

House District 1  
Senate District 2

**THE TWENTY-FOURTH LEGISLATURE  
HAWAII STATE LEGISLATURE  
APPLICATION FOR GRANTS & SUBSIDIES  
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No: 217-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

- GRANT REQUEST - OPERATING       GRANT REQUEST - CAPITAL       SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST

AND PROGRAM I.D. NO. \_\_\_\_\_

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:  
Roman Catholic Church in the State of Hawaii  
Dba: Office for Social Ministry  
Mobile Care Health Project (MCHP)  
Street Address: 140 B Holomua Street  
Hilo HI 96720  
Mailing Address: 140 B Holomua Street  
Hilo HI 96720

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name Carol R. Ignacio  
Title Executive Director  
Phone # 808-935-3050  
Fax # 808-935-3794  
e-mail carolrign@aol.com

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION  
 FOR PROFIT CORPORATION  
 LIMITED LIABILITY COMPANY  
 SOLE PROPRIETORSHIP/INDIVIDUAL

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

MCHP is a mobile healthcare program that program that provides primary dental services to the low income uninsured & underinsured population of Hawaii Island.  
(Maximum 300 Characters)

4. FEDERAL TAX ID: \_\_\_\_\_  
5. STATE TAX ID #: \_\_\_\_\_  
6. SSN (IF AN INDIVIDUAL): \_\_\_\_\_

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2007-2008 \$ 200,000  
FY 2008-2009 \$ 200,000

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)  
 EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ 200,000  
FEDERAL \$ 0  
COUNTY \$ 20,000  
PRIVATE/OTHER \$ 240,672

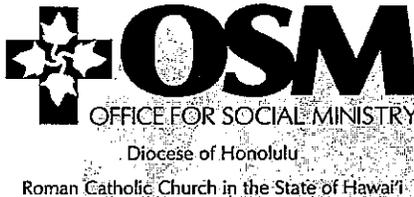
TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

Carol R. Ignacio Executive Director

NAME & TITLE

1/26/07  
DATE SIGNED



January 29, 2008

**TO: Senate Committee on Ways and Means**

**State Capitol, Rm. 210**

**Honolulu, Hi. 96813**

**ATTN: Aaron Nyuha**

**FROM: Carol Ignacio, Executive Director**

**Office for Social Ministry**

**140B Holomua St.**

**Hilo, Hi. 96720**

**RE: Grant Request – Operating (Date of Submission: 1.26.07)**

**Attachment: Cover Page of GIA Request 2007**

Please accept receipt of this notification that the Applicant: Roman Catholic Church in the State of Hawaii, DbA: Office for Social Ministry, Mobile Health Project (MCHP) requires second year funding to continue operations of primary dental services to the low income uninsured and Quest/Medicaid insured on the island of Hawaii. There are no changes in the request.

Administrative Office 140-B Holomua St., Hilo, HI 96720 • Phone 808-935-3050 • Fax 808-935-3794 • Toll Free 1-877-935-3050 • [cignacio@rcchawaii.org](mailto:cignacio@rcchawaii.org)  
Parish Social Ministry 6301 Pali Highway, Kaneohe, HI 96744-5298 • Phone 808-203-6724, 808-203-6734 • Toll Free 1-877-263-8855 ext 702 or 734  
Fax/TTY 808-262-3728 • [itamashiro@rcchawaii.org](mailto:itamashiro@rcchawaii.org) or [renomoto@rcchawaii.org](mailto:renomoto@rcchawaii.org) • [parishsocialministry@rcchawaii.org](mailto:parishsocialministry@rcchawaii.org)



A United Way Agency

*Kukui* – An ancient Hawaiian source for healing and symbol of enlightenment.