

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



MARY FRANCES ONEHA, APRN, PHD, FAAN

CHIEF EXECUTIVE OFFICER

JANUARY 18, 2019

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE

Table of Contents

I.	Certification	1
II.	Background and Summary	1
III.	Service Summary and Outcomes	6
IV.	Financial	10
V.	Experience and Capability	11
VI.	Personnel: Project Organization and Staffing	13
VII.	Other	14

Attachments

A. Budget Forms

- Budget Request By Source of Funds
- Budget Justification Forms FY2020
- Government Contracts, Grants and/or Grants In Aid
- Balance Sheets

B. Other Required Documents

- Certificate of Good Standing
- Declaration Statement of Applicants for Grants Pursuant to Chapter 42F, Hawai'i Revised Statutes
- Waimānalo Health Center Organization Chart

Application for Grants

I. Certification

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, 2018.

Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes.

Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

II. Background and Summary

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 pediatrics 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.
- **Native Hawaiian Healing** – Cultural practitioners provide la`au lapa`au and lomilomi through a model integrated in primary care.
- **Care coordination** – Patients with the most complex health and socioeconomic needs are managed by care coordinators that provide individualized care planning.
- **Community Services** – Outreach and eligibility workers help reduce barriers to care and assist patients with health insurance eligibility, acquiring prescription medication and transportation.
- **Youth and Young Adult Services** – 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. In 2016, WHC passed renewal of its recognition as PCMH Level 3 healthcare provider.

2. The goals and objectives related to the request

With support from the State of Hawai`i, WHC plans to support the Patient-Centered Health Care Home (PCHCH) approach to providing comprehensive health services to the underserved population of Waimānalo through services expansion. The proposed project would support increased access and enable WHC to enhance its provision of its comprehensive services.

The recent construction of WHC's expansion facility allows WHC to continue to meet the growing needs of the community. Further expansion will support WHC's efforts to continue to serve the underserved community of Waimānalo as well as individuals and families from the entire Ko`olaupoko coast.

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 primary and preventive health care results in improved health status of a community and enhances the quality of life for 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. At 21, WHC has the highest HPSA score for mental health in the county. WHC's HPSA scores are some of the highest in the County of Honolulu.

- Increased Demand for Services

In 2017, WHC saw 4,560 patients through 27,562 visits that included medical, dental and behavioral health services. Of Waimānalo Health Center patients, 54% identified as being at or below the federal poverty level. Roughly 51.5% of WHC's patients identified as Native Hawaiian. WHC experienced an 77% increase in patient encounters (15,559 encounters in 2007) and a 45% increase in its number of patients in the last ten years (3,140 patients in 2007). 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. Also, in comparison to other ethnic groups, Native Hawaiians have high rates of depression and substance abuse.

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.

- Healthcare Savings

While the need for services provided through WHC is well substantiated for the population demographic, health policy research¹ has indicated that health centers save \$1,520 per person per year. With 3,500 medical patients served in 2014 by WHC, this potentially amounts to \$5.32 million, a substantial savings to states and the federal government. In addition, by providing effective and regular

¹ Ku L, Richard P, Dor A, Tan E, Shin P, & Rosenbaum S. (June 30, 2010). Strengthening primary care to bend the cost curve: The expansion of community health centers through health reform. Geiger Gibson/RCHN Community Health Foundation Research Collaborative. Policy Research Brief No. 9:1-11.

primary, preventive care, hospitalizations, visits to emergency departments and specialists are reduced. WHC has also increased the number of individuals with a usual source of care through a 44% reduction in the number of patients uninsured.

- Create Leverage to Expand Within the Ko`olaupoko Community

The increased capacity and revenue from this proposed expansion will contribute to further expansion efforts, via satellite clinics, within the Ko`olaupoko community. WHC understands that there is a need for accessible and available medical, dental, and behavioral services, particularly in very rural areas within this geographic district.

4. Describe the target population to be served

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.² 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 according to the Homeless Point In Time counts, 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.

Table 1 illustrates a 10-year trend (2007 and 2017) of the needs of WHC's patient population.

Table 1 – WHC Patient Demographics

	2007		2017	
Total Patients	3,140		4,560	
100% and below Federal Poverty Level	2,413	77%	2,477	54%
Uninsured	982	31%	391	8%
Medicaid/Quest	1,407	45%	2,882	63%
Native Hawaiian	1,515	46%	2,349	52%
Asian & Pacific Islander	648	21%	1,032	23%

It is also important to note that the rate of WHC's patients who were medically uninsured remained at about 30% up until 2014. In 2014, WHC reduced the number of patients

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.

who were uninsured with the increase in the number of onsite eligibility workers and through the expansion of Medicaid services and the Affordable Care Act.

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.

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.

III. Service Summary and Outcomes

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 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>.

1. Describe the scope of work, tasks and responsibilities

With the support of the State of Hawai'i, Waimānalo Health Center plans to support the Patient-Centered Health Care Home (PCHCH) approach to providing comprehensive health services to the underserved population of Waimanalo through services expansion. The Waimānalo Health Center is requesting \$374,000 to significantly enhance its capacity to address the needs of the Waimanalo community through improved access to and quality of care through expansion and enhancement of services. The proposed funding cover the equipment needs of the dental and vision services as well as operational support and infrastructure.

In 2014, Waimānalo Health Center embarked on a capital campaign to construct a 19,542 square foot expansion facility in close proximity to its existing facility. With construction to the new facility coming to close and expected opening to occur in the spring of 2019, WHC will now have vacant space to expand its operation on its current site. With medical, behavioral health and most other services moving to the expansion facility, WHC now has the opportunity to expand its services onsite.

The need for dental service expansion is critical as dental services currently operate with only four dental chairs for two full-time dentists, one full-time dental hygienist and one dental fellow. The additional space and equipment will allow WHC to see additional dental patients resulting in improved access to care. The expansion will allow WHC to see additional walk-in and emergency patients who most times have no dental health benefits. Proposed equipment will include three additional dental chairs, compressor and vacuum, imaging equipment including an xray system and pano xray unit.

The move within the expansion facility will also allow WHC to expand its current vision services to include additional equipment that will enhance the clinical visit. Part of proposed funding will include the purchase of additional vision equipment which is an ultra-widefield retinal imaging machine.

Additional operational support is needed in order to fulfill the expanded needs of the community. As funding for programmatic and direct patient services becomes available, funds to support the infrastructure of these services is unavailable. Thus, WHC is proposing the purchase of an operations vehicle and information technology blade server.

Purchases of proposed equipment will be coordinated by the Facilities Director and Chief Information Officer in coordination with the clinical staff.

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

Waimānalo Health Center is ready to implement the project as soon as funding is released. Preliminary estimates have been conducted and initial quotes have been received. Since the funding request is mainly equipment purchases for expansion of services, WHC already has the expertise in implementation and installation for existing services. Timeline will be as follows:

Prior to Award	<p>WHC will relocate existing services to its expansion facility (Hale Ola `Alua) in the spring of 2019, therefore, leaving vacant space in its existing facility (Hale Ola `Akahi) for expansion of services.</p> <p>During this time, WHC will seek funding from private foundations and individuals. Please see IV.3 for a list of additional funding sources.</p>
Upon Notification of Award:	<p>Minor renovations to the Hale Ola `Akahi will commence in preparing for proposed equipment.</p> <p>A request to release the funds will be initiated with the Department of Health.</p> <p>Updated quotes and estimates will be collected as time has lapsed between initial estimates and execution.</p> <p>Key staff members will initiate planning for the rollout of equipment including personnel from information technology and facilities in addition to direct service staff.</p>
Upon Release of Funds:	<p>All purchases will follow WHC's procurement process and any requirements for the State of Hawai`i Grants In Aid. WHC's procurement process includes Board approval for the proposed equipment.</p> <p>Equipment and motor vehicle purchases will be made and/or installed according to plan set forth during the planning process.</p> <p>If allowed, all purchases will be made within the first quarter of funding release.</p>

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. Below are projects (Table 2) that were successfully completed in recent years:

Table 2. WHC Successfully Completed Projects

Year	Project	Cost of Project
March 2009	Dental clinic renovation	\$195,758
March 2009	Major dental equipment purchase and installation	\$246,325
June 2009 – May 2011	ARRAC Capital Improvement Project grant for alterations and equipment through the US Department of Health and Human Services(DHHS), Health Resources and Services Administration (HRSA), Bureau of Primary Health Care	\$375,625
April 2012	Electrical room repairs funded by WHC	\$34,806
April 2013	WIC renovation (US Department of Agriculture and State of Hawai`i WIC program)	\$324,795
April 2013	Renovations to the nutrition services building funded by WHC	\$64,069
September 2013	Alterations for the vision center funded by WHC	\$54,000

September 2013	Purchase and installation of vision center equipment funded by the National Association of Community Health Center Covidien Challenge Grants	\$89,207
December 2013	Installation of facility generator funded by WHC	\$34,806
May 2013 – August 2014	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	\$289,214
November 2017 – March 2019	Construction of 2-story, 19,542 square foot expansion facility with expected completion in Spring 2019	\$13,000,000

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

It has been WHC's experience that successful projects are designated as a WHC strategic initiative with full support of the WHC Board of Directors and follows similar structure for leadership engagement and careful monitoring of the budget, timelines and results.

4. 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.

The measures of effectiveness that will be reported to the State agency include the following:

Facilities Measure

1. Completion of purchases of proposed equipment in FY2020 (or within granting period upon release of funds).

Operational Measure

1. Increase in the number of patients served and visits by 5% in CY 2020 compared to CY 2019.

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds
 - b. Personnel salaries and wages
 - c. Equipment and motor vehicles
 - d. Capital project details
 - e. Government contracts, grants, and grants in aid

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 2020.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$374,000	\$0	\$0	\$0	\$374,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2020.

Requests for non-government funding for this project will commence in the upcoming year. WHC's new expansion facility is near completion and should be open in the spring of 2019. Pledge contributions for the expansion facility from private foundations will be nearing its completion and will result in WHC being eligible to request funding from these institutions. Some institutions WHC will seek additional capital funding for this project include:

- HDS Foundation
- McInerny Foundation
- Atherton Family Foundation
- City and County of Honolulu Grants-In-Aid

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 federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2020 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, 2018.

Waimānalo Health Center's total current assets as of December 31, 2018 are \$3,274,509. This amount is from all cash accounts and receivables less an allowance for bad debt.

Pursuant to WHC's FY2018 Audit and FY2019 Budget, the following cash and savings balances are temporarily restricted by donors or designated by its Board of Directors:

Temporarily Restricted for Grants	\$280,483
Designated for Programs	\$211,671
Designated for Operating Reserve	\$700,000
Designated for Maintenance Reserve	\$500,000
<u>Designated for New Building</u>	<u>\$1,275,328</u>
Total Designations	\$2,967,482

Source: Waimanalo Health Center's FY2018 Audit (ending June 30, 2018), Page 16

Designations by the Board of Directors and Temporarily Restricted for Grants total \$2,967,482. Therefore, less these designations, WHC's unrestricted current assets total \$307,027.

Please refer to Waimanalo Health Center's Balance Sheets in Section A of the Attachments. Included are both balance sheets for FY2018 (as of June 30, 2018) as well as a balance sheet for FY2019 (as of December 31, 2018) which reflects the total current assets above.

V. Experience and Capability

1. 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 (WHC) 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, 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, this recognition was renewed in 2016.

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 capital projects 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:

- Expansion Facility
- WIC Renovation
- Facilities Master Plan
- Generator Installation

2. 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 will provide services at two campuses which are located in close proximity to each other. The original campus at 41-1347 Kalaniana'ole Highway is referred to Hale Ola `Akahi and the expansion facility, or Hale Ola `Alua located at 41-1295 Kalaniana'ole Highway will open in 2019. Hale Ola `Alua is a 2-story facility that will house most patient services including medical services, behavioral health services, vision services, community services, integrated cultural healing services, to name a few. Both properties are on the bus line and across from Waimānalo Elementary and Intermediate School.

Both campuses have areas for health education and classes with a total of seven areas used for training and education, varying in capacity with the smallest room holding 6-8 people and the largest holding 150 people. The largest meeting area is an open pavilion with kitchen facilities, table and chairs and restrooms. The other meeting areas are air-conditioned with adequate training furnishings. One meeting areas has a cooking demonstration kitchen. All meeting areas have or have access to audiovisual equipment for presentations and educational sessions.

WHC uses a 24-hour security system for the entire facility and meets all ADA and OSHA requirements. There are also ample wheelchair accessible and gender neutral restrooms and parking.

VI. Personnel: Project Organization and Staffing

1. 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 responsible for the proposed project:

Chief Executive Officer: Mary Frances Oneha, APRN, Ph.D. has been with WHC since 2012 with the development of the strategic plan to expand medical facilities. Prior to her hire at WHC, Dr. Oneha served as the COO for Waianae Coast Comprehensive Health Center (WCCHC) during the organization's major 3-story family medical building construction project.

Chief Financial Officer: Kathleen Kravish has managed prior WHC projects including its WIC renovation and the HRSA - ARRA CIP grant. For the past three years, she has worked closely with EA and FCA on the WHC Family Master Plan and facility design. 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.

Chief Medical Officer, Chief Information Technology Officer, Dental Director and Facilities Director: Christina Lee, MD, Robert Slike, Anthony Kim, DDS and Ghissou Rosala have many years of experience in their respective fields and provided guidance to the planning committee in needs, compliance and safety considerations and information technology requirements.

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.

2. 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.

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

The annual salary ranges for the highest paid employees are as follows:

- Chief Medical Officer - \$224,161
- Chief Executive Officer - \$191,297
- Dental Director - \$189,966

VII. Other

1. 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.

2. 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. WHC has also received accreditation (2015) through the American Association of Diabetes Educators, demonstrating our capacity to meet the applicable standards and requirements to deliver diabetes education.

3. 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.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2019-20 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2019-20

Funding from the State of Hawai`i is instrumental in successfully executing the proposed expansion of services. WHC's total annual operating expense budget is expected to increase as a result of the expansion of services. WHC is demonstrating growth currently and will continue to grow in its new facility. Within the existing site, the improved access to care particularly through dental services, will result in additional revenue. In 2014, WHC reduced the number of uninsured patients by 44% resulting in an increase in paid visits in addition to improving health outcomes of these patients. And in FY15, WHC completed a "Change in Scope" with MedQuest increasing its PPS reimbursement rate per Medicaid Patient Visit. With a 60% Medicaid patient population this represents nearly a 33% increase in program revenues. This increase in revenue will result in improved cash flows for operations to ensure a more secure revenue stream is available.

Health policy research has indicated that health centers save the government \$1,520 per person per year. With 3,500 medical patients served in 2014 by WHC, this potentially amounts to \$5.32 million, a substantial savings to the public sector. This figure does not illustrate other services provided by community health centers such as mental health, dental, vision and pharmacy. In addition, by providing effective primary and preventive care, hospitalizations and visits to emergency departments and specialists are reduced.

As a result of additional fund development efforts, fundraising efforts have been enhanced because of increased infrastructure capacity in the development department and relationships sustained as a result of the previous capital campaign. The increase in communication and first time contributions for the campaign will begin lifelong relationships with individuals, corporations and businesses.

(b) 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 plan to strategically secure resources for the project both from the public and private sector.

Without support from the State of Hawai`i, the proposed project will be delayed until private sources of funding are secured. Support from the legislature would trigger the release of other funding sources.

In addition to delaying the project, WHC may also determine if plans may need to be scaled back resulting in loss of expanded services for patients.

Ultimately, without legislative support WHC would not be able to provide its quality services to the underserved community of Waimānalo and the Ko`olaupoko corridor. Particularly, WHC would not be able to meet increased demand for services nor would WHC be able to expand services to the Ko`olaupoko areas including Kāne`ohe and Kahalu`u. The increased capacity and revenue from the expansion facility would contribute to WHC's expansion in these areas.

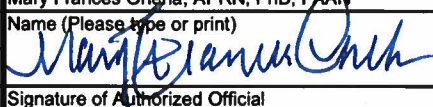
Attachment A

Budget Forms

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2019 to June 30, 2020

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				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES	339,000			
D. MOTOR VEHICLE PURCHASES	35,000			
E. CAPITAL				
TOTAL (A+B+C+D+E)	374,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	374,000	Mary Frances Oneha, APRN, PhD, FAAN (808) 259-7948		
(b) Total Federal Funds Requested	0	Name (Please type or print) Phone		
(c) Total County Funds Requested	0	 1/18/2019		
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official Date		
TOTAL BUDGET	374,000	Mary Frances Oneha, APRN, PhD, FAAN / Chief Executive Officer Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2019 to June 30, 2020

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)
Not Applicable				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2019 to June 30, 2020

Applicant: Waimanalo Health Center

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Optos Monaco (Vision)	1.00	\$120,000.00	\$ 120,000.00	120000
Blade Server	1	\$50,000.00	\$ 50,000.00	50000
Dental Examination Chairs	3	\$25,000.00	\$ 75,000.00	75000
Dental Xray System and Pano Xray Unit	1	\$73,000.00	\$ 73,000.00	73000
Dental Compressor and Vacuum	1	\$21,000.00	\$ 21,000.00	21000
TOTAL:	7		\$ 339,000.00	339,000

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
	1.00	\$35,000.00	\$ 35,000.00	35000
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:	1		\$ 35,000.00	35,000

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2019 to June 30, 2020

Applicant: Waimanalo Health Center

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2017-2018	FY: 2018-2019	FY:2019-2020	FY:2019-2020	FY:2020-2021	FY:2021-2022
PLANS	0	0	0	0	0	0
LAND ACQUISITION	0	0	0	0	0	0
DESIGN	0	0	0	0	0	0
CONSTRUCTION	0	0	0	125000	0	0
EQUIPMENT	0	0	374000	12000	0	0
TOTAL:	0	0	374,000	137,000	0	0
JUSTIFICATION/COMMENTS: While WHC received Grants-In-Aid funding for a previous project, it did not receive funds in prior years for the current project.						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Waimanalo Health Center

Contracts Total: 11,003,778

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	330e Consolidated Health Centers - Base and Expansions	03/01/2017-02/28/2018	Department of Health and Human Services	U.S.	2,136,072
2	330e Consolidated Health Centers - Base and Expansions	03/01/2018-02/28/2019	Department of Health and Human Services	U.S.	2,506,188
3	330e Consolidated Health Centers - Base and Expansions	03/01/2019-02/28/2020	Department of Health and Human Services	U.S.	2,031,688
4	HRSA Health Infrastructure Improvement Award	9/30/2017 - 9/30/2018	Department of Health and Human Services	U.S.	242,279
5	HRSA Health Infrastructure Improvement Award	9/30/2018 - 3/31/2019	Department of Health and Human Services	U.S.	757,721
6	Breast and Cervical Cancer Early Detection Programs	06/30/2017-06/29/2018	Department of Health	State	40,000
7	Breast and Cervical Cancer Early Detection Programs	06/30/2018-06/29/2019	Department of Health	State	50,000
8	Breast and Cervical Cancer Early Detection Programs	06/30/2019-06/29/2020	Department of Health	State	50,000
9	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	10/01/2017-09/30/2018	Department of Health	State	183,000
10	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	10/01/2018-09/30/2019	Department of Health	State	183,000
11	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	10/01/2019-09/30/2020	Department of Health	State	183,000
12	Comprehensive Primary Care Services	07/01/2017-06/30/2018	Department of Health	State	191,900
13	Comprehensive Primary Care Services	07/01/2018-06/30/2019	Department of Health	State	200,000
14	Comprehensive Primary Care Services	07/01/2019-06/30/2020	Department of Health	State	200,000
15	Med-QUEST Eligibility	07/01/2017-06/30/2018	Department of Health	State	26,310
16	Med-QUEST Eligibility	07/01/2018-06/30/2019	Department of Health	State	26,310
17	Med-QUEST Eligibility	07/01/2019-06/30/2020	Department of Health	State	26,310

18	Perinatal Support Services	07/01/2017-06/30/2018	Department of Health	State	40,000
19	Perinatal Support Services	07/01/2018-06/30/2019	Department of Health	State	40,000
20	Perinatal Support Services	07/01/2019-06/30/2020	Department of Health	State	40,000
21	Grants-In-Aid Capital Project	02/15/2017-06/30/2022	Department of Health	State	500,000
22	Grants-In-Aid Capital Project	03/09/2018-6/30/2022	Department of Health	State	1,000,000
23	Office of Youth Services	12/1/2017-12/1/2018	Department of Human Svs	State	50,000
22	Office of Youth Services	12/1/2017-12/1/2018	Department of Human Svs	State	50,000
23	Grants-In-Aid - Patient Centered Health Care Home Expansion	01/01/2017-1/31/2018		City and County of Honolulu	125,000
24	Grants-In-Aid - Patient Centered Health Care Home Expanded Facility Elevator	12/01/2017-5/31/2019		City and County of Honolulu	125,000

Waimanalo Health Center
Balance Sheet
As of 6/30/2018

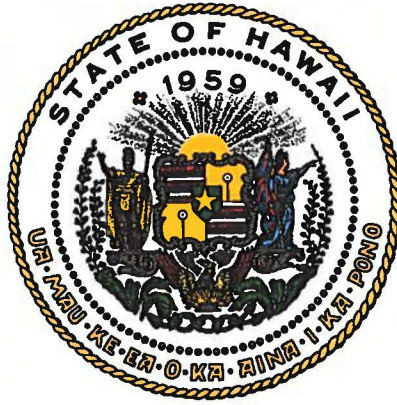
	Current Period Balance
Assets	
Current Assets	
Cash	1,679,661.14
Savings	1,385,389.49
Patient Receivable - Medical	486,327.90
Patient Receivable - Dental	56,461.95
Grant/POS Receivables	1,114,409.40
Other	10,878.00
less Bad Debt Allowance	<u>(75,000.00)</u>
Total Current Assets	4,658,127.88
Fixed Assets	
Land & Equip	5,616,022.97
less Depreciation	<u>(3,134,263.53)</u>
Total Fixed Assets	2,481,759.44
Other Assets	
Improvements in Progress	4,721,020.53
Prepays & Deferred Exp.	<u>36,506.06</u>
Total Other Assets	4,757,526.59
Total Assets	<u>11,897,413.91</u>
Liabilities	
Current Liabilities	
Accounts Payable	107,750.10
Accrued Vacation	152,852.56
Accrued Payroll	163,959.34
Payroll Withholdings	<u>21,268.04</u>
Total Current Liabilities	445,830.04
Other Liabilities	
Deferred Revenue	66,848.87
Deferred Expense	<u>302,523.90</u>
Total Other Liabilities	369,372.77
Total Liabilities	<u>815,202.81</u>
Net Assets	
Beginning balance	
Unrestricted	4,637,257.08
Unrestricted - BOD Designated	3,726,118.57
Temp Restricted	<u>280,483.04</u>
Total Beginning balance	8,643,858.69
Change in Net Assets	
Current Year Surplus/(Deficit)	<u>2,438,352.41</u>
Total Change in Net Assets	<u>2,438,352.41</u>
Total Net Assets	<u>11,082,211.10</u>
Liabilities & Fund Balance	<u>11,897,413.91</u>

Waimanalo Health Center
Balance Sheet
As of 12/31/2018
(In Whole Numbers)

	Current Period Balance
Assets	
Current Assets	
Cash	988,551
Savings	1,245,816
Patient Receivable - Medical	451,843
Patient Receivable - Dental	83,447
Grant/POS Receivables	568,974
Other	10,878
less Bad Debt Allowance	(75,000)
Total Current Assets	3,274,509
Fixed Assets	
Land & Equip	5,616,023
less Depreciation	(3,321,122)
Total Fixed Assets	2,294,901
Other Assets	
Improvements in Progress	4,721,021
Prepays & Deferred Exp.	11,700
Total Other Assets	4,732,721
Total Assets	10,302,130
Liabilities	
Current Liabilities	
Accounts Payable	26,269
Accrued Vacation	152,853
Accrued Payroll	38,906
Payroll Withholdings	45,985
Total Current Liabilities	264,012
Other Liabilities	
Deferred Revenue	66,849
Deferred Expense	302,524
Total Other Liabilities	369,373
Total Liabilities	633,385
Net Assets	
Beginning balance	
Unrestricted	8,114,729
Unrestricted - BOD Designated	2,686,999
Temp Restricted	280,483
Total Beginning balance	11,082,211
Change in Net Assets	
Current Year Surplus/(Deficit)	(1,413,466)
Total Change in Net Assets	(1,413,466)
Total Net Assets	9,668,745
Liabilities & Fund Balance	10,302,130

Attachment B

Other Required Documents



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 18, 2019

Director of Commerce and Consumer Affairs



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

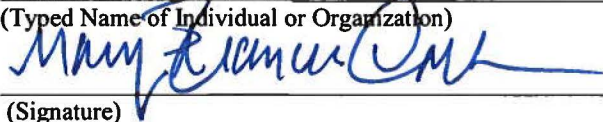
- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide 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, Hawaii 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, Hawaii 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, Hawaii 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)

01/18/2019

(Date)

Mary Frances Oneha, APRN, PhD, FAAN

(Typed Name)

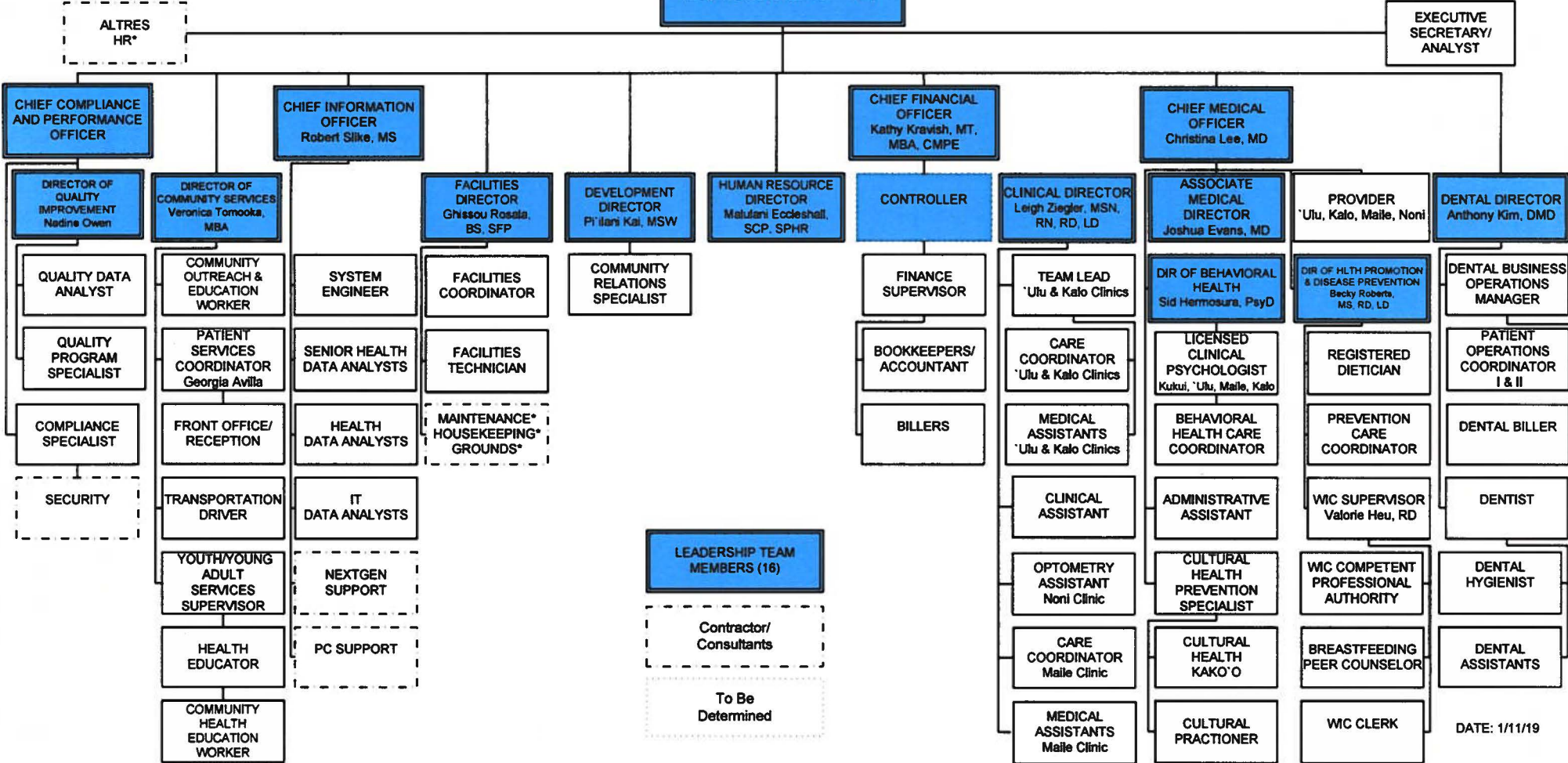
Chief Executive Officer

(Title)

BOARD OF DIRECTORS
 President Kathy Conner, Vice President Keoni Aylett, 2nd Vice President Justin Lam, Treasurer Jim Wood, Secretary Deborah Smith
 Directors: Kahikino Noa Dettweiler, Noe Galea'i, Andrew Jamilla, Jr., Renee Kama, Sandra Maenani McAulton, Kawai Miller, Catherine Sato,

CHIEF EXECUTIVE OFFICER
 Mary Frances Oneha, APRN, PhD

EXECUTIVE SECRETARY/ ANALYST



DATE: 1/11/19