

House District 51
Senate District 25

THE TWENTY-EIGHTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

"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.

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

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): _____

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual: Waimānalo Health Center

Dba: Waimānalo Health Center

Street Address: 41-1347 Kalanianaʻole Highway, Waimānalo, HI 96795

Mailing Address: 41-1347 Kalanianaʻole Highway, Waimānalo, HI 96795

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name PI'ILANI KAI

Title Development Director

Phone # (808) 259-7948

Fax # (808) 259-6449

E-mail pkai@waimanalohhealth.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
 FOR PROFIT CORPORATION INCORPORATED IN HAWAII
 LIMITED LIABILITY COMPANY
 OTHER
 SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

OLA I KA WAI CAPITAL CAMPAIGN: EXPANDED HEALTH CARE FACILITY FOR THE HEALTH AND WELLNESS OF THE WAIMANALO COMMUNITY

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016: \$ 3,594,187.00

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 \$ 2,245,555.00

TYPE, NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

MARY ONEHA, APRN, PHD, / CHIEF EXECUTIVE OFFICER

NAME & TITLE

01/30/2015

DATE SIGNED



RECEIVED

1/30/2015

D. Oneha

Table of Contents

I.	Background and Summary	1
II.	Service Summary and Outcomes	5
III.	Financial	11
IV.	Experience and Capability	12
V.	Personnel: Project Organization and Staffing	14
VI.	Other	15

Attachments

A. Budget

- Budget Request By Source of Funds
- Budget Justification – Personnel Salaries and Wages
- Budget Justification – Equipment and Motor Vehicles
- Budget Justification – Capital Project Details
- Government Contracts and/or Grants
- Waimānalo Health Center Balance Sheet (As of 12/31/2014)

B. Facility Planning Documents

- Conceptual Site Plan for Parcel 282
- Conceptual Floor Plan for Parcel 282
- Ferraro Choi and Associates Preliminary Project Schedule

C. Other

- Waimānalo Health Center Organization Chart
- Certificate of Good Standing
- Declaration Statement of Applicants For Grants Pursuant to Chapter 42F, Hawai'i Revised Statutes
- Letter of Support from the Waimānalo Neighborhood Board

Application for Grants

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. Please include the following:

1. A brief description of the applicant's background

The Waimānalo Health Center (WHC) WHC is a community-based non-profit 501(c)3 corporation incorporated in 1989 and located in Waimānalo on the windward side of the island of O`ahu. As its mission states, WHC is "*committed to providing the highest level of primary and preventive health services, with special attention to the needs of Native Hawaiians and the medically underserved, and improving the health and wellness of individuals and their `ohana regardless of their ability to pay.*" WHC became a Federally Qualified Health Center (FQHC) in 1994.

The Waimānalo Health Center offers a wide range of services:

- **Medical care** – Physicians and advanced practice nurse practitioners specializing in Family Practice and pediatricians provide patients with routine and preventive health care relating to chronic diseases, obstetrics and gynecology, to name a few.
- **Dental care** – Routine and preventive screening along with emergency dental care are provided by dentists and a dental hygienist.
- **Behavioral health services** – Through individualized therapy and group classes, licensed clinical psychologists assist patients with anxiety and depression, chronic pain, chronic disease management, smoking cessation, stress and anger management and recovering from trauma and abuse.
- **Vision services** – An optometrist provides comprehensive eye exams, optical dispensing, preventive vision care and treatment of eye diseases.
- **Nutrition services** – Medical nutrition therapy is provided by registered dietitians. Preventive health classes include cooking demonstrations, gardening, grocery store tours and weight management. WIC services are also available for families which include breastfeeding support and education.
- **Care coordination** – Patients with the most complex health and socioeconomic needs are managed by care coordinators that provide individualized care planning.
- **Outreach and eligibility services** – Outreach and eligibility workers help reduce barriers to care and assist patients with health insurance eligibility, acquiring prescription medication and transportation.
- **Youth Mentoring** – Kū I Ka Māna provides a safe, comfortable and fun environment for students to learn about themselves and build character. Program mentors lead students in activities that build teamwork and self-awareness. Topics covered in Kū I Ka Māna include healthy lifestyles, good decision-making, healthcare careers and Hawaiian culture.

In 2013, the Waimānalo Health Center was awarded recognition by the National Committee for Quality Assurance as a Patient Centered Medical Home Level 3 (PCMH-

3), the highest achievable recognition for a healthcare provider. WHC is the first community health center on O`ahu to be awarded this distinction. This PCMH-3 recognition acknowledges the quality work that WHC provides as WHC passed all elements of this achievement with 100% satisfaction.

2. The goals and objectives related to the request

WHC proposes to construct a new, two-story 17,753 square foot outpatient care facility located within close proximity to the current Waimānalo Health Center. The new expansion facility will continue to serve the underserved community of Waimānalo as well as individuals and families from the entire Ko`olaupoko coast. The following services and programs will be housed in the new facility:

- Medical including primary care for adult and pediatric patients and obstetrical care
- Behavioral health including individualized therapy, integrated behavioral health and group class
- Vision
- Pharmacy including pharmaceutical services to the uninsured and underinsured
- Nutrition including medical nutrition therapy and preventive health classes
- Care coordination to patients with complex health and socioeconomic needs
- Support services including outreach and eligibility workers who help reduce barriers to care

The expanded facility will not only extend WHC's ability to serve the underserved throughout the community but will also provide job opportunities to the area. The impact of this project will be felt not only in meeting projected community needs but also by adding to the community's ability to sustain, grow and strengthen itself.

3. The public purpose and need to be served

Access to quality health care results in improved health status of a community and enhances the quality of life its residents. There are a number of key factors that contribute to the health needs of the Waimānalo community:

- Shortage of Healthcare Providers

The Waimānalo community does not have any private medical practitioners and thus has received a federal designation as a Health Professions Shortage Area (HPSA). In addition, WHC is the only health provider in the Ko`olaupoko area with the FQHC designation, seeing all patients regardless of ability to pay. WHC accepts the uninsured and offers a Sliding Fee Discount for services to underinsured and uninsured patients.. Because the Waimānalo community has no private medical practitioners, there is a high need in the community for primary health care. WHC's HPSA score for medical is 15. Likewise, WHC's HPSA score for dental is 20 which is the second highest in the county.

- Increased Demand for Services

In CY 2013, WHC served 4,708 patients through 25,353 visits that included medical, dental and behavioral health services. Of Waimānalo Health Center

patients, 55% were at or below the federal poverty level. Roughly 47% of WHC's patients are Native Hawaiian. WHC experienced a 30% increase in patients and a 29% increase in visits in the last five years. Historically, WHC's target population is quite complex with a plethora of social service and health needs.

- Vulnerable Populations Served

Due to its large proportion of Native Hawaiian residents, Waimānalo has a federal designation as a Medically Underserved Population. In addition to the socioeconomic challenges and barriers to health care prevalent with the population served, chronic diseases are overwhelmingly represented in the Native Hawaiian population. Specifically, Native Hawaiians have higher rates of diabetes and obesity than other ethnic groups in Hawai'i.

About 32% of patients did not have any form of health insurance and WHC's records also reveal that at least 50% of new patients were uninsured at registration. Many providers in the neighboring communities do not accept public health insurance. Also, in Hawai'i, Medicaid will only reimburse for dental emergencies for adults and not preventive screening and cleaning.

WHC's Board of Directors and key leadership recognize that the most vulnerable populations will remain underserved if actions are not taken to expand WHC's ability to provide quality care that optimizes health outcomes. Since 2010, the WHC strategic plan called for meeting increasing community needs by building expanded facilities, and accordingly, overall organizational capacity.

4. Describe the target population to be served; and

Many of Waimānalo's residents are at or below the federal poverty level: 10.5% of families and 21.6% of individuals compared to Kailua's residents at 5.2% of families and 6.6% of individuals.¹ It is also suspected that this may not be an accurate account of the low income status of residents as those most at need, such as the growing homeless population, may not provide census information.

Family size and median family income clearly illustrates the demographics represented in Waimānalo compared to its neighboring community of Kailua. The Census-designated place of Waimānalo has an average of 4.24 members per family and a \$68,733 median family income. In comparison, Kailua has a 3.31 average family size with \$101,501 median family incomes². On average, Waimānalo families tend to be larger and support themselves with less income.

¹ U.S. Census Bureau (2010). *American FactFinder*. Retrieved April 19, 2012. From http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table.

² U.S. Census Bureau (2010). *American FactFinder*. Retrieved April 19, 2012. From http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table

Table 1 illustrates a 5-year trend (2008 and 2013) and the growing needs of WHC's patient population.

Figure 1 – WHC Patient Demographics

2008			2013	
Patients	3,305		4,708	
Patient Visits	18,105		25,353	
	Total	%	Total	%
Less than 100% of Federal Poverty Level	2,469	75%	2,577	55%
Uninsured	1,102	33%	1,507	32%
Medicaid	1,427	43%	2,237	48%
Native Hawaiian	1,528	46%	2,220	47%
Asian & Pacific Islander	901	27%	1,022	22%

As highlighted above, WHC experienced a 30% increase in patients and a 29% increase in visits in just a five year span. In 2013, 32% of patients were uninsured and 55% are at or below 100% of the federal poverty level.

In addition to the socioeconomic challenges and barriers to health care prevalent with the population served, chronic diseases are overwhelmingly represented in the Native Hawaiian population. Specifically, Native Hawaiians have higher rates of diabetes than other Asian and Pacific Islander groups and are more likely to die at earlier ages from the disease and its complications than Caucasians. About 12.5% of Native Hawaiians have been diagnosed with diabetes, compared with 6.3% of Japanese, 9.9% of Filipinos and 4.7% of Caucasians. Native Hawaiians also have the highest diabetes mortality rate of any ethnic group in the state.³ Native Hawaiians also die at a younger average age than other major ethnic groups in Hawai'i. Obesity is a contributing factor with almost 75% of Native Hawaiians being overweight or obese, compared with about 50% of Caucasians, Filipinos and Japanese. More alarming is that 43.5% of Native Hawaiians are obese, compared with 19.2% of the overall adult population on O'ahu.⁴ Some contributing factors are inadequate amounts of physical activity; veering away from a traditional diet and opting for a less expensive fast food diet because of affordability; and diets consisting of low consumption of fruits and vegetables with high consumption of fatty foods.

³ Pobutsky, A., Balabis, J., Nguyen, D-H., and Tottori, C. (2010). Hawai'i Diabetes Report 2010. Honolulu: Hawai'i State Department of Health, Chronic Disease Management and Control Branch, Diabetes Prevention and Control Program.

⁴ Balabis, J., Pobutsky, A., Kromer Baker, K., Tottori, C. and Salvail, F. (2007). The Burden of Cardiovascular Disease in Hawai'i 2007. Honolulu: Hawai'i State Department of Health, Community Health Division.

5. Describe the geographic coverage.

The Waimānalo Health Center primarily serves the underserved geographic area of Waimānalo on the Windward side of the island of O`ahu, nestled between the Ko`olau Mountains to the south and the Pacific Ocean to the north, and along the only two-lane highway through the community. WHC's entire service area stretches along the northeastern coast of O`ahu, or Ko`olaupoko, from Makapu`u Point to Kualoa State Park. This area consists of many white sand beaches and several lush valleys that extend inland to the steep face of the Ko`olau pali, or cliff. The area includes the towns of Waimānalo, Kailua, Kāne`ohe, Kahalu`u, He`eia, Waiāhole, Waikāne, Hakipu'u and Kualoa. The estimated population of this area is nearly 125,000.

Although WHC serves patients representing all areas of the island, community-based efforts focus on the large Native Hawaiian population of Waimānalo. This area includes 6,488 Waimānalo residents⁵ who are Native Hawaiian or part-Hawaiian, approximately 65% of the population of Waimānalo. Waimānalo represents one of the most concentrated areas of Hawaiians in the state. Although this number reflects individuals who reside in the area, many more who reside in neighboring communities consider Waimānalo their home and have special cultural and family ties to Waimānalo.

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. The applicant shall:

1. Describe the scope of work, tasks and responsibilities

Listed below are the phases to the implementation of the proposed project:

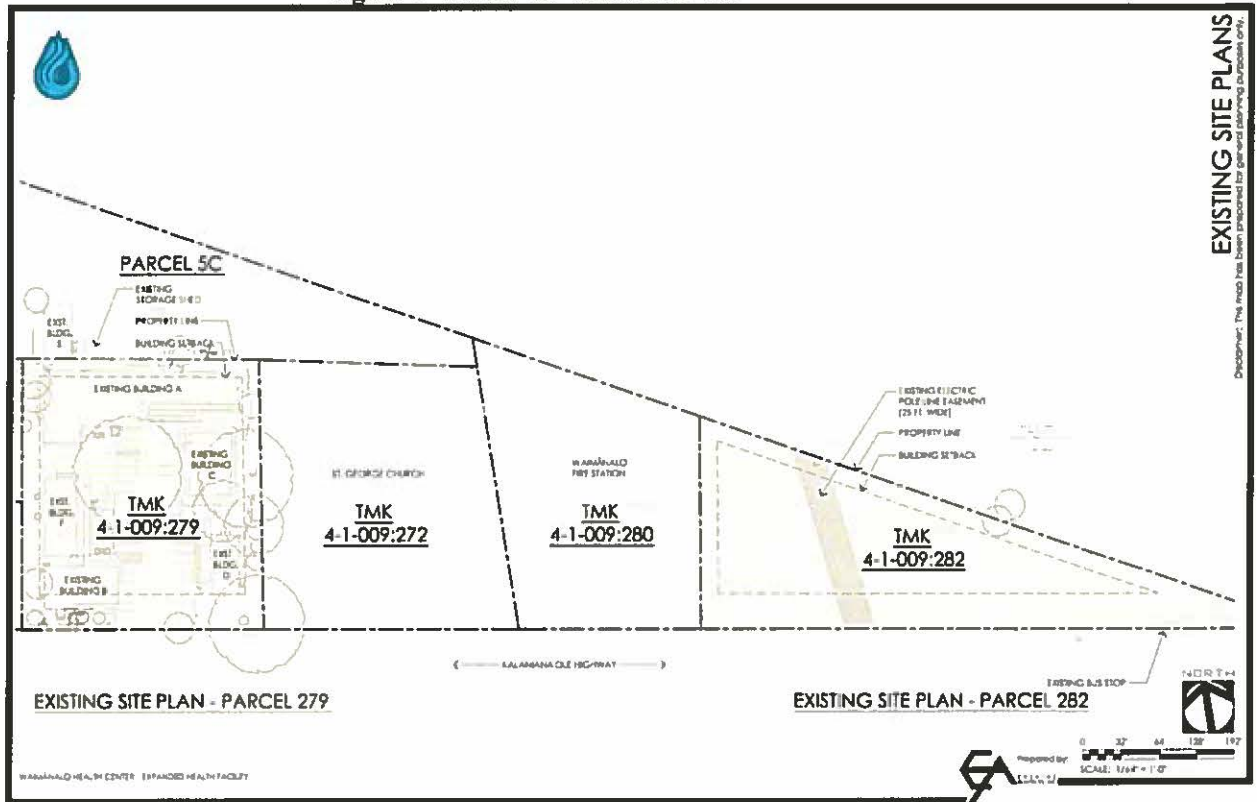
Phase 1: Due Diligence and Acquisition of Property

The expanded facility will be constructed on recently leased land under the management of the Hawai`i State Department of Land and Natural Resources (DLNR). The property, referred to as Parcel 282, is identified as Tax Map Key (TMK) 1-4-1-009:282 is within very close proximity to the current WHC medical facility located on Parcel 279 Tax Map Key (TMK) 1-4-1-009:279.

⁵ Office of Hawaiian Affairs (2011). State of Hawai`i – Native Hawaiians by Census Tract: 2010. *Native Hawaiian Data Book 2011*. Retrieved April 18, 2012. From <http://www.ohadatabook.com/cen2010.html>.

Figure 2 illustrates the close proximity of Parcel 282 and Parcel 279.

Figure 2 - Parcel 282 and Parcel 279



After completion of a series of steps to complete due diligence including preliminary site designs, surveying and assessments for the DLNR lease issuance, WHC has planned for an expanded medical facility on DLNR Parcel 282.

Parcel 282 is an unimproved triangular-shaped lot of 1.085 acres located along Kalaniana'ole Highway adjacent to the Waimānalo Fire Station and across the street from Waimānalo Elementary and Intermediate School. An unpaved parking lot and overgrown vegetation currently exists on Parcel 282. In addition, there are no utilities to Parcel 282. For Phase1 of the project, WHC engaged an architect and engineering team to complete the due diligence and create a Facility Master Plan. This team was led by Erskine Architects with oversight by WHC's executive leadership and the Facilities Committee of the WHC's Board of Directors.

Phase 1 has been completed as WHC was issued a combined 65-year direct non-profit lease for Parcels 279 and 282 to construct its expanded facility.

Phase 2: Planning and Design

With approval to proceed from the WHC Board of Directors and with a 65-year lease from DLNR in place, Phase 2 has begun which consists of finalizing the schematic drawings and designs for the expanded facility.

The building will be roughly 17,753 square feet in total area and will cover about 20 percent of the lot. Plans will provide space for medical, vision, outreach, pharmacy and clinic support services. The infrastructure will support a communications and information technology infrastructure required for Electronic Health Records, e-prescribing, Patient Portal, phone, fax and data communications. Ample parking for patients and visitors is included.

The expansion facility will allow WHC to incorporate sustainable design concepts. Areas dedicated to clinical services will be designed to incorporate Patient-Centered Health Care Home adequately sized examination rooms and support areas. The new facility would enable WHC to improve the delivery of coordinated patient care services and increase access to health care while continuing to fulfill the WHC's mission of providing quality care to the medically underserved.

In designing the expansion facility, WHC chose to honor the rural character of Waimānalo which is characterized by residential areas, small businesses and agricultural lots interspersed with green space. Despite receiving a zoning waiver, WHC has chosen to respect the R5 zoning regulations which set a 25 foot height limit and incorporate elements of building and landscaping design that align with the character of Waimānalo.

WHC has contracted with the architectural firm of Ferraro Choi and Associates, LLC as its lead architect and engineering team. Fred Erskine Architects has been retained as WHC's project manager.

Please see Section B of the Attachments for the Conceptual Floor Plan and Conceptual Site Plan.

Phase 3: Permitting and HECO Easement Relocation

Concurrent with Phase 2, WHC will work with Erskine Architects to define a new easement for HECO lines that currently run through the parcel. Ferraro Choi will complete the engineering schematics and incorporate HECO engineering requirements into the site and building designs. During this phase, schematics will be submitted to the DLNR and the City and County of Honolulu Department of Planning and Permitting (DPP) for all necessary approvals. Approvals will be needed for the new sewer, water, telecommunications and electrical connections for the facility and address Hawai'i Department of Transportation (DOT) requirements.

Phase 4: Construction of the Expanded Facility

With at least 80-90 % of permitting completed, Request for Proposals will be issued for the construction of the expanded health care facility on Parcel 282. An integrated approach to the construction requiring coordination with DOT, HECO, BWS and other utilities will be undertaken to minimize construction time and disruptions to the community. Construction will be comprised of the site improvements, parking lot and landscaping along with the two story building structure.

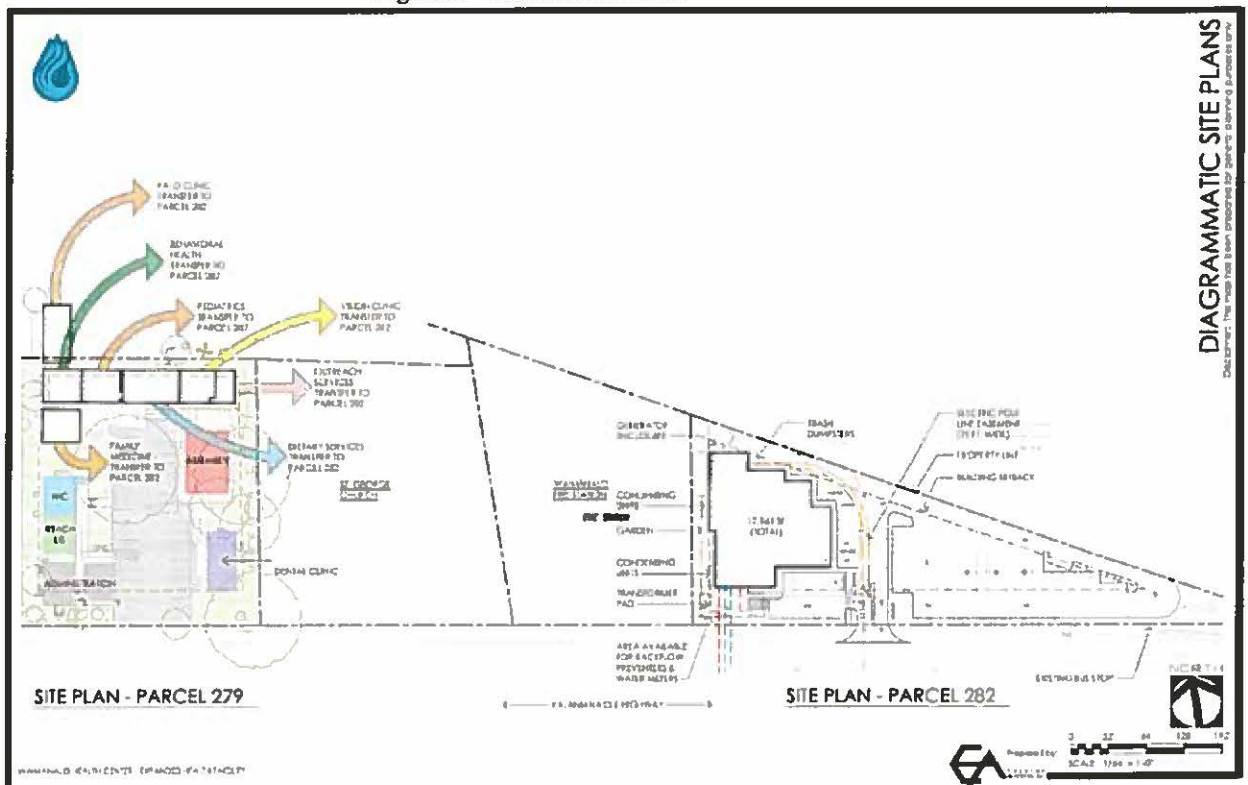
Construction of the new facility will commence in February 2016 with project completion in 2017. The estimated total project cost is \$15 million to include the 2013 initial base estimate of \$13 million plus a \$2 million increase for construction costs escalation for 2017 completion.

Phase 5: Installation of Equipment, Furnishings and Relocation of Services to the Expanded Facility

During final phases of construction, movable equipment and furnishings will be installed in the new facility. Equipment and furnishings include all medical equipment, office furniture, information technology equipment, phones and security systems. Upon issuance of the certification of occupancy, the last move will entail relocation of vision center equipment, other medical equipment, operating supplies to the new facility.

Figure 3 illustrates WHC's relocation plans for the expanded facility as outlined in the organization's Facility Master Plan.

Figure 3 – Relocation Plans



Phase 6: Demolition and Reconfiguration of Parcel 279

After completion of Phase 5, efforts will be undertaken to retrofit the remaining services into vacated clinic space for additional expansion of dental services and youth services. Funds for this last phase are not being requested at this time but will be further developed after completion of the proposed project on Parcel 282.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service

WHC has already completed Phase 1 of the proposed project by securing a combined 65-year lease through DLNR for Parcel 282 and Parcel 292. An overview the timeline is below:

- Phase 1: Due Diligence and Acquisition of Property - May 1, 2013 – December 31, 2014
- Phase 2: Planning and Design– November 1, 2014 – September 30, 2015
- Phase 3: Permitting and HECO Easement Relocation– Jul 1, 2015 – February 28, 2016
- Phase 4: Construction of the Expanded Facility– February 15, 2016 – September 30, 2017
- Phase 5: Installation of Equipment, Furnishings and Relocation of Services to the Expanded Facility – May 1, 2017 - July 30, 2017
- Phase 6: Demolition and Reconfiguration of Parcel 279 – Undetermined at this time

Please refer to the Ferraro Choi and Associates Preliminary Project Schedule for additional details of the timeline for the proposed project. The Preliminary Project Schedule is available in Section B of the Attachments.

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

In providing services to the community for over twenty years, WHC has managed several facility improvement projects on the currently occupied Parcel 279. Below are projects that were successfully completed in recent years:

- \$195,758 - Dental clinic renovation in 3/2009
- \$246,325 – Major dental equipment purchase and installation in 3/2009
- \$375,625 - ARRA Capital Improvement Project grant for alterations and equipment through the U.S. Department of Health and Human Services, Bureau of Primary Health Care, Health Resources and Services Administration from 6/2009 – 5/2011
- \$34,806 - Electrical room repairs funded by WHC in 4/2012
- \$76,331 – Installation of facility generator funded by WHC in 12/2013
- \$324,795 - WIC Renovation funded by the State of Hawai'i WIC program (United States Department of Agriculture pass through) in 4/2013
- \$64,069 – Renovations to the nutrition services building funded by WHC in 4/2013
- \$54,000 – Alterations for the Vision Center funded by WHC in 9/2013
- \$89,207 – Purchase and installation of Vision Center equipment funded by the National Association of Community Health Center Covidien Challenge Grant in 9/2013
- \$289,214 – Creation of WHC's Facility Master Plan leading to 65-year DLNR lease issuance effective 01/2015. The Facility Master Plan was funded by WHC (5/2013 - 8/2014).

These projects above were successfully executed as a result of:

- Project management and responsibility at the executive leadership level
- Board of Directors oversight and engagement of the Facilities Committee of the Board of Directors
- Procurement review process by the Finance Committee of the Board of Directors

- Engagement of qualified consultants and contractors of architects and engineers who are licensed and well versed for necessary planning and permitting requirements
- Early engagement and discussions with DLNR concerning the interest in and plans for a lease
- Communication to the neighborhood board concerning the Facility Master Plan and need for expanded health care facility to serve the community.
- Staff involvement in the grant application process, fulfilling grant reporting requirements and project implementation
- Detailed accounting system tracking of project costs

The expanded health care facility project is a major WHC strategic initiative with full support of the WHC Board of Directors and will follow similar structure for leadership engagement and careful monitoring of the budget, timelines and results.

Phase 1 of the project has been completed and was accomplished within the established time frame and budget with executive leadership, Board of Directors and the Facilities Committee fully engaged in the process. Through an open solicitation, Erskine Architects (EA) and their team of engineers were contracted and completed essential components of the Facility Master Plan, environmental assessment, geographical surveys and traffic assessment to ensure Parcel 282 met the requirements to move forward with Phase 2 of the proposed project and beyond. During Phase 1, EA interacted directly with executive leadership comprised of the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Medical Officer (CMO) and provided regular monthly updates to the Facilities Committee. The CFO tracked all internal progress necessary to bring issues forward for internal review, discussions and approval. Executive leadership worked collaboratively as a team to expedite questions and decisions. The CMO provided clinical operational input into the facility requirements and the CEO presented core issues to the Waimānalo Neighborhood Board. The team put forward necessary documents before DLNR for final approvals and publication. EA assisted WHC in issuing a publicized RFP to engage an architect team for design and construction of the expanded facility to move forward with Phase 2. Additionally, a capital campaign consultant and the Development Committee of the Board of Directors have been engaged to see WHC through the rigors of raising capital to fund the project.

As a component of the original agreement for the Phase 1 Facility Master Plan, EA was retained to support WHC as an owner representative in overall project/construction management and the decision was approved and executed by the Board of Directors. This continuity will allow WHC's current management team to remain intact and transition through the final design and construction phases. During these phases, WHC will meet biweekly or monthly as required with the selected architect team of Ferraro Choi and Associates (FCA). EA will be present during these meetings producing project notes and follow-up action lists. Executive leadership will engage with EA on a more frequent basis to clarify roles and responsibilities, programming details and design element components for the FCA team. The executive leadership will engage operational staff at necessary phases of the proposed project for operational clarifications and decisions. Similarly as in Phase 1, the CEO will present to the Waimānalo Neighborhood Board and the CFO will remain the liaison with the DLNR as well as the Facilities and Finance Committees for core issues and decisions. EA and FCA will present as required to the committees on progress in meeting objectives.

Meanwhile, the CMO ensures clinical operational requirements are met. Timelines for Phase 2-5 will be managed in conjunction with the fundraising efforts to ensure the project remains on track and funded.

Key personnel and committee members through Phase 2-5 include:

- CEO - Mary Oneha, APRN, PhD
- CFO - Kathleen Kravish, MT, MBA, CMPE
- CMO - Christina Lee, MD
- EA – Fred Erskine, Principal
- FCA – Troy Miyasato, Principal; David Akinaka, Principal Designer; Kurt Katada, Interior Design Architect
- Facilities Committee: Andrew Jamila, Jr, Committee Chair, Kathy Conner, Board President; John Aylett; Board Vice President; Johnene Galeai, Board 2nd Vice President; Deborah Smith, Board Secretary; Liz Martinez, Board Director and Stephen Morse, community member.

Details on the necessary skills and qualifications of the team members are highlighted in Section V. below.

III. Financial

Budget

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

Please refer to Section A of the Attachments for the required budget forms including the Budget Request By Source of Funds, Budget Justification forms and Government Contracts and/or Grants table.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2016.

Below is the anticipated quarterly funding request for the project:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$0	\$184,969	\$1,150,034	\$2,259,184	\$3,594,187

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2016.

The Waimānalo Health Center has already been awarded \$2,000,000.00 from the Harold K. L. Castle Foundation for the proposed project. WHC's internal fundraising campaign has resulted in 100% participation from WHC's Board of Directors and staff totaling \$245,555 in contributions. In addition to the \$2,245,555.00 already secured, WHC will seek funding from the following sources:

- United States Department of Health and Human Services, Bureau of Primary Health Care, Health Resources and Services Administration Capital Development - \$5,000,000.00. This funding source will be available during FFY2016.
- Office of Hawaiian Affairs - \$3,000,000.00

- Harry and Jeannette Weinberg Foundation - \$3,000,000.00
- Private Foundations and Individual Donors - \$1,000,000.00

WHC invested \$314,214 in FY14 towards the Facility Master Plan. An additional set-aside of \$1,007,070 in WHC funding is planned in FY15 while donations are sought. A potential for funding at project end are New Market Tax Credits should they be allocated in FFY2016-2017.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

The Waimānalo Health Center has not applied for or received state or federal tax credits in the last three years.

5. The applicant shall provide a listing of all government contracts and grants it has been and will be receiving for program funding.

The Waimānalo Health Center has received numerous government contracts and grants for operational program funding during the last fiscal year. These funds will not support this specific budget request. Please see the document entitled "Government Contracts and/or Grants" in Section A of the Attachments.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2014.

Waimānalo Health Center's unrestricted current assets as of December 31, 2014 are \$5,902,227. Please refer to Waimānalo Health Center's Balance Sheet in Section A of the Attachments.

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.

Waimānalo Health Center has a commitment to care unique in the Ko`olaupoko area. No other providers in this service area can provide the level of care for the population being served. Waimānalo Health Center has participated in government contracts since its inception while meeting performance goals and improving patient care outcomes. As a Federally Qualified Health Center (FQHC), WHC has successfully met the federal requirements with administrative, governance, fiscal and clinical components since 1994.

In order to maintain or improve on the above quality metrics with a projected increase in the number of patients and visits, Waimanalo Health Center (WHC) has a model of care that it follows to track and improve on quality metrics. In 2013, the WHC achieved recognition by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home (PCMH) Level 3 and was the first community health center on O`ahu to receive this recognition.

WHC uses this same approach to medicine and standards of excellence as it does with managing its operations. WHC conducts a number of contractual reviews and internal assessments each year. The financial audits have resulted in no recommended action which has demonstrated that WHC's financial operations are sound. WHC's executive leadership have the management skills and expertise to oversee the construction project while still administering quality health care for the community of Waimānalo and the rest of Ko`olaupoko.

Below is a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request capital funding request:

- WIC Renovation
- Facilities Master Plan
- Generator Installation

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.

Waimānalo Health Center facilities are located at 41-1347 Kalaniana`ole Highway in Waimānalo. The facility is visible from the main highway, is on the bus line and is directly across the street from Waimānalo Elementary and Intermediate Schools.

Existing facilities are inefficiently configured and inadequately sized based on standards for patient care. The repair and maintenance of old facilities continues to escalate, which adversely impacts the delivery of much-needed services. These retrofitted portables which were constructed over 40 years ago do not adequately address the current patient privacy, security and electronic health record needs of providing quality health care.

There are eleven exam rooms throughout the facility for Adult Health, Women's Health and Pediatrics. The Behavioral Health Department has four therapy rooms. Based on demand for services and community needs, the current number of patient service rooms are inadequate.

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.

Listed below are the key executive leadership and consultants/contractors responsible for the proposed project:

Chief Executive Officer: Mary Frances Oneha, APRN, Ph.D. had served the Waianae Coast Comprehensive Health Center (WCCHC) for 20 years prior to accepting the CEO position at Waimanalo Health Center. She was most recently the WCCHC's Chief Operating Officer. Dr. Oneha was the organization's COO during the organization's major construction project.

Chief Financial Officer: Kathleen Kravish has managed prior WHC projects including its WIC renovation and the HRSA - ARRA CIP grant. In addition, Ms. Kravish was part of the planning project team for a) the construction of the Elmhurst Memorial Center for Health in Illinois (200,000 square foot outpatient facility), b) build out of medical and teaching space for the Northwestern University Dermatology Department (25,000 square feet) and was involved in the Northwestern Medical Faculty Foundation replacement facility project.

Project Manager: Fred Erskine, AIA, is the principal of Erskine Architects which he founded in 2001. Mr. Erskine has worked on previous projects with the Waimanalo Health Center including design for the WIC renovation and the development of the organization's facility environmental assessment and Facility Master Plan for the expansion of its facilities.

Architect: The award winning team from Ferraro Choi and Associates, LLC includes Troy Miyasato, AIA, MBA, Principal; David Akinaka, AIA, Senior Project Architect; and Kurt Katada, Director of Interiors. Previous experience includes Shriners Hospitals for Children – Honolulu; Moloka`i General Hospital and Kaiser Permanente - Moanalua Medical Center.

Capital Campaign Consultant: S. Sanae Tokumura, ACFRE, APR of Solid Concepts, Inc has 32 years of successful nonprofit fundraising experience with specialty in capital campaign feasibility studies and campaign management. Ms. Tokumura conducted WHC's fundraising infrastructure assessment and philanthropic market assessment in preparation for the proposed facility expansion.

Waimanalo Health Center has a commitment to care for families and individuals unique in the Ko`olaupoko area. No other provider in this vast area provides the spectrum of services that WHC continues to provide for all, including the high-risk population currently being served.

Access to care will increase as a result of the expanded facility and projections on increased serviceability due to the construction of expanded facilities within one year of operations include 2,500 new patients, which represents a 53 percent increase from 2013. In addition, 13,292 new patient visits are anticipated within one year of facility completion, which represents a 52 percent increase from 2013. It is estimated that the overall square footage of the campus will increase by 100 percent, exam room capacity to see patients will increase by 61 percent (from 16,450 medical/IBH/Vision visits to 27,074 visits.) Providers will increase by 50 percent and ancillary/support staff by 42 percent.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

The Waimānalo Health Center is governed by a Board of Directors, 51% of which must be users of the facility and many of which come from the Waimānalo community. The Chief Executive Officer oversees all functions of the organization and is ultimately responsible for all consultants and contractors of the facility. Please see the Waimānalo Health Center's organizational chart located in the Section C of the Attachments.

C. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

The current annual salaries for the three highest paid employees of the organization are as follows: Christina Lee, MD, Chief Medical Officer, \$191,477.00; Mary Frances Oneha, APRN, PhD, Chief Executive Officer, \$169,950.00; and Carol Titcomb, MD, Pediatrician, \$166,464.00.

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.

Not applicable. No pending litigation or outstanding judgments.

B. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

The Waimānalo Health Center does not possess any licensure or accreditation relevant to this request. However, WHC is a Federally Qualified Health Center, non-profit 501(c)(3) incorporated in the State of Hawai'i and registered with the State of Hawai'i Department of Commerce and Consumer Affairs. The Waimānalo Health Center was

awarded recognition by the National Committee for Quality Assurance as a Patient Centered Medical Home Level 3 (PCMH-3), the highest achievable Patient Centered Medical Home recognition for a healthcare provider.

C. Federal and County Grants

The applicant shall separately specify the amount of federal and county grants awarded since July 1, 2014.

No county grants have been awarded since July 1, 2014.

The Waimānalo Health Center has received the following federal grants since July 1, 2014:

	AGENCY	CONTRACT DESCRIPTION	CONTRACT VALUE
1.	Department of Health & Human Services	330e Consolidated Health Centers - Base Increase for PCMH Recognition	56,773
2.	Department of Health & Human Services	330e Consolidated Health Centers - Health Center Quality Improvement Supplement	29,708
3.	Department of Health & Human Services	330e Consolidated Health Centers - Behavioral Health Integration Supplement for Mental Health Services Expansion	250,000
4.	Department of Health & Human Services	330e Consolidated Health Centers - Expanded Services Supplement, Expansion of Medical Capacity	202,444
5.	Department of Health & Human Services	330e Consolidated Health Centers - Base Award	1,434,839
		TOTAL	\$1,973,764

Please see the document entitled "Government Contracts and/or Grants" in Section A of the Attachments.

D. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

This grant will not support or benefit a sectarian or non-sectarian private educational institution.

E. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2015-16 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2015-16

Funding from the State of Hawai'i is instrumental in successfully executing the proposed facility expansion. If funding is secured for FY 2015-2016, WHC will continue its capital campaign plan to strategically secure resources for the project both from the public and private sector.

WHC's total annual operating expense budget is expected to increase as a result of the expansion of services from \$6,874,244 in FY15 to \$10,533,127 in FY18. Increases are expected from net medical revenue in the amount of \$2,916,869 and from government and private grants and contracts which support programs and operations in the amount of \$1,687,153.

After the capital campaign is complete, fund development will be enhanced because of increased infrastructure capacity in the development department and relationships sustained as a result of the capital campaign. The increase in communication and first time contributions for the campaign will begin lifelong relationships with individuals, corporations and businesses.

- (2) Not received by the applicant thereafter.

Funding from the State of Hawai'i is instrumental in successfully executing the proposed facility expansion. If the State of Hawai'i does not support the proposed project, WHC will continue with its capital campaign plan to strategically secure resources for the project both from the public and private sector. Without support from the State of Hawai'i, the construction for the proposed project may be delayed until private sources of funding are secured or design plans may be scaled back. Both of which would negatively impact WHC's ability to provide services to the underserved community of Waimānalo and the Ko'olaupoko corridor.

F. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2014.

A Certificate of Good Standing from the Department of Commerce and Consumer Affairs dated on January 26, 2015 is included in Section C of the Attachments of this proposal.

Attachment A

Budget Forms

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

Applicant: Waimanalo Health Center

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	0	0	0	0
2. Payroll Taxes & Assessments	0	0	0	0
3. Fringe Benefits	0	0	0	0
TOTAL PERSONNEL COST	0	0	0	0
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0	0	0	0
2. Insurance	0	0	0	0
3. Lease/Rental of Equipment	0	0	0	0
4. Lease/Rental of Space	0	0	0	0
5. Staff Training	0	0	0	0
6. Supplies	0	0	0	0
7. Telecommunication	0	0	0	0
8. Utilities	0	0	0	0
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	0	0	0	0
C. EQUIPMENT PURCHASES	0	0	0	0
D. MOTOR VEHICLE PURCHASES	0	0	0	0
E. CAPITAL	3,594,187	500,000		219,570
TOTAL (A+B+C+D+E)	3,594,187	500,000	0	219,570
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	3,594,187	Kathleen Kravish, CFO 808-954-7110		
(b) Total Federal Funds Requested	500,000	Name (Please type or print) Phone		
(c) Total County Funds Requested	0	[Redacted Signature] Date		
(d) Total Private/Other Funds Requested	219,570	Signature of Authorized Official Date		
TOTAL BUDGET	4,313,757	MARY ONEHA, APRN, PHD. CHIEF EXECUTIVE OFFICER Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2015 to June 30, 2016

Applicant: Waimanalo Health Center

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
N / A				\$ -
TOTAL:				0.00
JUSTIFICATION/COMMENTS:				
Not Applicable. Funding for Personnel Salary and Wages is not being requested.				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: Waimanalo Health Center

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N / A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$0.00	

JUSTIFICATION/COMMENTS:

Not Applicable. Funding is not being requested for Equipment.

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N / A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	

JUSTIFICATION/COMMENTS:

Not Applicable. Funding is not being requested for Motor Vehicles

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: Waimanalo Health Center

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST <u>\$15,000,000</u>	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2013-2014	FY: 2014-2015	FY:2015-2016	FY:2015-2016	FY:2016-2017	FY:2017-2018
PLANS (including Project Management)	0	98,694		61,668	61,668	15,413
LAND ACQUISITION (N/A Land is DLNR leased)	0	0				
DESIGN	0	517,591		299,481	105,291	
CONSTRUCTION	0	390,785	3,594,187	358,421	6,440,277	1,173,343
EQUIPMENT	0	0			1,883,181	
TOTAL:	0	1,007,070	3,594,187	719,570	8,490,417	1,188,756
JUSTIFICATION/COMMENTS:						
Primary source of funds for FY14-15 are WHC reserves						

GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: Waimanalo Health Center

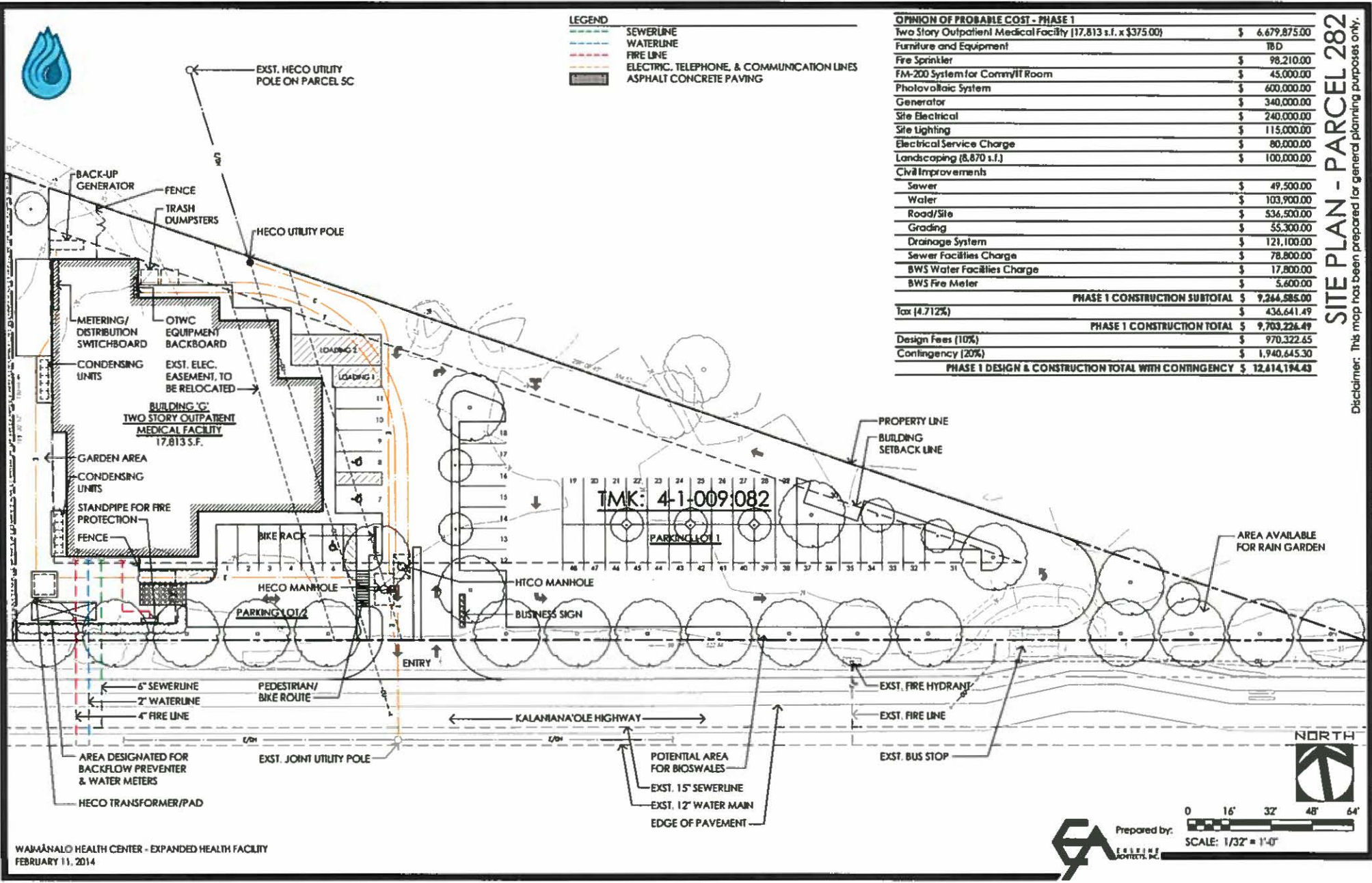
	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY	CONTRACT VALUE
				(U.S. / State / Haw / Hon / Kau / Mau)	
1.	330e Consolidated Health Centers - Base Increase for PCMH Recognition	8/8/2014 - 2/28/2015	Department of Health & Human Services	U.S.	56,773
2.	330e Consolidated Health Centers - Health Center Quality Improvement Supplement	12/1/2014 - 11/30/2015	Department of Health & Human Services	U.S.	29,708
3.	330e Consolidated Health Centers - Behavioral Health Integration Supplement for Mental Health Services Expansion	8/1/2014 - 7/31/2015	Department of Health & Human Services	U.S.	250,000
4.	330e Consolidated Health Centers - Expanded Services Supplement, Expansion of Medical Capacity	9/1/2014 - 8/31/2015	Department of Health & Human Services	U.S.	202,444
5.	330e Consolidated Health Centers - Base Award	03/01/2015-02/28/2016	Department of Health & Human Services	U.S.	1,434,839
6.	Block Grant for Prevention and Treatment of Substance Abuse	07/01/2014-06/30/2015	Department of Health	State	115,000
7.	Family Planning Services- Clinical and Education	07/01/2014-06/30/2015	Department of Health	State	104,500
8.	Breast and Cervical Cancer Early Detection Programs	07/01/2014-06/30/2015	Department of Health	State	75,000
9.	Women's Infants and Children's (WIC)	10/1/2014 - 9/30/2014	Department of Health	State	157,350
10.	Primary Care - Uninsured	07/01/2014-06/30/2015	Department of Health	State	371,873
11.	Eligibility Worker	07/01/2014-06/30/2015	Department of Health	State	25,892
12.	Perinatal Support Services	07/01/2014-06/30/2015	Department of Health	State	40,000
				TOTAL	2,863,379

Waimanalo Health Center
Balance Sheet
As of 12/31/2014--Preliminary

	Balance
Assets	
Current Assets	
Cash	758,742
Savings	1,921,384
Patient Receivable - Medical	308,883
Patient Receivable - Dental	23,002
Grant/POS Receivables	356,070
Other	560
less Bad Debt Allowance	(75,000)
Total Current Assets	3,293,641
Fixed Assets	
Land & Equip	4,030,979
less Depreciation	(2,251,039)
Total Fixed Assets	1,779,940
Other Assets	
Improvements in Progress	314,214
Prepays & Deferred Exp.	10,740
Total Other Assets	324,954
Total Assets	<u>5,398,535</u>
Liabilities	
Current Liabilities	
Accounts Payable	20,474
Accrued Vacation	87,013
Accrued Payroll	48,882
Payroll Withholdings	17,794
Total Current Liabilities	174,163
Total Liabilities	<u>174,163</u>
Net Assets	
Beginning balance	
Unrestricted	5,902,227
Temp Restricted	87,718
Total Beginning balance	5,989,945
Change in Net Assets	
Current Year Surplus/(Deficit)	(765,573)
Total Change in Net Assets	(765,573)
Total Net Assets	<u>5,224,372</u>
Liabilities & Fund Balance	<u>5,398,535</u>

Attachment B

Facility Planning Documents



LEGEND

	SEWERLINE
	WATERLINE
	FIRE LINE
	ELECTRIC, TELEPHONE, & COMMUNICATION LINES
	ASPHALT CONCRETE PAVING

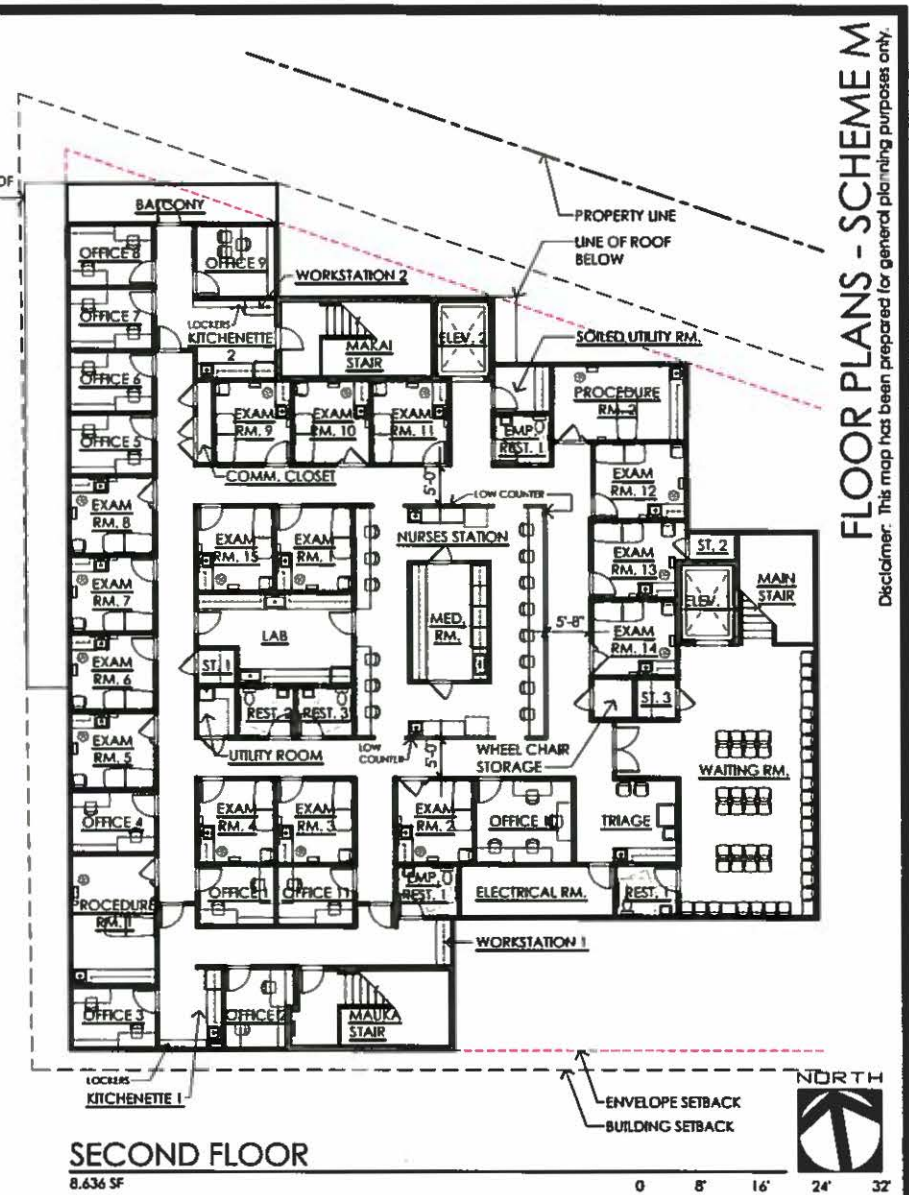
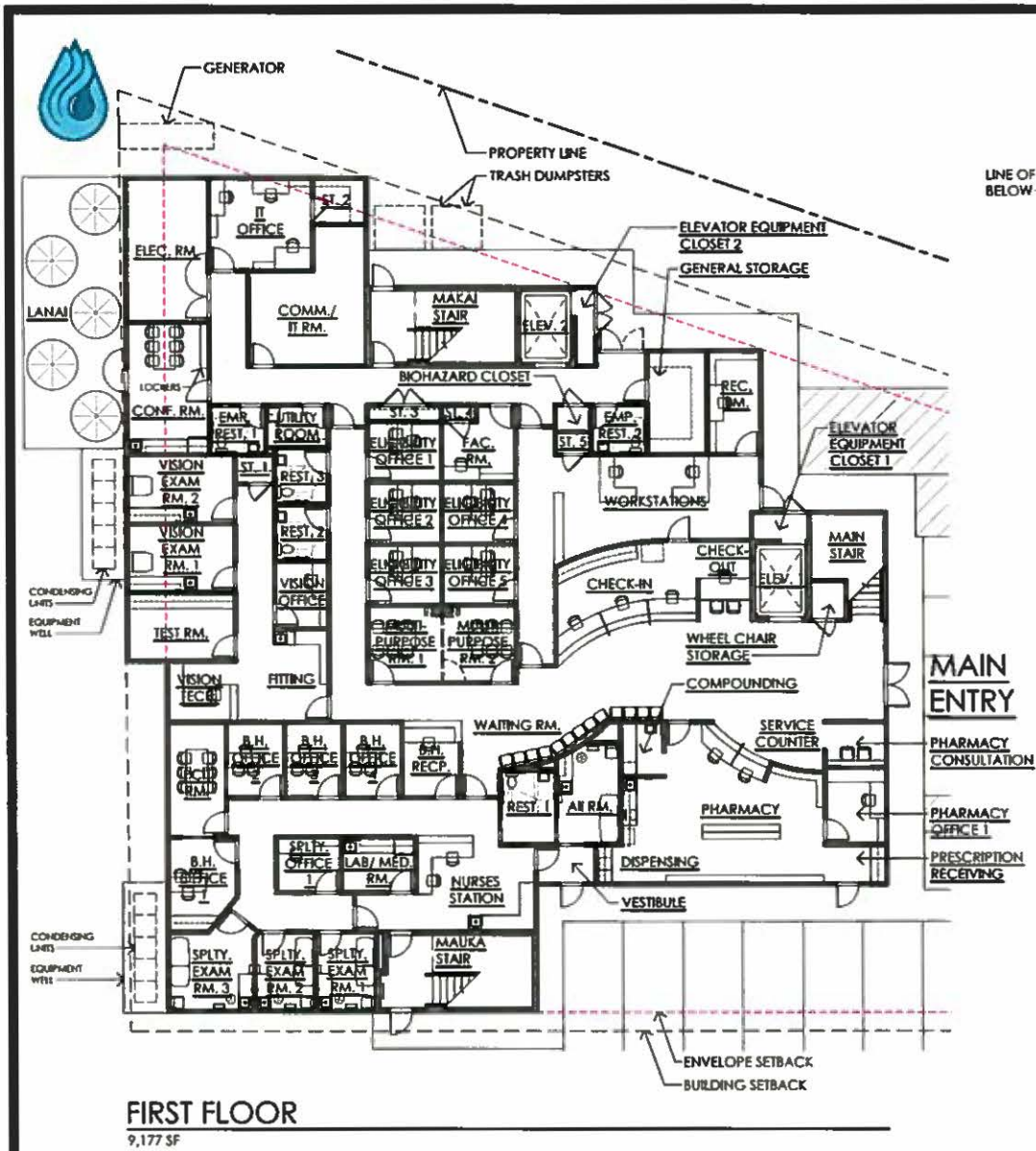
OPINION OF PROBABLE COST - PHASE 1

Two Story Outpatient Medical Facility (17,813 s.f. x \$375.00)	\$ 6,679,875.00
Furniture and Equipment	18 D
Fire Sprinkler	\$ 98,210.00
FM-200 System for Comm/IT Room	\$ 45,000.00
Photovoltaic System	\$ 600,000.00
Generator	\$ 340,000.00
Site Electrical	\$ 240,000.00
Site Lighting	\$ 115,000.00
Electrical Service Charge	\$ 80,000.00
Landscaping (8,870 s.f.)	\$ 100,000.00
Civil Improvements	
Sewer	\$ 49,500.00
Water	\$ 103,900.00
Road/Site	\$ 536,500.00
Grading	\$ 55,300.00
Drainage System	\$ 121,100.00
Sewer Facilities Charge	\$ 78,800.00
BWS Water Facilities Charge	\$ 17,800.00
BWS Fire Meter	\$ 5,600.00
PHASE 1 CONSTRUCTION SUBTOTAL	\$ 9,244,585.00
Tax (4.712%)	\$ 436,641.49
PHASE 1 CONSTRUCTION TOTAL	\$ 9,703,226.49
Design Fees (10%)	\$ 970,322.65
Contingency (20%)	\$ 1,940,645.30
PHASE 1 DESIGN & CONSTRUCTION TOTAL WITH CONTINGENCY	\$ 12,614,194.43

SITE PLAN - PARCEL 282
 Disclaimer: This map has been prepared for general planning purposes only.

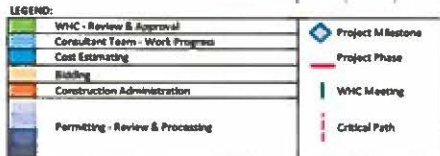
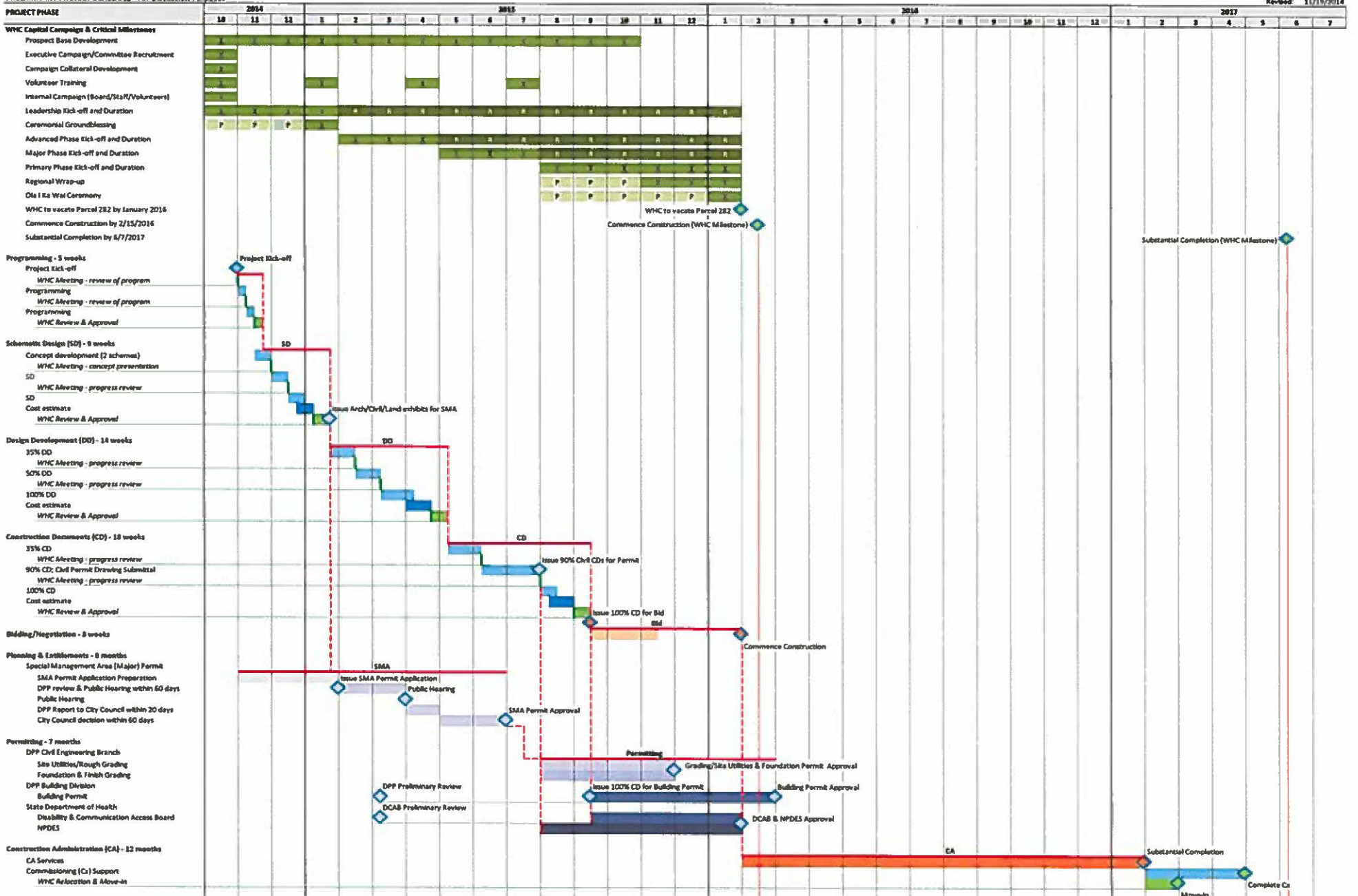
WAIKĀNĀLO HEALTH CENTER - EXPANDED HEALTH FACILITY
 FEBRUARY 11, 2014

Prepared by: ENGINEERING CONCEPTS, INC.
 SCALE: 1/32" = 1'-0"
 NORTH



FLOOR PLANS - SCHEME M

Disclaimer: This map has been prepared for general planning purposes only.



Attachment C

Other

BOARD OF DIRECTORS
 President Kathy Conner, Vice President John Keoni Aylett, 2nd Vice President Johnene Noe Galeai, Treasurer Jim Wood, Secretary Deborah Smith
 Directors: Kahikino Noa Dettweiler, Andrew Jamila, Jr., Renee Kama, Justin Lam, Elizabeth Martinez, Sandra Maenani McAulton, Pamela Menier, Karwai Miller, Hamid Pourjalali, Catherine Sato

CHIEF EXECUTIVE OFFICER
 Mary Frances Oneha, APRN PhD

ALTRES HR*

EXECUTIVE SECRETARY/ ANALYST

CHIEF PERFORMANCE & COMPLIANCE OFFICER
 Teresa Consaves, LSW

CHIEF FINANCIAL OFFICER
 Kathy Kravish, MT, MBA, CMPE

CHIEF MEDICAL OFFICER
 Christina Lee, MD

DIRECTOR OF COMMUNITY SERVICES
 Veronica Tomooka, MBA

QUALITY & PERFORMANCE COORDINATOR

DIRECTOR OF INFORMATION TECHNOLOGY
 Robert Silke, MS

EXPANDED FACILITY

CONTROLLER

DEVELOPMENT DIRECTOR
 Pi'ihani Kai, MSW

DIR OF CLINICAL OPERATIONS
 Anela Tamashiro, APRN

DIR OF BEHAVIORAL HEALTH
 Sid Hermosura, PsyD

DIR OF HLTH PROMOTION & DISEASE PREVENTION
 Patricia Liang-Tang, MSCP RD, CDE

DENTAL DIRECTOR
 Anthony Kim, DMD

SOCIAL SERVICES COORDINATOR - WOMEN'S HEALTH

SOCIAL SERVICES COORDINATOR - PUBLIC BENEFITS

ELIGIBILITY

HEALTH EDUCATOR

KU I KA MANA PROGRAM COORDINATOR

YOUTH MENTOR

DATA ANALYST

COMPLIANCE SPECIALIST

FRONT OFFICE/ RECEPTION

IT SPECIALIST
 Robert Rhodes

EMR ANALYST/MA/ HIT

EPM ANALYST

MEDICAL RECORDS CLERK

WHC PROGRAM MANAGER
 (Erskine Architects)

BUILDING ARCHITECT
 Ferraro Chol

FACILITIES MANAGER

MAINTENANCE*
 HOUSEKEEPING*
 GROUNDS*

ACCOUNTANT

BOOKKEEPER

OPERATIONS SUPPORT ASSISTANT

BILLER PAYMENT PROCESSING

BILLER CLAIMS PROCESSING

COMMUNITY RELATIONS SPECIALIST

CAMPAIGN CONSULTANT
 Solid Concepts, Inc.
 S. Sanae Tokumura

TEAM LEAD
 'Ulu, Kalo, Maile

CARE COORDINATOR
 'Ulu, Kalo, Maile

MEDICAL ASSISTANTS
 'Ulu, Kalo, Maile, Noni

LEADERSHIP TEAM MEMBERS

Contractor/
 Consultants

To Be Determined

LICENSED CLINICAL PSYCHOLOGIST
 Kuku'i

ADMINISTRATIVE ASSISTANT

PROVIDER
 'Ulu, Kalo, Maile, Noni

REGISTERED DIETITIAN

WIC SUPERVISOR

WIC COMPETENT PROFESSIONAL AUTHORITY

WIC CLERK

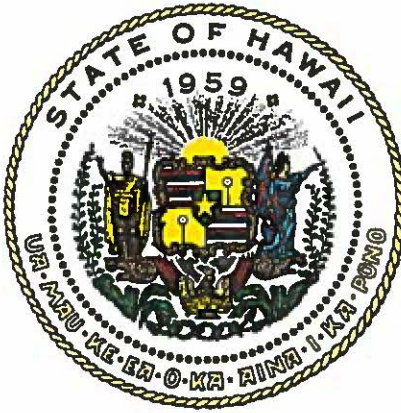
DENTAL HYGIENIST

DENTAL BILLER

PATIENT OPERATIONS COORDINATOR II

PATIENT OPERATIONS COORDINATOR I

DENTAL ASSISTANTS



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

WAIMANALO HEALTH CENTER

was incorporated under the laws of Hawaii on 01/25/1989 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 26, 2015

Catherine P. Owa

Interim Director of Commerce and Consumer Affairs


**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) 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 is awarded;
 - b) Complies 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;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant 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.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant 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 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.

Waimanalo Health Center
(Typed Name of Individual or Organization)

(Signature) 01/30/2015
(Date)

Mary Frances Oneha, APRN, PhD
(Typed Name) Chief Executive Officer
(Title)

April 14, 2014

Dr. Mary Oneha
Chief Executive Officer
Waimānalo Health Center
41-1347 Kalanianaʻole Hwy
Waimānalo, HI 9679

Dear Dr. Oneha:

The Waimānalo Neighborhood Board is aware of the environmental assessment Waimānalo Health Center completed on Parcel 282, currently used as the parking lot for health center employees, and the open public comment period and publication by the Office of Environmental Quality Control (OEQC) which concluded on March 23, 2014. The Waimānalo Neighborhood Board supports Waimānalo Health Center acquiring the permanent lease of Parcel 282 to expand its health care facilities. The Neighborhood Board looks forward to updates on the design and construction of the expanded facility once this process begins at Waimānalo Health Center.

Sincerely,



Wilson Kekoa Ho, Chair
Waimānalo Neighborhood Board