

House District 27

Senate District 13

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

Log No:

For Legislature's Use Only

Rec'd JAN 28 2011

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 (LEAVE BLANK IF UNKNOWN):

DEPARTMENT OF HEALTH

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
Rehabilitation Hospital of the Pacific Foundation
Db: Rehabilitation Hospital of the Pacific

Street Address:
226 N. Kuakini Street, Honolulu, HI 96817

Mailing Address:
226 N. Kuakini Street, Honolulu, HI 96817

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name KO MIYATAKI

Title President

Phone # 808-566-3451

Fax # 808-566-3425

e-mail ko@rehabhospital.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

CAPITAL IMPROVEMENTS TO THE INFRASTRUCTURE OF REHABILITATION HOSPITAL OF THE PACIFIC FOR THE SAFETY OF PATIENTS AND STAFF, AND TO BE IN COMPLIANCE WITH APPLICABLE BUILDING AND HOSPITAL CODE.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2011-2012: \$ 2,500,000

8. 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 \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$4,000,000

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

KO MIYATAKI, PRESIDENT
NAME & TITLE

1/27/2011
DATE SIGNED

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2011 to June 30, 2012)

Applicant: Rehabilitation Hospital of the Pacific Foundation

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	0			
2. Payroll Taxes & Assessments	0			
3. Fringe Benefits	0			
TOTAL PERSONNEL COST	0			
B. OTHER CURRENT EXPENSES	0			
1. Airfare, Inter-Island	0			
2. Insurance	0			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	0			
5. Staff Training	0			
6. Supplies	0			
7. Telecommunication	0			
8. Utilities	0			
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	0			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	2,500,000			
TOTAL (A+B+C+D+E)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	2,500,000	Ko Miyataki 808-566-3451		
(b) REHAB Hospital, Foundation	4,000,000	Name (Please type or print) Date		
(c)		<div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Signature of Authorized Official Date		
(d)				
TOTAL BUDGET	6,500,000	Ko Miyataki, President		
		Name and Title (Please type or print)		

Applicant: Rehabilitation Hospital of the Pacific Foundation

Period: July 1, 2011 to June 30, 2012

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not applicable				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				\$ -
JUSTIFICATION/COMMENTS:				

Applicant: Rehabilitation Hospital of the Pacific Foundation

Period: July 1, 2011 to June 30, 2012

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2009-2010	FY: 2010-2011	FY:2011-2012	FY:2011-2012	FY:2012-2013	FY:2013-2014
PLANS						
LAND ACQUISITION						
DESIGN				\$1,000,000	\$750,000	\$240,000
CONSTRUCTION			\$2,500,000	\$4,000,000	\$5,750,000	\$3,000,000
EQUIPMENT						
TOTAL:			\$2,500,000	\$5,000,000	\$6,500,000	\$3,240,000
JUSTIFICATION/COMMENTS:						

Applicant: Rehabilitation Hospital of the Pacific Foundation

Period: July 1, 2011 to June 30, 2012

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

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Application for Grants and Subsidies

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

I. Background and Summary

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

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

Rehabilitation Hospital of the Pacific (REHAB Hospital) is a 501(c)3 non-profit organization. We provide comprehensive physical and cognitive rehabilitation to individuals that have experienced spinal cord injury, traumatic brain injury, stroke, amputation, complex surgery, serious injury or other trauma. Each year we serve over 5,500 individuals, some of them faced with the most daunting and life-changing challenges of their lives.

REHAB Hospital is the sole Inpatient Rehabilitation Facility¹ (IRF) in the state, and an essential part of the continuum of medical care for Hawaii residents. Without REHAB Hospital, residents with serious illness or injury would have to be transported to the mainland for care, or forego the care they require to recover to their potential.

REHAB Foundation is a 501(c)3 non-profit organization that supports REHAB Hospital through fundraising activities to provide capital, new technologies, education and training, and charity care for residents of Hawaii that do not have sufficient medical insurance. Each year REHAB Foundation provides approximately \$1 million of support for REHAB Hospital. During this current economic recession, the financial support provided by REHAB Foundation has been crucial to the ability of REHAB Hospital to keep up with medical advancements, education and training, and equipment needs.

2. The goals and objectives related to the request;

Goals and objectives. The goal of this project is renovate REHAB Hospital so that the facility is current with applicable hospital and building regulations, and is a safe and healing environment where Hawaii residents can receive quality

¹ This designation is made by the U.S. Dept. of Health and Human Services, Centers for Medicare and Medicaid Services.

medical rehabilitation. As a result of funding from the Grant in Aid program, the following objectives will be achieved:

- The electrical system will be in compliance with regulations by The Joint Commission², the accreditation organization for REHAB Hospital.
- The fire prevention system will be in compliance with all applicable National Fire Prevention Agency code for hospitals.
- The air conditioning system will be replaced for improved air quality for patients and staff, patient comfort, and to lengthen the life of hospital equipment.
- Hurricane windows will be installed for emergency preparedness in the event of a natural disaster.
- Telephone and data cable will be rewired and improved.
- Rooms will be renovated to accommodate patients with complex conditions, including medical gas and suction, lifts and environmental controls for patients with limited mobility (spinal cord and bariatric) and an enclosed brain injury unit.

3. State the public purpose and need to be served;

REHAB Hospital contributes significantly to the public good:

Enables elderly and disabled to live more independently. Intensive and skilled rehabilitation can facilitate the healing process significantly improve a patient's self help, mobility, and communication skills so that they can return home as independent as possible. For the newly disabled in their young adulthood, skilled and intensive rehabilitation is crucial to recovering to their potential, so they can live productive and meaningful lives. For elderly patients, acute rehabilitation can assist them to age in place independently, with their best quality of life possible.

Reduces the need for government and private support services and benefits. The more independent and self sufficient elderly and disabled residents can live, the fewer support services they require from caregivers, government and private organizations, including skilled nursing facilities, caregivers, in home meals and transportation.

Rehabilitation provided to residents with insufficient medical coverage. Over the past five years REHAB Hospital and REHAB Foundation have provided over \$2,015,000 in charity care to the residents of Hawaii. This financial support enables Hawaii residents that do not have sufficient insurance to receive the medical rehabilitation they require to recover to their greatest potential.

² The Joint Commission accreditation ensures that REHAB Hospital is in compliance with the highest standards for quality and safety in the delivery of health care.

Services provided at home. Without REHAB Hospital, Hawaii residents that require acute rehabilitation would need to seek care in the mainland. The closest Inpatient Rehabilitation Facilities are located in the State of California.

4. Describe the target population to be served; and

Population to be served. As the only rehabilitation hospital in the state, this renovation will *benefit all Hawaii residents* that require acute medical rehabilitation. This includes:

- Over 60% of our patients are 65 and older, and the need for acute rehabilitation is anticipated to increase among this age group: Hawaii residents enjoy the longest life expectancy in the country³, and by 2030 the U.S. Census Bureau estimates that one in four residents will be an elder. The effects of aging can make a simple injury more complex, and rehabilitation can help them age in place longer, and with a better quality of life.
- Unanticipated injury from car, work or sports accident (spinal cord injury, traumatic brain injury, amputation, fracture etc.), or illness (cancer, infection, cardiovascular, stroke) strikes patients of all ages. Patients with spinal cord and traumatic brain injuries are typically younger, and rehabilitation is crucial to helping them adapt to challenges and live productively for the rest of their lives.

In 2010, REHAB Hospital served 1,500 patients with acute medical rehabilitation, with this patient mix:

- **48% Neurologic** – spinal cord injury, traumatic brain injury, stroke and Guillain Barre.
- **37% Complicated Orthopedic** – amputation, fracture and joint replacement.
- **15% General Rehabilitation** – multiple trauma, complicated cardiovascular surgery, cancer treatment, and pulmonary.

In addition to Hawaii residents, patients also seek care at REHAB Hospital from Samoa, the Islands of Micronesia and Guam. In addition, approximately 50 patients each year are tourists that experience accident or illness while on vacation in Hawaii, and require care at REHAB Hospital.

5. Describe the geographic coverage.

REHAB Hospital is the only Inpatient Rehabilitation Facility in Hawaii, and as a result serves the entire state. Without REHAB Hospital, the closest Inpatient Rehabilitation Facilities are located in the State of California.

³ Lichtenberg, F., "Why Has Longevity Increased More in Some States than in Others? The Role of Medical Innovation and Other Factors," Manhattan Institute for Policy Research, Medical Progress Report No. 4, July 2007.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request.

1. Describe the scope of work, tasks and responsibilities;

Scope of work. This project is to renovate REHAB Hospital's facilities, located at 226 N. Kuakini Street. This 125,200 square foot facility was built in phases over the past 50 years, and has not had any major renovations or improvements for over 15 years. The total cost of the renovation and enhancements to the facility is \$17,239,400.

The renovation will include:

- Electrical system improvements are required, pursuant to regulations by The Joint Commission.
- Fire alarm and sprinkler system modifications are required to bring the facility in compliance with applicable building fire code from the National Fire Protection Agency.
- The air conditioning system will be replaced to improve the quality of air for inhabitants, to be more energy efficient, and to lengthen the life of hospital equipment.
- Hurricane windows will be installed for emergency preparedness in the event of a natural disaster.
- Rooms will be renovated to accommodate patients with complex conditions, including medical gas and suction, lifts and environmental controls for patients with limited mobility (spinal cord and bariatric) and an enclosed brain injury unit.
- The layout of the patient floors will incorporate best practice elements, including spaces for team conferencing and more efficient staff workspaces.
- Space for new programs and services will be added, including a Vision Center, dysphagia (speech disorder) and communication center, activities of daily living center, a mobility and activities garden, and new clinical programs for rehabilitation from cancer treatment, cardiac surgery or pulmonary conditions.

Tasks and responsibilities:

Sue Ann Moriwaki, Senior Vice President and Chief Financial Officer, will act as the *owner's representative* for REHAB Hospital. In this role, Ms. Moriwaki will assure that the project is funded and stays on budget. She will approve additional work and changes to plans as needed, attend weekly status meetings with the architect and project coordinator, and prepare and submit budget and progress reports to the Boards of REHAB Hospital and REHAB Foundation.

Ed Nagamine, Plant Operations Manager, will be the *project coordinator* representing REHAB Hospital for the renovation. He will coordinate the day to day activities with the general contractor to ensure patient, visitor and employee safety during the four year renovation. Mr. Nagamine will also approve payment of invoices.

Jeff Mori, AIA, of Arthur Mori & Associates (AMA) is the *architect* for the project. AMA is responsible for the design, drawing plans and working with the general contractor, structural, mechanical and electrical engineers. AMA is also responsible for preparing a detailed schedule for the project in logical steps and budget time required to meet deadlines, and for obtaining all necessary permits and licenses.

REHAB Hospital will solicit bids and hire a *general contractor* for the project, and the architect will direct the work of the general contractor. The general contractor will have the authority to hire and direct all subcontractors and staff retained for this project, and will participate in the weekly status meetings. In addition, the general contractor will:

- Requisition supplies and materials to complete the project.
- Determine labor requirements and dispatch workers to construction areas.
- Direct and supervise workers.
- Select, contract, and oversee workers who complete specific pieces of the project, such as painting or plumbing.
- Study job specifications to determine appropriate construction methods.
- Evaluate construction methods and determine cost-effectiveness of plans.
- Inspect and review projects to monitor compliance with building and safety codes, and other regulations.
- Plan, organize, and direct activities concerned with the construction and maintenance of the facility and its systems.
- Take actions to deal with the results of delays, bad weather, or emergencies at construction site.
- Confer with supervisory personnel, owners, contractors, and design professionals to discuss and resolve matters such as work procedures, complaints, and construction problems.

2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service;

Construction Timeline	2011				2012				2013				2014			
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Apply for building permit	■															
Select General Contractor		■														
Secure building permit		■														
Infrastructure, patient floors			■	■	■	■										
Phase 1A: 2 th Floor			■	■	■	■										
Phase 1B: 3 rd Floor						■	■	■								
Phase 1C: 4 th Floor								■	■	■						
Lobby, MD offices, Admin											■	■	■	■		
Phase 2: 1 st Floor											■	■	■	■		
Façade, landscape, Fndn														■	■	■
Phase 3: Exterior, 3 rd Floor														■	■	■

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

The owner’s representative, together with the architect, will be responsible for the development of tools, methods and implementation of a system to monitor and evaluate the project. Quality assurance will include the following:

- Weekly status meetings of the owner’s representative, architect, project coordinator and general contractor.
- Monthly reports by the owner’s representative to the Board of Directors of both REHAB Hospital and REHAB Foundation to ensure that the project is proceeding in the forecasted timeframe and within the approved budget.
- Ongoing oversight and evaluation by the general contractor to ensure that construction standards are as required by the State of Hawaii and applicable code, and that the facility is being constructed per specifications.
- Measures to ensure compliance with applicable labor laws and proper documentation of expenditures.

4. **The applicant shall list the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.**

Effectiveness of this project will be determined by the completion of tasks within the projected timeline, as evaluated by the owner's representative and architect. See the tasks and timeline for specific details.

III. Financial

Budget

- The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.**

The budget forms are included in this request.

The total project budget for the project:

Phase 1: July 2011 - Apr 2013

Infrastructure - Electrical, Fire, A/C, Hurricane Windows	\$5,231,900
Patient floors and rooms – construction, finishes	\$3,261,600
Architect/Structural Eng/MEP Engineer/Interior Design	\$1,017,500
Contractor, carpentry layout and field supervision	\$1,174,900
Demolition, insurance, permits, ICRA requirements, etc.	\$844,000
Patient furniture, fixtures, equipment and technology	\$2,264,000

Phase 2: July 2013 - June 2014

Lobby, physician's clinic, administration, conference rooms	\$1,955,500
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Phase 3: May 2014 - Dec 2014

Kuakini Façade, Carter improvements, landscaping, lanai	\$1,490,000
	\$17,239,400

- The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2011-2012.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$625,000	\$625,000	\$625,000	\$625,000	\$2,500,000

- The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2011-2012.**

REHAB Foundation seeks \$2,500,000 of the total \$17,239,400 required for the project. Over the course of the next two years, REHAB Foundation will seek funding from private and corporate foundations and individuals in support of this renovation. To date, REHAB Foundation has had a number of promising conversations with donors. Applications will be submitted to foundations including but not limited to the McNerny Foundation, Atherton Family Foundation, Strong Foundation, Clarence T.C. Ching Foundation, The Harry and Jeanette Weinberg Foundation, Bank of Hawaii and First Hawaiian Bank.

In recent years declining insurance reimbursements, together with the economic recession has resulted in REHAB Hospital deficits of \$3,408,077 in 2008 and \$1,359,910 in 2009. As a result, REHAB Hospital has taken the following steps:

- Laid off 36 employees in 2009.
- Closed four outpatient clinics, a 20 bed sub-acute unit of the hospital, and consolidated operations.
- Leadership salaries were frozen in fiscal years 2008 and 2009, and the union non-bargaining merit pool pay was smaller than in prior years.
- Cut the budgets in all departments by at least 3%.
- Forced paid time off for holidays in 2009 and 2010, and seven additional flex holidays were implemented in fiscal year 2010.
- In 2009 the pension plan formula and 403(b) employer match was reduced, and in 2010 the hospital-paid LTDI insurance was eliminated.

The efficiency and cost saving steps listed above have enabled REHAB Hospital to operate without losses in 2010.

Careful planning over the past years, together with the above-listed cost saving measures, have enabled REHAB Hospital and REHAB Foundation to set aside \$4 million for this renovation project. This is the first application by REHAB Hospital and REHAB Foundation to the State of Hawaii, Grant in Aid program. We urge the State of Hawaii to assist us to improve our capacity to provide quality medical rehabilitation for Hawaii residents.

IV. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

REHAB Hospital and Foundation ensure that all of the design and construction professionals are duly licensed and experienced to successfully complete a renovation the size and scope of this project. See the qualifications of key staff and organizations for the renovation in the section below, *V. Personnel: Project Organization and Staffing*.

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable.

The objective of this project is to renovate REHAB Hospital so that its facilities are in compliance with applicable building and hospital code. The renovated facility will be in compliance with all ADA specifications.

Additionally, as detailed in section *II. Service Summary and Outcomes*, the renovation will include the installation of equipment and features that will also improve the ability of REHAB Hospital to provide quality medical rehabilitation to the residents of Hawaii. For example, equipment for medical gasses will be built into patient rooms, lifts will be in rooms for bariatric and spinal cord patients, “quiet” rooms will be created for brain injured patients, and special “family centered” rooms will be included for patients from the outer islands so that their family and friends can be close by during the recovery process.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

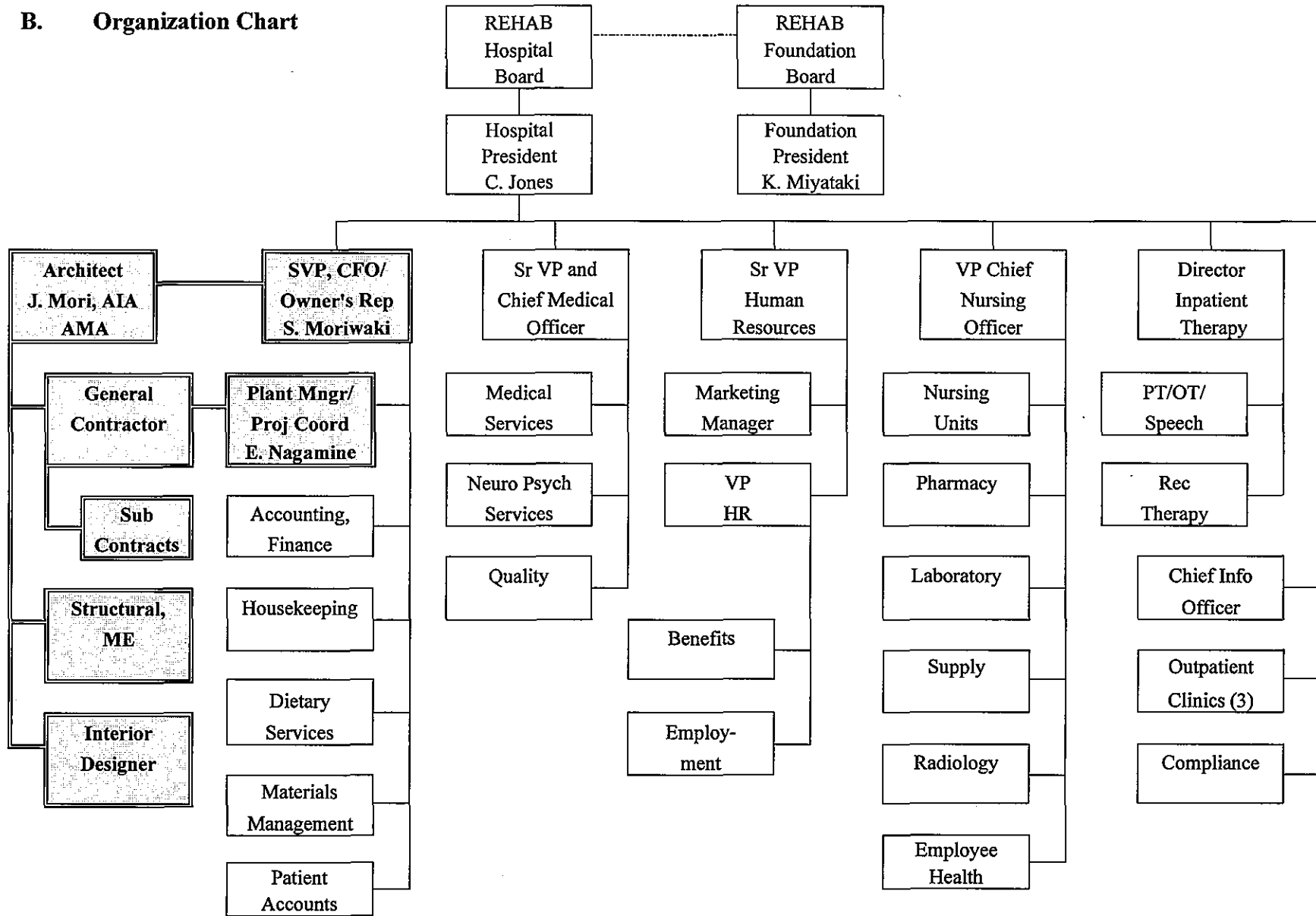
The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Sue Ann Moriwaki, Senior Vice President and Chief Financial Officer, will be the *owner's representative*. Ms. Moriwaki has been with REHAB Hospital for over 20 years, and has a wide range of responsibilities in the organization, including accounting, finance, revenue cycle, supply chain management, facilities, dietary services, and is the Safety Officer for the hospital. She has a B.A. in Accounting and an M.B.A. in International Business from the University of Hawaii. Ms. Moriwaki is also the President Elect for the Hawaii Chapter of the Healthcare Financial Management Association.

Edward Nagamine, REHAB Plant Operations Manager, will be the *project coordinator* for the renovation. Mr. Nagamine has been the Plant Operations Manager at REHAB Hospital for the past five years. Previously, he was the Maintenance Supervisor at Kuakini Hospital, a position he held for over 27 years where he was responsible for daily operations, repairs, construction projects, project coordination, forecasting equipment replacement, care utility management and emergency preparedness for utilities and budgets. He is a member of the Health Care Association of Hawaii and the Hawaii Hospital Engineering Society.

AMA has 51 years of experience providing architectural consulting services in Hawaii. Within the last 19 years, the firm's primary focus has been healthcare design. During that time, more than 350 healthcare related commissions have been successfully completed, including Kapiolani Medical Center, Pali Momi Medical Center, Castle Medical Center, Kuakini Medical Center and Queen's Medical Center. As a result, AMA is well versed in the various codes required of healthcare facilities, including National Fire Prevention Association (NFPA) Code, International Building Code 2003, Uniform Fire Code, National Electric Code, Guidelines for Design and Construction of Health Care Facilities 2006, the Americans with Disabilities Act Accessibility Guidelines and the State of Hawaii Title 11, Dept of Health Chapter 93.

B. Organization Chart



VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

REHAB Hospital does not have any outstanding judgment, and there are no pending litigations of a substantive nature that would impact the stability of the organization or be material to the renovation project.

REHAB Foundation does not have any outstanding judgment or pending litigation.

B. Licensure or Accreditation

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

REHAB Hospital is the sole organization in the State of Hawaii that is qualified as an Inpatient Rehabilitation Facility by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, and the Hawaii State Health Planning and Development Agency (SHPDA). The hospital is accredited by The Joint Commission. These special qualifications make REHAB Hospital the only organization in Hawaii that is qualified to treat patients in need of acute medical rehabilitation as a result of serious accident or illness.

REHAB Hospital and REHAB Foundation are both 501(c)3 non-profit organizations as determined by the IRS.

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawai'i Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

For a grant or subsidy used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Rehabilitation Hospital of the Pacific Foundation

(Individual or Organization)

1/27/2011

(Signature)

(Date)

Ko Miyataki

(Typed Name)

President

(Title)