



April 7, 2009

'Ano 'ai me ke aloha Terri,

I have asked the Office of Hawaiian Affairs to plan for a Community Consultation Summit on May 30, 2009, at the Hawaii Imin International Conference Center's Keoni Auditorium, East-West Center, University of Hawai'i at Mānoa. The Summit will be with those leaders of self-defined governments and Hawaiian independence advocates who agree to attend.

Although OHA understands that there are many differences amongst us, I believe we can reach consensus on a number of issues. The purpose of this Summit is to open communications between Trustees and groups focused on Hawaiian sovereignty and independence by getting to know each other face to face, learning of your structure and purpose, and by identifying matters we might work on together. I have asked representatives of some of the groups to join me on a Planning Committee for this Summit, and we have created an agenda for the meeting, which is attached.

In preparation for this Community Consultation Summit, a survey of Hawaiian independence organizations is also attached. The completed surveys and supporting documents will be compiled and made available to all the Summit participants. Please take a few minutes to complete the attached survey. If you lead more than one group, please complete a survey for each group. Completed surveys may be returned by U.S. mail, e-mail, or fax. Please use the enclosed self addressed envelope or send back to the address below.

Mahalo nui for taking the time to complete this survey. After your survey forms are sent back we hope to send invitations to the Community Consultation Summit by mid-April. I sincerely hope that you will be able to participate. If you have any questions, feel free to contact me at (808)594-1898.

O wau iho no,

Hon. Boyd P. Mossman (Ret.)  
OHA Trustee Maui Island

Office of Hawaiian Affairs  
Attn: Nara Cardenas  
Hawaiian Governance Hale  
711 Kapiolani Blvd. Ste. 500  
Honolulu, HI 96813  
e-mail: [hla@oha.org](mailto:hla@oha.org)  
fax: (808)594-1825

Enclosures

:nc



The following are issues of concern to the Office of Hawaiian Affairs. Please mark issues that you would be interested in working on with us. If, within a category, you would like to make some specification about your involvement (for example, you would like to work on water rights in a particular geographical area), please describe it on the line provided.

**Native Rights, Land, and Culture**

**Land**

- Ceded lands: \_\_\_\_\_
- Kuleana lands: \_\_\_\_\_
- Protection/restoration of sacred and archaeological sites:  
\_\_\_\_\_
- Access to sacred and archaeological sites:  
\_\_\_\_\_
- 999-year leases:  
\_\_\_\_\_
- Burials/Iwi Kūpuna:  
\_\_\_\_\_

**Fresh Water**

- Protection/restoration of fresh water resources:  
\_\_\_\_\_
- Water rights  
\_\_\_\_\_

**Ocean**

- Protection/restoration of ocean resources:  
\_\_\_\_\_
- Fishing rights:  
\_\_\_\_\_

**Flora and fauna**

- Alien species eradication: \_\_\_\_\_

- Native species perpetuation: \_\_\_\_\_
- Habitat restoration: \_\_\_\_\_
- Hāloa/Taro: \_\_\_\_\_
- 'Ōlelo Hawai'i: \_\_\_\_\_
- Traditional practices: \_\_\_\_\_
- Legal Assistance: \_\_\_\_\_

**Health**

- Papa Ola Lokahi (5 Native Hawaiian Health Systems & 29 clinics):  
\_\_\_\_\_
- Uninsured: \_\_\_\_\_
- Underinsured: \_\_\_\_\_
- Best practices in culturally sensitive care: \_\_\_\_\_
- Traditional practices: \_\_\_\_\_
- Continuity of care: \_\_\_\_\_
- Nutrition: \_\_\_\_\_
- Chronic disease management: \_\_\_\_\_
- Kūpuna care: \_\_\_\_\_

**Human Services**

- Homeless: \_\_\_\_\_
- Domestic violence: \_\_\_\_\_
- Substance abuse: \_\_\_\_\_
- Paahao: \_\_\_\_\_
- Education: \_\_\_\_\_
- Reintegration: \_\_\_\_\_

- Family support: \_\_\_\_\_
- At-risk Youth: \_\_\_\_\_
- Foster care: \_\_\_\_\_

**Housing**

- Self-help housing: \_\_\_\_\_
- Mortgage Loans: \_\_\_\_\_
- Affordable housing: \_\_\_\_\_

**Economic Development**

- Business Loans: \_\_\_\_\_
- Business Training and Technical Assistance: \_\_\_\_\_
- Consumer Micro-Loans: \_\_\_\_\_
- Job training: \_\_\_\_\_
- Financial literacy: \_\_\_\_\_
- CBED: \_\_\_\_\_

**Education**

- Charter Schools: \_\_\_\_\_
  - Parity of Funding: \_\_\_\_\_
  - Facilities: \_\_\_\_\_
- D.O.E. System: \_\_\_\_\_
- Nā Lamalama Consortium – Best Practices: \_\_\_\_\_
- Tuition assistance and scholarships: \_\_\_\_\_
- Hawaiian culture-based education: \_\_\_\_\_
- Hawaiian language immersion programs: \_\_\_\_\_
- Pūnana Leo: \_\_\_\_\_

- UHM Kamakakūokalani CHS: \_\_\_\_\_
- Nā Pua No‘eau: \_\_\_\_\_
- Special Education: \_\_\_\_\_
- Law school test Preparation: \_\_\_\_\_

**Hawaiian Governance**

- Hawaiian Registry Program: \_\_\_\_\_
- Kau Inoa: \_\_\_\_\_
- Ho‘oulu Lāhui Aloha, To Raise a Beloved Nation Plan: \_\_\_\_\_
- Native Hawaiian Government Reorganization Act (Akaka Bill): \_\_\_\_\_
- Community Consultation Network: \_\_\_\_\_

**Grants**

- Grants workshops: \_\_\_\_\_
- Grants training and assistance: \_\_\_\_\_

Thank you for taking the time to complete this questionnaire. Please return it to:

Office of Hawaiian Affairs  
 Hawaiian Governance Hale  
 711 Kapi‘olani Blvd. Ste. 500  
 Honolulu, HI 96813

or fax to (808)594-1825 or email to [hla@oha.org](mailto:hla@oha.org)

**Mahalo!**



**A Survey of Hawaiian Organizations**

The information gathered in this Survey of Hawaiian Organizations will be compiled into a directory that will be distributed to all participants at the Community Consultation Summit on May 30, 2009, from 8:00 a.m. to 5:00 p.m. at the Hawai'i Imin International Conference Center, East-West Center, University of Hawai'i Mānoa.

Name of Group: \_\_\_\_\_

Date group was established: \_\_\_\_\_

Purpose of the group: \_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION**

Contact Person: \_\_\_\_\_

Also known as: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

e-mail address: \_\_\_\_\_

Website URL: \_\_\_\_\_

Please describe any attachments you are including to supplement the information provided in this survey:

\_\_\_\_\_

**Structure and Authority:** Please answer the following as specifically as possible. If a question does not apply, please mark with "NA" and skip to the next question.

1. Which of the following most closely describes the purpose and structure of your organization?

- Government with leaders and citizens
- Advocacy organization
- Information-providing organization
- Other (please describe): \_\_\_\_\_

If your organization is a government with leaders and citizens, please answer these questions:

a. Type of Government:

- Monarchy
- Executive, Judicial, Legislative
- Informal
- Other (please describe): \_\_\_\_\_

b. Authority:

Does your organization have legal or historical documentation that establishes your authority as the government of the Hawaiian people?

- Yes     No

If you marked yes, please list titles and authors of documents using the lines below.

If you marked no, please explain your authority using the lines below.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Please indicate the documents that govern your organization:

- Constitution
- Internal Laws
- By Laws
- Mission Statement
- Other (please describe): \_\_\_\_\_

3. Decisions are made by:

- 'Aelike
- Consensus
- Robert's Rules
- Vote
- Other (please describe): \_\_\_\_\_

4. What are the requirements for Leadership?

- Open to all members
- Open to certain members (i.e., koko, citizenship, age limit, seniority, etc. - please describe):

- 
- Gender specific:
    - Males only       Females only
  - Other (please describe): \_\_\_\_\_

5. How often are new leaders selected?

- Annually
- As needed
- Not determined
- Other (please describe): \_\_\_\_\_

On the next page, please describe the positions of leadership in your organization. List names and titles of your current Primary Officers. Please indicate the way each officer is chosen. Then fill in the date the current officer assumed the position and the term of the office, if any. Please feel free to copy the page as needed.



**Leadership:** List information for each Primary Office. Please make copies of this page as needed.

• Title: \_\_\_\_\_ Name: \_\_\_\_\_

nomination and vote    genealogical right    voluntary

Appointment by (please describe): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_    Length of Term: \_\_\_\_\_

• Title: \_\_\_\_\_ Name: \_\_\_\_\_

nomination and vote    genealogical right    voluntary

Appointment by (please describe): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_    Length of Term: \_\_\_\_\_

• Title: \_\_\_\_\_ Name: \_\_\_\_\_

nomination and vote    genealogical right    voluntary

Appointment by (please describe): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_    Length of Term: \_\_\_\_\_

• Title: \_\_\_\_\_ Name: \_\_\_\_\_

nomination and vote    genealogical right    voluntary

Appointment by (please describe): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_    Length of Term: \_\_\_\_\_

**Enrollment:** Please answer the following as specifically as possible. If a question does not apply, please mark with "NA" and skip to the next question.

1. What do you call people enrolled in your organization?

- Members
- Citizens
- Subjects
- Other (please describe): \_\_\_\_\_

2. How does your organization enroll people?

- No enrollment necessary
- Open enrollment
- Selective enrollment (please describe): \_\_\_\_\_
  
- Other (please describe): \_\_\_\_\_

3. How often is enrollment open in your organization?

- Continuous recruitment
- Annually
- By invitation of the organization
- During recruitment periods only
- Other (please describe): \_\_\_\_\_

4. How many people are enrolled in your organization? \_\_\_\_\_

5. What are the procedures for becoming enrolled in your organization? Please use another sheet if necessary.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Activities:** Please answer the following as specifically as possible. If a question does not apply, please mark "NA" and skip to the next question.

6. How often do you conduct meetings?

- Monthly
- Bi-annually
- Annually
- Other (please describe): \_\_\_\_\_

7. Where are your meetings conducted? \_\_\_\_\_

8. What other activities does your group participate in to carry out your purpose? Please use another sheet if necessary.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

9. Please list the three highest priority issues you work on with the Hawaiian community:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This survey was completed by:

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Mahalo for taking the time to complete this survey.***  
Please return your completed form by April 15, 2009 to OHA  
Attn: Hawaiian Governance Hale  
711 Kapi`olani Boulevard, Suite 500, Honolulu, HI, 96813  
or e-mail to [hla@oha.org](mailto:hla@oha.org) or fax to 594-1865