applying for services as a walk-in or over the phone. The application process will be brief and informal to assess the needs of the guest.
  - b. Once verified as homeless, via a completed Hawaii State Homeless Verification form, the guests may sign up for services at the Static site or MHU.
    - i. Services will include: (1) Hygiene – showers and wash area (MHU only); (2) Laundry services on availability Guests will be able to use the MHU washer/dryer at the outreach locations; (3) Food services guests may request a sack lunch or will be offered a hot meal if available.; (4) Community Specialists will assist Guests with shelter referrals, housing referrals, and employment support services; (5) including guest encounter services to include assistance with obtaining picture identification cards, birth certificates, applying for

income benefits such as social security benefits, food stamps, mail services, etc.

- c. Staff will use Psychological First Aid approaches to address basic needs and reduces psychological distress by providing a caring comforting presence and education on common stress reactions in an effort to empower the individual by supporting strengths and encouraging existing coping skills. Psychological First Aid (PFA) is an evidence-based approach that is built on the concept of human resilience. PFA aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis by providing safety, calm & comfort, connectedness, self-empowerment, and hope. PFA examples include access to personal hygiene, laundry services, and food to address acute physical needs for cleanliness and nutrition. With consistent access to PFA supports, we hope to see a reduction in stress symptoms and an increase in rapport building with Community Specialists to connect with natural support networks, link with referrals to community resources, and engage in the Coordinated Entry System working toward the long range goal of permanent housing.
- d. Services will be provided in line with the Housing First model. Encounters will include Access Point activities including triage to determine level of need by administering the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) and access to the Homeless Management Information System to add clients to the database for referrals for the Coordinated Entry System to ensure housing assistance and placement.
- e. Volunteers will be utilized to assist the at the static site or MHU with guests under the supervision of KHAKO staff.

Additionally, the MHU and Static site will act as an Access Point for homeless individuals in the County Coordinated Entry System (CES).

### 3. Staff Training:

- a. Community Specialists will undergo continuous and on-going training such as *Care Excellence – Training for Case Managers* in best practices. *Care Excellence – Case Management Education* is on-line curriculum and training platform that teaches a multi-pronged approach to train, keep, and improve the skills of care managers. The intent will be to build a case management team to meet the needs of growing and diverse populations with special and complex needs, while improving the quality of care. Training will include case management concepts and principles of practice. Motivational interviewing is an evidence-based method of improving client engagement, resolving client ambivalence, and promoting client activation in setting and achieving goals.

- b. Community Specialists are taught strategies to assess and strengthen an individual's motivation to take action. Relationships with clients, team members, and partners are at the heart of care management, and case managers are trained on how to succeed as part of an interdisciplinary care team and to identify relationships with community partners to create a strong and multifaceted network to meet guests' needs.

#### IV. Collaboration in Providing Services:

Table 2

<b>Projected Collaboration in Providing Services</b>			
<b>Agency, service or community resource</b>	<b>Type of coordinated activities</b>	<b>Number of persons to be served</b>	<b>Outcomes to be supported by this collaboration</b>
Hale Kau Kau	Receive referrals for services from the homeless obtaining food services.	40	Ensure homeless families and single adults have a center with services offered to assist them in exiting homelessness.
Family Life Center	Refer families and single adults to FLC if space is not available at KHAKE Homeless Shelters.	30	Ongoing communication between agencies.
Coordinated Entry System	Ensure guests are input in the Homeless Management Information System for housing placement.	50	Ensures families and single adults are identified and prioritized for supportive housing placements.
KHAKE has a strong network of community partners to ensure individuals receive the most tailored care possible. KHAKE receives and refers residents to the above mentioned agencies based on their individual service needs to avoid duplication efforts and ensure best use of resources.			

#### V. Cost Effectiveness

Initial proposals to establish an outreach program in the South Maui community included leasing office space, purchasing furniture and equipment, utility expenses, and other related expenses. Following research and examination of using only a static location model, there would likely be an unwillingness of homeless individuals to meet in office settings whereas a mobile and community based approaches were found to be more effective in reaching clients. Cost effectiveness is achieved through the MHU by establishing KHAKE staff presence and

providing outreach services to the South Maui community through a collaboration with St. Theresa's Church for low-cost rent for days used. Regarding the MHU, although there is an initial up-front cost to manufacture the custom trailer, the operational costs to run the MHU over a 3-5 year period is projected to be less than maintaining an office lease rental, utilities, and other related expenses for the same time period.

**VI. Other Funding Resources:**

KHAKO has submitted proposals to foundations and private entities to supplement and sustain the costs associated with operating the Ka La Hiki Ola program for long term operations..

KHAKO historically coordinates ongoing fundraising activities including a County Fair Parking concession (\$10,000 average per year) and the Hotel Association Charity Walk (\$3,000 average per year). This funding possibility has been delayed for 2020 but there are hopes from the agency for continued opportunities in 2021 and thereafter.

Additionally, the Board of Directors and staff actively network in the community to obtain donations that average \$70,000 per year. Over the last 2 years, KHAKO has also successfully secured private grant funds to help support programs and services from several new funding sources including the Lark Foundation, Hau 'oli Mau Loa Foundation, and Seattle Foundation. KHAKO will continue to actively pursue funding from new sources to support programs

**VII. Program Evaluation:**

Table 3-1 Program Evaluation

<b>FY2021 Program Evaluation Projected Impacts</b>	<b>ANNUAL GOAL</b>	<b>1ST QTR</b>	<b>2ND QTR</b>	<b>3RD QTR</b>	<b>4TH QTR</b>
<b>Total Unduplicated Persons Served:</b>	100				
<b>Outcome 1:</b> 25 homeless guests from the S. Maui area who receive services through the static site and/or MHU will enter KHAKO's emergency or permanent shelter as appropriate and in conjunction with the Coordinated Entry System.	25	5	7	7	6
<b>Output A:</b> 100 unduplicated homeless individuals in the S. Maui area will utilize static site and MHU services such as Psychological First Aid (food, clothing, personal care items, shower), phone charging station, clothes laundering, housing and resource referrals, VI-SPDAT assessments in conjunction with CES as reflected in KHAKO client records.	100 unduplicated individuals	25 unduplicated Breakout actuals as below: ___ <b>Total unduplicated clients</b> ___ # served at static site only ___ # served at MHU only ___ # served at both static site & MHU	25 unduplicated Breakout actuals as below: ___ <b>Total unduplicated clients</b> ___ # served at static site only ___ # served at MHU only ___ # served at both static site & MHU	25 unduplicated Breakout actuals as below: ___ <b>Total unduplicated clients</b> ___ # served at static site only ___ # served at MHU only ___ # served at both static site & MHU	25 unduplicated Breakout actuals as below: ___ <b>Total unduplicated clients</b> ___ # served at static site only ___ # served at MHU only ___ # served at both static site & MHU

<b>FY2021 Program Evaluation Projected Impacts</b>	<b>ANNUAL GOAL</b>	<b>1ST QTR</b>	<b>2ND QTR</b>	<b>3RD QTR</b>	<b>4TH QTR</b>
Output B: KHAKO will record 400 guest encounters in the static site program/mobile unit to assist them in obtaining program services of vital record documents, VI-SPDAT assessments, housing and resource referrals, and employment.	400 encounters	100 encounters  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	100 encounters  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	100 encounters  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	100 encounters  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU
Output C: 100 unduplicated static site and mobile unit guests will complete or update a VI-SPDAT.	100 unduplicated individuals	25 unduplicated  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	25 unduplicated  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	25 unduplicated  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	25 unduplicated  Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU

<b>FY2021 Program Evaluation Projected Impacts</b>	<b>ANNUAL GOAL</b>	<b>1ST QTR</b>	<b>2ND QTR</b>	<b>3RD QTR</b>	<b>4TH QTR</b>
Output D: KHAKO Community Specialists will attend 90% of case conferencing meetings scheduled with DHHC and other homeless providers to update status of homeless clients, and discuss next steps toward permanent housing for each client.	90% of meetings by 6/30/21	___ of ___ = ___%	___ of ___ = ___%	___ of ___ = ___%	___ of ___ = ___%
Output E: Each Community Specialist will attend 128 hours of outreach and case management training.	128 hours Each	64 hrs	64 hrs	64 hrs	64 hrs

*Add rows as needed for additional Outcomes and Outputs.*

Table 3-2 Program Evaluation

<b>FY2022 Program Evaluation Projected Impacts</b>	<b>ANNUAL GOAL</b>	<b>1ST QTR</b>	<b>2ND QTR</b>	<b>3RD QTR</b>	<b>4TH QTR</b>
<b>Total Unduplicated Persons Served:</b>	<b>100</b>				
<b>Outcome 1:</b> 25 homeless guests from the S. Maui area who receive services through the static site and/or MHU will enter KHAKO's emergency or permanent shelter as appropriate and in conjunction with the Coordinated Entry System.	25	5	7	7	6
<b>Output A:</b> 100 unduplicated homeless individuals in the S. Maui area will utilize the static site and MHU services such as Psychological First Aid (food, clothing, personal care items, shower), phone charging station, clothes laundering, housing and resource referrals, VI-SPDAT assessments in conjunction with CES as reflected in KHAKO client records.	100 unduplicated individuals	25 unduplicated  Breakout actuals as below: __Total unduplicated clients __# served at static site only __# served at MHU only __# served at both static site & MHU	25 unduplicated  Breakout actuals as below: __Total unduplicated clients __# served at static site only __# served at MHU only __# served at both static site & MHU	25 unduplicated  Breakout actuals as below: __Total unduplicated clients __# served at static site only __# served at MHU only __# served at both static site & MHU	25 unduplicated  Breakout actuals as below: __Total unduplicated clients __# served at static site only __# served at MHU only __# served at both static site & MHU
<b>Output B:</b> KHAKO will record 400 guest encounters in the static site program/mobile unit to assist them in obtaining program services of vital record documents, VI-SPDAT	400 encounters	100 encounters	100 encounters	100 encounters	100 encounters

<b>FY2022 Program Evaluation Projected Impacts</b>	<b>ANNUAL GOAL</b>	<b>1ST QTR</b>	<b>2ND QTR</b>	<b>3RD QTR</b>	<b>4TH QTR</b>
assessments, housing and resource referrals, and employment.		Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU
Output C: 100 unduplicated static site and mobile unit guests will complete or update a VI-SPDAT.	100 unduplicated individuals	25 unduplicated Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	25 unduplicated Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	25 unduplicated Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU	25 unduplicated Breakout actuals as below: __ Total unduplicated clients __ # served at static site only __ # served at MHU only __ # served at both static site & MHU

FY2022 Program Evaluation Projected Impacts	ANNUAL GOAL	1ST QTR	2ND QTR	3RD QTR	4TH QTR
Output D: KHAKO Community Specialists will attend 90% of case conferencing meetings scheduled with DHHC and other homeless providers to update status of homeless clients, and discuss next steps toward permanent housing for each client.	90% of meetings by 6/30/22	___ of ___ = ___%	___ of ___ = ___%	___ of ___ = ___%	___ of ___ = ___%
Output E: Each Community Specialist will attend 128 hours of outreach training.	128 hours Each	64 hrs	64 hrs	64 hrs	64 hrs

*Add rows as needed for additional Outcomes and Outputs.*



COUNTY OF MAUI  
DEPARTMENT OF HOUSING AND HUMAN CONCERNS  
GRANT APPLICATION (FY2021, FY2022)

**PROGRAM BUDGET SUMMARY**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2021)

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

1. EXPENSE CATEGORIES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. *OTHER RESOURCES (Not from Maui County)	5. TOTAL BUDGET
A. Personnel	121,910.00			121,910.00
B. Payroll Taxes and Fringe Benefits	38,462.00			38,462.00
C. Equipment				
D. Supplies	2,500.00			2,500.00
E. Staff Training				
F. Other	29,334.00			29,334.00
G. Administrative Costs	10,600.00			10,600.00
<b>TOTAL COSTS</b>	<b>202,806.00</b>			<b>202,806.00</b>

**\*OTHER RESOURCES (Column 4):**

Total for column #4 (Other Resources) must match source(s) total below.  
Other Resources\* applies to funds to be applied to this specific program.

Source(s):	\$ Amount(s):
<b>TOTAL OTHER RESOURCES</b>	

List all other County of Maui grant resources showing the Department, Grant Number, and full grant amount.

County Dept and Grant No.	\$ Grant Amount

Received via email by  
DHHC 7-30-20

EXHIBIT C-1

**A. PERSONNEL**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.**(FY2021)**Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

<b>1. PROGRAM PERSONNEL</b> List ALL personnel for the proposed program. *Must correspond with the narrative proposal (program personnel) and justification page.	<b>2. AMOUNT REQUESTED</b>	<b>3. MATCHING FUNDS</b>	<b>4. OTHER RESOURCES</b>	<b>5. TOTAL BUDGET</b>
Housing Program Manager	13,750.00			13,750.00
Community Specialist	39,520.00			39,520.00
Community Specialist	31,200.00			31,200.00
Logistic Specialist	37,440.00			37,440.00
<b>TOTAL PROGRAM PERSONNEL COSTS</b>	<b>121,910.00</b>			<b>121,910.00</b>

BUDGET JUSTIFICATION  
(A. PERSONNEL)Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

#	POSITION TITLE & NAME <small>List ALL personnel for the proposed program and indicate if position is vacant. *Must correspond with Program Personnel from the budget table and narrative proposal.</small>	FULL-TIME EQUIVALENT TO AGENCY	ANNUAL SALARY (A)	% TIME BUDGETED TO PROGRAM (B)	% CHARGED TO COM (C)	TOTAL SALARY BUDGETED TO GRANT (A x B x C)
1	Housing Program Manager, M. Nakooka	1.00	\$ 55,000.00	25%	100%	\$ 13,750.00
2	Community Specialist, B. Burton	1.00	\$ 39,520.00	100%	100%	\$ 39,520.00
3	Community Specialist, Vacant	1.00	\$ 37,440.00	83%	100%	\$ 31,200.00
4	Logistic Specialist, R. Reed	1.00	\$ 37,440.00	100%	100%	\$ 37,440.00
5						
6						
7						
8						
9						
10						
11						
12						
TOTAL:						\$ 121,910.00
<b>Justification/comments:</b>  Position 3 at \$37,440 annual salary is currently vacant. We expect this position to be filled in September 2020. Prorated salary is shown on the table.						

**B. PAYROLL TAXES AND FRINGE BENEFITS**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2021)

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

1. PAYROLL TAXES & FRINGE BENEFITS	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Payroll Taxes (FICA, Workers Comp., TDI, Unemp.)	15,969.00			15,969.00
Fringe Benefits (Medical/Dental Insurance only)	22,493.00			22,493.00
<b>TOTAL PAYROLL COSTS</b>	<b>38,462.00</b>			<b>38,462.00</b>

**BUDGET JUSTIFICATION  
(B. PAYROLL TAXES & FRINGE BENEFITS)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title: Ka La Hiki Ota Mobile Hygiene Unit Program

Payroll Taxes and Assessments	Rate (%)	Salary from "A. Personnel" table	
Social Security/Medicare (FICA)	7.65%	121,910.00	\$ 9,326.00
Unemployment Insurance (Federal)			\$ -
Unemployment Insurance (State) *not self funded	1.80%	121,910.00	\$ 2,194.00
Worker's Compensation	2.85%	121,910.00	\$ 3,474.00
Temporary Disability Insurance	0.80%	121,910.00	\$ 975.00
<b>Subtotal payroll taxes and assessments</b>			<b>\$ 15,969.00</b>
<b>Fringe Benefits</b>			
Medical			\$ 21,302.00
Dental			\$ 1,191.00
<b>Subtotal fringe benefits</b>			<b>\$ 22,493.00</b>
<b>Total payroll taxes and fringe benefits</b>			<b>\$ 38,462.00</b>
<p><b>Justification comments:</b> (Eg., Medical/dental premiums for x number of employees * 12 months * (% charged to COM) = \$ COM cost)</p> <p>Payroll taxes and fringe benefits charged to COM are prorated based on personnel salary percentages. All computed numbers are rounded to the nearest dollar. Worker's Compensation insurance rates are varied based on duties and professions. Per employee, medical insurance is \$6,909 annually and \$386 for dental.</p>			

### C. EQUIPMENT

Agency Name: **Ka Hale A Ke Ola Homeless Resource Centers, Inc.**

**(FY2021)**

**Program Title:** Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

[illegible]

**BUDGET JUSTIFICATION  
(C. EQUIPMENT)**

Agency Name: **Ka Hale A Ke Ola Homeless Resource Centers, Inc.**

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

[illegible]

**D. SUPPLIES**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.**(FY2021)**Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

1. SUPPLIES DESCRIPTION (for program related supplies only)	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Program Supplies	2,500.00			2,500.00
<b>TOTAL SUPPLIES COSTS</b>	<b>2,500.00</b>			<b>2,500.00</b>

**BUDGET JUSTIFICATION  
(D. SUPPLIES)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.**(FY2021)**

Jul 1, 2020 - Jun 30, 2021

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

PROGRAM SUPPLIES	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Supply total of \$400 x 50% charged to program x 100% charged to COM = \$200)
Program supplies	2,500.00	Program related expenses - detergents, towels, supplies
Total:	\$ 2,500.00	

**E. STAFF TRAINING / TRAVEL**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.**(FY2021)**Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

1. STAFF TRAINING/TRAVEL EXPENSES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Air fare/ferry				
Per diem with lodging				
Ground transportaion, gas purchas, parking				
Registration fees				
<b>TOTAL STAFF TRAINING/TRAVEL COSTS</b>				

**BUDGET JUSTIFICATION  
(E. STAFF TRAINING/TRAVEL)**

Agency Name: Ka Hale A Ke Oia Homeless Resource Centers, Inc.

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title: Ka La Hiki Oia Mobile Hygiene Unit Program

Name and Title of Employee	Conference or training name, location, dates	A Per Diem with lodging	B Air fare	C Ground Transprt	D Registration Fees	E Other	TOTAL A+B+C+D+E
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL:</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Justification/comments:</b> (Include purpose of trip and how it achieves or supports program goals.)							

**F. OTHER**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.**(FY2021)**Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

1. OTHER EXPENSES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Occupancy/rent	7,200.00			7,200.00
Utilities	13,530.00			13,530.00
Travel/mileage (client services)				
Facility repair/maintenance				
Postage/freight				
Printing	2,230.00			2,230.00
Contract services (program)				
Telephone	1,632.00			1,632.00
Equipment repair/maintenance	1,742.00			1,742.00
Equipment rental				
Gasoline and propane	3,000.00			3,000.00
<b>TOTAL OTHER COSTS</b>	<b>29,334.00</b>			<b>29,334.00</b>

**BUDGET JUSTIFICATION  
(F. OTHER)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2021)

Jul 1, 2020 - Jun 30, 2021

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Rent total of \$8000 x 50% charged to program x 50% charged to COM = \$2000)
Utilities	13,530.00	Sewage and brown water disposal
Telephone	1,632.00	Telephone and internet service
Gasoline and propane	3,000.00	Gas and propane to operate pick up truck and mobile hygiene unit
Rent	7,200.00	Rent at St. Theresa church
Publication and printing	2,230.00	Signage for mobile hygiene unit
Repair and Maintenance	1,742.00	Maintaining equipment
Total:	\$ 29,334.00	

**G. ADMIN COSTS**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2021)

Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2020 - Jun 30, 2021

1. ADMIN COST (Maximum 12% of total requested budget)	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Audit				
Incidental mileage (non-program services)				
Professional fees				
Insurance (General / Director & Officer liability)	5,640.00			5,640.00
Life and Disability Insurance	2,135.00			2,135.00
Pension	825.00			825.00
Membership Fees/Dues				
Publications/Subscriptions				
Staff Recruitment & Supervision				
General Administration, Accounting & Payroll				
Staff MIS/Tech Support				
Vehicle Registration	2,000.00			2,000.00
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>10,600.00</b>			<b>10,600.00</b>

**BUDGET JUSTIFICATION  
(G. ADMIN COST)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.**(FY2021)**

Jul 1, 2020 - Jun 30, 2021

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Audit total of \$3000 x 30% charged to program x 100% charged to COM = \$900)
Insurance - Life and Disability	2,135.00	Benefits as defined by personnel policies
Insurance - General and Liability	5,640.00	Pick up truck, mobile hygiene units and office space
Pension	825.00	Benefits as defined by personnel policies
Vehicle Registration	2,000.00	Pick up truck and mobile hygiene unit registrations
<b>Total:</b>	<b>\$ 10,600.00</b>	



DEPARTMENT OF HOUSING AND HUMAN CONCERNS  
GRANT APPLICATION (FY2021, FY2022)

## PROGRAM BUDGET SUMMARY

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

1. EXPENSE CATEGORIES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. *OTHER RESOURCES (Not from Maui County)	5. TOTAL BUDGET
A. Personnel	128,150.00			128,150.00
B. Payroll Taxes and Fringe Benefits	41,619.00			41,619.00
C. Equipment				
D. Supplies	2,500.00			2,500.00
E. Staff Training				
F. Other	19,937.00			19,937.00
G. Administrative Costs	10,600.00			10,600.00
<b>TOTAL COSTS</b>	<b>202,806.00</b>			<b>202,806.00</b>

**\*OTHER RESOURCES (Column 4):**

Total for column #4 (Other Resources) must match source(s) total below.  
Other Resources\* applies to funds to be applied to this specific program.

Source(s): \$ Amount(s):


**TOTAL OTHER RESOURCES**

List all other County of Maui grant resources showing  
the Department, Grant Number, and full grant amount.

County Dept and Grant No. \$ Grant Amount


Received via email by  
DHHC 7-30-20

**A. PERSONNEL**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

<b>1. PROGRAM PERSONNEL</b> List ALL personnel for the proposed program. *Must correspond with the narrative proposal (program personnel) and justification page.	<b>2. AMOUNT REQUESTED</b>	<b>3. MATCHING FUNDS</b>	<b>4. OTHER RESOURCES</b>	<b>5. TOTAL BUDGET</b>
Housing Program Manager	13,750.00			13,750.00
Community Specialist	39,520.00			39,520.00
Community Specialist	37,440.00			37,440.00
Logistic Specialist	37,440.00			37,440.00
<b>TOTAL PROGRAM PERSONNEL COSTS</b>	<b>128,150.00</b>			<b>128,150.00</b>

**BUDGET JUSTIFICATION  
(A. PERSONNEL)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

#	POSITION TITLE & NAME <small>List ALL personnel for the proposed program and indicate if position is vacant. *Must correspond with Program Personnel from the budget table and narrative proposal.</small>	FULL-TIME EQUIVALENT TO AGENCY	ANNUAL SALARY (A)	% TIME BUDGETED TO PROGRAM (B)	% CHARGED TO COM (C)	TOTAL SALARY BUDGETED TO GRANT (A x B x C)
1	Housing Program Manager, M. Nakooka	1.00	\$ 55,000.00	25%	100%	\$ 13,750.00
2	Community Specialist, B. Burton	1.00	\$ 39,520.00	100%	100%	\$ 39,520.00
3	Community Specialist, Vacant	1.00	\$ 37,440.00	100%	100%	\$ 37,440.00
4	Logistic Specialist, R. Reed	1.00	\$ 37,440.00	100%	100%	\$ 37,440.00
5						
6						
7						
8						
9						
10						
11						
12						
<b>TOTAL:</b>						<b>\$ 128,150.00</b>
<b>Justification/comments:</b>						

**B. PAYROLL TAXES AND FRINGE BENEFITS**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

1. PAYROLL TAXES & FRINGE BENEFITS	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Payroll Taxes (FICA, Workers Comp., TDI, Unemp.)	16,787.00			16,787.00
Fringe Benefits (Medical/Dental Insurance only)	24,832.00			24,832.00
<b>TOTAL PAYROLL COSTS</b>	<b>41,619.00</b>			<b>41,619.00</b>

**BUDGET JUSTIFICATION  
(B. PAYROLL TAXES & FRINGE BENEFITS)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Jul 1, 2021 - Jun 30, 2022

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Payroll Taxes and Assessments	Rate (%)	Salary from "A. Personnel" table	
Social Security/Medicare (FICA)	7.65%	128,150.00	\$ 9,803.00
Unemployment Insurance (Federal)			\$ -
Unemployment Insurance (State) *not self funded	1.80%	128,150.00	\$ 2,307.00
Worker's Compensation	2.85%	128,150.00	\$ 3,652.00
Temporary Disability Insurance	0.80%	128,150.00	\$ 1,025.00
<b>Subtotal payroll taxes and assessments</b>			<b>\$ 16,787.00</b>
<b>Fringe Benefits</b>			
Medical			\$ 23,576.00
Dental			\$ 1,256.00
<b>Subtotal fringe benefits</b>			<b>\$ 24,832.00</b>
<b>Total payroll taxes and fringe benefits</b>			<b>\$ 41,619.00</b>
<p><b>Justification comments:</b> (Eg., Medical/dental premiums for x number of employees * 12 months * (% charged to COM) = \$ COM cost)</p> <p>Payroll taxes and fringe benefits charged to COM are prorated based on personnel salary percentages. All computed numbers are rounded to the nearest dollar. Worker's Compensation insurance rates are varied based on duties and professions. Per employee, medical insurance is \$7,254 annually and \$386 for dental.</p>			

### C. EQUIPMENT

Agency Name: **Ka Hale A Ke Ola Homeless Resource Centers, Inc.**

**(FY2022)**

**Program Title:** Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

[illegible]

**BUDGET JUSTIFICATION  
(C. EQUIPMENT)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)  
Jul 1, 2021 - Jun 30, 2022

Program Title: Ka La Hiki Oia Mobile Hygiene Unit Program

[illegible]

<b>Justification/Comments:</b>	
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**D. SUPPLIES**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

1. SUPPLIES DESCRIPTION (for program related supplies only)	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Program Supplies	2,500.00			2,500.00
<b>TOTAL SUPPLIES COSTS</b>	<b>2,500.00</b>			<b>2,500.00</b>

**BUDGET JUSTIFICATION  
(D. SUPPLIES)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Jul 1, 2021 - Jun 30, 2022

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

PROGRAM SUPPLIES	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Supply total of \$400 x 50% charged to program x 100% charged to COM = \$200)
Program Supplies	2,500.00	Program related expenses - detergents, towels, supplies
Total:	\$ 2,500.00	

**E. STAFF TRAINING / TRAVEL**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

1. STAFF TRAINING/TRAVEL EXPENSES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Air fare/ferry				
Per diem with lodging				
Ground transportaion, gas purchas, parking				
Registration fees				
<b>TOTAL STAFF TRAINING/TRAVEL COSTS</b>				

**BUDGET JUSTIFICATION  
(E. STAFF TRAINING/TRAVEL)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

**(FY2022)**

Program Title: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

Name and Title of Employee	Conference or training name, location, dates	A Per Diem with lodging	B Air fare	C Ground Tmsprtn	D Registration Fees	E Other	TOTAL A+B+C+D+E
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL:</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Justification/comments: (Include purpose of trip and how it achieves or supports program goals.)</b>  							

**F. OTHER**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

1. OTHER EXPENSES	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Occupancy/rent	7,200.00			7,200.00
Utilities	7,605.00			7,605.00
Travel/mileage (client services)				
Facility repair/maintenance				
Postage/freight				
Printing				
Contract services (program)				
Telephone	1,632.00			1,632.00
Equipment repair/maintenance	500.00			500.00
Equipment rental				
Gasoline and Propane	3,000.00			3,000.00
<b>TOTAL OTHER COSTS</b>	<b>19,937.00</b>			<b>19,937.00</b>

**BUDGET JUSTIFICATION  
(F. OTHER)**

Agency Name: Ka Hale A Ka Oia Homeless Resource Centers, Inc.

(FY2022)

Jul 1, 2021 - Jun 30, 2022

Program Title: Ka La Hiki Oia Mobile Hygiene Unit Program

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Rent total of \$8000 x 50% charged to program x 50% charged to COM = \$2000)
Utilities	7,605.00	Sewage and brown water disposal
Telephone	1,632.00	Telephone and internet service
Gasoline and propane	3,000.00	Gas and propane to operate pick up truck and mobile hygiene unit
Rent	7,200.00	Rent at St. Theresa church
Repair and Maintenance	500.00	Maintaining equipment
Total:	\$ 19,937.00	

**G. ADMIN COSTS**Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

(FY2022)

Program: Ka La Hiki Ola Mobile Hygiene Unit Program

Jul 1, 2021 - Jun 30, 2022

1. ADMIN COST (Maximum 12% of total requested budget)	2. AMOUNT REQUESTED	3. MATCHING FUNDS	4. OTHER RESOURCES	5. TOTAL BUDGET
Audit				
Incidental mileage (non-program services)				
Professional fees				
Insurance (General / Director & Officer liability)	5,640.00			5,640.00
Life and Disability Insurance	2,135.00			2,135.00
Pension	825.00			825.00
Membership Fees/Dues				
Publications/Subscriptions				
Staff Recruitment & Supervision				
General Administration, Accounting & Payroll				
Staff MIS/Tech Support				
Vehicle Registration	2,000.00			2,000.00
<b>TOTAL ADMINISTRATIVE COSTS</b>	<b>10,600.00</b>			<b>10,600.00</b>

**BUDGET JUSTIFICATION  
(G. ADMIN COST)**

Agency Name: Ka Hale A Ke Ola Homeless Resource Centers, Inc.

**(FY2022)**

Jul 1, 2021 - Jun 30, 2022

Program Title.: Ka La Hiki Ola Mobile Hygiene Unit Program

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS (Ex: Audit total of \$3000 x 30% charged to program x 100% charged to COM = \$900)
Insurance - Life and Disability	2,135.00	Benefits as defined by personnel policies
Insurance - General and Liability	5,640.00	Pick up truck, mobile hygiene units and office space
Pension	825.00	Benefits as defined by personnel policies
Vehicle Registration	2,000.00	Pick up truck and mobile hygiene unit registration
<b>Total:</b>	<b>\$ 10,600.00</b>	

# DCCA State of Hawaii

Downloaded on August 7, 2020.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

## Business Information

MASTER NAME	KA HALE A KE OLA HOMELESS RESOURCE CENTERS, INC.
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	89544 D2
STATUS	Active
PURPOSE	TO OPERATE A HOMELESS RESOURCE CENTER.
PLACE INCORPORATED	Hawaii UNITED STATES
INCORPORATION DATE	Nov 10, 1992
MAILING ADDRESS	670 WAIALE DR WAILUKU, Hawaii 96793-2357 UNITED STATES
TERM	PER
AGENT NAME	MONIQUE R. YAMASHITA
AGENT ADDRESS	670 WAIALE RD WAILUKU, Hawaii 96793 UNITED STATES

## Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2019	Oct 3, 2019	Processed
2018	Oct 10, 2018	Processed
2017	Sep 21, 2018	Processed
2016	Dec 2, 2016	Processed
2015	Feb 3, 2016	Processed
2014	Nov 18, 2014	Processed
2013	Feb 5, 2014	Processed
2012	Oct 2, 2012	Processed
2011	Oct 5, 2011	Processed
2010	Oct 6, 2010	Processed
2009	Dec 15, 2009	Processed
2008	Oct 13, 2008	Processed
2007	Dec 6, 2007	Processed
2006	Oct 31, 2006	Processed
2005	Oct 5, 2005	Processed
2004	Dec 13, 2004	Processed
2003	Nov 24, 2003	Processed
2002		Not Required
2001	Aug 13, 2002	Processed
2000		Processed
1999		Processed

## Officers

NAME	OFFICE	DATE
TAGOMORI, ALVIN	P	Oct 1, 2019
WRIGHT, DOUG	V	Oct 1, 2018
VICTORINO, MICHAEL	V	Oct 1, 2017
MILLER, STEVE	S	Oct 1, 2019
MACBARNET, ALEC JR	T	Oct 1, 2018
DECKER, JOHN DR	D	Oct 1, 2018
SPALDING, NICOLE	D	Oct 1, 2016
FRAMPTON, RORY	D	Oct 1, 2019
HART, KIT	D	Oct 1, 2018
COLTON, GARY REV	D	Oct 1, 2018
WORLEY, JAMES L	D	Oct 1, 2018
BIO, CATHY	D	Oct 1, 2018
RASMUSSEN, LYNN	D	Oct 1, 2019

### Trade Names

NAME	TYPE	CATEGORY	REGISTRATION DATE	STATUS
KA HALE A KE OLA RESOURCE CENTER	Trade Name	NO CATEGORY SELECTED	Nov 9, 2007	Expired