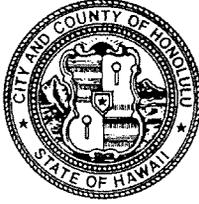


DEPARTMENT OF PARKS & RECREATION  
**CITY AND COUNTY OF HONOLULU**

1000 Uluohia Street, Suite 309, Kapolei, Hawaii 96707  
Phone: (808) 768-3003 • Fax: (808) 768-3053  
Website: www.honolulu.gov

PETER B. CARLISLE  
MAYOR



GARY B. CABATO  
DIRECTOR

ALBERT TUFONO  
DEPUTY DIRECTOR

December 30, 2011

The Honorable Ernest Y. Martin, Chair  
and Members  
Honolulu City Council  
530 South King Street, Room 202  
Honolulu, Hawai'i 96813

RECEIVED  
CITY CLERK  
C & C OF HONOLULU  
2011 DEC 30 PM 12:57

Dear Chair Martin and Councilmembers:

SUBJECT: Resolution of an Acceptance of a Grant from the Kaiser Foundation Health Plan to the Department of Parks and Recreation

We respectfully request the approval by the Council on behalf of the City and County of Honolulu of an acceptance of a grant from the Kaiser Foundation Health Plan to the Department of Parks and Recreation for the People's Open Market Information Campaign.

Should you have any questions, please feel free to call me at 768-3001.

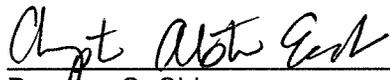
Sincerely,

  
Gary B. Cabato  
Director

GBC:pe

Attachments

APPROVED:

  
for Douglas S. Chin  
Managing Director



## RESOLUTION

AUTHORIZING THE DIRECTOR OF PARKS AND RECREATION TO ENTER INTO AN AGREEMENT WITH KAISER FOUNDATION HEALTH PLAN FOR THE PEOPLE'S OPEN MARKET INFORMATION CAMPAIGN.

WHEREAS, in accordance with Section 1-8.2, Revised Ordinances of Honolulu, 1990 as amended by Ordinance No. 11-18, requires that when carrying out the provisions of any agreement, all applications and/or amendments thereof, statistical data programs, reports or other official communications which support the application and which are required to be provided by the City and County of Honolulu or its component departments shall first be presented to the City Council for its review and approval prior to its transmittal; and

WHEREAS, the Department of Parks and Recreation (DPR) applied for a grant with the Kaiser Foundation Health Plan to support the People's Open Market Information Campaign; and

WHEREAS, the Kaiser Foundation Health Plan has awarded DPR a grant of \$30,000 to be used for the promotion of the People's Open Market; and

WHEREAS, the Kaiser Foundation Health Plan is aware and understands that City Council approval is required prior to expenditure of funds, and that grant monies may be spent only from the date of approval; and

WHEREAS, the grant application, the grant agreement, and information about the People's Open Market Information Campaign is attached hereto as Exhibit A and by reference made a part of this resolution; now, therefore,

BE IT RESOLVED by the Council of the City and County of Honolulu that the application for grant funding heretofore submitted by DPR to the Kaiser Foundation Health Plan is authorized; and

BE IT FURTHER RESOLVED that the Director of Parks and Recreation or duly authorized representative is authorized to accept the grant funds from the Kaiser Foundation Health Plan for the People's Open Market Information Campaign; and

BE IT FURTHER RESOLVED that the Director of Parks and Recreation or duly authorized representative is further authorized to enter into an agreement with the Kaiser Foundation Health Plan for the receipt, use and administration of said funds, and to enter into any other agreements in connection therefore, or amendments thereto, as may be reasonably required; and



RESOLUTION

BE IT FINALLY RESOLVED that the Clerk is directed to transmit a certified copy of this Resolution to the Director, Department of Parks and Recreation, 1000 Uluohia Street, Suite 309, Kapolei, Hawaii 96707, and to Mr. Joy Barua, Director, Community Benefit, Kaiser Permanente, 2828 Pa'a Street, Honolulu, Hawai'i 96819.

INTRODUCED BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF INTRODUCTION:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Honolulu, Hawaii

\_\_\_\_\_  
Councilmembers

# Kaiser Permanente, Hawaii Region

## Grant Application Guidelines

*Thank you for submitting a Letter of Intent (LOI). We are interested in hearing more about your program...*

**Please complete the Grant Application Form and submit the required documentation as applicable to your request.**

### Submission Requirements:

- Completed Grant Application Form
- Statement of organization's nondiscrimination policy
- Project Narrative** that includes:
  - **Project Summary** (one page) in addition to overview address how project aligns with one or more of the funding priorities.
  - **Statement of Need**
    - Provide information on identified community needs, problems, issues, and/or opportunities to be addressed. The Hawaii Community Health Needs Assessment – *Community Voices on Health* available at [www.kp.org](http://www.kp.org) can also be used for reference.
    - Include data to support these identified needs.
  - **Project Plan**
    - Describe the project's goals, objectives and activities.
    - Provide a project timeline.
  - **Evaluation Plan**
    - Indicate your projected outcomes and how they will be evaluated. The outcomes should align with your goals, objectives, and activities and should be measurable. The outcomes should indicate what you expect to change as a result of your project.
- Project Budget on separate a page** An itemized budget for the organization or project funds are being requested for. Indicate how funding from Kaiser Permanente Hawaii will be used, and include funding from other sources (if applicable).

### For requests of \$10,000 or more also include:

- Copy of the most recent independent audited financial statements
- Copy of most recent IRS 990 tax form

### Please submit:

- Completed grant application packet and all required documentation in electronic (.pdf format) via email to: [Nina.Y.Miyata@kp.org](mailto:Nina.Y.Miyata@kp.org) OR
- Via mail to:

**Attn: Nina Miyata**  
Community Benefits  
Kaiser Permanente Hawaii  
2828 Paa Street, Suite 3025  
Honolulu, HI 96819

*If you have questions, please contact Nina Miyata at (808) 432-5673 or by email: [Nina.Y.Miyata@kp.org](mailto:Nina.Y.Miyata@kp.org)*

(EXHIBIT A)

## Kaiser Permanente, Hawaii Region Grant Application Form

*Please refer to the Grant Application Guidelines for complete application requirements.*

**Tell us about your organization:**

<b>Organization's name:</b> City and County of Honolulu Parks and Recreation	<b>Organization's Executive contact name and title:</b> Gary B. Cabato
<b>Organization's legal name (on 501(c)(3) letter) (if different from above):</b>  Federal Tax ID #: 99-60001257 <b>Tax Exempt Status</b> (Attach tax exempt determination letter): <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> <b>Government or Public Agency</b>	<b>Hawaii address, city &amp; zip code:</b> 1000 Uluohia Street, Suite 309 Kapolei, HI 96707
<b>Web site address:</b> <a href="http://www1.honolulu.gov/parks/">http://www1.honolulu.gov/parks/</a>	<b>Telephone #:</b> (808) 768-3001 <b>Fax #:</b> (808) 768-3099
<b>Organization's Background / Mission:</b> N/A	<b>E-mail address:</b> nyonemori@honolulu.gov  <b>Organization's Board of Directors and their Affiliations (Attach separately)</b>
<b>List any potential conflicts of interest:</b> None	
<b>Statement of Organization's Nondiscrimination Policy:</b> The City and County of Honolulu adheres to all applicable Federal, State, and County laws regarding discrimination.	

**Tell us about your project or program:**

<b>Program or project name:</b> The People's Open Market Information Campaign	<b>Program or Project Contact Person Name and Title:</b> Ned Yonemori
<b>Program or project date(s):</b> 12/01/11-5/01/12	<b>Hawaii address, city &amp; zip code:</b> 1527 Keeaumoku Street, Honolulu, HI
<b>Requested amount:</b> \$40,000	<b>Telephone #:</b> (808) 497-1346 <b>Fax #:</b> (808) 522-7086
<b>Date funds needed by:</b> ASAP	<b>Number of people to be served:</b> 15,000
<b>Program or project location(s):</b> Honolulu	<b>E-mail address:</b> nyonemori@honolulu.gov
<b>Program or project description. Attach additional sheets as necessary (include how the program/project will benefit the community and how success will be measured):</b> The People's Open Market (POM) Marketing Campaign will increase opportunities for individuals to access fresh fruits and vegetables, increase community awareness of the existing system of Farmer's Markets on O'ahu, leverage additional dollars for program support, and build community and economic enterprise by networking local food vendors with local food clientele. The grant will also leverage existing grants from mainland non-profits to promote the expanded capacity the POM markets will shortly develop. The grant period will be approximately six months. Details and Measurement are as follows:	
<ol style="list-style-type: none"> <li>1. <b>Increasing Opportunities for Individuals to Access Fresh Fruits and Vegetables:</b> Marketing for the POM system will ultimately result in better utilization of the facilities, and consequently more vendor participation. The marketing will consist of two (2) elements; 1) a focus on branding and development of market share for individuals, and 2) Marketing to attract new vendors. The POM system has suffered from decreased utilization from a number of different obstacles, most notably the inability to keep up with technological advances in programs such as the Supplemental Nutrition Assistance Program (SNAP), and the decrease in vendor participation due to attrition and/or interest. By alleviating these two barriers, low-income individuals will be allowed to conveniently use their SNAP dollars at Farmer's Markets, and vendors will be incentivized to participate in the POM system as market share and demand grow. This will be measured by utilization statistics already collected by the POM market managers.</li> <li>2. <b>Increase Community Awareness of the Existing system of Farmer's Markets:</b> A major challenge for the POM</li> </ol>	

market system has been the lack of dedicated funding for marketing efforts. As a result, persons have become increasingly unaware of the schedule of the POM, and misconceptions regarding the composition of the market and its foods have become more widespread. For example, there are unclear guidelines as to the amount of local food present in each vendor's booth. Confusion also exists regarding the differences between Chinatown produce and POM produce. Information dissemination and scheduling will all be part of the current marketing effort, and thus, will result in increased utilization as measured by utilization statistics.

- 3. **Leverage Additional Dollars for Program Support:** Commitments have been obtained to utilize State staff to assist in distributing materials and utilizing existing governmental channels to assist in marketing. Dollars from a mainland non-profit will also improve POM's infrastructure with respect to SNAP utilization, and the marketing dollars from this grant will showcase the improvements. Some Federal discretionary dollars will also be available through State partnerships in accordance with benefit enrollment activities.
- 4. **Community and Economic Enterprise Development:** Small farms are a vital part of the local economy. Each dollar spent in the community for these purposes stays in the community. By incentivizing more people to participate in their Farmer's Market and getting to know their farmer, awareness of issues like healthy eating, food safety, and the future of agriculture in Hawaii will be raised and hopefully discussed. The POM experience will be, ideally, a community experience and a chance for sharing over a common bond all people have, food. Incentivizing local farmers means, over the long run, cheaper local food and better quality control. This, in turn, incentivizes the consumer to continue to purchase local products.

In terms of measurable units, dollars leveraged and utilization stats can all be reported at the end of the grant period.

**How will the requested grant be spent/utilized? (Resource Allocation, itemization is recommended)**

Although the grant will leverage State and County personnel time, a 10% administrative cost is requested for the market managers and County personnel developing materials. The rest of the funds will be devoted to the campaign, direct publications and advertisements in the following categories:

Printing and Publication:	\$ 9,000
Advertising:	\$25,449
Personnel Costs:	\$ 4,000
Payroll, Taxes and Assessments:	\$ 1,551

<b>Applicant's Signature:</b>	<b>Date:</b>
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If you have questions, please contact Nina Miyata at (808) 432-5673 or by email: [Nina.Y.Miyata@kp.org](mailto:Nina.Y.Miyata@kp.org)

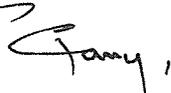


2828 Pa'a Street, Suite 3025  
Honolulu, Hawaii 96819  
Telephone: 808-432-5672  
E-mail: [joy.x.barua@kp.org](mailto:joy.x.barua@kp.org)

December 13, 2011

Gary Cabato  
City & County of Honolulu  
Parks and Recreation  
1000 Uluohia Street, Suite 309  
Kapolei, HI 96707

Subject: Grant Award: The People's Open Market Information Campaign

Dear Mr. Cabato, 

As follow up to our award letter dated November 15, 2011, enclosed is a check in the amount of \$30,000 from the Kaiser Foundation Health Plan, Inc. (KFHP) to the City & County of Honolulu in support of The People's Open Market Information Campaign.

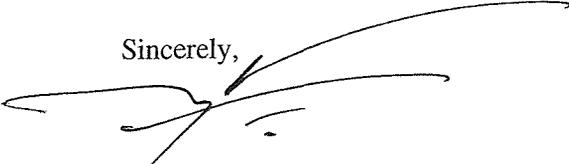
This letter and its attachments set forth the terms, conditions and reporting requirements of this grant agreement between KFHP and the City & County of Honolulu. Please read all the terms and conditions carefully, and sign and return the agreement no later than two weeks of the above date.

In compliance with IRS regulations, Kaiser Foundation Health Plan, Inc. requires a signed acknowledgement receipt (as enclosed) for all charitable contributions. An electronic copy of this form will also be emailed for your convenience. Please print this form onto your organization's letterhead and return to us after completion and signing either via electronic mail or by the US Postal Service within 7 days of receipt to:

**Attn: Nina Miyata**  
Kaiser Foundation Health Plan, Inc.  
Community Benefit  
2828 Paa Street, Suite 3025  
Honolulu, Hawaii 96819  
Email: [nina.y.miyata@kp.org](mailto:nina.y.miyata@kp.org)

We are pleased to partner with the City & County of Honolulu on this important initiative and look forward to receiving your report and feedback on Kaiser funded activities in the near future. If you have any questions, please do not hesitate to contact Nina Miyata at 808-432-5673.

Sincerely,



Joy Barua  
Director, Community Benefit

Cc: Ned Yonemori

Enclosures: Check 0000681658  
Grant Terms & Conditions  
Acknowledgement Letter

DEPT. OF PARKS  
& RECREATION  
C & C OF HONOLULU  
11 DEC 19 P 1:36

# Kaiser Foundation Health Plan Terms & Conditions of Grant Award

Grant Period: December 1, 2011 – May 1, 2012

The City & County of Honolulu agrees to the following terms and conditions:

1. In order to comply with IRS regulations, Kaiser Foundation Health Plan requires an acknowledgement receipt for each grant award. The City & County of Honolulu will print the attached acknowledgement receipt onto its letterhead then complete, sign and submit it via email in PDF format or by US Postal Service within one week of receipt of the check to:

Nina Miyata  
Kaiser Foundation Health Plan  
Community Benefit  
2828 Paa Street, Suite 3025  
Honolulu, Hawaii 96819  
Fax: 808.432.5867  
Email: [nina.y.miyata@kp.org](mailto:nina.y.miyata@kp.org)

2. Submit a final report at the end of the grant period via email to [nina.y.miyata@kp.org](mailto:nina.y.miyata@kp.org) using the attached required report format.

Non-compliance with the listed terms and conditions may result in the City & County of Honolulu being ineligible for future funding.

I have read the above and agree to the terms and conditions.

\_\_\_\_\_  
Required Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Kaiser Foundation Health Plan Grant Progress/Annual Report Cover Sheet and Report Format

Kaiser Foundation Health Plan appreciates your work and looks forward to learning more about it. Your progress/annual report provides important information and helps us evaluate this grant program. Your candor about what has worked so far and why – and what has not worked and why – makes your report valuable and appreciated.

Please complete this cover sheet and progress/annual report (including narrative and financials) and submit the document by e-mail or US mail to:

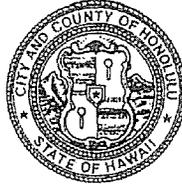
Ms. Nina Miyata  
Kaiser Foundation Health Plan  
Community Benefit  
2828 Paa Street  
Honolulu, HI 96819  
Fax: 808-432-5867  
Email: [nina.y.miyata@kp.org](mailto:nina.y.miyata@kp.org)  
Phone: 808-432-5673

Organizational Information	
Name:	Website:
Address:	Telephone:
City, State, Zip	Facsimile:
Contact Information for the Person Who Prepared the Report	
Contact Name:	E-mail:
Job Title:	Telephone:
Project Information	
Grant Amount:	Award Letter Date:
Project Title:	
Financial Report – please attach	
• Provide original project budget shown in your grant application	
• Show all actual project income and expenditures to date (give date)	
• Indicate expenses for which the Kaiser Foundation Health Plan grant was used	
Narrative Report – please attach	
• Identify the health disparity addressed by this grant	
• Describe the extent the project has attained its objectives to date	
• What challenges were encountered	
• What modifications, if any, were made and what was its impact?	
• What were the unexpected benefits, if any, of this project?	
• Describe the effectiveness and ease of use of the valuation method(s) to measure results.	
• How will the project be completed on time & within budget? / If final report, summarize project.	
Required Signature	
Chief Executive Offices	Print or Type Name
Date	

DEPARTMENT OF PARKS & RECREATION  
**CITY AND COUNTY OF HONOLULU**

1000 Uluohia Street, Suite 309, Kapolei, Hawaii 96707  
 Phone: (808) 768-3003 • Fax: (808) 768-3053  
 Website: www.honolulu.gov

PETER B. CARLISLE  
 MAYOR



GARY B. CABATO  
 DIRECTOR  
 ALBERT TUFONO  
 DEPUTY DIRECTOR

Kaiser Foundation Hospitals Contribution Acknowledgement Receipt

1) Your Organization's Legal Name:	City & County of Honolulu	
2) Your Organization's tax ID:	99-60001257	
3) Your Organization's tax exempt status:	Government Entity	
4) Grantee Organization (If you are a fiscal agent for an organization: This is the name of the organization for which you received funds)	City & County of Honolulu	
	CASH CONTRIBUTION	
5) Kaiser Foundation Hospitals grant/award reference #:		
6) Brief description of project/event:	The People's Open Market Information Campaign	
7) Check amount:	\$30,000.00	
8) Check number	0000681658	
9) Check date	11/21/2011	
	TANGIBLE BENEFIT CONTRIBUTION	
	<input checked="" type="checkbox"/> Check this box if the following is a true statement: "For IRS regulations, no goods or services (to Kaiser Foundation Hospitals) were provided for the contribution amount." If checked, skip items 10 and 11	
10) Estimated value of goods or services provided to Kaiser Foundation Hospitals for this event/project (if applicable)	N/A	
11) Brief description of goods or services provided to Kaiser Foundation Hospitals for this event/ project, (if applicable) (eg. meal costs):	N/A	
Date contribution received:		
Name (type or print):		
Signature:		
Date:		