

House District 6th

Senate District 3rd

THE TWENTY-FOURTH LEGISLATURE  
HAWAII STATE LEGISLATURE  
APPLICATION FOR GRANTS & SUBSIDIES  
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: 245-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

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

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST: DEPARTMENT OF HEALTH  
AND PROGRAM I.D. NO. \_\_\_\_\_

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dba: West Hawaii Community Health Center

Street Address: 75-5751 Kuakini Hwy, Suite 101A  
Kailua Kona, HI 96740

Mailing Address: SAME

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name RICHARD J. TAAFFE

Title Executive Director

Phone # 808-326-5629

Fax # 808-329-9370

e-mail rtaaffe@westhawaiiichc.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

4. FEDERAL TAX ID: [REDACTED]

5. STATE TAX ID #: [REDACTED]

6. SSN (IF AN INDIVIDUAL): \_\_\_\_\_

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

COMPLETING THE CIRCLE OF CARE ON THE BIG ISLAND:  
INCREASE ACCESS TO DENTAL CARE BY ESTABLISHING A  
PERMANENT DENTAL CLINIC AND IMPROVE QUALITY OF CARE  
BY IMPLEMENTING AN ELECTRONIC HEALTH RECORD.

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2007-2008: \_\_\_\_\_

FY 2008-2009 \$ \$500,000

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE  
AT THE TIME OF THIS REQUEST:

STATE \$ 0

FEDERAL \$ 0

COUNTY \$ 0

PRIVATE/OTHER \$ 0

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[REDACTED]

RICHARD J. TAAFFE, Executive Director

NAME & TITLE

1/31/08  
DATE SIGNED

**WEST HAWAII COMMUNITY HEALTH CENTER  
2008 LEGISLATIVE  
REQUEST FOR GRANT IN AID**

**I. BACKGROUND AND SUMMARY**

**1. Organizational Background**

West Hawaii Community Health Center (WHCHC) is a community-based, non-profit 501(c)3 organization established in 2003 to provide affordable health care services (medical, dental, behavioral health) to the residents of West Hawaii—with emphasis placed on serving the uninsured, underinsured, low-income and individuals having difficulty accessing care especially those receiving Medicaid and Medicare. WHCHC offers its services to the uninsured using a sliding fee scale based on income and no person is denied service because of their inability to pay. The stated mission of the West Hawaii Community Health Center is:

*To make quality, comprehensive, and integrated health services accessible to all who pass through our doors regardless of income. These services will be culturally sensitive and will promote community well-being through the practice of "malama pono."*

Current services represent a spectrum of comprehensive primary medical care including:

- Preventive and acute medical care for patients of all ages—neonates, children, adolescent, adult and geriatric patients;
- Chronic medical care for children, adults and elderly patients;
- Follow-up care;
- EPSDT (*also known as "well child"*) examinations, treatment, and follow-up;
- Psychosocial assessments and treatment;
- Immunizations;
- Tuberculin testing and reading;
- Family Planning;
- Medical referral;
- Immigrant healthcare;
- Education and Outreach activities;
- Eligibility assistance for health coverage;
- Waived laboratory testing.

The West Hawaii Community Health Center was established in response to a critical need for health care in the communities of West Hawaii. A survey conducted in 2002-03 revealed that a significant portion of the population—Native Hawaiian, immigrant (mostly Spanish-speaking), homeless, low-income children and their families—had limited access to adequate health care and that there were significant health disparities among this population as compared to the overall population. Some of the access issues revealed by this survey included: 1) Few medical and dental health payments such as Medicaid; 2) Increased health risks be

care, disease disparities especially regarding chronic diseases such as diabetes, cardiovascular disease, asthma; and 3) Limited primary and preventive care for children. Since that survey in 2002-03, the health care situation in West Hawaii has become an even larger crisis.

Since opening its doors in January of 2005, the West Hawaii Community Health Center has provided services to over 6,000 individual patients and has provided over 15,000 patient visits. A majority of our patient visits are Medicaid (46%) and uninsured/self-pay (23%) with about 3% homeless patients and 5% migrants. Clearly, the West Hawaii Community Health Center is fulfilling its purpose and mission—to provide access to care for those who are poor and lack basic services.

In 2007 we served 4,600 users and had nearly 10,250 patient visits; a 110% growth over the previous year. Despite this increase, the demand for health care only continues to increase and the WHCHC is seeking to address this critical need by expanding services into new locations.

## 2. Project Goals and Objectives

Grant-in-Aid funds are being requested so that WHCHC can expand services into two new areas (South Kohala and South Kona) without financially impacting the existing clinical operations negatively. The sites for these expanded services are:

- (1) Kealahou in South Kona for a Children's Clinic that offers medical, dental and behavioral health services.
- (2) Waikoloa Village in South Kohala to offer medical services.

### Kealahou Children's Clinic—Funds to operate pediatric clinic

The West Hawaii Community Health Center is remodeling a leased space in order to house a four operatory pediatric dental clinic and a four exam room pediatric medical office. The medical portion of the clinic is currently functioning while the dental clinic is expected to be operational in September 2008. WHCHC is seeking GIA funds to cover part of the start-up operating costs.

**Goal: To provide access to medical, behavioral health, and dental care at a permanent clinic for children of South Kona.**

Objectives:

1. By the end of CY 2009 to provide medical services (and behavioral health as needed) to between 2,000 and 2,500 children.
2. By the end of CY 2009 to provide dental care to 1000 children who are Medicaid eligible or uninsured.

### Waikoloa Village Health Clinic

**Goal: To provide access to medical care for residents of South Kohala.**

Objective:

1. By the end of CY 2008 to open a primary care outpatient facility in the Village of Waikoloa that is staffed with a family practice physician at least 3 days per week and serve 1000 people.
2. By the end of CY 2009 to provide fulltime medical care to 2,000 patients.

**3. Public Purpose and Need to be Served**

Children's Clinic --Dental Care -- Documented Need

1. Over the last 15 years, as different community and governmental planning processes have taken place, the need for dental and medical care for the indigent, uninsured and underinsured has been identified as a priority at State, County and community levels (State Health Planning and Developmental Agency Big Island Assessment – 1993; Big Island Strategic Plan on Homelessness, 1999; Consolidated Plans for County of Hawai'i, 1995-2000; and Market Trends Pacific, Inc. – Study for State of Hawaii in year 1999, State Oral Health Strategic Plans 2000 and 2003).
2. "On the whole, the neighbor islands have greater need and fewer available dentists than Oahu. Many areas have an acute shortage of dentists willing to serve Medicaid and uninsured patients. Not surprisingly, these same areas have the highest rates of poverty, uninsured and Medicaid participation. For example, 58% of the population of Moloka'i and 55% of the population on the Big Island are either uninsured or covered by Medicaid, compared to 34% on Oahu." (*Primary Care Association 2005*)
3. Although children covered under Medicaid have full dental benefits until age 21 and adults have benefits for prevention, limited restorative and emergency services, the problem of access to care remains because of the limited number of private practice dentists that accept Medicaid. The participation of our state's dentists in public insurance plans is so low that according to a 2004 report by the Primary Care Association stated that Hawaii "ranked almost last-46<sup>th</sup> out of 47 states with available data, for the proportion of dentists (30%) who offer services to publicly-insured individuals." An example of this on the island of Hawaii is that in a 2006 telephone survey of private dentists, there is only **ONE** dentist that will accept Medicaid.

Waikoloa Village Health Center --- Documented Need

1. Many factors have converged to create a healthcare crisis in Waikoloa service area. The most evident problem is the rapid growth of a population. The explosive population growth in the Waikoloa area is illustrated by the fact that the 2007 population estimate for Waikoloa Village is 7,467 which exceeds the entire population of CT 217.01 as measured in the 2000 census of 6,015 residents. Furthermore, the population of CT 217.01 is expected to double over the next five years. Growth is also anticipated in the smaller community of Kawaihae, home to one of two deepwater harbors on the Big Island, as cargo shipments increase to accommodate the area's growing population. Using the most current data available,

the effective total population for CT 217.01, including the contribution of full-time residents and the effective contribution of tourists is 9,615.

2. Next to growth, the most pressing problem facing the community is the shortage of healthcare providers. The exodus of medical providers from the area is due to a combination of factors, including low reimbursement rates from private insurers coupled with a high cost of living, frustration among physicians caused by a lack of specialists to which difficult cases can be referred, a lack of state-of-the-art facilities on the island, as well as the challenge faced in many rural areas in the United States with regard to recruiting young, debt-laden physicians to replace those who are retiring.
3. Two physicians in Waikoloa currently provide primary health care for the rapidly growing population in the WHC service area. One of these two physicians is expected to retire in early 2008, which will leave a single primary care physician to provide care to an effective population of over 9,000 residents.

#### Public Purpose Served

Health care is a basic need and access should be a right not a privilege. To maintain a healthy community, access to appropriate health care, both medical and dental, is necessary and vital and has become a major public health concern. Approximately 26% of the people of West Hawaii have difficulty accessing ongoing comprehensive health care services. People without health insurance have special challenges plus they often face serious health conditions, especially chronic conditions such as diabetes, asthma, heart disease, and mental illness. Without access to primary care, the in-patient cost of treating these individuals rises significantly and the cost of treating these individuals often gets transferred to the general public through higher premiums and fees. In addition, children without health care have poorer health status and often perform poorer in school. Families distressed by health problems have poor work attendance and often face family abuse issues.

By opening a children's clinic in Kealahou and a medical clinic in Waikoloa that will serve all ages, WHCHC will be extending access to health care to the more remote areas of West Hawaii. These health centers will see everyone regardless of their income or insurance status.

#### **4. Target Population**

Any one who walks through the doors of a WHCHC clinic will be seen; although our target population are the low-income, uninsured and underinsured persons who are unable to access care. The Kealahou and Waikoloa sites will follow the same protocol. Many of the people in the target population have publicly supported health insurance such as Medicaid and Medicare but many health providers will not accept these insurances or they ask to be paid first and require the patient submit the paperwork for reimbursement.

In actual numbers, the target population served by the new sites (Kealahou and Waikoloa) will be approximately 30% (6,900 people) of the estimated population of

South Kohala (9,000 people) and South Kona (14,000 people). Of the patients WHCHC currently serves, 61% have incomes less than 200% of the poverty level. We anticipate this will remain unchanged at the new locations.

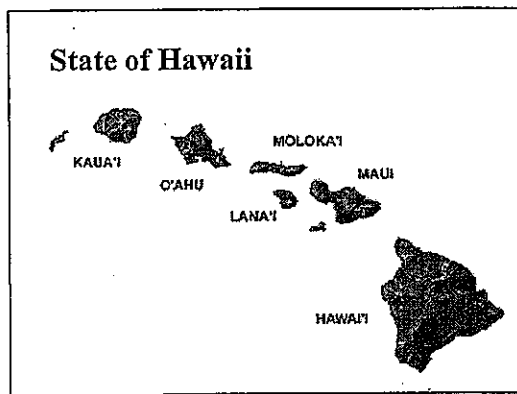
The target population has numerous health issues and health disparities. Critical public health issues include, but are not limited to:

- A higher than average infant mortality rate (7.3%);
- A higher than average low birth weight rate (8.4%);
- 23.8% of the target population enters prenatal care in late pregnancy;
- The teen pregnancy rate is 68.3/1,000 versus Healthy People 2010 goal 43/1,000;
- The service area's asthma rate is 9.4%;
- 50.6% of adults are overweight;
- The Native Hawaiian obesity rate is approximately 63%;
- The estimated diabetes rate in the target population is over 30%;
- The food borne disease rate is 84.7/100,000 versus the Healthy People 2010 goal of 20.4/100,000.

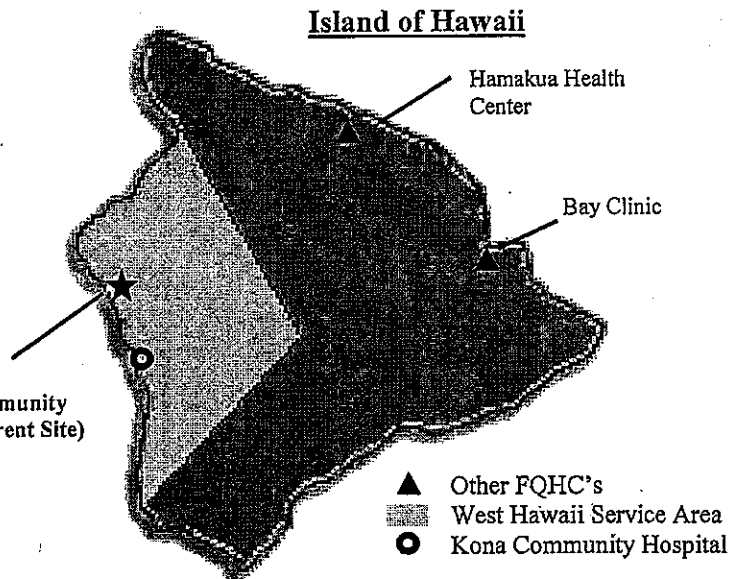
#### 5. Geographic Service Area

The WHCHC service area is West Hawaii, with a population of 44,248 people. A rural area, it stretches approximately 80 miles along the coast and 6 miles inland and has a rugged geography with many small isolated communities. It includes the following census tracts:

- |                              |                                |
|------------------------------|--------------------------------|
| • 213.00 South Kona          | • 214.00 Kealahou-Captain Cook |
| • 215.01 Kalaoa              | • 215.02 Hualalai              |
| • 215.03 Kaunakakai-Kealahou | • 216.01 Kailua                |
| • 216.02 Kahului-Kaunakakai  | • 217.01 Kawaihae-Waikoloa     |



West Hawaii Community Health Center (Current Site)



All census tracts in the service area have been designated as having a Medically Underserved Population (MUP); the service area is also a Dental Health Professional Shortage Area (HPSA).

The ethnic population distribution of Hawaii County is similar to the multi-ethnic profile of the State—which is 77% ethnic minority—but with a higher proportion of Native Hawaiians. Overall, the service area has a poor health profile, as demonstrated by:

- High percentage of teen births (5.06 v. State rate of 3.4)
- Poor prenatal care (32.7% of births with less than adequate prenatal care v. State rate of 23.1%)
- High infant mortality (7.3 v. the State rate of 6.4)
- High birth rate for women aged 18-44 (70.3 v. State rate of 64.8)
- Low immunization rate for children 19-36 months (19% v. Healthy People 2010 goal of 10%)
- High tooth decay in children ages 5-9 (3.4 per child v. US rate of 1.8)
- High asthma rate (17.3% v. State rate of 13.4%)
- High diabetes rate (55/1000 v. State rate of 52/1000)
- Highest obesity rate of any county (50.6%)
- High foodborne illness rate (84.7/100,000 v. US rate of 31.9/100,000 and Healthy People 2010 goal of 20.4/100,000)
- Highest rate of unintentional injury deaths (42.1/100,000 v. State rate of 26/100,000 and US rate of 33.9/100,000), and
- The highest use of “ice” (crystal methamphetamine) in the State.

## II. SERVICE SUMMARY AND OUTCOMES

### 1. **Scope of Work**

This application is a grant request of operating support for two health care sites to be operated by the West Hawaii Community Health Center—Kealahou Children’s Clinic and the Waikoloa Health Center. These sites will provide services to approximately 3,000 people in FY 2009 and 4,500 people in FY 2010. The majority of these individuals will be low-income, Medicaid and/or uninsured children and adults who live in West Hawaii.

Both of these locations are related to WHCHC’s larger goal of improving access to health care for the low income, uninsured residents of West Hawaii. Access to dental care for children on Medicaid is non-existent in West Hawaii and the Kealahou Children’s Clinic will offer dental health care, medical care and behavioral health services and it will be the only children’s services available in South Kona. The Waikoloa Health Center will provide general medical care to all people.

Once these permanent health centers are established, they will be self-sustaining through fees for service and through operational support from the WHCHC management staff. We anticipate the Children’s Clinic when fully operational will see between 2,000 and

2,500 patients annually. The Waikoloa Health Center, when fully staffed with one physician full-time, is expected to provide care to 2,000 patients.

## 2. Project Timeline

The timeline for each of the projects is outlined below.

Kealahou Children's Clinic FY 2008-09 (Many activities will occur simultaneously)

- Begin providing medical services -- July 2008
- Begin providing behavioral health services -- July 2008
- Begin providing dental services -- September 2008
- Develop operational plans consistent with WHCHC policies and procedures -- July 2008
- Implement electronic practice management and health record systems -- September 2008
- Orient and train new staff -- Ongoing
- Publicize the availability of services to the general community -- Ongoing

Waikoloa Health Center

- Secure location for health center -- September 2008
- Recruit Medical Provider and staff -- November 2008
- Complete renovations and equip facility as needed December 2008
- Orient and train staff -- Ongoing
- Open Health Center and inform community January 2009

## 3. Quality Assurance and Evaluation

West Hawaii Community Health Center has an established performance improvement plan and structure. Quality indicators are identified and the clinical indicators are being tracked regularly. Policies and procedures are in place for personnel, finance and most clinical areas. WHCHC is holding itself to the highest standard and is preparing itself for eventual JCAHO accreditation (Joint Commission for the Accreditation of Healthcare Organizations).

Indicators that the organization monitors include:

- Patient Access—panel size, appointment waiting times, cycle time in the clinic
- Best Practices—patient care especially chronic disease management and prevention i.e. immunizations, developmental and general health screenings;
- Patient Safety—OSHA regulations as relates to blood borne pathogens, use of medical abbreviations, patient identifiers and infectious disease control;
- Viability—billing, collection, reimbursement, coding compliance;
- Leadership—Overall patient satisfaction, employee turn over rate.

## 4. Measure(s) of Effectiveness

**Outcome 1:** Once fully operational, the Children's Clinic will provide integrated medical, dental, and mental health services to between 2,000 and 2,500 children annually.



**Outcome 2:** Once fully operational, the Waikoloa Health Center, staffed with one physician full time, is expected to provide medical care to 2,000 patients annually.

**III. FINANCIAL**

A detailed budget spreadsheet is attached as are the requested forms.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$125,000	\$125,000	\$125,000	\$125,000	\$500,000

**IV. EXPERIENCE AND CAPABILITY**

**A. Necessary Skills and Experience**

The West Hawaii Community Health Center has been providing medical services continuously since January 2005. During that time it has undergone both a federal review and an external management review. Passing both audits has demonstrated that the organization has the financial, clinical and administrative systems in place, but most importantly, it demonstrated that patients are receiving quality, accessible, affordable health care.

Senior staff of WHCHC includes six individuals:

- Executive Director with 30+ years of managing and developing community-based programs in the non-profit and public sectors, twelve of those years in running community health centers.
- Finance Director with an MBA in finance and experience in the non-profit as well as private sector for 30+ years.
- Medical Director, Board certified in Family Practice, has worked in underserved communities for the past four years.
- Nursing Director who is an RN with 25+ years of hospital and outpatient clinical experience.
- Operations Manager who has run physician practices for the past 8 years.
- Director of Behavioral Health Services who is a clinical psychologist with 30+ years in managing state operated facilities as well as community-based clinics.

Clinic staff currently totals 23 fulltime employees including: 2 family physicians, a family nurse practitioner, 3 psychologists, a dental hygienist, 2 RNs, a LPN, as well as operations, billing, accounting and eligibility staff.

The medical provider and support staff are skilled in their respective disciplines and in treating the target population, especially those with chronic diseases. Providers and staff understand the patients' orientation to health and health care, as well as the disease risks and the disease disparities facing the target population. Providers and support staff are also familiar with the cultural variations in the patient population and know how to address these cultural orientations.

During FY 2007, WHCHC provided a full spectrum of family care to over 4,600 unduplicated patients who had 10,250 medical visits; 23% of these patients visits were uninsured, 46% were Medicaid visits, 9% were Medicare, the remaining 22% were private insurance. The typical patient accessed care 2.2 times during the year and a majority of all patients had incomes less than 200% of the poverty level. A majority of patients were Native Hawaiian, Asian, Filipino, Marshallese, Hispanic, or other Pacific Islanders.

**B. Facilities**

West Hawaii Community Health center is located in a 4,500+ sq. foot leased multi-office facility of the Territorial Building in the center of Kailua Kona. It was formerly a medical office operated by a private practice OB/GYN and is ADA compliant. One of the WHCHC Board members is handicapped and uses an electric scooter to get around and has been in the facility to test its accessibility. The handicapped parking space is just outside the Center's door and the doors and hallways accommodate wheel chairs. The bathroom is ADA accessible and equipped. Furthermore, the center has two exam tables that can be lowered for handicapped access.

The center has seven exams rooms and each is fully equipped with the essential equipment needed to operate a primary care, outpatient, ambulatory care clinic. The center also operates a CLIA (Clinical Laboratory Improvement Amendments) waived laboratory. The center also has two additional exits, in addition to the main entrance, in case of an emergency evacuation.

The facilities in Waikoloa and Kealahou will meet all similar standards of care. WHCHC is currently working to identify space in Waikoloa suitable for a medical office. The space in Kealahou is rented and the design for the remodel is underway with an expected completion date of September 1, 2008.

**V. PERSONNEL—PROJECT ORGANIZATION AND STAFFING**

**A. Proposed Staffing, Staff Qualifications, Supervision and Training**

Staff of the Kealahou Children's Clinic will include a pediatric dentist, a dental hygienist, 3 dental assistants, a pediatrician, a pediatric family nurse practitioner, 2 nurses, a part-time psychologist, a front desk receptionist and office manager/ billing specialist. The Waikoloa Health Center will be staffed initially with a family physician, a nurse and a receptionist/ billing specialist.

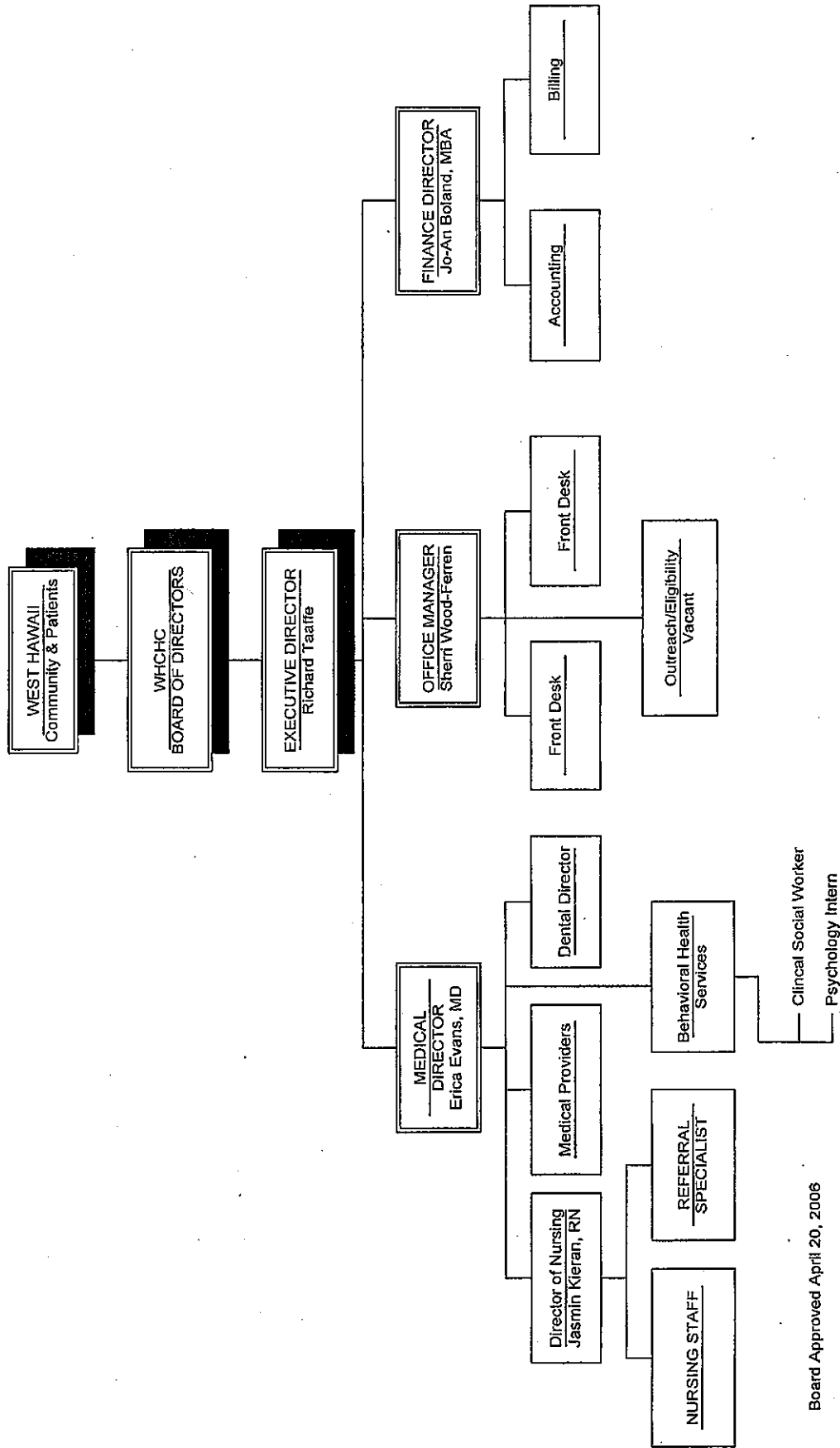
Supervision of these staff will fall under the established management structure of the organization, with on-site clinical management given to the healthcare provider.

WHCHC has bi-weekly all staff meetings and weekly manager meetings. Training is made available to all staff and all new staff are oriented to the organization. Clinical staff also receives two weeks of clinical orientation from the Director of Nursing.

**B. Organizational Chart**

The organization is governed by a Board of Directors, a majority who are users of the clinic's services. The Board has delegated responsibility for day-to-day operations to the Executive Director. The Executive Director and the management team oversee all functions of the organization. See the attached organizational chart on the next page.

Ola Ke Ola Waena O Hawaii'i Komohana  
 WEST HAWAII COMMUNITY HEALTH CENTER



Board Approved April 20, 2006

**VI. OTHER**

**A. Litigation**

There is no pending litigation against the West Hawaii Community Health Center or any of the Center's staff or providers.

**B. Licensure or Accreditation**

West Hawaii Community Health Center has all required licenses needed to conduct a medical practice.



**BUDGET REQUEST BY SOURCE OF FUNDS**  
(Period: July 1, 2008 to June 30, 2009)

Applicant: WEST HAWAII COMMUNITY HEALTH CENTER

BUDGET CATEGORIES	Total State Funds Requested (a)	Health Center Operating Costs (b)	TOTAL COSTS (c)	(d)
<b>A. PERSONNEL COST</b>				
1. Salaries	429,500	429,500	859,000	
2. Payroll Taxes & Assessments	42,950	42,950	85,900	
3. Fringe Benefits	27,550	27,550	55,100	
<b>TOTAL PERSONNEL COST</b>	<b>500,000</b>	<b>500,000</b>	<b>1,000,000</b>	
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	0	2,500	2,500	
2. Insurance	0	8,500	8,500	
3. Lease/Rental of Equipment	0	5,500	5,500	
4. Lease/Rental of Space	0	52,000	52,000	
5. Staff Training	0	12,000	12,000	
6. Supplies --Medical, Dental, Office	0	32,000	32,000	
7. Telecommunication (Phone, DSL for 2 locations)	0	26,000	26,000	
8. Utilities--Electricity, Water	0	12,000	12,000	
9. IT SUPPORT	0	45,000	45,000	
10. Technical Assistance	0	15,000	15,000	
11. Administrative Support @ 8%	0	96,800	96,800	
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>0</b>	<b>307,300</b>	<b>307,300</b>	
<b>C. EQUIPMENT PURCHASES</b>	<b>0</b>			
<b>D. MOTOR VEHICLE PURCHASES</b>	<b>0</b>			
<b>E. CAPITAL</b>	<b>0</b>			
<b>TOTAL (A+B+C+D+E)</b>	<b>500,000</b>	<b>807,300</b>	<b>1,307,300</b>	
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	500,000	Richard J. Taaffe <span style="float:right">808-326-5629</span>		
(b) Patient Generated Fees	807,300	[Redacted] <span style="float:right">Phone</span>		
(c)		[Redacted] <span style="float:right">1/31/08</span>		
(d)		Signature of Authorized Official <span style="float:right">Date</span>		
<b>TOTAL REVENUE</b>	<b>1,307,300</b>	Richard J. Taaffe <span style="float:right">Exec Director</span>		
		Name and Title (Please type or print)		

**BUDGET JUSTIFICATION  
PERSONNEL - SALARIES AND WAGES**

Applicant: WEST HAWAII COMMUNITY HEALTH CENTER

Period: July 1, 2008 to June 30, 2009

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME BUDGETED TO REQUEST B	TOTAL SALARY BUDGETED IN REQUEST A x B
Waikoloa Health Center				\$ -
Physicians	1	\$130,000.00	50.00%	\$ 65,000.00
Nurse	1	\$52,000.00	50.00%	\$ 26,000.00
Office Manager	1	\$38,000.00	50.00%	\$ 19,000.00
				\$ -
Kealahou Children's Clinic				\$ -
Pediatrician	0.6	\$90,000.00	50.00%	\$ 45,000.00
Pediatric Nurse Practitioner	1	\$85,000.00	50.00%	\$ 42,500.00
Pediatric Dentist	1	\$120,000.00	50.00%	\$ 60,000.00
Dental Hygienist	1	\$64,000.00	50.00%	\$ 32,000.00
Dental Assistants	3	\$90,000.00	50.00%	\$ 45,000.00
Psychologist	0.4	\$36,000.00	50.00%	\$ 18,000.00
RN Nurse	1	\$50,000.00	50.00%	\$ 25,000.00
Office Manager	1	\$42,000.00	50.00%	\$ 21,000.00
Nursing Assistant	2	\$62,000.00	50.00%	\$ 31,000.00
<b>TOTAL:</b>				<b>429,500.00</b>

**JUSTIFICATION/COMMENTS:** Only 50% of the staff costs will be paid by GIA Funds. The balance will be paid from patient generated revenues and fees collected from insurance companies. No other operating expenses are being requested.





**BUDGET JUSTIFICATION  
CAPITAL PROJECT DETAILS**

Applicant: WEST HAWAII COMMUNITY HEALTH CENTER

Period: July 1, 2008 to June 30, 2009

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ANY OTHER SOURCE OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED		FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2005-2006	FY: 2006-2007	FY:2007-2008	FY:2008-2009	FY:2009-2010	FY:2010-2011
NO CAPITAL REQUESTED						
TOTAL:						

**JUSTIFICATION/COMMENTS:** GIA funds will be used to pay 50% of the first year staffing costs associated with operating the 2 health centers. All other costs will be covered through patient generated revenues and fees collected from insurance companies.

**DECLARATION STATEMENT  
APPLICANTS FOR GRANTS AND SUBSIDIES  
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) 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 or subsidy is awarded;
- (2) Comply 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;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy 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 assuring the proper expenditure of the grant or subsidy.

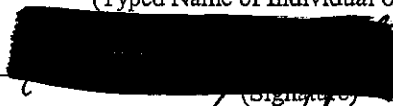
In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

<u>West Hawaii Community Health Center</u> (Typed Name of Individual or Organization)	
 (Signature)	<u>1/31/08</u> (Date)
<u>Richard J. Taaffe</u> (Typed Name)	<u>Executive Director</u> (Title)