

January 29, 2015

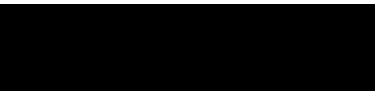
The Honorable Jill Tokuda
Chair, Committee on Ways and Means
Hawaii State Senate
State Capitol, Room 207
Honolulu, HI 96813

Dear Senator Tokuda:

As duly noted by the time and date affixed to this document, the Committee on Ways and Means of the Hawaii State Senate hereby certifies that Kuakini Medical Center has officially submitted, and the Committee on Ways and Means has officially received prior to its stated deadline of 4:30 p.m. on Friday, January 30, 2015, one (1) copy of Kuakini Medical Center's Application for Grants and Subsidies (per Chapter 42F, Hawaii Revised Statutes) for due consideration by the 28th Legislature of the State of Hawaii for Fiscal Year 2015-2016, with the original signed application having been submitted to the House Committee on Finance. Thank you.

Sincerely,

KUAKINI MEDICAL CENTER



Quin Ogawa
Vice President, Finance and CFO
Ph: (808) 547-9231

CC: Senator Suzanne Chun Oakland
Senator Ron Kouchi

House District 27

Senate District 13

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

Log No:

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 (LEAVE BLANK IF UNKNOWN): DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): LBR903 - OFFICE OF COMMUNITY SERVICES

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
Kuakini Medical Center

Dbas: Kuakini Medical Center

Street Address: 347 N. Kuakini St.
Honolulu, HI 96817

Mailing Address: 347 N. Kuakini St.
Honolulu, HI 96817

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name: QUIN OGAWA

Title: Vice President, Finance and Chief Financial Officer

Phone No.: (808) 547-9231

Fax No.: (808) 547-9547

e-mail q.ogawa@kuakini.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

EMERGENCY GENERATOR PROJECT - PLANNING, DESIGN & CONSTRUCTION.

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2015-2016 (JULY 01, 2015 - JUNE 30, 2016): \$ 1,500,000

8. 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 \$ 1,500,000

FEDERAL -----

COUNTY -----

PRIVATE/OTHER \$ 3,798,421

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[REDACTED]

AUTHORIZED SIGNATURE

GARY K. KAJIWARA, PRESIDENT & CHIEF EXECUTIVE OFFICER

NAME & TITLE

JANUARY 29, 2015

DATE SIGNED



RECEIVED
1-20-15

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;

Kuakini Medical Center (hereinafter "KMC") is a 501(c)(3) not-for-profit organization that provides acute care hospital services and operates 24 hours a day, 365 days a year in central Honolulu. As one of the subsidiaries of Kuakini Health System, the Medical Center supports the mission of Kuakini Health System which is to improve the health status of the community by:

- Providing comprehensive health care services and programs at reasonable cost,
- Continuously improving the quality of health care services and programs,
- Encouraging clinical research,
- Supporting training and educational programs for health care personnel, and
- Offering community service programs.

Kuakini's roots can be traced to July 1900, with the founding of the Japanese Charity Hospital in Honolulu's Kapalama District by the Japanese Benevolent Society. The hospital moved to its present location on Kuakini Street in 1917, with the construction of a 70-bed facility, and its name was shortened to the Japanese Hospital.

At the onset of the Second World War, Kuakini expanded to a 100-bed facility. Following the bombing of Pearl Harbor, the U.S. Army occupied Kuakini's facility; and the Board approved a name change to Kuakini Hospital, in response to the anti-Japanese sentiment in the United States. Also, Kuakini broadened its mission, from caring for Honolulu's Japanese immigrant population to providing a wide array of health care services for the entire Oahu community.

In subsequent years, Kuakini continued to expand its services and modernized its facilities in order to provide quality patient care. Kuakini Hospital was renamed Kuakini Medical Center (KMC) in 1975 in celebration of its 75th anniversary. By the mid 1980s, Kuakini grew to a 250-bed teaching hospital that provided inpatient adult medical and surgical services, emergency services, ambulatory care services and outpatient services. Today, KMC remains fully committed to providing high quality health care services to all persons in the state regardless of ethnicity, sex, physical disability, age, religious affiliation or ability to pay. As a teaching hospital, Kuakini participates in the accredited medical residency, surgical residency, transitional residency and geriatric fellowship programs of the University of Hawaii John A. Burns School of Medicine.

2. The goals and objectives related to the request;

KMC requests a \$1,500,000 grant-in-aid from the State of Hawaii for capital improvement projects under Chapter 42F, Hawaii Revised Statutes, to facilitate the purchase and installation of two new 1000kW emergency generators on its campus, which will be housed in free-standing structures for easy access, monitoring, and maintenance. The new generators and accompanying free-standing fuel storage tank will be installed on ground level, adjacent to KMC's utility building, which houses two current emergency generators, which are 32 and 38 years old, respectively.

The project includes the installation of four new automatic transfer switches that in the event of a service interruption of HECO power grid, will allow for the seamless and instantaneous transfer to emergency power, and installation of a new power distribution system which will provide separate electrical connections for the three feed lines that serve as KMC's power infrastructure. Also, the project will provide a new master control console to generate management and monitoring reports which are required by the Joint Commission (that accredits healthcare organizations), and will enhance the web server capabilities of the new electrical distribution system.

3. The public purpose and need to be served.

For a full service acute care hospital that provides emergency services such as KMC, an uninterrupted and continuous source of electrical power is critical to maintaining 24-hour, 7 days per week operations and ensuring the ongoing safety and care of patients; and this is of extreme importance during times of community-wide emergencies and natural disasters. For patients in critical care units, operating rooms, the emergency room and other inpatient treatment areas, a power outage of even a few minutes' duration could result in irreparable harm. KMC's Emergency Room (ER) serves as one of Honolulu County's emergency network providers, and is the home base for two City and County of Honolulu ambulances and a Rapid Response Unit.

Currently, KMC's Cardiac Catheterization Services (CCS), performs cardiac and vascular interventional and radiological procedures on inpatients and emergency outpatients, lacks emergency power capacity to continue operations during HECO power outages. This requires KMC to shut down its two CCS rooms during community-wide power outages, and divert certain ER patients to another hospital that can perform these invasive procedures. Also, one of the two data centers that provide data redundancy and disaster protection for KMC's hospital clinical information system (including patients' electronic medical records) lacks emergency power backup for continuous operations during times of power outages.

The KMC emergency generator project will resolve the inadequate emergency power requirements for times of power outages, and for times of emergencies and disasters that result in extended power outages. The new generators will provide KMC with over 144 hours of continuous electrical power (based on the new fuel tank capacity) and will increase the overall emergency backup power capacity by approximately 250%. This project will ensure that KMC has a reliable and sufficient source of emergency power to maintain ongoing patient care, including emergency services, for the community.

4. The target population to be served, and the geographic coverage.

The proposed project will benefit the approximately 68,500 patients / clients who annually depend upon KMC as their primary hospital provider of health care services. The new generators will ensure the ongoing operations of the hospital and emergency services for up to 144 hours in the event of extended power outages. This will benefit the Honolulu County and the State of Hawaii, especially in times of community-wide emergencies and disasters. The majority of Kuakini's inpatient population approximately 75%, are older adults over (65+ years of age) and the average age range is 75 years old. About two-thirds of KMCs patients are from the Kapalama and Kalihi urban districts which have a median annual income of \$59,359.00, that is significantly lower than the Honolulu county median annual household income of \$72,364.00.

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.

1. Describe the scope of work, tasks and responsibilities.

The project will acquire and install two (2) new Cummins 1000kW emergency generators in free standing and weatherproof metal housing structures and acquire and install an above-ground fuel storage tank on a concrete pad to be constructed. The project will be sited on the KMC campus in available land space that is adjacent to KMC’s utility building, which will provide easy access for installation and maintenance of the new emergency power system. Once the generators and fuel storage tank are on site, contractors will install four (4) automatic transfer switches, a paralleling system with two (2) generator paralleling circuit breakers and six (6) electronically operated distribution circuit breakers, which will be separated into critical and noncritical sections.

Also, the project will acquire and install a new master control console with web server capabilities, which will meet the compliance standards of the Joint Commission, and will interface with KMC’s existing electrical power grid and will upgrade the electrical distribution system to ensure that KMC has increased emergency power capacity for its current and future needs.

2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service.

Once ordered, it will take six to eight months lead time for the complete delivery of all components and parts for this project. KMC anticipates breaking ground for this project in October 2015. The project timeline is expected to proceed as noted in the following table:

Timeline: Kuakini Medical Center Emergency Generator Project		
Task or Item	Date Commenced	Date Completed
Scoping and Site Visit		Completed
Site Survey and Topographic Study		Completed
Preliminary Fuel Tank Plan: Review and Comment		Completed
Design Development		Completed
MEP Site Investigation		Completed

Timeline: Kuakini Medical Center Emergency Generator Project		
Task or Item	Date Commenced	Date Completed
Order Emergency Generators	March 2015	October 2015
Plans to Engineering Consultants	February 2015	July 2015
Structural / MEP Design and Coordination	June 2015	September 2015
Final Documents for Bldg. Permit and Pricing	August 2015	September 2015
Issue of Notice to Proceed	September 2015	September 2015
Site Preparation	September 2015	September 2015
Construction	October 2015	February 2016
Emergency Generators Installation	January 2016	February 2016
Site Clean Up	March 2016	April 2016
Emergency Distribution System Upgrade	April 2016	May 2016

3. **The applicant shall describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results.**

The nature of the task will require project benchmarks and outcomes to be critically assessed during the project design phase, during which the KMC construction team and facilities management will review and specify the full load requirements and capacity of the proposed emergency generators. Subsequent testing of the emergency generators following their installation will provide the confirmation of the maximum capacity and reliability of the emergency generators, which will then allow the connection to additional areas, specifically the Cardiac Catheterization Services and KMC's second data center.

4. **The applicant shall 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.**

Once the State GIA funds are released and available, state agency officials will be able to evaluate the progress of the KMC Emergency Generator Project by monitoring the applicant's capacity to adhere to the project timeline as described in the table above (Section II.2). KMC does not anticipate any material deviations from either the project's tasks or its timeline. If there are any deviations, KMC will report to the expending state agency at the earliest time possible, in order to avoid any unnecessary delays in the expenditure of allocated funds.

III. Financial

Budget

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

Please note that project costs include the procurement of equipment, materials and consulting / contracting services, site preparation and construction of free-standing emergency generator facilities; the site preparation and installation of a ground level fuel storage tank; the installation of two emergency generators and automatic transfer switches; the installation of additional circuit breakers and master control panel to upgrade the existing campus electrical distribution network and increase emergency power capacity by 250%; and all project soft costs including permits, fees, professional consultations, and a \$508,757.00 contingency fund.

- 2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2015-2016.**

Q1: July 1 – Sept. 30, 2015	Q2: Oct. 1 – Dec. 31, 2015	Q3: Jan. 1 – Mar 31, 2016	Q4: Apr. 1 – June 30, 2016	TOTAL: FY 2015-2016
\$50,000	\$475,000	\$475,000	\$500,000	\$1,500,000

- 3. The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2015-2016.**

At present, because about 80% of the funding for this project has been secured, KMC is not planning to seek any other funding for the remaining balance, other than what has been requested in this application.

- 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.**

As a 501(c)(3) not-for-profit organization, KMC is ineligible to receive state and federal tax credits.

- 5. The applicant shall provide a listing of all government contracts and grants it has been and will be receiving for program funding.**

KMC has not received any government funding or grants for this project.

- 6. The applicant shall provide the balance of unrestricted current assets as of December 31, 2014.**

As a 501(c)(3) not-for-profit organization, KMC's assets are restricted and designated for providing health care services.

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.

GARY KAJIWARA, President & Chief Executive Officer, has been with KMC since 1976, and in 1990 was appointed to lead the entire Kuakini Health System, which includes the subsidiaries of Kuakini Medical Center; Kuakini Geriatric Care, Inc.; Kuakini Support Services, Inc. and Kuakini Foundation.

GREGG OISHI, Senior Vice President & Chief Administrative Officer, has been with Kuakini since 2000, and has served in his present capacity since 2003. His job duties and responsibilities cover the operations of Kuakini Health System.

QUIN OGAWA, Vice President, Finance & Chief Financial Officer, first came to Kuakini in 1996. He served in the position of Director of Fiscal Services for Shriners Hospitals for Children – Honolulu in 2006, as they built a \$80 million brand-new facility. He returned to Kuakini in his present capacity in 2009. His job duties and responsibilities cover the financial operations of Kuakini Health System.

KEVIN MATSUKATO, Managing Director, Facilities, is responsible for the planning, organizing, staffing, directing and controlling of Biomedical Engineering, Communications, Maintenance, Plant Operations, Security, Environmental Services, and Transport in accordance with established standards and policies of Kuakini Health System, the Joint Commission and other applicable regulatory agencies, and also coordinates construction projects as directed.

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. Also describe how the facilities meet ADA requirements, as applicable.

Kuakini Medical Center is one of the subsidiaries of Kuakini Health System. The other subsidiaries are Kuakini Geriatric Care, Inc., Kuakini Support Services, Inc. and Kuakini Foundation. All of these subsidiaries are located on the 10-acre Kuakini campus. The following six major structures of which are ADA-compliant, are located on the Kuakini campus:

- The 5-story Kuakini Medical Center facility, which is licensed as a 212-bed acute care hospital;

- The 9-story Kuakini Geriatric Care, Inc. facilities which provides long-term inpatient care services including Skilled Nursing, Intermediate Care and assisted living for older adults. Also located at these facilities are outpatient services and support services for Kuakini Medical Center and the UH John A. Burns School of Medicine's Hyperbaric Treatment Center and Geriatric Medicine Department.
- Two (2) physician condominium office buildings that are 11 and 9 stories high, and
- Two (2) parking structures, which one is for Kuakini's employees and the other is for the public, including patients and their families / caregivers and visitors to Kuakini's facilities, and physicians / tenants in Kuakini's facilities and physicians office buildings.

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.

Not applicable, since the emergency generator project qualifies as a capital improvement project.

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.

Please see attached organizational 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.

GARY KAJIWARA, President & Chief Executive Officer – \$400,000 / yr.

GREGG OISHI, Senior Vice President & Chief Administrative Officer – \$232,984 / yr.

JUNE DRUMELLER, Senior Vice President & Chief Clinical Officer – \$200,040 / yr.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

At the time of this application's submission, there was no pending litigation or outstanding judgments involving Kuakini Medical Center.

B. Licensure or Accreditation

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

Kuakini Medical Center is a fully licensed acute care hospital (for 212-beds) by the Hawaii State Department of Health and is accredited by the Joint Commission and federally certified by the Centers for Medicare and Medicaid Services (CMS).

C. Federal and County Grants

The applicant shall separately specify the amount of federal and county grants awarded since July 1, 2014.

Kuakini Medical Center has not received any grant funding from the federal government or the City and County of Honolulu. The other affiliates of Kuakini Health System have not received any grant funding from the federal government and only affiliate, Kuakini Geriatric Care, Inc. received a grant in aid of \$30,000 from the City and County of Honolulu for the purchase of a transportation van for resident activities.

D. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

Any grant in aid received from the State of Hawaii will be used for the sole purposes as described in this application, and no funds will be expended for either the support or benefit of any private educational institution.

E. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2015-16 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2015-16, but**
- (2) Not received by the applicant thereafter.**

In the event that Kuakini Medical Center's application is denied by the State of Hawaii, the balance of funding for this emergency generator project will be obtained through additional fundraising and solicitation of donations from individuals, organizations and private foundations. Grant applications for grant funding will be made to the Thomas J. Long Foundation, the Atherton Family Foundation and the Cooke Foundation, Ltd. during their next grant cycles.

F. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2014.

Please see attached certificate of good standing.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

Applicant: Kuakini Medical Center

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private / Other Funds (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. Site Preparation / Construction	475,000			1,329,349
10. Planning, Design & Permitting	50,000			133,000
11. Emergency Gen. Installation	475,000			525,000
12. Auto. Transfer Switch Installation				500,000
13. Contingency				508,757
14. Emergency System Dist. Upgrade	500,000			802,315
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	1,500,000			3,798,421
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	1,500,000			3,798,421
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	1,500,000	QUIN OGAWA (808) 547-9231		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested		[Redacted Signature] Jan. 29, 2015		
(d) Private/Other Funds Requested	3,798,421	Signature of Authorized Official Date		
TOTAL BUDGET	5,298,421	GARY K. KAJIWARA, President & CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Kuakini Medical Center

Period: July 1, 2015 to June 30, 2016

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
NOT APPLICABLE.				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Kuakini Medical Center

Period: July 1, 2015 to June 30, 2016

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
NOT APPLICABLE.			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
NOT APPLICABLE.			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: Kuakini Medical Center

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2013-2014	FY: 2014-2015	FY:2015-2016	FY:2015-2016	FY:2016-2017	FY:2017-2018
PLANNING, DESIGN & PERMITTING		133000	50000			
SITE PREPARATION & CONSTRUCTION		1329349	475000			
EMERGENCY GEN. & TRANSFER SWITCH INSTALLATION		1025000	475000			
CONTINGENCY		508757				
EMERGENCY SYSTEM DISTRIBUTION UPGRADE		802315	500000			
TOTAL:		3798421	1,500,000			
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: Kuakini Medical Center

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1.	NONE.				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				TOTAL	

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.

- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.

- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii 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, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

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

KUAKINI MEDICAL CENTER

(Typed Name of Individual or Organization)

(Signature)

January 29, 2015

(Date)

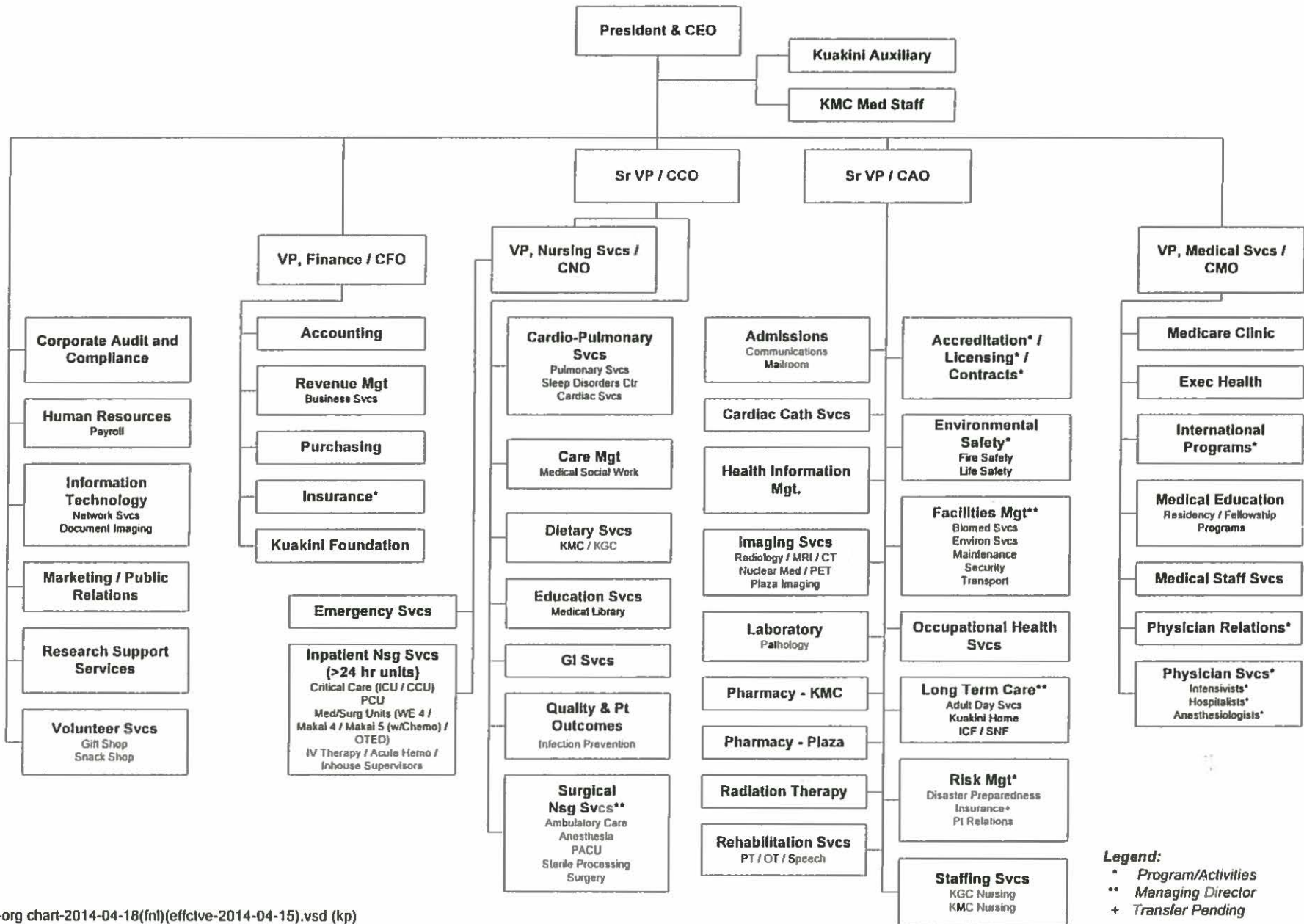
GARY K. KAJIWARA

(Typed Name)

President & Chief Executive Officer

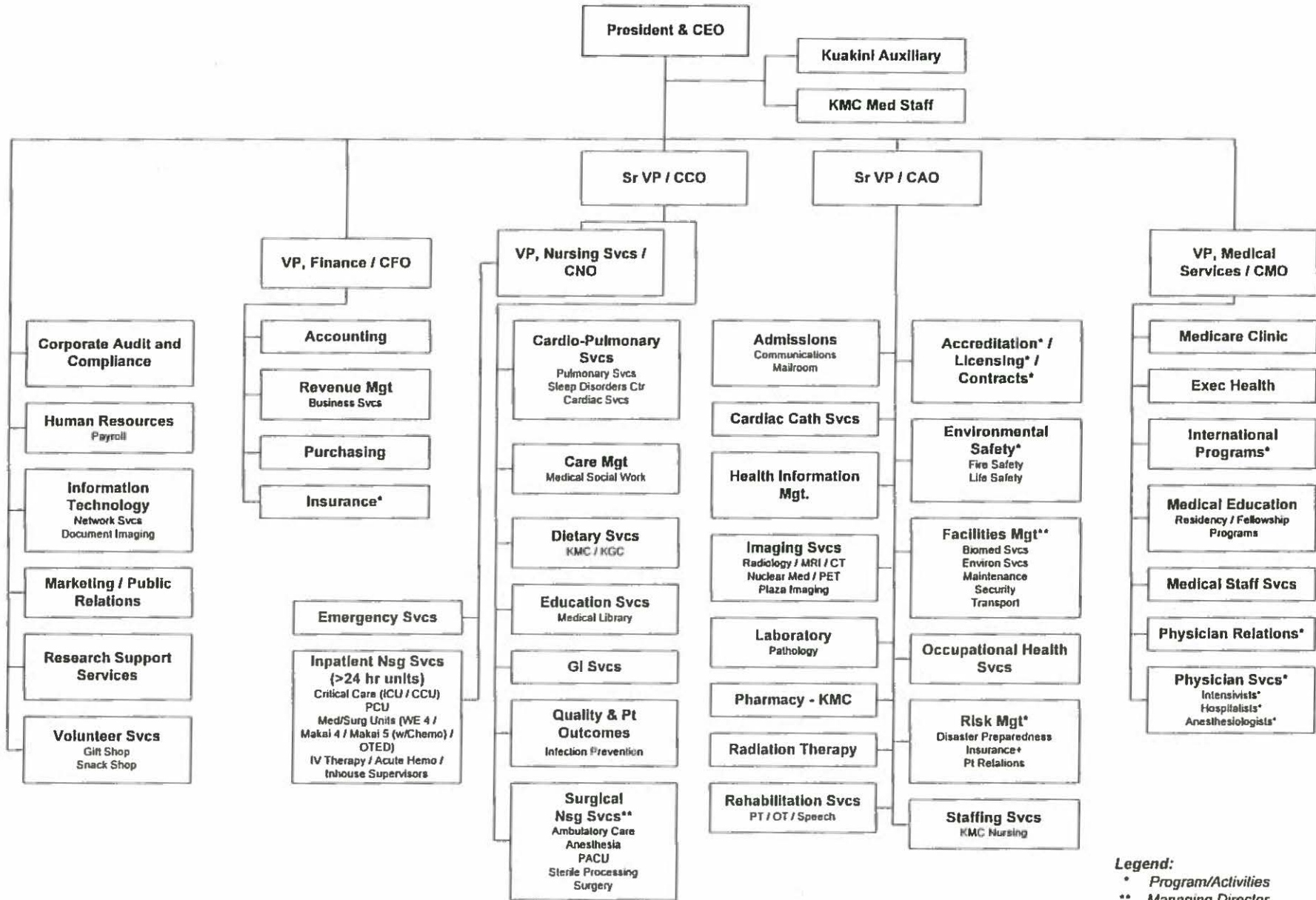
(Title)

**Kuakini Health System
Organizational Chart
April 15, 2014**



Legend:
 * Program/Activities
 ** Managing Director
 + Transfer Pending

**Kuakini Medical Center
Organizational Chart
April 15, 2014**



Legend:
 * Program/Activities
 ** Managing Director
 + Transfer Pending



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

KUAKINI MEDICAL CENTER

was incorporated under the laws of Hawaii on 10/30/1899 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 20, 2015

Interim Director of Commerce and Consumer Affairs