

Application for Grants and Subsidies

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

I. 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. Include the following:

1. A brief description of the applicant's background;

In September 2011, The Health Resources & Services Administration (HRSA) awarded a one-year planning grant to the Wahiawa community to determine if there was in fact an unaddressed need for a community health center in this underserved area. The results were staggering and in need of immediate action.

Incorporated on January 25, 2012 as a 501(c) (3) non-profit organization, the Wahiawa Center for Community Health (WCCH) was established in response to a community-identified need for primary care services in the area. At the request of the late Senator Daniel Inouye’s office, The Hawaii Primary Care Organization, one the state’s most vocal health care advocacy organizations, located and coordinated with a fiscal sponsor to apply for and receive a HRSA Planning Grant in September, 2011. Through this HRSA planning grant, a community needs assessment was carried out and nearly 1,000 Wahiawa residents surveyed about their health concerns and the barriers they face with accessing services. Through this effort, the community determined the need for a full-service health center and the WCCH was born.

“In the spirit of aloha and compassion, The Wahiawa Center for Community Health provides access to affordable, quality healthcare and wellness services to promote a healthy community.” With this mission, the WCCH, when fully operational, will provide a new, single point of access to core primary care services for local residents. In addition to primary care, the clinic will offer culturally-appropriate community outreach, patient education, health education programs focused on chronic disease prevention and management, Medical Nutrition Training (MNT), dental program, insurance exchange and public benefits eligibility and enrollment assistance, and case management.

Since its inception the WCCH has applied for numerous grants and Grants in Aid. They have been awarded grants that have allowed this startup organization to lease a small office in the Wahiawa Medical Building. This office was opened in December, 2013 and will allow the WCCH to have a community presence. The WCCH has applied for multiple health and wellness program grants, as the community and the practicing

physicians are in dire need of these programs.

WCCH has recently been awarded a City and County of Honolulu Grant In Aid to purchase an accounting software program together with funds to set up the system. This will ensure the organization is able to keep the proper books needed to meet the non-profit accounting standards. This will be needed during this project for the needed Grants Management oversight.

2. The goals and objectives related to the request;

The primary goal of this proposed capital improvement project is to open a Federally Qualified Health Center (FQHC) which provides access to comprehensive, culturally competent, quality primary health care services to the residents of Wahiawa and the surrounding underserved communities. It is the aim of the WCCH to break down the barriers to health care - the obstacles within the current health care system that prevents vulnerable patient populations from receiving needed health care, or that cause them to receive inferior health care compared to advantaged patient populations (American Medical Student Association).

The objectives related to this capital request are to –

- Repurpose the Wahiawa Medical Building and transform it into the home of the Wahiawa Center for Community Health;
- Address the shortage of physicians and other health care professionals treating patients in the Wahiawa community;
- Address the inappropriate use of the Wahiawa General Hospital's emergency department;
- Accurately capture and decipher health care indicators;
- Address the needs of two of Wahiawa's most vulnerable populations, the children and the elderly; and,
- Work to address and in time eliminate the existing barriers to health care within the Wahiawa community.

3. The public purpose and need to be served;

Public Purpose

The public purpose of WCCH is to provide all members of Wahiawa with greater access to affordable comprehensive primary health care services, regardless of one's ability to pay.

Public Need for Affordable Comprehensive Primary Health Care Services

In March 2011, Faith in Action for Community Equity (FACE), a 501(c)(3) non-profit organization, was approached by the Hawai'i Primary Care Association at the request of the office of the late Senator Daniel K. Inouye to be the applicant for a HRSA planning grant for a community health center in Wahiawa. This planning grant was issued to assess the need in Wahiawa for a Federally Qualified Health Center. Upon receipt of the

planning grant, FACE organized the Wahiawa community to assess its health care needs and the barriers to healthcare their residents regularly encounter. FACE completed individual surveys, focus groups, and held multiple public meetings. The grant was completed in August 2012 and the critical need for a community health center was proven for Wahiawa.

4. Describe the target population to be served; and

Target Populations

The Wahiawa Medical Building Acquisition and Interior Renovation Project will result in the establishment of the WCCH as a fully-operational health center which will reach, serve, and benefit a primary patient base of residents from the Wahiawa community. This area encompasses Wahiawa, Helemano, Whitmore, and Wilikina and represents Census Tracts 90 – 95 and 100, and is located in 96786 zip code area. As the main urban center for this region, Wahiawa was once a thriving community, enriched and sustained by the sugar cane and pineapple plantations encircling the town, and the booming military presence at the adjacent Army and Air Force bases. However, the decline of the state's agricultural industry and a reduced military presence has tremendously hurt the local economy.

Today Wahiawa is home to 40,859 residents (Source: 2010 Census). Asians, mainly Filipinos, represent the largest ethnic group and are 43.8% of the local population. Mixed race individuals are the next significant ethnicities at 22% of residents. There are also nearly equally numbers of Hispanics (11.9%), Whites (10.9%), and Native Hawaiian and other Pacific Islanders (10%) living in the area. With many multigenerational families sharing housing, the average household size of 3.1 for the area is higher than the states average of 2.9 people.

The city's streets are aligned with small family run businesses, fast food outlets and almost 50 faith based organizations which, at one time, collectively earned Wahiawa the distinction of having the most churches on a single street in the Guinness Book of World Records. These faith-based organizations not only serve a community with deeply held spiritual beliefs but also provide vital basic services such as food and meal programs for needy low income families. These services, along with the lower cost of living and easy access to government benefit offices where welfare, unemployment, and food stamps are offered, has attracted a growing population of lower income families, specifically Micronesian and other recent immigrants, as well as homeless individuals.

Changing demographics and economic realities have made Wahiawa one of the most impoverished communities on Oahu. Recent Census data indicates that 33.5% of Wahiawa residents, a higher percentage of who have not completed high school or attended college than other people of Hawaii, live below 200% of the federal poverty line, placing them at greater risk for health disparities and pre-mature deaths. Only 19.2% of residents have completed an undergraduate education and per capita income level is

currently at \$24,118, 17.4% lower than the rest of the state while 14.1% are uninsured. Findings generated from the National Health Interview Survey conducted by the Centers for Disease Control and Prevention (NPC Policy Brief, March 2007) indicate that people with less education have higher mortality rates compared to people with more education. This holds true for health as well; people with lower levels of education are more likely to have acute or chronic disease as well as report more anxiety and depression.

Given these socio-economic factors, Wahiawa residents are more likely to have poor health outcomes and other disparities when compared to other parts of the state. Widespread poverty and other critical issues make Wahiawa a priority area for local community development activities under the City and County's Consolidated Plan and eligible for revitalization under HUD's Neighborhood Revitalization Strategy Area (NRSA) initiative.

The WCCH has submitted an application to the City and County of Honolulu to be designated as a Community Based Development Organization (CBDO) which has as its primary purpose the improvement of the physical, economic or social environment of its geographic area of operation by addressing one or more critical problems of the area, with particular attention to the needs of persons of low and moderate income.

5. Describe the geographic coverage.

The service area of Wahiawa includes all of Wahiawa, Helemano, Poamoho, Whitmore, Wilikina and Schofield. The boundaries are the Wilson Bridge to the south, Waialua to the east and Hale'iwa to the north. Wahiawa is home to 40,859 residents representing almost 10,000 households. The WCCH aims to directly serve the 40,859 individuals residing in Wahiawa (zip code 96786). Refer to Attachment I for a map of the Geographic Service Area.

Given the community health center's centralized location on the island of O'ahu, members of adjacent communities such as Waialua, Hale'iwa, Waipi'o Acres, and Mililani by virtue of proximity will also gain greater access to primary health care services.

II. 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;

Scope of Work

In order to get the health center up and running as quickly as possible, and align with potential funding cycles, the purchase and renovation of the units will be carried out in two stages.

Stage 1

Stage 1 of this capital improvement project includes the purchase and renovation of two ground floor units for the Medical Clinic and a small administrative office totaling 5,701 sq. ft. The Medical Clinic will also be outfitted with up-to-date medical equipment necessary to provide health care services to the Wahiawa community. This initial phase will allow the WCCH to become operational by the middle of 2015, with consecutive stages occurring to meet the projected demand for supplemental services such as dental, health education and workforce development.

Stage II

The second stage will be to purchase and building out seven additional units that will provide complementary programs such as Outreach and Enrollment, Health Education, Workforce Development and Dental Care.

This funding request is for Stage I only.

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

Tasks	Responsibilities	Status/Timeline
Environmental Assessment	Contractor	March-April 2014
Acquisition	WCCH & Realtor	July 2014
Architect Selection Process	WCCH Board of Directors	June-July 2014
Design and Finalize Plans	Architectural Firm Selected	July-September 2014
Permitting – Construction	Architect & Expediter	September-October 2014
Contractor Bidding and Selection Process	WCCH Board of Directors	October 2014
Construction	General Contractor & Project Manager	November 2014 - May 2015
Final Walk Through with Contractor	WCCH Project Manager and General Contractor	May 2015
Installation of Equipment	WCCH Project Manager and Selected Vendors	May – June 2015
Opening of Health Center (Stage I)	WCCH CEO	July 2015

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

WAHIWA CENTER FOR COMMUNITY HEALTH, STAGE I QUALITY ASSURANCE AND EVALUATION PLAN			
Activity	Outcome(s)	Evaluation	Measurement(s)
Stage 1 – Medical Clinic and administration office	<ul style="list-style-type: none"> • A newly renovated community health center available to the residents of Wahiawa • A newly renovated administration office 	<ul style="list-style-type: none"> • Establish quality benchmarks for general contractor to meet • Measure construction activity against a construction timeline plotted on a Gantt chart to evaluate progress • Meet regularly with general contractor to maintain a strong line of communication 	<ul style="list-style-type: none"> • 1 newly renovated 4,743 sq. ft. clinical space for Medical services. • 1 newly renovated administrative space to support the provision of the medical services
Equipment Installation	Properly install all medical equipment, office equipment and the IT Infrastructure	<ul style="list-style-type: none"> • Work with selected vendors to ensure that all equipment are installed properly and within product specification 	1 fully equipped Medical Clinical and administrative space ready to service the residents of Wahiawa

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.

Measure(s) of Effectiveness

- Establish one (1) Federally Qualified Health Center in the low – moderate-income district of Wahiawa

- Renovate the 5,701 sq. ft. of space within the current Wahiawa Medical Building by June 2015
- Ensure that construction is within stated specifications
- The number of patients served in one year by demographics (gender, age, LMI, zip code, insurance)
 - Standard: Uniform Data System (UDS)
 - Year 1: Provide 5,200 patients care (65% LMI)
 - Year 2: Provide 7,100 patients care (65% LMI)
- The number of non-emergency visits redirected from Wahiawa General ER to WCCH

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.

See Attachment II for the completed budget forms and accompanying budget narrative.

See Attachment III for a 25 year prospective operating budget, narrative and sustainability plan.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2015.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$ 2,000,000	\$ 600,000	\$ 1,000,000	\$ 1,000,000	\$ 4,600,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2015.
 - Department of Housing and Urban Development, Community Development Block Grant Program (administered through the City and County of Honolulu)
 - Health Center Program, New Access Point Grant
 - Campbell Foundation
 - Castle & Cooke
 - Robert Wood Johnson Foundation
 - The Kresge Foundation
 - Pfizer Pharmaceuticals
 - CVS Caremark Foundation
 - Kaiser Family Foundation

- Wellcare Foundation
 - Ford Foundation
 - W.K. Kellogg Foundation
 - The Cades Foundation
 - The Joseph & Vera Long Foundation
 - Thomas J. Long Foundation
 - The William G. Irwin Charitable Foundation
 - The Office of Hawaiian Affairs, Community Grants Program
 - AlohaCare
 - United Healthcare
 - HMSA Foundation
 - Kamehameha Schools
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.

WCCH has not been granted any state or federal tax credits at the time of this proposal submission. Additionally, WCCH does not anticipate that its board of directors will apply for either state or federal tax credits for this capital project. Amended pages of this proposal will be issued to both the House Committee on Finance and the Senate Committee on Ways and Means (in accordance with the GIA submission instructions) in the case that a decision is made to apply for tax credits following the submission of this proposal.

5. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2013.

As of December 31, 2013 The Wahiawa Center for Community Health does not have any unrestricted current assets.

IV. Experience and Capability

A. 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.

Upon granting of this application, the WCCH will procure and retain a certified project management company to oversee the construction project.

WCCH has engaged the current subject matter experts to ensure that this capital project is successfully completed.

The Startup Project Development Team consists of:

- **Project Development Coordinator** – Bev Harbin has extensive experience in new business start-up, negotiations, and community organizing. Bev has had more than 30 years in business development with a history of developing startup business such as the WCCH. Bev also has experience in healthcare policy and healthcare needs in the State of Hawaii.
- **Chief Financial Officer** - Monique van der Aa has extensive experience in managing community health centers, health center building renovations, implementing IT infrastructure and systems, budget development and compliance with the stringent Federally Qualified Health Center requirements. Monique has managed similar low-income community revitalization projects during her tenure at Kalihi-Palama Health Center (KPHC).
- **Board Member and Member of WCCH Clinical Advisory Committee** –Lee Buenconsejo-Lum, MD, FAAFP. She currently works at Wahiawa General Hospital as the Director of the University of Hawaii Family Medicine Residency Program, Department of Family Medicine and Community Health (DFMCH) at the John A. Burns School of Medicine.
- **See Attachment IV for resumes**

B. 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 applicant shall also describe how the facilities meet ADA requirements, as applicable.

Site Location: 302 California Avenue
Wahiawa, HI 96786
Tax Map Key: 7-3-004:036

Securing the Facility:

The proposed project intends to purchase nine units in the Wahiawa Medical Building totaling 11,753 square feet from six retiring physicians. WCCH will renovate two of these units (5,701 square feet) into a community health center in the first stage.

Based on previous experiences with other health centers, the project development team has determined that a minimum of 5,700 square feet is needed to provide the array of primary services needed by residents of Wahiawa in a culturally-sensitive and caring environment. During the renovation of these units, funds will be sought to purchase and renovate the remaining units as part of Stage II.

Agreements to purchase have been completed and these units are currently in escrow with Old Republic Title and Escrow. See Attachment II.

Construction costs for the renovation project were calculated based on estimates given by several local general contractors with experience in commercial property renovation. The contractors were provided the original site plans and desired floor plans for the project and were given access to the units for a “walk through”. The poor condition of the property and the need to completely replace all major fixtures and systems led them to give high estimates for the renovation. The contractors also took into consideration building adequate capacity for Stage II.

The current Wahiawa Medical Building is ADA compliant but with the planned renovations, additional ADA compliant features will be incorporated.

Unit and Existing Practice Information:

- **Unit 106 (Medical Arts Clinic, Inc.):** This 4,743 square foot medical unit is owned by the Medical Arts Clinic, Inc. The sole owner of this corporation is Dr. Manual A. Abundo, a general surgeon who is the Chief of Staff of the Wahiawa General Hospital and has practiced since 1963. This family medicine and pediatric care practice consists of two full-time and one part-time contracted physicians and serves approximately 4,100 patients a year, the majority of who are insured through QUEST and QEXA (Medicaid). Dr. Abundo plans on retiring from private practice but will continue to serve the community as the Chief of Staff and General Surgeon at the Wahiawa General Hospital. He has had his practice and real estate up for sale for a year or more. When he retires from private practice, the contract physicians that work for the clinic will be given an opportunity to apply or contract with the new health center to continue to provide medical services to their current patients at the Medical Arts Clinic, Inc. who may be absorbed and served by the WCCH.
- **Unit 102 (Dr. Carver G. Wilcox):** This 958 square foot unit has been vacant for a year and is owned by a retired dermatologist. As of December 1, 2013, WCCH has leased the unit to conduct outreach, education and enrollment services and other community services. The WCCH is using this space for its startup accounting, administrative and project development office.
- **Unit 202, 203, 210 and 211 (Dr. Cecilio):** WCCH will purchase four units in the building (3,575 square feet) from Dr. Salvador Cecilio, a retiring orthopedic surgeon who has been in practice since 1973. Dr. Cecilio is working part-time and will retire from practice once his unit is leased or purchased. This practice and real estate has

been up for sale for a year or more. Upon completion of the sale, WCCH will conduct minor repairs and intends to use the space for health care workforce development and health education with an array of partners.

- **Unit 208 (Bernardita Perlas, Trust):** This 792 square foot second floor unit will be set up to provide outreach and enrollment to the community.
- **Unit 214 (Hiro Makino):** This unit is 895 square feet on the building's second floor is vacant and will be used for a Dental Clinic.
- **Unit 216 (David Young):** The 790 square foot unit is vacant and will be used together with unit 214 for a dental clinic.

V. Personnel: Project Organization and Staffing

A. 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.

Currently WCCH does not have any employees. All personnel currently assisting with the startup of the organization are retained on a contractual basis. Their resumes showing their qualifications are included in Attachment IV.

- **Project Development Coordinator** – Bev Harbin has extensive experience in new business start-up, negotiations, and community organizing.
- **Chief Financial Officer** - Monique van der Aa is a CPA.
- **Project Management Oversight** – a reputable company with experience in Community Health Centers will be engaged to provide oversight of this construction project.
- **Construction Advisor** – DMA Builders, LLC. David Hogan is the principal of DMA Builders, LLC, a domestic limited liability company duly licensed in the State of Hawai'i (license number CT-30865). DMA has operated in as a building contractor in the State of Hawai'i since July 2010. Most recently, DMA Builders completed 2,500 new family homes on Schofield Barracks for military dependents under Davis-Bacon and Federal rules. DMA Builders, LLC provided the initial cost estimates for budget projection purposes.

B. 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 organizational chart that illustrates the placement of this request.

See Attachment V for the Organization Chart.

C. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

WCCH currently does not have any employees. The Directors and Officers of the Board are all voluntary and do not receive any compensation.

VI. Other

A. 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.

The WCCH has no pending litigation against it.

B. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

WCCH currently has no licensure or accreditation.

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants and subsidies 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 or subsidy 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 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 ensuring the proper expenditure of the grant or subsidy.


- 2) 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 or subsidy is awarded shall be conducted or provided.

- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants or subsidies used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy 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 or subsidy 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.

The Wahiawa Center for Community Health
(Typed Name of Individual or Organization)


(Signature)

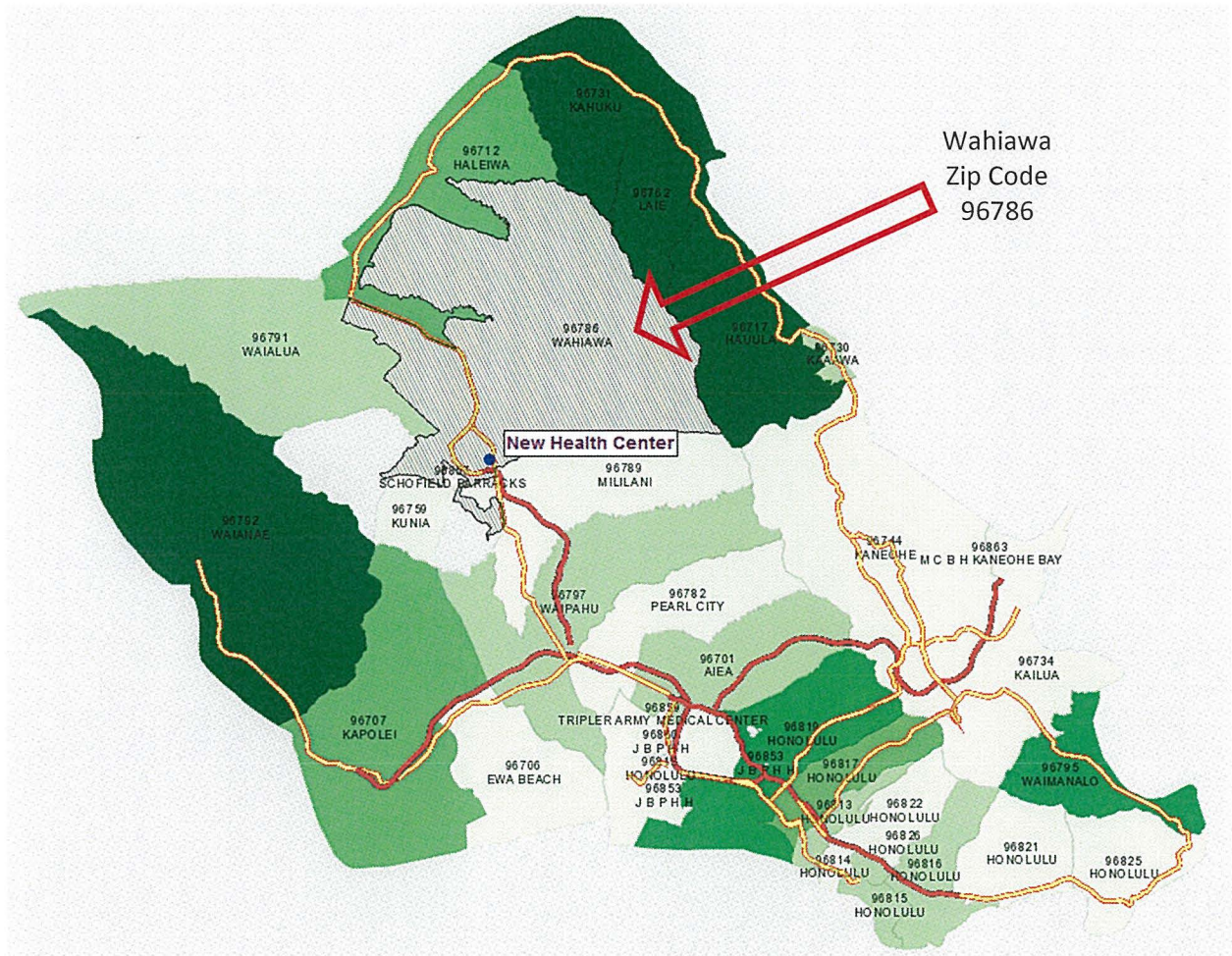
01/31/2014
(Date)

Bruce Pascua
(Typed Name)

Board Vice-President
(Title)

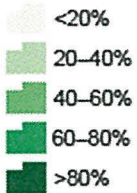
Geographic Service Area

Wahiawa



Map was created using UDS Mapper at <http://www.udsmapper.org>

Legend: Community Health Center Penetration of Low-income Population



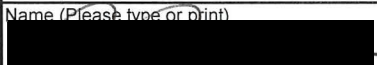
Attachment II – Project Budget

Budget Forms

Budget Narrative

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2014 to June 30, 2015)

Applicant: The Wahiawa Center for Community Health

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9. Contractual Services	190,000			
10 Property Costs (CAM, taxes & ins.)	110,000			
11 Stage II Administrative Costs	200,000			
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	500,000			
C. EQUIPMENT PURCHASES	1,000,000			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	6,550,000			
TOTAL (A+B+C+D+E)	8,050,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	4,600,000	Monique van der Aa	791-7837	
(b) CDBG	3,100,000	Name (Please type or print)	Phone	
(c) Foundations	300,000		1/31/2014	
(d) C&C GIA	50,000	Signature of Authorized Official	Date	
TOTAL BUDGET	8,050,000	Bruce Pascua, Board Vice-President		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - OTHER OPERATING COSTS

Applicant: The Wahiawa Center for Community Health

Period: July 1, 2014 to June 30, 2015

DESCRIPTION	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Property Costs				
5,700 sq ft @ \$1.30 per sq ft per month for 15 months (CAM, property taxes, Insurance)			110,000	\$ 110,000
Contractual Services				
Project Management	1.00	100,000	100,000	\$ 100,000
CFO Fiscal Oversight	1.00	40,000	40,000	\$ 40,000
Contract Monitoring (includes Davis Bacon compliance)	1.00	50,000	50,000	\$ 50,000
Stage II Administrative Costs				
Project Management/Contract Monitoring	1.00	200,000	200,000	\$ 200,000
TOTAL:			500,000	\$ 500,000
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT

Applicant: The Wahiawa Center for Community Health

Period: July 1, 2014 to June 30, 2015

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Medical Equipment:			-	\$ -
Exam Room (exam table, spot vital signs, sharps, chairs)	17.00	14,000	238,000	\$ 238,000
Patient Check-in (scales & thermoscan)	17.00	1,000	17,000	\$ 17,000
Laboratory (sterilization, centrifuge, hemocue, fridge)	2.00	5,000	10,000	\$ 10,000
Procedures Room (hand pieces)	2.00	3,000	6,000	\$ 6,000
Ultrasound Machine	1.00	5,000	5,000	\$ 5,000
EKG Machine	1.00	10,000	10,000	\$ 10,000
Furniture for Clinic & Administration (per room: desk, CHAIRS, filing cabinets, bookshelf)	31.00	3,500	108,500	\$ 108,500
IT Infrastructure & Systems:			-	\$ -
LAN (Local Area Network)	1.00	120,000	120,000	\$ 120,000
Phone System & Connectivity	1.00	95,000	95,000	\$ 95,000
Electronic Practice Management / EHR (30 licenses & implementation support)	1.00	275,000	275,000	\$ 275,000
Accounting System	1.00	13,000	13,000	\$ 13,000
Payroll / Human Resources System	1.00	12,500	12,500	\$ 12,500
PC's & related software	40.00	1,500	60,000	\$ 60,000
Photocopier/printer/scanner	2.00	15,000	30,000	\$ 30,000
TOTAL:			1,000,000	\$ 1,000,000
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - MOTOR VEHICLE

Applicant: The Wahiawa Center for Community Health

Period: July 1, 2014 to June 30, 2015

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

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: The Wahiawa Center for Community Health

Period: July 1, 2014 to June 30, 2015

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: 2012-2013	FY: 2013-2014	FY:2014-2015	FY:2014-2015	FY:2015-2016	FY:2016-2017
PLANS			105,000	110,000		
LAND ACQUISITION			1,925,000	2,100,000		
DESIGN						
CONSTRUCTION			1,270,000	730,000		
EQUIPMENT			1,000,000	310,000		
TOTAL:			4,300,000	3,250,000		
JUSTIFICATION/COMMENTS:						

The Wahiawa Center for Community Health Project Budget Narrative

The Wahiawa Medical Building was built in 1977 and the majority of the units are used by Providers. The interior of the units are currently built out as clinic space however the infrastructure, equipment and fixtures have seen their useful life and the interior desperately needs revitalization. The State Capital Grant funds will be used to purchase units in the Wahiawa Medical Building, demolish the interior and re-design the layout in keeping with current clinical practice models, specifically the Patient Centered Health Care Home. The goal is to create a welcoming environment that the residents of Wahiawa are proud to call theirs. The health center will be equipped with the latest in medical equipment, IT technologies and energy efficient appliances.

In order to get the health center up and running as quickly as possible, and align with potential funding cycles, the purchase and renovation of the units will be carried out in two stages. The first stage is to purchase two units on the ground floor to build out the medical clinic and a small administrative space to support that clinic. The second stage will be to purchase and building out seven additional units that will provide complementary programs such as Outreach and Enrollment, Health Education, Workforce Development and Dental Care.

Units to be purchased and revitalized:

Stage I – State Grant in Aid Funding Request

106:	4,743 sq ft	Medical Clinic
102:	<u>958 sq ft</u>	Administration
Total:	5,701 sq ft	

A layout of the ground floor of The Wahiawa Medical Building is included in this attachment, together with a draft of the Medical Clinic.

Stage II – CDBG & Local Foundations

202 & 203:	2,201 sq ft	Workforce Development & Professional Education/Training
208:	792 sq ft	Outreach & Enrollment Office
210 & 211	1,374 sq ft	Health Education
214 & 216	<u>1,685 sq ft</u>	Dental Clinic
Total	6,052 sq ft	

Total for Stage I and Stage II: 11,753 square feet

Commercial Real Property Purchase and Sale Agreements are in place with all six owners of the above units. A copy of the escrow document showing that all units are currently in escrow is also included in this attachment as proof of site control.

Capital Budget for Stage I and Stage II

	State GIA Request	Other Requests		Funds on Hand	Total
Appraisals (Environmental Assessment)		40,000	1		40,000
Acquisition	1,925,000	2,100,000	2		4,025,000
Planning & engineering (Architect)	105,000	70,000	2		175,000
Building Construction	1,270,000	730,000	2		2,000,000
Administrative Costs	300,000	200,000	2		500,000
Medical Equipment	300,000				300,000
Dental Equipment		300,000	3		300,000
IT Infrastructure & related systems	700,000			10,000	710,000
TOTAL	\$4,600,000	\$3,440,000		\$10,000	\$8,050,000

Other Funding Requests:

1	City & County Grant in Aid	\$ 40,000
2	CDBG	\$ 3,100,000
3	Local Foundations	\$ 300,000
	TOTAL	\$ 3,440,000

Project Timeline:

Current Year	January 2014		Environmental Assessment completed prior to purchase of the units.
Year 1	July 2014 – June 2015	Stage I	Medical Clinic & Administration (5,701sq ft) renovated and ready to operate as a Federally Qualified Health Center.
Year 2	July 2014 – June 2015	Stage II	Additional units purchased and renovated as funds become available.

The Environmental Assessment will be completed before the start of construction. A proposal for these services has already been obtained.

The cost estimates for planning, engineering and construction were provided by David E. Hogan of DMA Builders, LLC. David Hogan is the principal of DMA Builders, LLC a domestic limited liability company duly licensed in the State of Hawaii, license number CT-30865. DMA Builders has operated as a building contractor in the State of Hawaii since July 2010. Most recently they completed 2,500 new family homes at the Schofield Base for military dependents under the Davis-Bacon and Federal rules. Costs estimates were prepared using prevailing market rates for contractors and materials in a similar industry.

Administrative costs includes contract service fees for Project Management to oversee the construction, CFO oversight services, Davis-Bacon monitoring and the Common Area Maintenance (CAM) for 15 months during construction and completion of the project.

Proposals for budgeting purposes were obtained from prospective local vendors for Medical Equipment, Dental Equipment and IT Infrastructure and related systems. The IT Infrastructure includes: the local area network, phone system, PC's and operating software, accounting system, electronic practice management/electronic health records and photocopiers/scanners.

Specifications given to vendors included growth in the future for up to 200 staff. All systems have the capacity to expand easily and this is reflected in the up front pricing. The goal of doing this is to minimize expansion costs in the future.

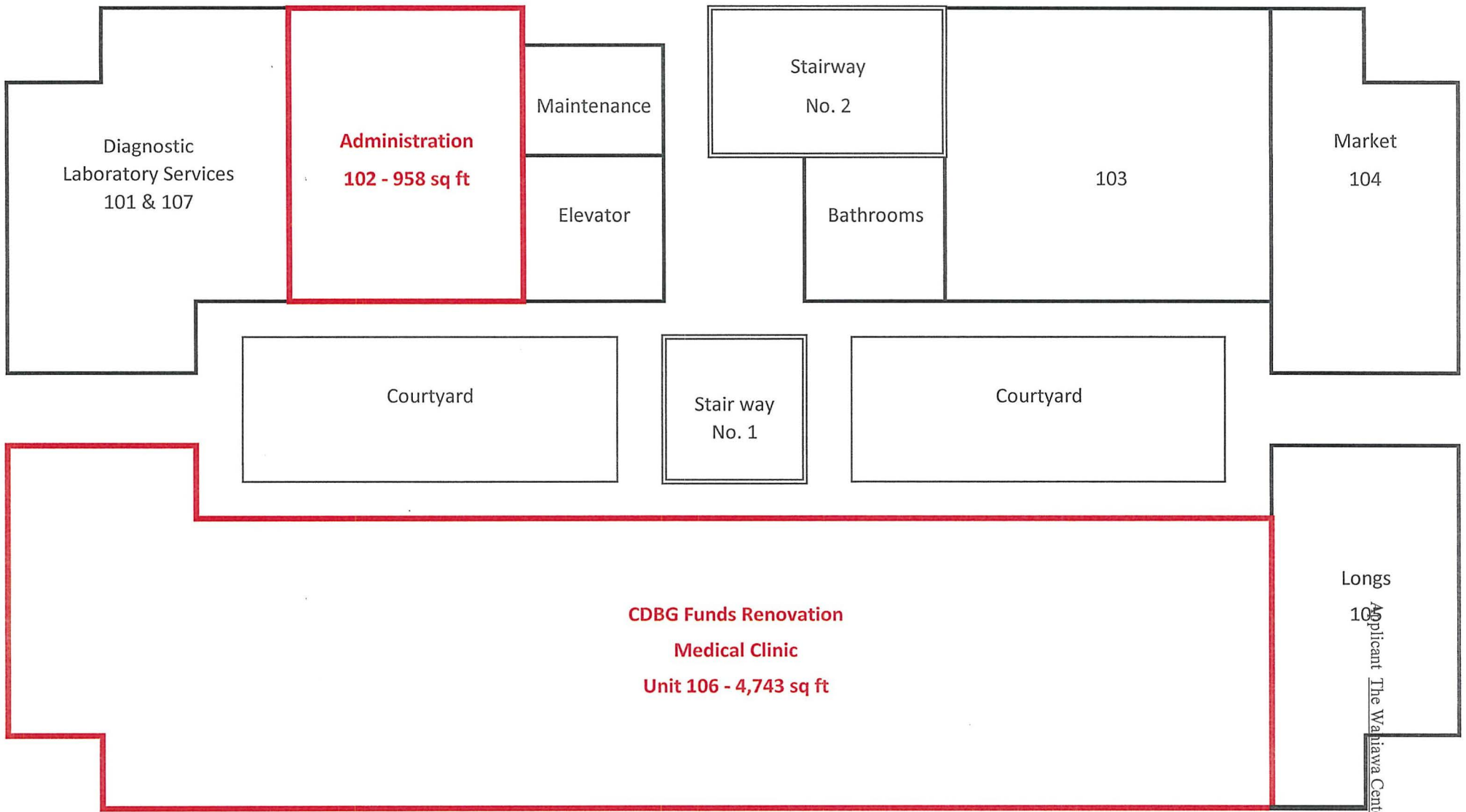
The chosen electronic practice management system will be one with Community Health Center enhancements. These enhancements specifically enable the collection of very specific patient demographic data which includes but is not limited to: family income, number of members in the household, sex, race, ethnicity and zip code. From this data various reports will be available to show the demographics of who is using services at the health center and where they come from.

Sources of Funds:

Grants and donations in the amount of \$50,000 to \$100,000 will be sought from the following local and national foundations:

- Robert Wood Johnson Foundation
- The Kresge Foundation
- Pfizer Pharmaceuticals
- CVS Caremark Foundation
- Kaiser Family Foundation
- Wellcare Foundation
- Ford Foundation
- Kellog Foundation
- Cades Foundation
- Joseph & Vera Long Foundation
- Thomas J Long Foundation
- The William G. Irwin Charitable Foundation
- The Office of Hawaiian Affairs, Community Grants Program
- AlohaCare
- United Healthcare
- HMSA Foundation
- Kamehameha Schools

A Community Development Block Grant will be submitted to the City & County in the amount of \$3,100,000 on behalf of The Wahiawa Center for Community Health on February 13, 2014. If awarded, such funds will be used to for Stage II or the purchase and renovation of 6,052 square feet.

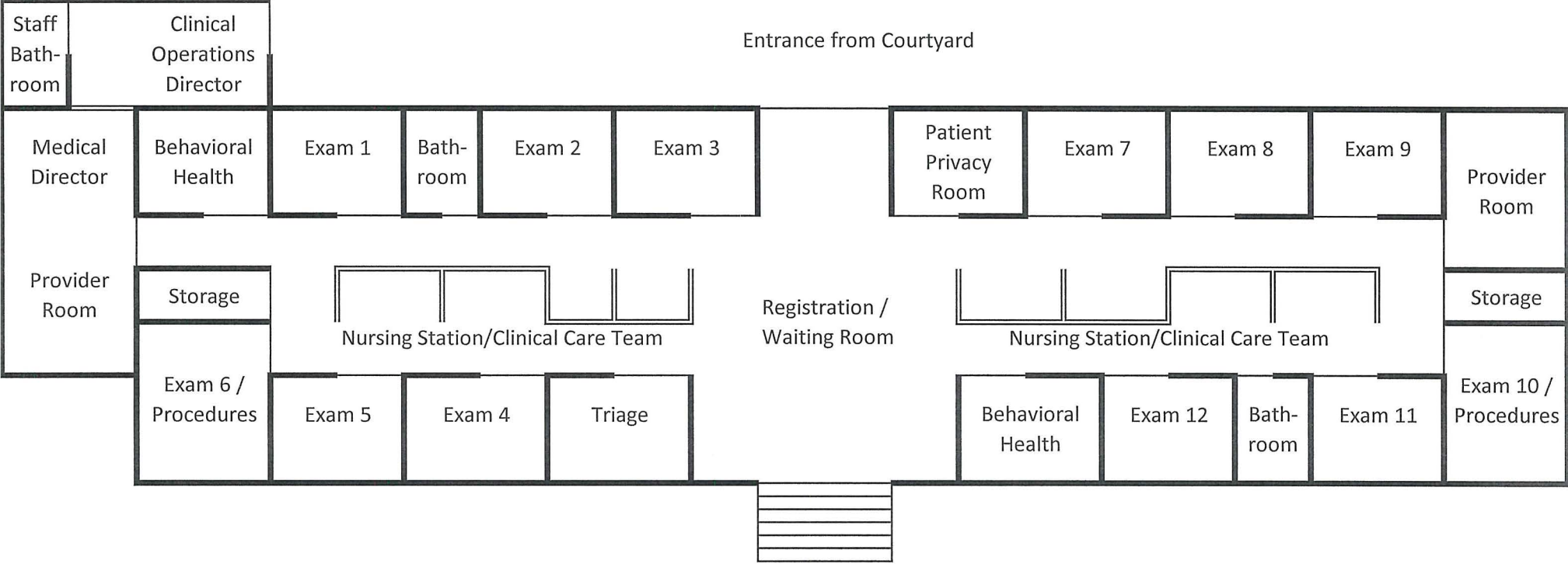


The Proposed Site for
 The Wahiawa Center for Community Health
 302 California Ave Wahiawa 96786
 Ground Floor

Applicant The Wahiawa Center for Community Health

Attachment II

— Units to be purchased with State GIA funds



Entrance from Courtyard

Entrance from California Ave

**Wahiawa Medical Building - Future Medical Clinic (Unit 106)
State GIA Funds**



OLD REPUBLIC TITLE & ESCROW OF HAWAII, LTD.

Applicant: The Wahiawa Center For Community Health

98-211 Pali Momi Street, Ste. 535 • Aiea HI • 96701 • (808) 483-0130 • FAX (866) 749-0452

October 11, 2013

Attn: Bev Harbin
The Wahiawa Center for Community Health a Domestic Non-Profit Corporation
P.O. Box 30668
Honolulu, HI 96820

Re: Escrow No.: MW
Property: 302 California Avenue, Wahiawa, Hawaii 96786

Dear Bev

This letter will serve as a confirmation we have opened the escrows for the following properties, along with our current status.

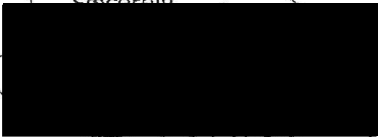
- ~ Wahiawa Medical Building, 302 California Ave, #S, Wahiawa, HI 96786
- ~ Wahiawa Medical Building, 302 California Ave, #D, Wahiawa, HI 96786 [UNIT 106]
- ~ Wahiawa Medical Building, 302 California Ave. #H, I, M and N, Wahiawa, HI 96786
- ~ Wahiawa Medical Building, 302 California Ave, #L, Wahiawa, HI 96786
- ~ Wahiawa Medical Building, 302 California Ave, #G, Wahiawa, HI 96786 and [UNIT 102]
- ~ Wahiawa Medical Building, 302 California Ave, #P, Wahiawa, HI 96786

We are also in receipt of the initial deposits. \$1,000.00 for each file for a combined total of \$6,000.00 in escrow.

We have also ordered and distributed the preliminary title reports, along with the escrow instructions for the seller's and buyer's for each property.

Should you have any questions, please feel free to contact me at 529-1109.

Sincerely,



Miran J. Więtecha
Escrow Officer

The Wahiawa Center for Community Health
Pro Forma Operating Budget ~ 25 Years
and
Sustainability Plan

Applicant The Wahiawa Center for Community Health

The Wahiawa Center for Community Health
State Grant in Aid
Prospective Operating Budget ~ 25 Years
Year 1: January 1, 2015 to December 31, 2015

REVENUE:	<u>Year 1</u>		<u>Year 2</u>		<u>Year 3</u>		<u>Years 4-25</u>	
	<i>(9 months)</i>							
PATIENT SERVICE INCOME (Program Income)	2,097,200		2,885,000		2,912,500		2,940,000	
FEDERAL BPHC 330 GRANT	650,000		650,000		650,000		650,000	
STATE GRANTS & CONTRACTS	424,000		507,500		507,500		507,500	
LOCAL GRANTS & CONTRACTS	400,000		450,000		450,000		450,000	
OTHER SUPPORT/FUNDRAISING	80,000		100,000		100,000		100,000	
TOTAL: REVENUE	3,651,200		4,592,500		4,620,000		4,647,500	
EXPENSES:	<u>Year 1</u>		<u>Year 2</u>		<u>Year 3</u>		<u>Years 4-25</u>	
	<i>(9 months)</i>							
PERSONNEL:	<i>FTE</i>	<i>Salary</i>	<i>FTE</i>	<i>Salary</i>	<i>FTE</i>	<i>Salary</i>	<i>FTE</i>	<i>Salary</i>
Total Personnel	29.6	1,852,400	37.9	2,323,000	37.9	2,346,200	37.9	2,369,500
FRINGE BENEFITS:								
Payroll Taxes and Assessments:	12%							
Employee Benefits:	11%							
Subtotal: Fringe Benefits	23%	426,100		534,300		539,600		545,000
TOTAL: PERSONNEL & FRINGE		2,278,500		2,857,300		2,885,800		2,914,500
TRAVEL:								
Travel to NACHC (3 attendees (CEO, CMO or CFO, Board)								
Airfare		1,500						
Hotel		1,000						
Per Diem		200						
		2,700	x 3	8,100		8,100		8,100
Local Travel (5,000 miles @ \$.56 mileage rate)		2,100		2,800		2,800		2,800
Patient Travel		1,500		2,000		2,000		2,000
TOTAL: TRAVEL		11,700		12,900		12,900		12,900
SUPPLIES:	<i>No. of Encounters</i>	<i>23,200</i>		<i>32,800</i>		<i>32,800</i>		<i>32,800</i>
Office and Printing Supplies (\$1.35 per encounter)		31,400		44,300		44,300		44,300
Patient Educational Supplies (\$0.15 per encounter)		3,500		4,900		4,900		4,900
Medical & Dental Supplies (\$5.00 per encounter)		116,000		164,000		164,000		164,000
Pharmacy Supplies: contracted 340B drug program (\$1.30 per		9,000		12,000		12,000		12,000
TOTAL: SUPPLIES		159,900		225,200		225,200		225,200

Applicant The Wahiawa Center for Community Health

EXPENSES:	<u>Year 1</u> (9 months)	<u>Year 2</u>	<u>Year 3</u>	<u>Years 4-25</u>
CONTRACTUAL:				
'Patient Care Contract'				
UCERA (Speciality Care: OB/GYN)	39,000	104,000	104,000	104,000
Nurse Triage 24/7 Phone line (@\$100 per provider per month)	5,400	7,200	7,200	7,200
Diagnostic Labs (10 labs per month @ avg cost \$65)	5,900	7,800	7,800	7,800
Outside Referral to Specialist (10 pats per mth @ avg cost \$200)	18,000	24,000	24,000	24,000
Outside X-ray (\$450 per month)	4,100	5,400	5,400	5,400
Pharmacy: contracted 340B drug program (\$0.50 per script)	1,500	3,500	3,500	3,500
Subtotal: Patient Care Contracts	73,900	151,900	151,900	151,900
'Non-Patient Contracts'				
Project Development Coordinator	67,500	-	-	-
CFO/COO	40,000	-	-	-
Grant Writer	30,000	30,000	30,000	30,000
Housekeeping Services	32,400	43,200	43,200	43,200
Office Machinery & Equipment Maintenance Contract	9,000	12,000	12,000	12,000
PM/EHR Annual Maintenance, Hosting & Support	86,000	86,000	86,000	86,000
Payroll/Human Resources (\$100 per FTE per month)	35,500	45,500	45,500	45,500
Sanitation & Disposal	4,000	5,400	5,400	5,400
Security Service/ Alarm System	63,900	85,200	85,200	85,200
Subtotal: Non-Patient Contracts	368,300	307,300	307,300	307,300
TOTAL: CONTRACTUAL	442,200	459,200	459,200	459,200
OTHER:				
Audit Services	10,000	12,000	14,000	16,000
Bad Debts (1%)	21,000	28,600	29,100	29,400
Condominium fees (CAM, property tax & insurance) @ 1.31 p	138,600	184,800	184,800	184,800
Insurance (D&O, GL, Vehicle)	15,000	15,000	15,000	15,000
Legal Fees	10,000	10,000	10,000	10,000
Marketing & Outreach (2 events)	10,000	10,000	10,000	10,000
Meeting and Conferences	6,000	6,000	6,000	6,000
Membership Dues (Licensing & CME)	21,700	21,700	21,700	21,700
NACHC Dues	5,000	5,000	5,000	5,000
Postage, freight & Shipping	2,000	3,000	3,000	3,000
Printing & Publications	2,000	3,000	3,000	3,000
Recruitment	12,000	2,500	2,500	2,500
Repairs and Maintenance	5,000	10,000	10,000	20,000
Staff Morale	1,500	2,000	2,000	2,000
Telephone & Communication Service (@ \$850/month)	19,000	22,800	22,800	22,800
Utilities (@ \$1,500 per month)	15,000	18,000	18,000	18,000
Vehicle expenses (registration, gas, R&M)	3,000	4,000	4,000	4,000
TOTAL: OTHER	296,800	358,400	360,900	373,200
TOTAL: ALL BUDGET	3,189,100	3,913,000	3,944,000	3,985,000
NET PROFIT	<u>\$ 462,100</u>	<u>\$ 679,500</u>	<u>\$ 676,000</u>	<u>\$ 662,500</u>

**The Wahiawa Center for Community Health
State Grant in Aid
Prospective Operating Budget Narrative ~ 25 Years
Year 1: January 1, 2015 to December 31, 2015**

Sources of Revenue:

➤ Program Income

Program service income or program fees will be generated by the provision of care at the site. The majority of this income will be generated through Medicaid / QUEST / QExA billing. Additional income will also be obtained from the Medicare and commercially insured populations. Once the initial work of credentialing providers with the various health plans has been completed in the first year, it is anticipated that this will be a reliable source of revenue in the future.

Through future outreach programs, the Outreach and Enrollment Workers anticipate reaching many residents in Wahiawa and enrolling them in Expanded Medicaid programs. In line with this the uninsured population has been decreased from 35% in year 1 to 30% in year 2 and onwards.

Uninsured patients will have their fees discounted per the Sliding Fee Discount Program as outlined by Federal Regulations.

All program income was estimated using the following patient and visit projections:

Year 1	5,200 patients	23,200 visits
Year 2	7,100 patients	32,800 visits
Year 3	7,100 patients	32,800 visits
Year 4 onwards	7,100 patients	32,800 visits

➤ Federal BPHC 330 grant

The Wahiawa Center for Community Health will submit its application to HRSA for New Access Point funding and designation as a Federally Qualified Health Center in 2014. It is anticipated that the application will be successful and funding is assured in perpetuity as long as the federal grant requirements are met.

➤ State

The major source of state funds to The Wahiawa Center for Community Health will be derived from the Department of Health for primary care services to uninsured patients. Additionally funds are projected for Perinatal services, Family Planning and participating in the Breast and

Cervical Cancer Control Program (BCCCP). Funds are also budgeted to support on-going Outreach and Enrollment efforts.

The State Medicaid Meaningful Use program started in Hawaii in October 2013. The Center intends to fully maximize this opportunity through the implementation of an Electronic Health Record (EHR) system upon opening. In addition, full training will be provided to all providers and support staff to ensure optimal use. This will be a source of revenue for the first 5 years of operation.

➤ Local

This encompasses all funding not derived from the state, including those passed through non-profit organizations. This will extend to grants from AlohaCare and United Health Care for quality initiatives that support the Patient Centered Medical Home model. Traditionally these health plans have supported quality initiatives on an annual basis to ensure their patients receive the best care possible.

City Council Grant in Aid funds has also been budgeted to support community programs for the residents of Wahiawa. These programs will include nutritional and diet education and cooking demonstration, exercise programs, workforce development and professional training and education.

- Other support includes anticipated contributions through fundraising and donations from the general public. The Hawaii Community Foundation will be approached for grants to assist with capacity building and EMR Implementation. Grants are also anticipated from HMSA Foundation for quality initiatives related to Patient Centered Medical Home. A contracted grant writer has been included in the budget to support these on-going grant efforts.

Expenses:

➤ Personnel Year 1

Four staff personnel will be hired 3 months prior to opening of the health center.

Executive Director
 Medical Director/Physician (Family Practice)
 Clinical Operations Director/QI
 Community Outreach Worker

They will work closely with the contracted Project Development Coordinator and CFO/COO to ensure a smooth transition and transfer of knowledge and expertise. They will each be responsible for hiring the needed staff in their respective areas and finalizing clinical protocols, operational policies and procedures etc.

The remaining personnel will start when the health center opens in April 2015 and their salaries have been budgeted for 9 months only. Clinical care will be provided in two Clinical Care Teams operating in two pods incorporating Patient Centered Medical Home best practices:

<i>Care Team A:</i>	1.05 Physicians (Family Practice) 0.86 Nurse Practitioners 0.75 Care Manager 1.73 Medical Assistants/Health Coaches 0.75 Patient Navigator (Bach. SW) 0.75 Licensed Clinical Social Worker
<i>Care Team B:</i>	0.75 Physician (Internist/Endocrinologist) 0.86 Nurse Practitioners 0.75 Care Manager 1.73 Medical Assistants/Health Coaches 0.75 Patient Navigator (Bach. SW) 0.75 Licensed Clinical Social Worker
<i>Shared Clinical Support Staff:</i>	1.0 Registered Dietician 1.0 Community Outreach Worker 0.75 Referral Specialist/Care Coordinator 0.75 Triage Nurse 2.25 Front Desk Staff 1.5 EMR Technicians (scanning/medical records)
<i>Clinical Oversight:</i>	0.7 Medical Director/Physician (Family Practice) 1.0 Clinical Operations Director/QI
<i>Dental:</i>	0.75 Dentist 0.75 Hygienist 1.5 Dental Assistants 0.75 Dental Reception / Billing
<i>Administration:</i>	1.0 Executive Director 0.75 Executive Assistant 0.75 Chief Financial Officer 0.83 IT Specialist/EHR Manager 0.75 Accounting 0.83 Billing 0.75 Driver

Total FTE's for year 1: 29.59

➤ Personnel Year 2 and onwards

The staffing plan remains the same however FTE's will increase to 37.9 as staff will be working full-time for a full year.

<i>Care Team A:</i>	1.3 Physicians (Family Practice) 1.15 Nurse Practitioners 1.0 Care Manager 2.3 Medical Assistants/Health Coaches 1.0 Patient Navigator (Bach. SW) 1.0 Licensed Clinical Social Worker
<i>Care Team B:</i>	1.0 Physician (Internist/Endocrinologist) 1.15 Nurse Practitioners 1.0 Care Manager 2.3 Medical Assistants/Health Coaches 1.0 Patient Navigator (Bach. SW) 1.0 Licensed Clinical Social Worker
<i>Shared Clinical Support Staff:</i>	1.0 Registered Dietician 1.0 Community Outreach Worker 1.0 Referral Specialist/Care Coordinator 1.0 Triage Nurse 3.0 Front Desk Staff 2.0 EMR Technicians (scanning/medical records)
<i>Clinical Oversight:</i>	0.7 Medical Director/Physician (Family Practice) 2.0 Clinical Operations Director/QI
<i>Dental:</i>	1.0 Dentist 1.0 Hygienist 2.0 Dental Assistants 1.0 Dental Reception / Billing
<i>Administration:</i>	1.0 Executive Director 1.0 Executive Assistant 1.0 Chief Financial Officer 1.0 IT Specialist/EHR Manager 1.0 Accounting 1.0 Billing 1.0 Driver

➤ Fringe Benefits – these have been budgeted at going rates.

- Travel allows for the continued investment into the development and training of the Staff and Board.
- Supplies include medical and dental supplies estimated at \$5.00 per encounter, patient education materials and general office supplies. It is anticipated that an arrangement will in place with Longs (CVS Pharmacy) to run a 340B drug program by the middle of year one. Pharmaceutical drugs are also included.
- Contractual: Patient Care includes:
 - a. Contracted OB/GYN services from University Clinical and Education Research Associates (UCERA) delivered on site one day per week. This increases to two days per week in Year 2.
 - b. Nurse Triage 24/7 support has been budgeted at \$100 per provider and will provide after-hours coverage.
 - c. Amounts have been set aside to assist the uninsured and underinsured with the costs of diagnostic laboratory tests, radiology and medically necessary referrals to specialists.
 - d. A contracted 340B Pharmacy will be up and running by the middle of the first year. This covers the dispensing fee.
- Contractual: Non-patient care includes:
 - a. The Project Development Team consisting of the Project Development Coordinator, the contracted CFO/COO and the grant writer. The Project Development Coordinator will stay on for one year to work with the incoming Executive Director to ensure continuity. The CFO/COO will stay on for five months and will train the newly hired CFO and their accounting, billing & IT staff. A grant writer will continue on with the organization on an as needed basis.
 - b. Housekeeping services for the upkeep and cleaning of the clinic and administration.
 - c. Office equipment maintenance covers the on-going upkeep of photocopiers/ printers/scanners. It also includes the maintenance on medical equipment.
 - d. It is anticipated that a hosted practice management/EMR solution will be chosen. This covers the annual hosting and maintenance costs.
 - e. Hosting services for payroll/human resources will be contracted instead of hiring staff. Given the small size of the organization this is a more efficient and effective option as a wider range of needed payroll and human resources skill sets will be rolled into this contract. They will also prepare all the Personnel Policies & Procedures and an Employee Handbook.
 - f. Sanitation and disposal is a service to pick up biohazard waste.
 - g. Security services include a full time Security Guard for the safekeeping of patients and staff. Annual maintenance for the alarm system has also been included.
- Other Expenses:

Condominium fees include common area maintenance, covering grounds maintenance, building insurance and the property management fee.

Applicant The Wahiawa Center for Community Health

Marketing and outreach – two outreach events will be held each year with the goal of educating the community about the services available at the community health center.

NACHC dues are membership fees to the National Association of Community Health Centers (NACHC). NACHC is a great resource and advocate for all health centers across the nation.

Attachment IV – Resumes

The Wahiawa Center for Community Health

Bev Harbin, Project Development Coordinator

Monique van der Aa, Contracted Chief Financial Officer

BEVERLY WOLFF HARBIN PROFESSIONAL CREDENTIALS

HRSA Grant Application and Implementation. The Wahiawa Center for Community Health. Present. Coordinated the development and concept of a HRSA grant application to compete for a federal HRSA grant to study the feasibility of a Community Health Center in Wahiawa. Coordinated with a grant writer and submitted final report. Responsible for all HRSA fund disbursements for grant period as the Project Coordinator. Obtained additional private funds to expand public outreach.

FACE (Faith Action for Community Equity). 2007 – Present. FACE State-wide Healthcare Coordinator. Worked to create a collaborative relationship with the network of Community Health Centers Hawaii, the inter-faith community, other community organizations and public housing to provide social justice in health care, affordable/workforce housing, and foreclosures.

Community Organizer, OH-NO (Ohana Housing Network, Oahu). 2007 to 2011. Community organizer of existing City and County affordable housing Projects in preparation of recent sale.

Tenant Organizer, Kahuku Elderly Housing. 2007 to 2011. Successfully coordinated and assisted in protecting the HUD Section 8 based funding for a 64 elderly/disabled project in Kahuku Hawaii in 2008.

FACE (Faith Action for Community Equity). Independent contractor to FACE on issues of Affordable Housing and Healthcare in the State of Hawaii. Wrote legislative bills and coordinated testimony and passage of bills to protect healthcare in Hawaii.

Prepaid Health Care Council. Appointed to the State Department of Labor and Industrial Relations Department (DLIR), Prepaid Health Care Council. Responsibilities to review and approve prepaid health care policy changes and make approval/disapproval recommendations to the Director of DLIR

William S. Richardson School of Law, University of Hawaii at Manoa. Independent contractor to the Hawaii Procurement Institute (HPI) located at the School of Law to develop the HPI as a one-of-a-kind program providing instruction and programs to assist our local small business in procurement procedures.

Hawaii Independent Physicians Association (HIPA): Assist 800 small business, independent physicians state wide with issues relating to the business of the delivery of health care, relations with health plans, patient involvement with health plans and other aspects of doing business in the State of Hawaii. Developed and coordinated an in depth survey of physicians regarding reimbursement, government affairs, and impacts of doing business in the State of Hawaii.

The Chamber of Commerce of Hawaii. An Independent contractor to the Chamber of Commerce of Hawaii from August 2000 – August 2005. Responsibilities included developing, coordinating and support the Small Business Council of the Chamber. Participated on two working groups with the Hawaii Uninsured Project, funded by Robert Wood Johnson and the Federal Department of Health. Focus was to address the working uninsured such as the part-time employee and the independent contractors and the Prepaid Health Care Act.

PROJECT JOBS (Join Our Business Success): Created and managed the Business Retention and Expansion Program, (PROJECT JOBS).

Established and managed Hon/Hawaii Auto Repairs in Aiea and Kakaako. Hon/Hawaii was the largest independent auto repair facility in the State of Hawaii from 1990 to June, 2001.

Past President & Board Member, Kaka’ako Improvement Association (KIA).

Past President, Hawaii Auto Repair & Gasoline Dealers Association (HARGD).

First Vice-President & Membership Committee Chair, The Outdoor Circle.

PAST LEGAL EXPERIENCES

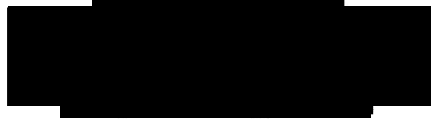
Law office of Ronald Endrizal

PERSONAL INFORMATION

Born and raised in Honolulu. Graduated from Kalani High and attended the University of Hawaii. Degree in Political Science and Women’s Studies.

Married to Earl C. Harbin.

Monique van der Aa, ACA (CPA equivalent)



EDUCATION:

- Bachelor of Commerce, University of Canterbury, New Zealand 1983-1985
Major Subject: Accountancy
- Diploma in Sport (Management), Massey University, New Zealand 1994-1995

CONTINUING EDUCATION:

- Western CFO Network Conference (Phoenix-April 2000, Honolulu-June 2002)
- Health Center Financial & Operations Management Seminar, San Francisco, June 2000
- NACHC Annual conference, Sept. 1999, Aug. 2000, Aug. 2001, Sept. 2002, Mar. 2003, Sept. 2004, Sept 2005, Aug 2007, Aug 2009, Sept 2010
- NACHC Financial, Operations Management & IT, Nov. 2012
- Excellence In Leadership, Oct. 2002 – Sept. 2003
- GE Crystal Reports March 2010
- GE Healthcare Certification Course April – June 2010
- Centricity Healthcare Users Group, April 2010, April 2011, April 2012
- Visual Form Editor Course April 2010 & April 2011
- GE CCC Text File Editor April 2012

WORK EXPERIENCE:

Hawaii Primary Care Association

HCCN Project Director (January 2010 – present)

GE Certified EMR Application Specialist

- EMR Implementation & support to 5 Community Health Centers

CFO Support

- Lanai Community Health Center (11/11)
- Koolauloa Community Health & Wellness Center (1/12 – 03/12)
- Bay Clinic, Inc. (12/10, 05/12-06/12)

Kalihi-Palama Health Center, Honolulu

Chief Financial Officer (March 1999 – December 2009)

- Areas of responsibility:
 - financial affairs of the organization
 - daily operation of fiscal/billing/IT/purchasing departments
 - monitoring and evaluation of continued viability of programs/departments
 - control of cash flows and maximizes returns on available cash and investment income
 - evaluation and recommendation of pricing and fee structure related to costs of service
 - coordination of all fiscal/budgetary materials pertinent to submission of proposals
 - preparation and integration of departmental goals into the agency budget
 - participation in Finance Committee and Board meetings
 - regular review and modification of policies & procedures
- Experience:
 - 23 years in non-profits
 - 14 years in Community Health Centers & healthcare
 - project management – see accomplishments
 - State & federal grant applications & reporting (grants.gov, eHB, federal reporting.gov)
 - Medicare Cost Reports
 - Uniform Data System (UDS)

- Accomplishments:
 - project manager for build out and furnishing of new satellite clinic (7,500 sq. ft.)
 - implementation of new practice management system (GE Centricity)
 - project manager for renovation of an existing building (5,000 sq ft)
 - development of IT department and Human Resources department
 - timely distribution and monitoring of financial reports to Program Directors
 - implementation of financial systems responsive to the changing needs of KPHC
 - development of analytical reports for the Board of Directors
 - facilitated improved communication and processes in fiscal and billing departments
 - coordination of LAN and agency wide phone system installation

Child & Family Service, Honolulu

Controller (February 1998 – February 1999)

Accounting Manager (May 1996 – February 1998)

- Areas of responsibility:
 - control of 9 person department directly reporting to the President
 - financial presentation to the Board of Directors
 - liaison / consultation with the finance committee
 - internal monitoring and financial analysis
 - preparation of agency wide budget (expenditure \$15m)
 - development of unit cost based budgets
 - oversight and coordination of information services

- Accomplishments:
 - development & implementation of practice management database
 - coordination of network systems upgrade statewide
 - development of a cohesive, efficient, cross-trained fiscal department
 - production of a comprehensive field guide (procedures manual for staff)

New Caledonia

South Pacific Commission, Noumea

Assistant Finance Manager (December 1990 – November 1994)

A 170-staff international non-profit organization that conducts technical and scientific activities in 22 Pacific Island countries.

- preparation & monitoring of annual budget (expenditure US\$ 30m)
- adherence with the Financial Regulations, Staff Regulations, Staff Rules, Administrative Directives and Generally Accepted Accounting Principles
- oversight and coordination of 5 person department
- all financial internal and external reporting
- international cash management

Australia

Compass Mining Services Pty Limited, Perth

Accountant (January 1990 – December 1990)

A group of companies in the mining exploration, investment and tourism industry. (5 public listed companies, 3 public unlisted companies)

New Zealand

Ernst & Young, Christchurch

Staff Accountant – Audit division (January 1986 – November 1989)

Canada

- **Clarkson Gordon, Toronto** (A member of Ernst & Young International)
January 1989 – March 1989 (3 month transfer)

COMPUTER SKILLS:

- spreadsheets, word processing, accounting software, Microsoft products, GE Centricity

The Wahiawa Center for Community Health

Organization Chart

