Applicant Puna Commity Medical

# **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.

,	
W/	1) Certificate of Good Standing (If the Applicant is an Organization)
<b>V</b>	2) Declaration Statement
V	3) Verify that grant shall be used for a public purpose
	4) Background and Summary
	5) Service Summary and Outcomes
	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)
M	7) Experience and Capability
W	8) Personnel: Project Organization and Staffing



# 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

#### PUNA COMMUNITY MEDICAL CENTER FOUNDATION

was incorporated under the laws of Hawaii on 05/03/2007; 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: December 18, 2019

Catani. P. Owal Color

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.

Puna Foundation	Community	Medical	Center
(Typed Name of Individu	nal or organization)		
(Signature)	Spark	/2-/F-/9 (Date)	
_Steve Sparks (Typed Name)	-	President	

# **Application for Grants**

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

# I. Certification - Please attach immediately after cover page

#### 1. 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.

#### 2. Declaration Statement

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

#### 3. Public Purpose

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

# II. 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;
- 2. The goals and objectives related to the request;
- 3. The public purpose and need to be served;
- Describe the target population to be served; and
- 5. Describe the geographic coverage.

# III. 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:

# Applicant PCMC Foundation

- Describe the scope of work, tasks and responsibilities;
- 2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
- 3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and
- 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.

# 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 (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 (<u>Link</u>)
- 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
147,000	147,000	147,000	147,000	588.000

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



- 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.
- 6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2018.

# 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.

#### 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.

# 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.

# 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.

#### 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, <u>not employee name.</u>

# 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.

#### 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.

#### 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 <u>Article X. Section 1</u>, of the State Constitution for the relevance of this question.

#### 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, but
- (b) Not received by the applicant thereafter.

# THE THIRTIETH LEGISLATURE **APPLICATION FOR GRANTS**

CHAPTER 42F, HAWAII REVISED STATUTES

Type of Grant Request:

Legal Name of Requesting Organization or Individual Puna Community Media Amount of State Funds Requ	Capital  Cal Center Foundation
Puna Community Media Amount of State Funds Requ	cal Center Foundation
	cal Center Foundation
	Jested: \$ 3 78,000
Brief Description of Request (Please attach word docume	
see attached	
	· ·
Amount of Other Funds Available:	Total amount of State Grants Received in the Past 5
State: \$	Fiscal Years:
Federal: \$	\$ [62;
County: \$	Unrestricted Assets:
Private/Other: \$	\$
Type of Business Entity:  501(C)(3) Non Profit Corporation  Other Non Profit  Other	Mailing Address:  City: State: Zip:
Contact Person for Matters Involving this Applica	ation
Name: Steve Sparks	Title: President
asın sparks e gmail. con	Phone: 808 965-7061
Federal Tax ID#:	State Tax ID#
	Maks . President 12/21/19 me and Title Bate Signed

This Grant is a replacement request for/or modification to Allotment item E-4 05, ADM. SERV> OFFICE LOG NO. 16-113. Subsequent to completion of an FEIS and a feasibility study (i.e., the Stroudwater Report), Puna Community Medical Center Foundation/PCMCF is ready to begin the planning and design work for a Comprehensive Medical Center on five acres of State land, for which it has a 65 year lease. Previous G-I-A funding was for an Emergency Department, which the Stroudwater Report did not support. In the interim, the PCMC urgent care clinic has become an extension of Ka'u Hospital under Hawai'i Health Systems. Puna makai has some unique health care needs which are not currently addressed.

- 3. Verification of Public use. The Puna District has a federal designation as a Medically Underserved Area (MUA) with a Primary Care Provider (PCP) shortage. It is also underserved for Dental and Mental Health Care. It has one of the worst socio-economic situations in the entire state of Hawaii. The need for a "Comprehensive Medical Center" was recognized in the Puna Community Development Plan, which passed as amendment to the County General Plan in 2008. The target population is all residents of and visitors to the Puna District- both sexes, all ages, with no one turned away regardless of income, insurance or lack thereof, race, ethnicity, religion, etc. Anyone who needs medical care is a part of our target population.
- 4. Puna Community Medical Center (PCMC) became a nonprofit in 2007 and opened the doors of the Clinic in 2009. To date it has served 48,000 patients and over more than 96,000 visits. The Clinic is currently part of HHSC (Hawaii Health Systems). PCMC Foundation's goal is to increase access to quality medical care for this rural community by developing, in increments, a Comprehensive Medical Center.
- 5. Puna Community Medical Center Foundation will be dealing with professionals with experience in designing and building medical facilities. Freeman-White, for instance, is an architectural firm that specializes in medical facilities and has built more than 40 large projects throughout the country. In Hawaii they built the ER at the Waianae Coast Comprehensive on O'ahu and are therefore knowledgeable about local geography, weather, terrain, regulations and other considerations. The project engineers will address any concerns raised by the Department of Water and State Department of Health, especially regarding sewage treatment, site drainage patterns, and any other issue related to engineering. The Engineering Plan will be vetted by HDOH prior to submittal of application to the Hawaii County Planning Department for a Special Use Permit and Plan Approval Process. All State and County agencies have already had occasion to provide suggestions, and that partnership will continue throughout the process.
- 7. The Applicant shall meet all the measures of effectiveness. Put out RFP for Architect and Engineering Firms and select the best available. We will complete all Architectural and Engineering Reports and submit to County Planning Department for Special Permit, with copies to HDOH, Department of Water Supply, Department of Public Works- Building Division, Department of Environment, et al. We will have a hearing before the Windward Planning Commission and upon receipt of Special Permit and Plan Approval we will put out RFP for contractors.
- 8. The Puna Community Medical Center Foundation is a 9 member organization that will be in charge of this Project and consists of Medical Professionals, Educators, Builders, Real Estate Professionals, Hawaiian Healers, Students, and Environmentalist who are determined to bring more healthcare services to Puna.

# BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2019 to June 30, 2020

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				
Fringe Benefits				
TOTAL PERSONNEL COST				
OTHER CURRENT EXPENSES     Airfare, Inter-Island				
2. Insurance	2000			
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9 Land Cleaning	20,000			
10 architect Plans	78.000			
11 Engineering Plans	463,000			
12 Fandange Plans	10,000			
13 Periot & Fair	10 000	`		
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TOTAL OTHER CURRENT EXPENSES	588,000			
EQUIPMENT PURCHASES	7 4 1			
MOTOR VEHICLE PURCHASES				
CAPITAL	CERNON			
OTAL (A+B+C+D+E)	5 88,000			
		Budget Prepared By:		
OURCES OF FUNDING				
OURCES OF FUNDING	100 300	Chaus Cr	acles on	8965-7061
(a) Total State Funds Requested	588,000	Steve Sp Name (Please type or print)	A1/22 80	
(b) Total Federal Funds Requested		1	A .	Phone
(c) Total County Funds Requested		Sleve	Sports	12-30-19
(d) Total Private/Other Funds Requested		Signature of Authorized Office	al /	Date
		President		
	588,000	1 recent		

#### **BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS**

Period: July 1, 2019 to June 30, 2020

oplicant:	PCM	C	Found	ation
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#### **FUNDING AMOUNT REQUESTED**

OTAL 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:2021-202
LANS	•		586,000			
AND ACQUISITION						
ESIGN			,			
ONSTRUCTION						***************************************
QUIPMENT Insurance	v.		2,000			
TOTAL:			588,000			

**USTIFICATION/COMMENTS:** 

#### **BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES**

Period: July 1, 2019 to June 30, 2020

Applicant: PCMC Foundation

DESCRIPTION	NO. OF	COST PER	T	OTAL	TOTAL
EQUIPMENT	ITEMS	ITEM		OST	BUDGETED
NIA			\$		
• 1			\$	-	
			\$	tts:	
			\$	-	
			\$	-	
TOTAL:					

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	Challenge St. September 1994 of the Standard Control o
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

Applicant: PCMC Foundation Contract

Contract

Contracts Total:

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
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PCMC. Foundation

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TC STATI REQI (A
NIA				\$
				\$
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	CASION STREET			\$
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N/COMMENTS: