

Applicant Puna Community Medical
Center Foundation

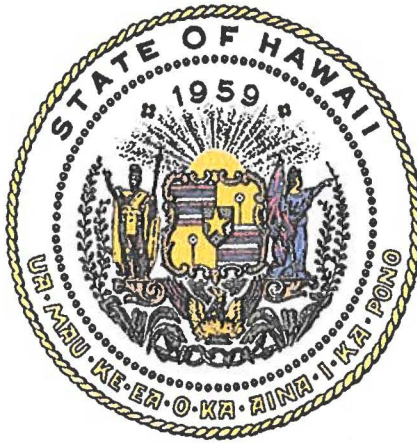
Application Submittal Checklist

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

Steve Sparks Steve Sparks - President 12-28-19
AUTHORIZED SIGNATURE PRINT NAME AND TITLE DATE

received
01/13/2020 *zc*



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

Director of Commerce and Consumer Affairs



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;
4. 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:

1. 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 ([Link](#))
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, not employee name.

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 Article X, Section 1, 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:

Operating Capital

Legal Name of Requesting Organization or Individual: Dba:

Puna Community Medical Center Foundation
Amount of State Funds Requested: \$ 588,000

Brief Description of Request (Please attach word document to back of page if extra space is needed):

see attached

Amount of Other Funds Available:

State: \$ _____
Federal: \$ _____
County: \$ _____
Private/Other: \$ _____

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 162,000

Unrestricted Assets:

\$ _____

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

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 Application

Name: Steve Sparks

Title: President

Email: asinsparks@gmail.com

Phone: 808 965-7061

Federal Tax ID#:

State Tax ID#

Steve Sparks
Authorized Signature

Steve Sparks - President
Name and Title

12/28/19
Date 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.

Applicant: Puna Community Medical Center Foundation

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

Applicant: Puna Community Medical Center Foundation

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	2000			
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9. Land Clearing	20,000			
10. Architect Plans	78,000			
11. Engineering Plans	463,000			
12. Landscape Plans	10,000			
13. Permits & Fees	10,000			
14. Misc.	5,000			
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	588,000			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	588,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	588,000	Steve Sparks	808 965-7061	
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested		<i>Steve Sparks</i>	12-30-19	
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
TOTAL BUDGET	588,000	President		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2019 to June 30, 2020

Applicant: PCMC Foundation

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			586,000			
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT Insurance			2,000			
TOTAL:			588,000			

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2019 to June 30, 2020

Applicant: PCMC Foundation

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

JUSTIFICATION/COMMENTS:

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

JUSTIFICATION/COMMENTS:

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: PCMC Foundation

Contracts Total: -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	N/A				
2					
3					
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