

House District 27

Senate District 13

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

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

"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.

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

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

DEPARTMENT OF HEALTH \_\_\_\_\_

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): \_\_\_\_\_

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual  
REHABILITATION HOSPITAL OF THE PACIFIC  
Dba:

Street Address  
226 N. KUAKINI STREET, HONOLULU, HI 96817

Mailing Address  
226 N. KUAKINI STREET, HONOLULU, HI 96817

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name TIMOTHY J. ROE, MD, MBA, FAAPMR

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER

Phone # 808-544-3301

Fax # 808-566-3425

E-mail TROE@REHABHOSPITAL.ORG

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
- FOR PROFIT CORPORATION INCORPORATED IN HAWAII
- LIMITED LIABILITY COMPANY
- OTHER
- SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

INFRASTRUCTURE IMPROVEMENTS TO ENSURE THE HEALTH AND SAFETY OF THE PATIENTS AND STAFF OF REHABILITATION HOSPITAL OF THE PACIFIC

4. FEDERAL TAX ID #: \_\_\_\_\_

5. STATE TAX ID #: \_\_\_\_\_

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016 \$ 1,750,000

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 \$ \_\_\_\_\_  
 FEDERAL \$ \_\_\_\_\_  
 COUNTY \$ \_\_\_\_\_  
 PRIVATE/OTHER \$ \_\_\_\_\_

TIMOTHY J. ROE, PRESIDENT AND CHIEF EXECUTIVE OFFICER  
NAME & TITLE

January 30, 2015  
DATE SIGNED



**RECEIVED**  
1-30-15 VR

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## Application for Grants

### I. Background and Summary

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

Rehabilitation Hospital of the Pacific (REHAB Hospital) is a 501(c)3 tax-exempt organization. We provide comprehensive physical and cognitive rehabilitation to individuals that have experienced spinal cord injury, traumatic brain injury, stroke, amputation, complex surgery, serious illness or injury or other trauma. Each year, we serve over 5,500 individuals, some of them faced with the most daunting and life-changing challenges of their lives.

#### 2. The goals and objectives related to the request;

The goal of this project is to make infrastructure improvements that are necessary due to the age and condition of the building, be in compliance with new and recently enacted building code requirements, and ensure the emergency preparedness of the facility for the health and safety of our patients, staff and visitors. The facility was built in stages over the past 60 years, and some of the areas of the facility are from the original construction in 1953.

The objectives for this project are to complete the following improvements to the facility:

***Elevator retrofit*** – REHAB Hospital's elevators were upgraded between 1990 and 1995, therefore, they do not meet current building code requirements that were put in place after the upgrades. The elevator retrofit will not only bring the elevators up to code, but will also increase their efficiency and reliability. REHAB Hospital is requesting funding to retrofit four out of the five elevators on campus.

***Water main replacement*** - All domestic water lines from the water meter to the building are at varying degrees of corrosion as a result of age and wear. The normal lifespan of the pipes are up to 40 years, and replacement will reduce the probability of water main breaks on site.

***Driveway resurfacing*** – All main driveways and service roads on the property require resurfacing to address the wear and tear from both time and the recent heavy equipment and trucks on site during the renovation from 2011 to 2014. Temporary patch work was completed during the renovation process, however, a complete resurfacing is required. Resurfacing of the driveways will ensure safe passage in and out of the facilities for all vehicles.

***Heating Ventilation Air Conditioning (HVAC) system and emergency power improvements*** - Currently, REHAB Hospital generators back up life safety and critical equipment including exit lighting, elevators and the fire alarm system. However, in the event that REHAB Hospital loses power, there are no alternate sources of energy to maintain the temperature and humidity at required levels<sup>1</sup> and the backup system does not have the ability to meet the required subsistence needs, defined as food, water and supplies, for patients and staff.<sup>2</sup> Improvements to the HVAC and emergency power backup system will ensure the emergency preparedness of the facility.

***Air handlers replacement*** – The Nuuanu Outpatient Clinic’s air conditioning system is currently independent from the main facility, and needs to be replaced and incorporated with the newly installed chiller unit. This will result in greater energy efficiency and reliability.

***Domestic booster pump replacement*** - The current water booster system is over 30 years old, and a motor that raises the water pressure coming into REHAB Hospital is failing. Use of water is key to the safety, sustenance and treatment of patients. Replacement of the booster pump will ensure the water pressure is stable for several decades into the future.

***Parking gate replacement*** - Parking gate for the upper level parking lot frequently breaks down due to age and normal wear and tear. This results in additional staff time to manually operate the gate. Replacement of the gate will improve the safety of the facility and reduce staff costs.

### **3. The public purpose and need to be served;**

REHAB Hospital contributes significantly to the public good:

***Essential medical services.*** REHAB Hospital is the sole Inpatient Rehabilitation Facility<sup>3</sup> (IRF) in the state and an essential part of the continuum of medical care for Hawaii residents. Without REHAB Hospital, residents with serious illness or injury would have to be transported to the mainland for care, or forego the care they require to recover to their full potential.

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<sup>1</sup> *AIA Guidelines for the Design and Construction of Hospitals*, The Joint Commission Handbook, EC.02.06.05, Table 7.1. Requires REHAB Hospital to maintain temperatures (70-75) and humidity in patient, treatment, procedure, bathing, physical therapy, and medication rooms.

<sup>2</sup> *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*, Department of Health and Human Services, Centers for Medicare & Medicaid Services, 42 CFR Parts 403, 416, 418, et al., Vol. 78, No. 249 December 27, 2013, Part II.

<sup>3</sup> This designation is made by the U.S. Dept. of Health and Human Services, Centers for Medicare and Medicaid Services.

***Enables elderly and disabled to live more independently.*** Intensive and skilled rehabilitation can facilitate the healing process significantly to improve a patient's self-help, mobility and communication skills so that they can return home as independent as possible. For the newly disabled in their young adulthood, skilled and intensive rehabilitation is crucial to recovering to their potential, so they can live productive and meaningful lives. For elderly patients, acute rehabilitation can assist them to age in place independently with their best quality of life possible.

***Reduces the need for government and private support services and benefits.*** The more independent and self-sufficient elderly and disabled residents can live, the fewer support services they require from caregivers, government and private organizations, including skilled nursing facilities, caregivers, in home meals and transportation.

***Rehabilitation provided to residents with insufficient medical coverage.*** REHAB Hospital absorbs over \$1 million annually in charity care and uncompensated care expenses for patients with financial needs. This financial support enables Hawaii residents that do not have sufficient insurance to receive the medical rehabilitation they require to recover to their greatest potential.

**4. Describe the target population to be served; and**

As the only rehabilitation hospital in the state, this renovation will *benefit all Hawaii residents* that require acute medical rehabilitation. This includes:

- Over 60% of our patients are 65 and older and the need for acute rehabilitation is anticipated to increase among this age group. Hawaii residents enjoy the longest life expectancy in the country<sup>4</sup> and by 2030, the U.S. Census Bureau estimates that one in four residents will be an elder. The effects of aging can make a simple injury more complex and rehabilitation can help them age in place longer and with a better quality of life.
- Unanticipated injury from car, work or sports accident (spinal cord injury, traumatic brain injury, amputation, fracture, etc.) or illness (cancer, infection, cardiovascular, stroke) strikes patients of all ages. Patients with spinal cord and traumatic brain injuries are typically younger and rehabilitation is crucial to helping them adapt to challenges and live productively for the rest of their lives.

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<sup>4</sup> Lichtenberg, F., "Why Has Longevity Increased More in Some States than in Others? The Role of Medical Innovation and Other Factors," Manhattan Institute for Policy Research, Medical Progress Report No. 4, July 2007.

In 2014, the inpatient mix for REHAB Hospital included:

Diagnosis	%	#
Orthopedic	39%	600
Stroke	25%	379
General Rehabilitation	14%	206
Brain Injury	8%	128
Spinal Cord Injury	5%	77
Trauma	4%	65
Amputation	3%	52
Other Neurological	2%	25
Total Inpatients	100%	1,532

The average daily census at REHAB Hospital is 55 patients and each year, over 1,500 Hawai'i residents receive acute inpatient therapy with an additional 4,000+ receiving skilled outpatient therapy. It is critical that the facility be safe, secure and operating at the highest level of efficiency, not only for these patients but for staff and visitors.

**5. Describe the geographic coverage.**

REHAB Hospital is the only Inpatient Rehabilitation Facility in Hawaii, and as a result, serves the entire state. It is also the closest acute rehabilitation facility for patients from the South Pacific including Guam, Samoa and the Islands of Micronesia.

In addition, approximately 50 patients each year are visitors from around the world that experience recreational accident or illness while on vacation in Hawaii and require care at REHAB Hospital.

## II. Service Summary and Outcomes

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

**Scope of work.** This project is to complete the infrastructure improvements so that the facility can operate at greater efficiency and is in compliance with applicable building codes. REHAB Hospital will retain the services of licensed, experienced contractors for each of the following improvements:

- **Elevator retrofit** – Four elevators will be upgraded and modernized, including the ceiling, cab, hoistway and car doors. Required upgrades will include: adding a rope gripper for the existing geared machine; guard for the snag point in the elevator hoistway; rope guards in the machine room; ADA compliant car and hall signal fixtures; an emergency communication device with intercom; 48" toe guard for the car; car top handrails; seismic

zone 2 items including a counterweight derailment device (ring and string), seismic switch in the elevator machine room and seismic fishplates for the main and counterweight guide rails.

- **Water main replacement** – All domestic water lines from the water meter to the building will be replaced.
- **Driveway resurfacing** – The main and service driveways will be resurfaced.
- **HVAC system and emergency power improvements**– The HVAC system will be incorporated with the backup generator, and a transformer will be added to increase the power supply so that the facility is well prepared for any unanticipated power outages.
- **Air handlers replacement** – The air conditioning system in the outpatient clinic will be replaced and incorporated with the newly installed chiller unit.
- **Domestic booster pump replacement** – The motor for the water booster will be replaced.
- **Parking gate replacement** – The parking gate will be replaced with a new, more efficient gate to secure the parking area for staff.

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

Task	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Water main replacement	■											
Driveway resurfacing	■											
HVAC System/Power improvements	■	■										
Air handlers replacement		■	■	■								
Domestic Booster Pump replacement		■										
Retrofit patient wing elevators (2)			■	■	■							
Retrofit additional elevators (2)					■	■	■					
Parking gate replacement							■					

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

The CEO and Director of Facilities are responsible for monitoring and evaluating the renovation project. Quality assurance includes the following:

- Weekly status meetings between the CEO and Director of Facilities. This will ensure that in the event delays or problems arise during the course of improvements, they are addressed immediately so that the project proceeds as planned.

- Quarterly reports by the CEO to the Board of Directors of REHAB Hospital to ensure that the project is proceeding in the forecasted timeframe and within the approved budget.
- Ongoing oversight and evaluation of the work of contractors by the Director of Facilities to ensure that construction standards are in compliance with required building code and that the facility is being improved per specifications.
- Weekly status meetings between the CEO and Chief Medical Director to ensure that the quality of patient care is not disrupted by the project.
- Measures to ensure compliance with applicable labor laws and proper documentation of expenditures.

In addition to the evaluation and monitoring of the renovation, the CEO, Director of Facilities, CFO and Director of Finance and Contracting work together to ensure that expenses are properly processed on a timely basis, and that the project stays within budget. Each year, REHAB Hospital undergoes a financial audit by independent auditors to ensure that the organization complies with Generally Accepted Accounting Principles.

- 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.**

The Director of Facilities will monitor the measures of effectiveness and report to the Chief Executive Officer on the following:

- Comparative analysis of the projected timeline of improvements with the actual timeline that objectives are completed. (*See timeline for details.*)
- Inspections to ensure the objectives are completed as required, in compliance with applicable building code, accreditation requirements and contract specifications.
- Assurance that each objective is fully functional before final payment is made to contractors.



### III. Financial

#### Budget

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

The budget forms are included in this request as attachments.

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

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$1,100,000	\$600,000	\$50,000		\$1,750,000

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

REHAB Hospital will utilize existing reserves to support infrastructure improvements and will also seek funding from private donors in the community.

- 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.**

REHAB Hospital has not received, applied for, and does not anticipate applying for any tax credits pertaining to the infrastructure improvements in this project.

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

REHAB Hospital was awarded a \$500,000 grant from the City and County of Honolulu, Grant in Aid program in 2014 for capital improvements.

It also received a grant of \$5,700 from the Hawai'i State Department of Transportation - Highways to fund bicycle helmets for youth through REHAB Hospital's ThinkFirst program.

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

REHAB Hospital's current assets as of December 31, 2014 is approximately \$8,500,000.

## **IV. Experience and Capability**

### **A. Necessary Skills and Experience**

REHAB Hospital will secure the services of contractors that are duly licensed and experienced to successfully complete the infrastructure improvements and scope of this project.

REHAB Hospital staff responsible for directing the project has the required skills and experience to manage this project. See the qualifications of key staff involved in this project in the section below, *V. Personnel: Project Organization and Staffing*.

### **B. Facilities**

The main facility of REHAB Hospital is its 70-bed inpatient hospital in Nuuanu. REHAB Hospital also has three outpatient clinics: Nuuanu on the first floor of the main facility, Aiea at Pearlridge and Hilo. All facilities are ADA compliant.

## **V. Personnel: Project Organization and Staffing**

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

REHAB Hospital will retain the services of licensed, experienced contractors to complete the infrastructure improvements detailed in this proposal. REHAB Hospital personnel directly involved in supervising and directing this project include the following:

***Timothy J. Roe, MD, MBA, President and Chief Executive Officer (CEO)*** represents the hospital regarding ownership decisions on the project, including final approval for all activities done by the architect and contractor related to the renovation. He works with the CFO, architect and the Project Manager in developing and revising the master budget and master timeline. He is also responsible for communicating with the Board of Directors regarding all pertinent renovation related activities and serves as their fiduciary agent regarding all renovation-related matters. Dr. Roe has previous experience with the planning and construction of healthcare facilities at St. Joseph Regional Rehabilitation Center.

***Wendy Manuel, Vice-President and Chief Financial Officer (CFO)***, is responsible for overseeing all matters relating to capital planning and funding for the renovation project. She also manages the hospital's financial relationships with REHAB Foundation, its banking partners and its vendors and suppliers. She also oversees REHAB's financial operations including revenue cycle, cash flow, assets and liabilities. She has twenty years of experience in public accounting

including internal and external audit responsibilities involving multiple major healthcare systems in Hawaii.

*Stephen Boyer, Director of Facilities*, is responsible for reviewing the specifications of equipment installed during the renovation, particularly owner-supplied equipment such as the nurse call system and Arjo lift. He also coordinates access to the property for multiple contractors involved and ensures that the renovation is not disruptive to the ongoing care of patients. Mr. Boyer has over 15 years of experience managing large facilities, including over six years managing hospital facilities.

*Ty Tomimoto, Director of Finance and Contracting*, is responsible for reviewing budgetary items related to capital projects, in particular the invoices and change proposals submitted by the contractors, and ensuring that they are consistent with the various contracts executed on behalf of REHAB Hospital. He reviews all contractual agreements and works with the CEO, CFO and the Project Manager in the development and revision of the master budget and the master timeline.

**B. Organization Chart**

See the organizational chart attached as Appendix A

**C. Compensation**

The annual salaries for the three highest paid officers, directors and employees of the organization by position:

President/Chief Executive Officer	\$334,911
Vice President/Chief Financial Officer	\$177,739
Chief Medical Director	\$164,328

## **VI. Other**

### **A. Litigation**

REHAB Hospital does not have any outstanding judgment and there are no pending litigations of a substantive nature that would impact the stability of the organization or be material to the renovation project.

### **B. Licensure or Accreditation**

REHAB Hospital is the sole organization in the State of Hawaii that is qualified as an Inpatient Rehabilitation Facility by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, the Hawaii State Health Planning and Development Agency (SHPDA) and also accredited by The Joint Commission. These special qualifications make REHAB Hospital the only organization in Hawaii that is qualified to treat patients in need of acute medical rehabilitation as a result of serious accident or illness.

REHAB Hospital is a tax-exempt organization pursuant to Section 501(c)3 of the Internal Revenue Code.

### **C. Federal and County Grants**

REHAB Hospital does not have any federal or county grants awarded since July 1, 2014.

### **D. Private Educational Institutions**

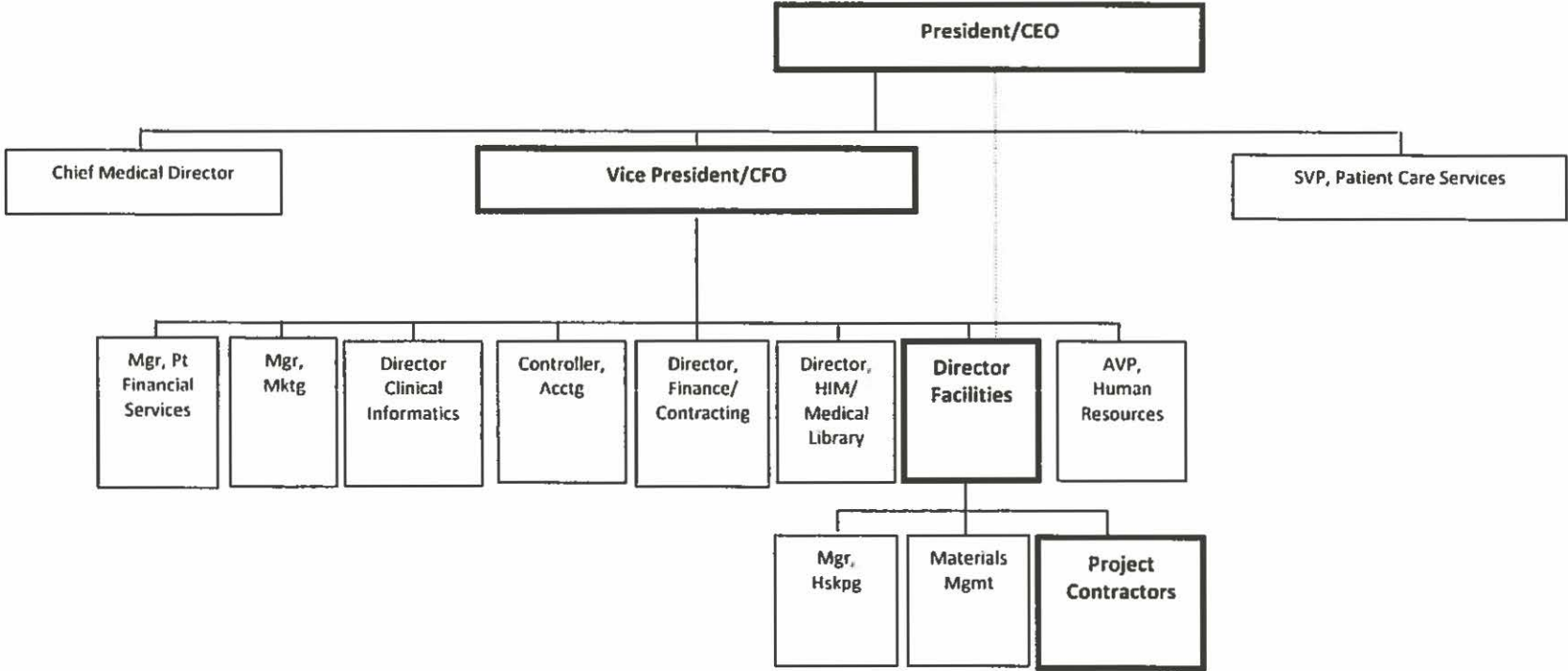
This project will not be used to support or benefit a sectarian or non-sectarian private educational institution.

### **E. Future Sustainability Plan**

REHAB Hospital plans to maintain the improvements made through this project after the project period, fiscal year 2015-16. No large capital funding will be necessary for maintenance and the improvements will reduce the time and expense of ongoing maintenance.

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

A Certificate of Good Standing from the Director of Commerce and Consumer Affairs is included in this application.



## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

Applicant: Rehabilitation Hospital of the Pacific

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A PERSONNEL COST</b>				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>				
<b>B OTHER CURRENT EXPENSES</b>				
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				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>				
<b>C EQUIPMENT PURCHASES</b>				
<b>D MOTOR VEHICLE PURCHASES</b>				
<b>E CAPITAL</b>	1,750,000			
<b>TOTAL (A+B+C+D+E)</b>	<b>1,750,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	1,750,000	Stephen Boyer 544-3382		
(b) Total Federal Funds Requested		[Redacted Signature] Phone		
(c) Total County Funds Requested		January 30, 2015		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
<b>TOTAL BUDGET</b>	<b>1,750,000</b>	Timothy J. Roe, MD President & CEO Name and Title (Please type or print)		

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2015 to June 30, 2016

Applicant: Rehabilitation Hospital of the Pacific

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not applicable				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: Rehabilitation Hospital of the Pacific

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				



## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

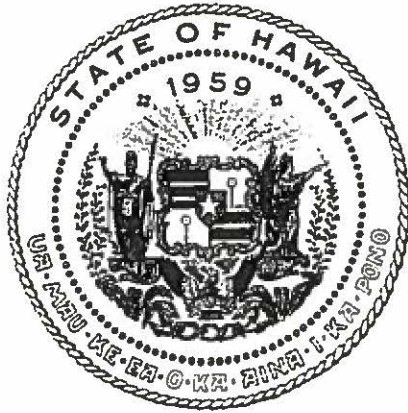
Applicant: Rehabilitation Hospital of the Pacific

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
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION	0	0	1,750,000	1,074,459	2,768,000	2,051,000
EQUIPMENT						143,000
<b>TOTAL:</b>			1,750,000	1,074,459	2,768,000	2,194,000
<b>JUSTIFICATION/COMMENTS:</b>						
Retro Fit for Elevators \$800,000; Replace Facility Water Main \$150,000; Resurface Main and Service Driveways \$200,000; Inpatient HVAC System to Emergency Power \$300,000; Air Handlers to Replace Package Units at Nuuanu Clinic \$150,000; Replace Domestic Booster Pump \$100,000; Replace Parking Gate \$50,000.						

# GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: Rehabilitation Hospital of the Pacific

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau )	CONTRACT VALUE
1.	Capital improvement grant	10/1/14 – 9/30/15	City and County of Honolulu	City and County of Honolulu	\$500,000
2.	ThinkFirst Hawaii Bicycle Helmet Safety	10/1/13 – 9/30/14	Hawaii Department of Transportation - Highways	State of Hawaii	\$5,700
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				TOTAL	\$505,700



## 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

THE REHABILITATION HOSPITAL OF THE PACIFIC

was incorporated under the laws of Hawaii on 08/13/1975 ; 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 26, 2015



Interim Director of Commerce and Consumer Affairs

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

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, 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.

Rehabilitation Hospital of the Pacific

(Signature)

January 30, 2015  
(Date)

Timothy J. Roe, MD  
(Typed Name)

President & CEO  
(Title)