

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.

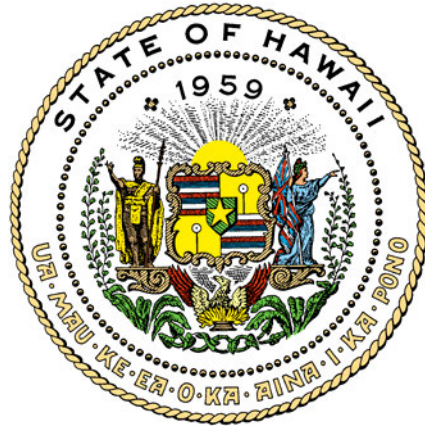
- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries 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



AUTHORIZED SIGNATURE

RYAN ASHLOCK, PRESIDENT
PRINT NAME AND TITLE

1/18/23
DATE



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

CASTLE MEDICAL CENTER

was incorporated under the laws of Hawaii on 01/21/1960 ; 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 05, 2023

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, 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; and
- 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.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

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.

Castle Medical Center dba Adventist Health Castle

(Typed Name of Individual or Organization)


(Signature)

1/18/23
(Date)

Ryan Ashlock
(Typed Name)

President
(Title)

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, 2022.

See attached.

2. Declaration Statement

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

See attached.

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](#).

AHCS is requesting \$800,000 in 2023 Grant-In-Aid funding in support of our AHCS Cancer Services Expansion Project, which will allow us to significantly expand access to comprehensive medical oncology services and state-of-the-art mammography screening and diagnostic imaging for underserved local Windward Oahu communities.

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;

Overview

As a full-service medical center offering a wide range of inpatient, outpatient and home-based services, Castle Medical Center dba Adventist Health Castle (AHCS) operates a 160-bed, acute-care regional medical center with more than 1,000 employees and staffed by more than 300 physicians. Located just outside of Kailua, AHCS serves all of Oahu and is the primary health care facility for the Windward side of the island. AHCS is

owned and operated by Adventist Health, a Seventh-day Adventist health care system. Our mission has been and remains “Living God’s love by inspiring health, wholeness, and hope,” and provides the foundation from which we deliver holistic, compassionate health care for the residents of Oahu. Our team members endeavor to live out our mission, from every board member to every supporting staff member. The principles of our mission are what motivated our founding and genesis, and they continue to inspire our daily efforts.

Current Services

Our medical providers include more than 300 physicians representing a wide range of specialties and subspecialties. In 2021, AHCS recorded 6,350 hospital admissions, 61,093 outpatient visits, 28,628 emergency department visits, 57,975 primary and specialty care clinic visits, and 941 births via our Vera Zilber Birth Center. AHCS provides a full spectrum of inpatient and outpatient services, including: Asthma Care, Bariatrics, Birth Center, Cardiac Catheterization Laboratory, Cardiovascular Services (Heart), Diabetes Care, Digestive Health, Ear Nose and Throat, Emergency Care, Home Care Services, Imaging Services (X-ray), Infusion Center, Intensive Care (ICU), Joint and Spine Center, Laboratory Services, Lithotripsy (Kidney Care), Mental Health, Occupational Therapy, Pharmacy, Physical Therapy, Primary Care, Speech Therapy, Spiritual Care, Surgical Services, Tobacco/Nicotine Dependence, Urgent Care, Urology, Weight Loss Surgery, and Wellness and Lifestyle Medicine Center. Our new oncology clinic and upgraded mammography machines for AHCS’s imaging suite at our hospital will help to improve access to vital preventative cancer screenings and diagnostics, in coordination with our primary and specialty care providers, which is very much needed given the general health status of our target population, as described below.

2. The goals and objectives related to the request;

Our key goals for the proposed project are to expand access to comprehensive medical oncology services via our new dedicated AHCS Weinberg Oncology Clinic, and upgraded mammography technology in our imaging center which will include stereotactic breast biopsy capability for state-of-the-art cancer detection. This effort aligns with the health priorities and strategies identified in our recent Community Health Needs Assessments (CHNA)¹, which identified the need to increase access to comprehensive health care services, including early cancer detection and treatment, by expanding the clinical capabilities of AHCS and its health care partners to ensure access to a full continuum of care. Patients on the Windward Side of Oahu have 12% of all cancer in Hawaii, yet there are currently only two oncologists at AHCS available to serve a total population estimated at more than 140,000 people. According to data compiled for our 2021 CHNA, breast cancer incidence in Oahu is the highest in the state. Patients with a need for timely cancer screening, diagnostic services, imaging, infusion treatments and medical oncology currently have a wait time of up to three months for an appointment. While some patients have the wherewithal to travel or access care outside our community, we are committed to provide the care our neighbors need and deserve right here on the Windward Side.

¹ <https://www.adventisthealth.org/images/castle/2021-CHNA-Castle.pdf>

Reducing existing health disparities by increasing access to preventive, primary, and specialty care is particularly important for our community's most vulnerable populations. Speaking directly to the increased risk of breast cancer, our 2021 CHNA reported that in 2019, Hawaii's population included 560,761 women over age 18, and the female population is slightly older than the rest of the country, with a median age of 39.1 in 2019, compared to 38.1 for the nation. As demonstrated by the service area demographic data to follow, significant and persistent poverty and lack of health coverage, coupled with health disparities linked to ethnic and cultural barriers to care, and the current need for many to travel long distances to access cancer care services all speak to the priority to establish more readily accessible local oncology resources.

The proposed project will help to address these critical issues through a phased approach. AHCS has invested in an upgrade of our infusion center and is committed to the renovation of the third floor of the Harry and Jeanette Weinberg Medical Plaza and Wellness Center on our hospital campus, home of the new AHCS Weinberg Oncology Clinic. This request continues to quest to improve access to oncology services through purchase and installation of two new state-of-the-art mammography machines for AHCS's hospital-based imaging center. This will advance our goal of upgrading our oncology diagnostic and treatment spaces to better meet the needs of patients with a higher level of care. Not only will these capital improvements enhance health outcomes and, in many cases, save lives, they will also substantially mitigate the resulting emotional, physical, and financial stress for affected patients and their families who are forced to seek care – often for an extended period of time – away from home.

3. The public purpose and need to be served;

The public purpose of the AHCS Cancer Services Expansion Project is to better meet the health care needs of Oahu residents, and primarily those living in underserved Windward Oahu communities, by significantly expanding access to comprehensive medical oncology services and state-of-the-art mammography screening and diagnostic imaging. According to the American Cancer Society², breast cancer is the most common cancer in women in the United States, except for skin cancers, accounting for approximately 30% (or one in three) of all new female cancers each year. The American Cancer Society's estimates for breast cancer in the United States for 2022 are:

- About 287,850 new cases of invasive breast cancer will be diagnosed in women.
- About 51,400 new cases of ductal carcinoma in situ (DCIS) will be diagnosed.
- About 43,250 women will die from breast cancer.

Breast cancer mainly occurs in middle-aged and older women, which based on the population data above places a disproportionately high number of female Hawaii residents at risk. The median age at the time of breast cancer diagnosis is 62, meaning that one-half of the women who developed breast cancer are 62 years of age or younger when they are diagnosed. Overall, the average risk of a woman in the United

² <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

States developing breast cancer sometime in her life is about 13%, meaning there is a one in eight chance she will develop breast cancer. In recent years, incidence rates for breast cancer have increased by 0.5% per year, a concerning trend for what is already the second leading cause of cancer death in women, surpassed only by lung cancer.

As for the leading cause of cancer death among women and men nationally, Hawaii currently ranks last in the nation for early-stage lung cancer diagnosis, and is in the bottom tier of state rankings for lung cancer screening and survival rate, according to the American Lung Association's 2022 State of Lung Cancer report.³ Most lung cancer cases are diagnosed at later stages when cancer has spread to other organs, treatment options are less likely to be curative, and survival likelihood is lower. It is more likely that treatments will be effective and improve chances of survival the earlier lung cancer is diagnosed, according to the report. Only 20% of Hawaii's lung cancer cases were caught at an early stage in 2022, which was significantly lower than the national rate of 26%, placing the state last in the nation in that category (out of 49 states with available data). Hawaii was also in the bottom tier of states in screening for lung cancer. Only 3% of Hawaiians at high risk for lung cancer, defined as people 50-80 years old who have smoked one pack of cigarettes a day for 20 years or two packs a day for 10 years, were screened, which was significantly lower than the national rate of 6%. The state ranked 43rd in that category.

"The early diagnosis rate in Hawaii falls into the bottom tier," the report states. "The state still has a lot of work to do to make sure that more of those at high risk for lung cancer are screened. It is alarming that Hawaii falls into the below-average tier for percent of patients receiving no treatment. Some patients do refuse treatment, but issues such as fatalism and stigma can prevent eligible patients from accessing treatment that may save or extend their lives."

4. Describe the target population to be served; and

The primary population intended to be served by the proposed project reside mainly in the communities from Laie to Kaneohe to Kailua through Waimanalo, with additional patients residing in other communities throughout Oahu. This comprises an estimated 140,000 people.

Service Area General Demographics⁴

Among the total population residing within AHCS's primary project service area, 64.6% are of a racial/ethnic minority group (of which 25.19% identified as 'Asian'), and 38.67% reported as 'White.' Notably, there is a particularly high concentration of Native Hawaiians in North Shore and Waimanalo (20.1% and 25.8% respectively). As for households with limited or no English language proficiency, 2.76% of all persons reported as such. As for age demographics, 21.63% are age 17 or younger, 59.29% are between the ages 18 and 64, and 19.09% are ages 65 and older. Only 3.43% of

³ <https://stateofreform.com/featured/2022/11/hawaii-ranks-last-in-the-nation-in-early-stage-lung-cancer-diagnosis>

⁴ *Data in this section was retrieved from the Department of Health and Human Services, HRSA 'UDS Mapper' program, which draws largely from US Census Bureau American Community Survey 2016-2020 data.*

households have less than a high school education (more than 96% literacy). Veterans compose 16.78% of persons residing in our service area.

Service Area Economic Demographics

There are 11.87% of persons residing in the service area who are classified as living at or below 200% of the Federal Poverty Guidelines (FPG), and 4.96% report living at or below 100% of the FPG. Regarding the medically uninsured, 2.34% persons report as such. Regarding health insurance status, 9.64% of the service area population are enrolled in the Medicaid or other public insurance program, whereas 87.8%, or 71,986 persons, report enrollment in Medicare or a private insurance program. Finally, 36.0% of the service area population reported as ‘Not Employed.’

Service Area Health Demographics

As to health status, 11.78% of the population reported experiencing a disability. Adults (ages 18+) who are binge drinkers in our service area population numbered 21.18% of the population. The number of smokers in the adult population is 12.91%. Adults who were ever told they have diabetes numbered 9.98% of the population, while adults who were told they have high blood pressure numbered 29.57% of the population. Also, adults who are ‘obese’ numbers 24.82% of the service area population. Adults who have delayed or not sought health care in the previous year due to cost comprise 7.38% of the population, and further, 13.34% of the population have no usual source of health care, which further puts a significant number of residents at risk of cancer and who may not receive timely screening or diagnostic imaging services.

Service Area vs State vs National Demographics

For comparative purposes, we have presented select data relevant to need for expanded access to cancer screening and treatment with brief, associated comments, comparing our service area with State of Hawaii and U.S. populations.

Health Care Access (Ages 18+, Unless Otherwise Specified)	Service Area Number	Service Area Percent	Hawaii	U.S.A.
No cervical cancer screening (female ages 21–65)	3,053	12.7 %	16.5 %	15.3 %
No mammogram within the previous 2 years (females ages 50–74)	2,220	16.7 %	21.8 %	25.2 %
No colon cancer screening (ages 50–75)	6,870	26.6 %	31.5 %	33.6 %
Men (ages 65+) who are not up to date on a core set of clinical preventive services	5,377	69.9 %	74.8 %	67.6 %
Women (ages 65+) who are not up to date on a core set of clinical preventive services	6,352	69.0 %	70.1 %	71.6 %
Ever diagnosed with cancer (besides skin cancer)	4,570	6.4 %	6.2 %	6.9 %

Source: PLACES Database, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion

The most recent PLACES data updated in December 2022, compiled through an ongoing partnership between the Centers for Disease Control and Prevention (CDC), the CDC Foundation, and the Robert Wood Johnson Foundation, indicate a clear need

for expanded oncology services within AHCS’s primary service area. More than one in 10 (12.7%) females ages 21-65 currently have not had a cervical cancer screening. Among women ages 50-74, approximately 2,220 (16.7%) have not had a mammogram in the past two years. More than one in four (26.6%) service area residents ages 50-75 have not had a colon cancer screening. More than two-thirds of men (69.9%) and women (69.0%) ages 65 and over are not current on a core set of clinical preventive services, mirroring or exceeding current state and national rates. Finally, a total of 4,570 service area residents (6.4%) at some point in their lives have been diagnosed with cancer other than skin cancer, on par with current state and national statistics. Through the requested Grant-In-Aid funding support for our project, we will help to reduce the incidence of premature death due to preventable and/or treatable cancers and improve overall health and quality of life for residents of Oahu.

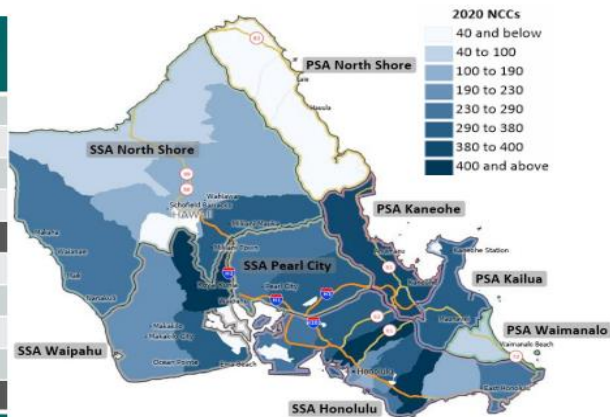
5. Describe the geographic coverage.

The geographic coverage (‘beneficiary area’) for this project primarily includes Windward Oahu zip codes comprising North Shore, Kaneohe, Kailua, and Waimanalo. The majority of our patients to be served by the proposed project reside in this area, however, it should be noted that our patient population includes other individuals residing throughout Oahu, and we serve many residents of the city and county of Honolulu, as well. The 2020 cancer incidence heat map below provides more relevant data on the unmet need for expanded access to comprehensive oncology services.

Cancer Incidence by Region (2020) © Whitecap Health | 29

- › ~13% of Oahu’s new cancer cases (NCCs) originate from within the PSA, nearly half originate within Honolulu

Service Area	2019 NCCs	2020 NCCs	Percent of Total	Sq. Mile	NCC / Sq. mi.	Incidence Rate per 1,000
PSA Kailua	245	233	5.0%	21.8	10.7	4.5
PSA Kaneohe	313	298	6.3%	34.5	8.6	5.4
PSA North Shore	61	58	1.2%	57.4	1.0	3.4
PSA Waimanalo	49	46	1.0%	11.2	4.1	4.5
PSA Sub-Total	667	636	13.5%	124.8	5.1	4.7
SSA Honolulu	2,391	2,278	48.4%	91.4	24.9	5.4
SSA North Shore	649	619	13.1%	234.7	2.6	3.7
SSA Pearl City	465	443	9.4%	36.5	12.1	5.4
SSA Waipahu	769	733	15.6%	95.3	7.7	3.8
SSA Sub-Total	4,273	4,072	86.5%	457.9	8.9	4.7
Total	4,941	4,708	100.0%	582.7	8.1	4.7



Source: American Cancer Society 2020 analytic new cancer cases by tumor site for Hawaii; SEER Incidence (age-adjusted)

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;

AHCS's commitment to increasing access to timely, comprehensive cancer services for communities on the Windward side of Oahu, we initiated our medical oncology service in 2021, led by veteran oncologist William S. Loui, MD, FACP, in Suite 104 of the Harry and Jeanette Weinberg Medical Plaza and Wellness Center on our hospital campus. The proposed project to renovate and establish the new AHCS Weinberg Oncology Clinic on the third floor of the Weinberg Medical Plaza will significantly advance our goal of upgrading our oncology diagnostic and treatment spaces to better meet the needs of approximately 140,000 Windward Oahu residents who currently may need to wait up to three months to receive cancer screening, diagnostic services, imaging, infusion treatments and medical oncology services.

The AHCS Weinberg Oncology Clinic will comprise a total of 3,820 square feet and will be staffed with two medical oncologists, one nurse practitioner, and one geneticist. This team will be supported in surgery by breast, bariatric, transplant, and bariatric RNs. By providing a new access point for comprehensive medical oncology services, we will have the capacity to serve a projected 6,000 patient visits per year following the completion of the proposed renovation project. Additionally, the requested funding will support the purchase of two new mammography machines for AHCS's imaging center, which will dramatically expand local access to state-of-the-art breast cancer screening and diagnostic services, roughly doubling our current capacity and providing an estimated 10,000-12,000 patients annually with potentially life-saving early detection and referral to treatment. The new mammography technology will also enable AHCS to offer stereotactic biopsies – a much less invasive procedure – which must currently be referred out to other health care provider organizations.

The project, which in total is estimated to take approximately 12-16 months to complete, will be implemented by AHCS's project management team – led by Senior Project Manager Darcy Howard (see Project Organization and Staffing section) – in coordination with AHCS's leadership team, including executive management and our facilities, finance, and medical operations departments. The entire project will cost just under \$3.6 million.

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

AHCS has developed a master work plan and schedule for the proposed scope of work to be managed by our project team. We have already engaged Arthur Y. Mori & Associates, Inc. (Architects AIA) to draft an architectural floor plan and equipment list for

the oncology clinic space renovation and imaging center room alterations. The proposed annual timeline for completion of the AHCS Cancer Services Expansion Project is as follows:

Oncology Clinic Planning and Design Phase (Completed)

Oncology Clinic Construction Phase (January 2023-September 2023):

- Facility renovation/alteration activities
- Acquire/deploy medical equipment
- Acquire/deploy IT equipment
- Implement security system and procedures
- Acquire/deploy furniture, artwork, and signage

Oncology Clinic Close-Out Phase (September 2023-December 2023):

- Occupancy and move-in, including licensing, health plan notifications, provider/staff hiring and onboarding, and seeing first patients at new clinic.

Mammography Machine Upgrade and Room Alterations (January 2024-April 2024):

- Obtain and evaluate vendor quotes
- Execute purchase order for two (2) new mammography machines
- Acquire and install new mammography machines at AHCS Imaging Center
- Deliver provider and staff training on new machines
- Begin offering enhanced diagnostic imaging services to patients

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

AHCS has extensive experience in applying evidence-based Lean Six Sigma principles to improve coordination and quality of care, patient and staff satisfaction, and patient-centered care outcomes in the health care setting, which will also be used to help ensure the successful completion of the proposed project and achievement of stated objectives and outcomes. The core framework of the Lean Six Sigma methodology includes the A3 approach – Plan, Do, Check, Act (PDCA) – which AHCS will utilize for implementation, evaluation, and continuous improvement of project-related activities.

During the “Plan” phase, objective data is used to identify ways and opportunities to institute practice change. During the “Do” phase, project team members incorporate their understanding of and vision to address identified challenges and barriers to implement the proposed activities. The “Check” phase allows for review and analysis of outcomes related to project activities at regular intervals to determine if the desired results have been achieved, and if not, how project activities and/or processes could be altered or enhanced to more effectively support stated project goals. If the desired

results have been achieved, the “Act” phase allows the project team to identify opportunities to expand successful activities to ultimately benefit more patients.

In addition to tracking and reporting the measures of effectiveness listed below, AHCS will ensure the project’s facility renovation/alterations and capital equipment procurement activities remain on schedule and all milestones and deliverables are met through regular communication – including virtual and in-person meetings – between the project management team and AHCS leadership. A master work plan has been developed, and will be monitored and updated as needed, with conservative time frames for each project phase to ensure that any potential challenges can be addressed and resolved prior to agreed-upon deadlines. When planning/permitting activities have been completed and actual clinic renovation and imaging center alteration work commences, site visits will occur at regularly scheduled intervals to confirm the quality and timeliness of the work to be performed, as well as adherence to the master work schedule. AHCS will also adhere to its own board-approved procurement process for major capital items in sourcing, purchasing, completing provider/staff training, and ultimately putting the new mammography machines into service for our patients.

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.

Our primary measure of effectiveness to be reported for the proposed project will be the successful completion of all facility construction and capital equipment acquisitions (to be supported by requested 2023 Grant-In-Aid funding) within 12 months of the notice of award. We also project that all required oncology clinic staff will be hired, onboarded, and commence work at the new clinic site upon completion of facility renovation activities. By providing a new access point for comprehensive medical oncology services, we will have the capacity to accommodate a projected 6,000 patient visits per year following the completion of the proposed renovation project. Additionally, the requested funding will support the purchase of two new mammography machines for our upgraded AHCS’s imaging center, which will dramatically expand local access to state-of-the-art breast cancer screening and diagnostic services, roughly doubling our current capacity and providing an estimated 10,000-12,000 patients annually with potentially life-saving early detection and referral to treatment.

Using our electronic health record and practice management systems, AHCS commits to tracking and reporting the total number of patients served and patient visits by service type, as well as relevant health outcome measures for those who receive oncology treatment and diagnostic imaging services at AHCS’s Grant-In-Aid funded locations. If requested, AHCS will also provide demographic information on the patients served, as well as billing and payer mix data for services provided. We also plan to administer

patient and provider experience surveys to help measure the quality and effectiveness of AHCS's augmented oncology and mammography screening services, and identify where process improvements could be implemented.

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)

All applicable budget forms have been completed and are attached.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2024.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
		\$800,000		\$800,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2024.

AHCS has committed to providing the balance of funds needed to complete the proposed project. However, we will pursue all other available public and/or private funding for which we are eligible in fiscal year 2024.

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.

Not 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 2024 for program funding.

Please see the attached listing of all government contracts and/or grants.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2022.

\$157,856,126.31

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.

This is AHCS's second application for Chapter 42F Grant-In-Aid funding, as our Kailua Primary Care Clinic project was generously supported with \$517,930 in 2022 GIA funding, for which we are currently in the contracting process. We have also been successful in securing and administering significant grant awards in support of other capital projects. Notably, AHCS received a \$2 million grant from the Harold K.L. Castle Foundation, with a period of performance spanning 2010-2018, to assist our \$24 million comprehensive hospital facilities renovation/renewal project. The HKL Castle Foundation funds specifically assisted with the creation of a 3,500 square foot pharmacy to serve 20,000 patients annually; an expanded emergency department to serve 30,000 patients annually; upgrades to our radiology department to serve 33,600 patients annually; constructing a seven-station chemotherapy station to serve 1,000 patients annually; and building a women-oriented imaging center with x-ray, ultrasound, mammography, and testing services in one convenient location to serve 7,200 patients annually. AHCS has also completed the following capital enhancement projects within the past several years:

- AHCS opened a state-of-the-art dental clinic in the Laie Village Shopping Center in December 2019, as part of our commitment to provide crucial oral health care services to the North Shore community;
- Our vision to transform the health experience and outcomes of the Windward Oahu population was further realized in early 2018 with the renovation and modernization of the four-story Castle Professional Center in Kaneohe, which included a new outpatient rehabilitation clinic, lab, imaging department, pharmacy, primary care clinic, and urgent care, as well as upgrades to the lobby, corridors, restrooms, courtyard, elevators and parking lot.
- AHCS acquired the next generation of robotics-assisted systems for knee replacement surgery and is the sole health care provider on Oahu where this newest technology is available. The NAVIO technology offers the benefits of earlier robotics-assisted systems—a precise, minimally invasive procedure with a shorter hospital stay, smaller scar, improved outcomes and quicker recovery period than traditional knee replacement surgery.

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.

The medical oncology clinic to be supported by the requested 2023 Grant-In-Aid funding will be located on the third floor of the Harry and Jeanette Weinberg Medical Plaza and Wellness Center at 642 Ulukahiki Street, Kailua, HI 96734. AHCS already has operational control of the facility, and the utilization of existing medical office building space on our hospital campus will offer convenient local access to comprehensive medical oncology services for our patients, which is especially important for those who are elderly and/or mobility or transportation challenged. Current architectural plans for the 3,820 square foot cancer services delivery site include 10 ADA-compliant exam rooms; one (1) specialty care exam room; two (2) provider stations; eight (8) physician offices; a pharmacy registered nurse office; a medical work room; a medical consult room; a storage room; a break room; a clinic director's office; and spacious reception, waiting, and intake areas. The proposed project location will accommodate medical oncology clinical and support staff as described in the Project Organization and Staffing section below. The clinic location is currently scheduled to operate 7:00 am and 7:00 pm, five days per week initially, with plans to expand to weekend hours in the near future. AHCS also has adequate space in its imaging center on the hospital campus to place two new mammography machines into service for Windward Oahu area residents.

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.

The project lead for the AHCS Cancer Services Expansion Project will be Senior Project Manager Darcy Howard, who is responsible for managing the design and project delivery performance for multiple strategic and routine projects as assigned, within one or more sites. He is also leading the Kailua Primary Care Expansion Project, generously funded in part by a 2022 Grant-In-Aid award from the State of Hawaii. Mr. Howard interfaces with hospital personnel, local and regional leadership to develop and administer construction projects in accordance with local, state and federal regulations and organization guidelines. He manages AHCS's project management team, oversees approved construction projects, develops scope, schedule and budget for potential projects, executes against scope, schedule and budget commitments, benchmarks project performance to industry best practices, and adheres to Key Performance Indicators (KPIs).

Mr. Howard has more than 30 years' experience in architecture, project design, and construction management. He is a Licensed Professional Architect in three states, including Hawaii, and holds a bachelor's degree from the Boston Architectural Center School of Architecture. He has also earned numerous specialty certificates and accreditations, including from the American Institute of Architects, Leadership in Energy and Environmental Design (LEED), and Building Design and Construction (BD+C). Mr. Howard has led the successful design and/or implementation of dozens of high-profile new construction, expansion, and renovation projects spanning multiple industries, including health care. In addition to AHCS, notable medical facilities for which he has provided project design/management services include Cleveland Clinic Abu Dhabi Hospital and Clinic, Stanford University Hospital and Clinics, University of Massachusetts Medical Center, and Mt. Diablo Medical Center (Concord, CA).

The new AHCS Weinberg Oncology Clinic, to be located on the third floor of the Harry and Jeanette Weinberg Medical Plaza and Wellness Center on our hospital campus, will be staffed with two medical oncologists, one nurse practitioner, and one geneticist. This team will be supported in surgery by breast, bariatric, transplant, and bariatric RNs. By providing a new access point for comprehensive medical oncology services, we will have the capacity to serve a projected 6,000 patient visits per year following the completion of the proposed renovation project. Additionally, the requested funding will support the purchase of two new mammography machines for AHCS's imaging center, which will dramatically expand local access to state-of-the-art breast cancer screening and diagnostic services, roughly doubling our current capacity and providing an estimated 10,000-12,000 patients annually with potentially life-saving early detection and referral to treatment.

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.

See attached organizational chart.

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.

Interventional Cardiologist \$655,000

Interventional Cardiologist \$615,000

Gastroenterologist \$610,000

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.

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.

Not applicable.

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.

Not applicable.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2023-24 the activity funded by the grant if the grant of this application is:

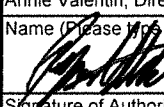
- (a) Received by the applicant for fiscal year 2023-24, but
- (b) Not received by the applicant thereafter.

AHCS has committed to providing the balance of funds needed to complete the proposed project from its operating reserves and by securing additional philanthropic support, so we anticipate that no further grant support will be required to sustain project activities beyond the fiscal year 2023-24 budget period. We also expect the expansion of oncology services and resulting growth in billable patient services will provide sustaining revenue beyond the grant period of performance. AHCS has developed and maintains strong relationships with community partners and receives philanthropic contributions from a broad base of individual, corporate, and foundation supporters. We have a robust strategy in place to continue to expand our current annual fundraising from public and private sources in order to further diversify our revenue sources and build a financial foundation that is not dependent on limited funding streams. AHCS will continue to cultivate and pursue opportunities to optimize direct philanthropic support, in-kind contributions, and other forms of assistance to provide long-term support for our operations, while minimizing our reliance on short-term grant funding opportunities.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2023 to June 30, 2024

Applicant: Castle Medical Center dba Adventist Health Castle

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				434,336
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				434,336
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				
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20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES	600,000			520,057
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	200,000			1,830,853
TOTAL (A+B+C+D+E)	800,000			2,785,246
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	800,000	Annie Valentin, Director of Philanthropy 808-263-5288		
(b) Total Federal Funds Requested	0	Name (Please type or print) Phone		
(c) Total County Funds Requested	0			
(d) Total Private/Other Funds Requested	2,785,246	Signature of Authorized Official Date		
TOTAL BUDGET	3,585,246	Ryan Ashlock, President		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2023 to June 30, 2024

Applicant: Castle Medical Center dba AH Castle

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Medical Equipment (Oncology Clinic and Imaging Center)			\$ 887,611.00	\$ 600,000.00
IT Equipment			\$ 81,643.00	
Furniture/Fixtures			\$ 114,803.00	
Artwork			\$ 25,000.00	
Signage/Graphics			\$ 11,000.00	
TOTAL:			\$ 1,120,057.00	\$ 600,000.00

JUSTIFICATION/COMMENTS:

The State will be asked to fund \$600,000 of the total project equipment expense, with the balance to be covered by AH Castle.

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

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2023 to June 30, 2024

Applicant: Castle Medical Center dba AH Castle

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: 2021-2022	FY: 2022-2023	FY:2023-2024	FY:2023-2024	FY:2024-2025	FY:2025-2026
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION			200,000	1,830,853		
EQUIPMENT						
TOTAL:			200,000	1,830,853		
JUSTIFICATION/COMMENTS:						
Capital funding requested from the State will be matched by funds from Adventist Health Castle and other philanthropic supporters.						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

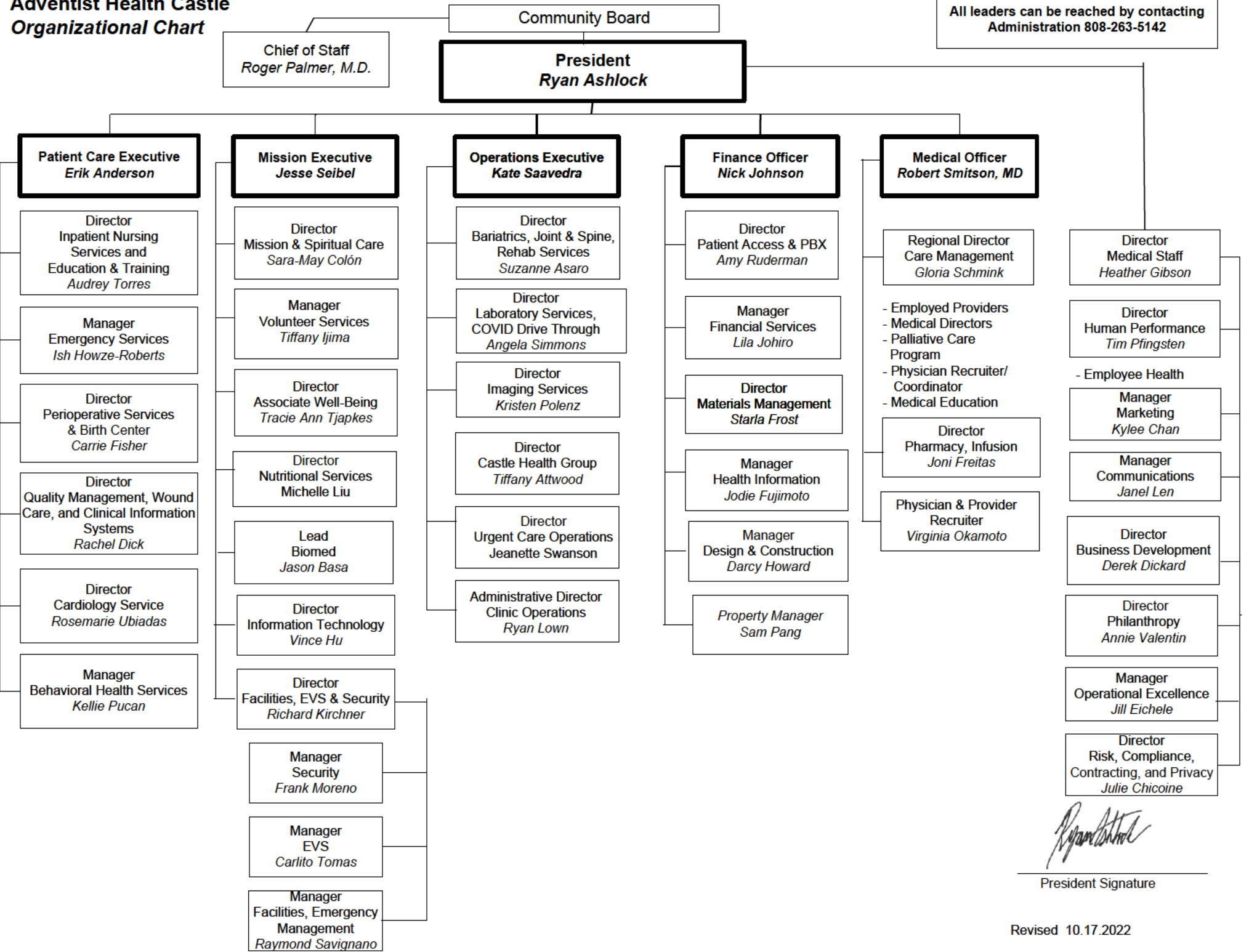
Applicant: Castle Medical Center dba Adventist Health Castle

Contracts Total: Ongoing

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Participation in 340B discount drug program	1/30/2006	Department of Human Services	State of Hawaii	In-kind
2	Procurement expenditure - trauma designation	7/26/2018	Department of Health	State of Hawaii	350,000
3	COVID-19 vaccine admin agreement	12/1/2020	Department of Health	State of Hawaii	\$25/vaccination
4	Grant-In-Aid funding	10/26/2022	Department of Community Services	City and County of Honolulu	200,000
5	Grant-In-Aid funding	4/27/2022	Office of Community Services	State of Hawaii	517,930
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		10			Application for Grants

**Adventist Health Castle
Organizational Chart**

All leaders can be reached by contacting
Administration 808-263-5142



President Signature