House District #6		INTH LEGISLATURE N FOR GRANTS	Log No:
Senate District _#3	CHAPTER 42F, HAW	AII REVISED STATUTES	For Legislature's Use Only
Type of Grant Request:			
☐ GRANT REQUEST OP	ERATING	XXIX GRANT REQUEST CAPIT.	AL
"Grant" means an award of state funds by the legi permit the community to benefit from those activit "Recipient" means any organization or person rec	ies.	tion to a specified recipient, to support the activi	ities of the recipíent and
STATE DEPARTMENT OR AGENCY RELATED TO THIS B DEPARTMENT OF HEALTH STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN		UNKNOWN):	
1. APPLICANT INFORMATION:	The second secon	2. CONTACT PERSON FOR MATTERS INVOLVIN	G THIS APPLICATION:
Legal Name of Requesting Organization or Individ WEST HAWAII COMMUNITY HEALTH CENTER.		Name RICHARD J TAAFFE	- mar to - market to the control of
Dba:		Title CEO	ent-standardardardardardardardardardardardardard
Street Address: 75-5751 KUAKINI HWY, SUITE 203		Phone # <u>808-326-3878</u>	of Constitution and Con
Mailing Address:		Fax#808-327-1939	naministraturamente e
KAILUA KONA, HAWAII 96740		E-mail rtaaffe@westhawaiichc.org	
3. TYPE OF BUSINESS ENTITY:		6. DESCRIPTIVE TITLE OF APPLICANT'S REQUI	ST:
NON PROFIT CORPORATION INCORPORATION INCORPO	ORATED IN HAWAII ATED IN HAWAII	PLAN, DESIGN, EQUIPMENT HEALTH CARE FACILI ORDER TO MAKE MEDICAL, DENTAL AND BEHAMIO ACCESSIBLE TO THE UNDER RESIDENTS OF THE SO	RAL HEALTH SERVICES
4. FEDERAL TAX ID		7. AMOUNT OF STATE FUNDS REQUESTED:	
5. STATE TAX ID#:		Fiscal Year 2018: \$_1,500,000	
8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST NEW SERVICE (PRESENTLY DOES NOT EXIST) EXISTING SERVICE (PRESENTLY IN OPERATION)	SPECIFY THE A AT THE TIME O STA FEC COI	MOUNT BY SOURCES OF FUNDS AVAILABLE F THIS REQUEST: ITE \$1,500,000 SERAL \$_0 JINTY \$_0 VATE/OTHER \$_500,000	
TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:			/ /
	RICHARD J T	AAFFE, CEO	1/17/2017 DAYE SIGNED / 2017



WEST HAWAII COMMUNITY HEALTH CENTER, INC FY 2018 LEGISLATIVE GRANT IN AID REQUEST FOR A CAPITAL IMPROVEMENT PROJECT

INTRODUCTION

The West Hawaii Community Health Center, Inc is requesting funds to plan, design, equip, and renovate an 8,800 sf space located in Kealakekua. The space will house medical, dental and behavioral health services and will serve the rural and underserved residents of South Kona district on Hawaii Island. This request is for capital funds in the amount of \$1,500,000.

I. BACKGROUND AND SUMMARY

1. Applicant's Background

West Hawaii Community Health Center, Inc (WHCHC) is a community-based, non-profit 501(c)3 organization that opened its door in 2005 to provide affordable health care services (medical, dental, behavioral health) to all residents of West Hawaii regardless of their income. Services are offered to the uninsured using a sliding fee scale based on income and no person is denied service because of their inability to pay. West Hawaii Community Health Center's stated mission is:

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

Since opening its door in 2005, West Hawaii Community Health Center, Inc (WHCHC) has grown manifold in the number of patient served and the number of patient visits. See growth chart below.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Patients	906	2,658	4,249	6,332	7,078	7,669	9,126	11,620	12,228	12,642	13,612	14,582
Visits	2,590	5,672	10,324	16,651	23,211	29,825	32,956	41,733	46,884	46,586	49,340	58,172

From its humble beginning in a single 3 exam room clinic, we currently operate 6 sites that are fully staffed and functioning at capacity. Our main health center is in Kailua-Kona. Other facilities are located in Kealakehe on Hawaiian Homestead leased land, in Waikoloa Village 35 miles north of Kailua Kona, and 3 small clinics in Kealakekua—a keiki dental clinic, a separate keiki medical clinic and an adult medical clinic. The requested funding will be used to consolidate these 3 small clinics in Kealakekua into a larger and integrated facility.

2. Project Goals and Objectives

West Hawaii Community Health Center, Inc is proposing to use these funds to plan, design, equip, and renovate an 8,800sf health facility in Kealakekua, South Kona, and Hawaii. This facility will enable WHCHC to consolidate the 3 existing facilities that are dispersed in various locations around Kealakekua, as well as expand services. Funds will be used to plan, design, equip and renovate a health clinic at a new space.

Goal: To provide access to primary health care (medical, dental, and behavioral health) for residents of South Kona by designing and renovating/constructing a permanent health care facility in their community.

Objective:

- 1. By September 1, 2017, secure the release and contract for the Capital Outlay Funds.
- 2. By 12/31/2017 complete planning, design of the proposed facility—to include room for 3 physicians, 2 behavioral health specialist, 3 dentists, and related space required to operate a outpatient health care facility—and select contractor to do the renovation.
- 3. By the 9/1/2018 complete renovation and equip the facility as necessary.
- 4. By the 10/31/2018 open the doors and delivery care to South Kona residents.

3. Public Purpose and Need to be Served

South Kona is largely a medically underserved area. Health care facilities and providers in the area, not including the WHCHC clinics, include the Kona Community Hospital located ¼ mile away, the Kaiser South Kona Clinic which only serves Kaiser insured patients, 5 private primary care and internal medicine physicians. The population of the South Kona area is approximately 12,000, so the physician to population ratio is over 1:2000. Most physicians are located in North Kona (Kailua Kona) which means many residents of South Kona must travel in excess of 15-20 miles one way to access health care. Given the two lane road and traffic, travel time is typically 30-40 minutes during non peak times and as much as 60-90 minutes at peak travel times.

Other demographic data for the area: 36% of South Kona residents have public insurance (Medicaid, Medicare) and 13% are uninsured. 14% of South Kona residents live in poverty and the per capita income is \$30,000 compared to Hawaii \$43,000/capita. Unemployment for South Kona is significantly higher than other areas of West Hawaii. 21% of South Kona residents are self-employed, as compared to 13% statewide. A larger percentage of residents in South Kona are 65+, as compared to other parts of our service area.

WHCHC currently operates 3 small clinics in Kealakekua—a pediatric dental clinic (1,500 sf), a pediatric medical clinic (800sf) and an adult/family medical and behavioral health clinic (2,200sf). By relocating these 3 clinics into a single new location, WHCHC can better serve patients with its integrated patient-center service model, offer patients a "one stop shop" for all their family health care needs—specially important since travel is such a problem for many residents of South Kona; allow WHCHC to expand services in an under served area, and reduce unnecessary redundancy of administrative staffing and expenses.

Clearly, South Kona is a low-income and underserved area. WHCHC seeks to bring affordable, quality health care to the region. The creation of this new facility will help to ameliorate the disparity that impacts the area, increase access, and allow WHCHC to expand services by increasing clinical space from the current 4,500sf to 8,800sf..

Furthermore, health care is a basic need and access should be a right not a privilege. To maintain a healthy community and work force, it is vital to have access to health care. This is not the case in South Kona. Surveys show that nearly 50% of the residents do not have a regular physician and 65% could not see a physician within 72 hours for a routine medical condition.

Access to health care is further exacerbated for those individuals who don't have health insurance (13%). Without access to primary care, the in-patient cost of treating these individuals rises significantly—a cost that gets transferred to the general public through higher premiums and fees and ultimately an increased tax burden. In addition, children without health care typically have poor health status, poor school attendance, and poor academic performance. Consolidating and expanding health services in Kealakekua will improve access to health care, improve health status, and enhance the quality of life for people in the community.

4. Target Population

Any one who walks through the doors of a WHCHC clinic will be seen regardless of income. Our target population is the low-income, uninsured and underinsured persons who have difficulty accessing care. The Kealakekua site will follow the same protocol. Many people living in the target area of South Kona and currently served by WHCHC have publicly supported health insurance such as Medicaid (50%), Medicare (30%), and self-employed (21%) which often means limited health coverage.

The typical WHCHC patient accesses care 3.5 times during the year. 80% of patients have incomes less than 200% of the federal poverty level. A majority of patients are Native Hawaiian, Asian, Filipino, Marshallese, Hispanic, or other Pacific Islanders. WHCHC's current patient profile includes Medicaid (60%), Medicare (10%), commercial insurance (20%) and uninsured/self-pay (10%).

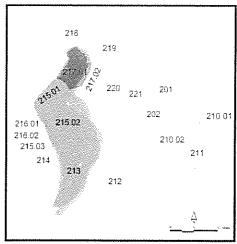
In actual numbers, WHCHC estimates this new clinic will serve 6,000 patients each year. The 3 facilities combined currently serve about 3,500 people.

5. Geographic Service Area

Map: Island of Hawai`i showing census tracts

The Kealakekua Health Clinic service area consists of census tract 213 and 214. Estimated 2015 population is 11,500.

The entire West Hawaii Community Health Center, Inc service area stretches approximately eighty miles along the coast and 6 miles inland and has a population of about 65,000 people. All census tracts in the service area have been designated as having a Medically Underserved Population (MUP). It includes the following census tracts:



- 213.00 South Kona
- 215.01 Kalaoa
- 215.03 Kaumalumalu-Kealakekua
- 216.02 Kahuluu-Kaumalumalu
- 214.00 Kealakekua-Captain Cook
- 215.02 Hualalai
- 216.01 Kailua
- 217.01 Kawaihae-Waikoloa

II. SERVICE SUMMARY AND OUTCOMES

1. Scope of Work

This request is for \$1,500,000 to plan, design, equip, and renovate an 8,800sf space located in Kealakekua for use as a health care facility. Once operational, WHCHC anticipates providing primary health care service to 6,000 patients and generating 15,000 patient visits. The majority of individuals served will be low-income, Medicaid and/or uninsured, children and adults who live in census tracts 213 and 214 (South Kona). Operationally, this center will be self-sufficient and generate patient revenues adequate to cover all operating costs. No additional State funds will be required to support the operations of this facility.

2. Project Timeline

The timeline for planning, designing, and building the WHCHC-Kealakekua Health Center covers 2 years. Please see attachment —Project Budget and Timeline for details. It is briefly summarized below.

- 12/31/2017—complete program plan, schematic design, design development phase and construction drawings. Issue RFP and select contractor.
- 9/1/2018—Complete renovation of the WHCHC—Kealakekua Health Center
- 10/31/2018—Begin delivering health care services to the residents of South Kona.

3. Quality Assurance and Evaluation

West Hawaii Community Health Center, Inc has managed 5 construction/remodel projects during its 11 year existence. Total value of these projects exceeds \$6.5 million. In all five cases, the projects were completed on time and within or below budget. WHCHC achieved these goals because of strong planning, excellent oversight, and an experienced Project Manager who monitored all aspects of the project, communicated frequently with all parties including owner's staff, architects, contractor and subcontractors. Critical path timeline and project manager software is used to track progress; weekly meetings with key people, clear effective communication have all been used to keep our projects on time and within budget. We expect nothing less on this project.

West Hawaii Community Health Center, Inc also has established performance improvement plans and processes for all aspects of its clinical operations. Compliance is a major focus and is incorporated into our general operations and includes regular audits of our operations. Quality indicators are identified and clinical indicators are tracked regularly through our electronic health records and management software. Policies and procedures are in place for personnel, finance and most clinical areas. WHCHC holds itself to the highest standards.

Indicators that the organization monitors for operational performance include:

Patient Access—panel size, appointment waiting times, cycle time in the clinic;

Best Practices—patient care outcomes especially for chronic disease;

<u>Patient Safety</u>—OSHA regulations as relates to blood borne pathogens, use of medical abbreviations, patient identifiers and infectious disease control;

Viability—billing, collection, reimbursement, coding compliance;

<u>Leadership</u>—Overall patient satisfaction, staff satisfaction, employee turn over rate.

4. Measure(s) of Effectiveness

Outcome 1: Project planning and design completed within specified timeline and within

budget.

Outcome 2: Renovation/ construction of the WHCHC—Kealakekua Health Center completed

on-time and within budget.

Outcome 3: WHCHC—Kealakekua Health Center will be fully operational and providing

health care to 6,000 patients annually and deliver 15,000 patients visits.

III. FINANCIAL

1. Budget forms are attached. Supporting documentation includes the proposed space program which is attached behind the budget sheets.

2. Below is the anticipated quarterly funding request for the 2 years of the project.

2018 Quarter 1	2018 Quarter 2	2018 Quarter 3	2018 Quarter 4	
\$250,000	\$250,000	\$750,000	\$250,000	\$1.500,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2018.

WHCHC has grants either pending or being submitted to the Hawaii Dental Services Foundation (\$150,000), HMSA Foundation (\$100,000), Atherton Foundation (\$75,000), Wilcox Foundation (\$25,000) for purchase of equipment (Medical Dental, office). The landlord has agreed to contribute \$175,000 (\$20/sf ft) to the planning and design of the renovation. WHCHC has access to \$100,000 from its reserve funds to cover contingence costs.

- 4. No other legislative funding is being sought for this capital project.
- 5. WHCHC has not applied for, nor received any federal tax credits for this project.
- 6. Other Funding for operations of program—NOT APPLICABLE—REQUEST IS ONLY FOR CAPITAL FUNDS, NOT OPERATING FUNDS
- 7. Unrestricted Assets as of 12/31/2016: \$8,622,673

IV. EXPERIENCE AND CAPABILITY

A. Necessary Skills and Experience

WHCHC has a strong senior management team with excellent management skills and many years of experience in managing programs as well as construction projects. The key people are:

 <u>Project Manager</u> has 20+ years of experience in the design and construction of residential and commercial facilities. He is an architect by training, and operated his own design and construction company. He has managed 2 projects for WHCHC over the past 4 years.

- <u>Executive Director</u> with 40+ years of managing and developing community-based programs, eighteen of those years running community health centers. He has overseen and directed 8 major health care facility construction/renovation projects in excess of \$15 million. He has been WHCHC President/CEO since 2005.
- <u>Finance Director</u> with an MBA in finance and experience in the non-profit as well as private sector for 30+ years. She has had experience with 3 renovation projects prior to WHCHC. She has been with WHCHC sine 2008.

The West Hawaii Community Health Center, Inc has been providing medical services continuously since January 2005. During that time it has undergone a federal review, an external management review, and annual independent audits. The last 9 years of financial audit have been clean with no recommended actions. Passing all of these audits has demonstrated that WHCHC has the financial, clinical and administrative systems in place, but most importantly, it demonstrated that patients are receiving quality, accessible, affordable health care

WHCHC currently employs 160 people, that includes 16 medical clinicians (family physicians, pediatricians, family nurse practitioners, physician assistants), behavioral health specialists (psychiatrists, psychologists, clinical social workers), 4 dentists, 3 dental hygienist, 10 RNs as well as case managers, operations, billing, accounting and eligibility staff.

B. Facilities

West Hawaii Community Health Center, Inc (WHCHC) currently has 5 locations at which it provides health care. Each location is described below:

- WHCHC—Kailua-Kona Health Center: This is a 9,000 sq. foot leased multi-office facility located in the center of Kailua Kona. WHCHC offers out-patient medical and behavioral health services at this location. There are 12 exam rooms, 5 behavioral health offices, provider and staff offices, lab and drug rooms. All exam rooms are equipped with electronic medical records. The center also houses WHCHC administrative and financial offices. Clinic space is located on the first floor and is ADA compliant and has been reviewed by ADA. In addition, several exam rooms are equipped with special tables to allow for handicapped access. Handicapped parking space is just outside the Center's door; doors and hallways accommodate wheel chairs. The bathrooms are ADA accessible and equipped.
- WHCHC--Waikoloa Health Center This clinic is 1,600 sq ft leased space located in the Village
 Market at Waikoloa Village. This space is on the second floor with an elevator available for
 handicapped accessibility. The facility meets ADA specifications.
- WHCHC—Kealakehe Health Center This facility is 10,500 sq.ft. located in the Hawaiian homestead area of La`i`Opua. It was constructed in 2015 and offers medical, dental and behavioral health services. It has 8 exam/procedure rooms and 8 dental operatories. It is fully ADA accessible.
- WHCHC—Kealakekua: There are 3 separate sites in Kealakekua with a total of 4,500 sq.ft leased space. One clinic is dedicated to keiki dental, another to keiki medical, and the third

to adult medical. The dental clinic has 4 dental operatories. The keiki medical has 3 exam rooms, plus behavioral health office. The adult medical has 5 exam rooms. All three facilities meet all standards of care and are ADA compliant.

V. PERSONNEL—PROJECT ORGANIZATION AND STAFFING

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The Kealakekua Health Center will be staffed with two family physician, a pediatrician, an APRN (nurse practitioner), 3 dentists, and two behavioral health specialist, as well as nursing and other support staff such as a care coordinator, case manager, eligibility and outreach workers. All staff will be fully credentialed and certified.

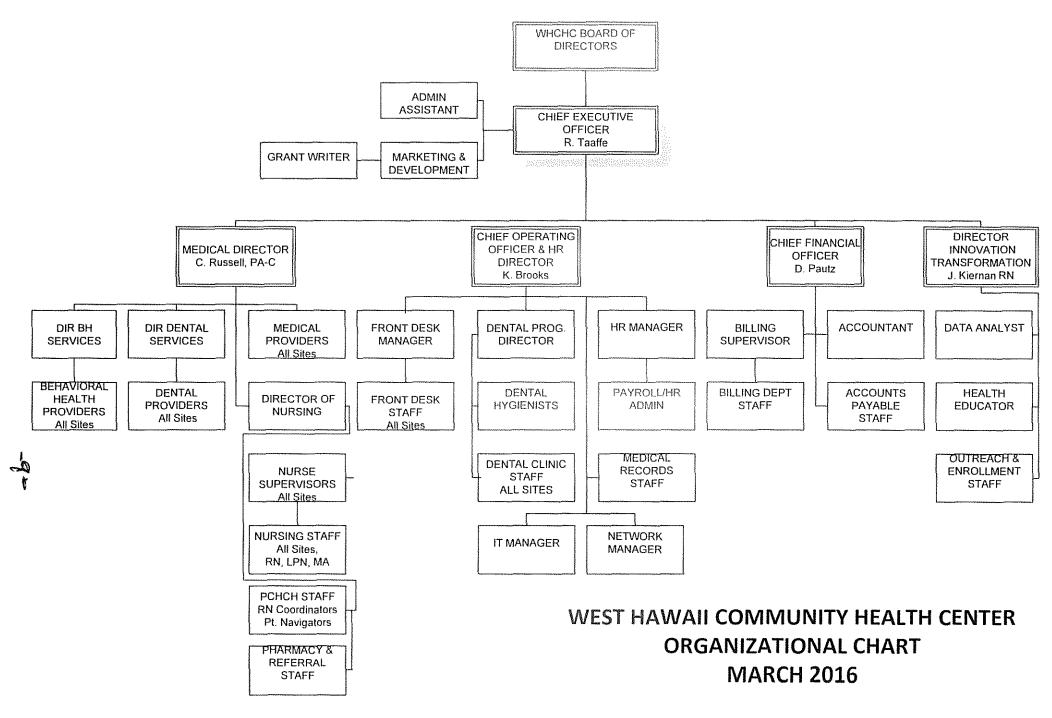
Supervision of these staff will fall under the established management structure of the organization, with on-site clinical management given to a site supervisor. WHCHC has regular all staff meetings and weekly manager meetings. Training is made available to all staff and all new staff is oriented to the organization. Clinical staff also receives two weeks of clinical orientation from the Medical Director and Director of Nursing. In addition, WHCHC management staff (IT, HR, finance, clinical quality, and nursing) will provide necessary supervision and on-going training/support to insure all processes and work flows are standardized throughout the system. This is standard operating practice throughout the organization.

B. Organizational Chart

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

C. Compensation of top 3 employees

President/CEO -- \$190,000; Pediatric Dentist--\$187,200; Family Physician MD --\$184,400



BOARD APPROVED 7-25-2013

Revised March 2016 to reflect reassignment of staff

VI. OTHER

A. Litigation

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

B. Licensure or Accreditation

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

C. Private Educational Institutions

Not Applicable

D. Future Sustainability Plan

Not Applicable – the request is for capital, not operational funds. Organization is fully funded for operations, as explained elsewhere in this application

E. Certificate of Good Standing

Attached



STATE OF HAWAII STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs

Vendor Name:

WEST HAWAII COMMUNITY HEALTH CENTER, INC

DBA/Trade Name: WEST HAWAII COMMUNITY HEALTH CENTER, INC

Issue Date:

06/30/2016

Status:

Compliant

Hawaii Tax#:

20035118-01

FEIN/SSN#:

U#: DCCA FILE#: XXXXXX8072 206368

Status of Compliance for this Vendor on issue date:

Form

Department(s)

Status

A-6

Hawaii Department of Taxation

Internal Revenue Service

Compliant Compliant

COGS

Hawali Department of Commerce & Consumer Affairs

Compliant

LIR27

Hawali Department of Labor & Industrial Relations

Compliant

Status Legend:

Status

Description

Exempt

The entity is exempt from this requirement

Compliant

The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards

Pending

The entity is compliant with DLIR requirement

Submitted

The entity has applied for the certificate but it is awaiting approval

Not Compliant

The entity is not in compilance with the requirement and should contact the issuing agency for more information

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2017 to June 30, 2018

App WEST HAWAII COMMUNITY HEALTH CENTER INC.

	U D G E T A T E G O R I E S	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A.	PERSONNEL COST				
l	1. Salaries				
	Payroll Taxes & Assessments				
	Fringe Benefits				
	TOTAL PERSONNEL COST				
В.	OTHER CURRENT EXPENSES				
	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				
1	19				
l	20				
	TOTAL OTHER CURRENT EXPENSES				
C.	EQUIPMENT PURCHASES				300,000
D.	MOTOR VEHICLE PURCHASES				
Ε.	CAPITAL	1,500,000			200,000
то	TAL (A+B+C+D+E)	1,500,000			500,000
			Budget Prepared	Ву:	
so	URCES OF FUNDING				
1	(a) Total State Funds Requested	1,500,000	Richard J Taaffe		808-326-3678
1	(b) Total Federal Funds Requeste		Name (Please type or p	rint)	Phone Phone
Ì					1/17L
	(c) Total County Funds Requeste	0	-		1/1 <i>t/20</i> /1
	(d) Total Private/Other Funds Requested	500,000	5	11	/ Dafe
			Richard J Taaffe, CEO		
TO	TAL BUDGET	2,000,000	Name and Title (Please	type or print)	
				,	
L					

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2017 to June 30, 2018

Applicant: _WEST HAWAII COMMUNITY HEALTH CENTER IN(

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
APPLICABLE				-
			1	\$ -
			opposite de la constantina della constantina del	\$ -
				\$
				\$
				\$
				\$
			tenanta da la mara da	\$ -
		**************************************		\$ -
		**************************************		\$
				\$
				\$
				\$
ENGINATION CONTRACTOR AND A CONTRACTOR A				\$
TOTAL:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2017 to June 30, 2018

Applicant: _WEST HAWAII COMMUNITY HEALT

DESCRIPTION EQUIPMENT	NO. OF	COST PER	TOTAL COST	TOTAL BUDGETED
NO STATE FUNDS WILL BE USED TO PURCHASE EQUIPM	ENT		\$ -	
			\$ -	
	***************************************		\$ -	
	MACANIMA MATERIAL MAT		\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:		The second secon		
		7224401929/IIX 9899/11X		

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
NO STATE FUNDS WILL BE USED TO PURCHASE MOTOR	VEHICLES		\$ -	
			\$ -	
			\$ -	
			\$ -	
	www.v.		\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2017 to June 30, 2018

Applicant:	WEST	HAWAII	COMMUNITY	/ HEALTH	CENTER INC	

TOTAL PROJECT COST		ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS		
	FY: 2015-2016	FY: 2016-2017	FY:2017-2018	FY:2017-2018	FY:2018-2019	FY:2019-2020	
PLANS		The state of the s		50000			
LAND ACQUISITION		70000000000000000000000000000000000000	0	0			
DESIGN				150000	······		
CONSTRUCTION			1500000				
EQUIPMENT				300000			
TOTAL:			1,500,000	500,000			

GOVERNMENT CONTRACTS AND / OR GRANTS

Apı West Hawaii Community Health Center, Inc

1 2 3 4 5 6	CONTRACT DESCRIPTION EFFECTIVE DATES Community Health Center 330e Operating Purchase of Services Contract Perinatal Outreach Grant BCCCP (Women's Health) Grant Outreach and Eligibility Grant EFFECTIVE DATES 2006-2019 DHHS 2016-2017 DOH 2016-2017 DOH 2016-2017 DHS		DOH DOH	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau) US STATE STATE STATE STATE STATE	CONTRACT VALUE 2,191,000 150,000 60,000 35,000 75,000
7 8 9 10 11					
12 13 14					
15 16 17 18					
19 20 21					
22 23 24					
25 26 27					
28 29 30					

Contracts Total:

2,511,000

DECLARATION STATEMENT OF APPLICANTS FOR GRANTS 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 pursuant to Section 42F-103. Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex. age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 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 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.

WEST ITAWAN COMMUNITY ITEALTH CENTER, Inc.

(Typed Name of Individual or Organization)

///7/2017
(Date)

Richard J. Taaffe CEO
(Typed Name)

(Title)

Rev 12/2/16 10 Application for Grants

Kealakekua Space Program - Summary

	Date: January-2014			
	Department	No.		Program Total
	Name	Providers		DGSF
1	Outpatient Services			PHASE 1
	Family Practice (including BH)	4		4,608
	Dental Services (include Hygst)	3		2,563
	Outreach and Community Services	0		0
		7	Sub-Total	7,171
3	Public Areas		1	
	Central Reception			923
L		0	Sub-Total	923
_	010			######################################
8	General Services			
	Facility Services	0		735
		0	Sub-Total	735
	Total Providers	7.0		

	Total Department Gross Square			
	Feet(DGSF)			8,829
L				

Family Practice

Standard		2/9/2016			Program:		
FP	Depart	ment Abbreviation	3	# Service Driver (Total	Providers)		
			8	# Exam Rooms			
	Functi	onal Group	4,608	DGSF	(Program)		
15%	Depart	ment Circulation Factor	1,536	Program D	GSF/Driver		
10%	Walls	and Structure	**		SF (Actual)		
	1			and the second of the second o	er en		
Room	Sub	Function Name	415	OP.	TION #1		
Code	Code	runction name	Allocation Rule			THE STATE	Program
				Room Size Comments	NSF	QNTY	Area
					0.0000000000000000000000000000000000000	tiskiski),	
		Waiting				William Bar	
		Patient Waiting - General	20 s.f. per Seat	Assume 6 seats per Provider	30	18	54
	<u> </u>						
		Clincal Practice					
		Exam Rooms	100 s.f. per Exam Room, 2.5		100	8	800
			Exam Rooms per Provider				
Marido anno arto alconizo anno antico este este este este este este este est			WOOD TO THE TOTAL PROPERTY OF THE TOTAL PROP			14.34	
		Specialty Procedures and	150 s.f. per Procedure Room				(
Militaria de la companio del companio de la companio del companio de la companio della companio de la companio della companio	-	Extended Monitoring Behavior Health Office with	150 s.f. per Office, 1 Office	A 0.DU.D/-	400		
		Consultation Zone	per Provider		120	2	240
	-	Nurse Station/ Work Alcoves	per Provider 30 s.f. per FTE	WANTED THE PARTY OF THE PARTY O	30	5	150
		Traise Stations From Moores	30 3.1, per 1 12	4-MA + 1-Float		J :	130
**************************************	 	Medical Provider Work Alcoves	36 s.f. per FTE	4-Providers	I	4	144
		Patient Services Coordinator	30 s.f. per FTE	2 FTE		2	60
	<u> </u>	Care Coordinators Offices	120 s.f. Office	1-Care Coodrdinators		1	120
		out of the second	tzo a.t. Omco	r-Care Coodininators	120	1	120
		Charge Nurse	100 s.f. Office per FTE.		400		400
	ļ	Nursing Director	100 S.I. Office per FTE	1 - 9x11 room	100	1	100
**************************************			100 100		100		0
		General Office Space	120 s.f. Office per FTE	1 - 10x12 room	120	2	240
		Nursing Visit and Extended Triage	100 s.f. Office	1 - 10x10 room	100	1	100
		Referrals	100 s.f. Office	1 10-10	400	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	400
		i/Cicirals	100 S.I. Office	1 - 10x10 rooms	100		100
······································		Vitale Asses (Cook) Wood Cooks					National Control
		Vitals Area (Specialized Scales)		1 - 5 x 5 alcoves	25	1	25
		Vitals Area (Standard Scales)		2.5 - 3 x 5 alcoves	15	309 4 308	15
		Student Work Alcoves	30 s.f. per person	2 persons		2.2	60
		Old City For Moves	30 3 s. per person	z persons	JU	4	0 0
************		Microscope Area		4.0.0	450000000000000000000000000000000000000	elingipingi ng	
		Lab Specimen Prep & Process	· · · · · · · · · · · · · · · · · · ·	1- 6 x 5 room	30	0	0
				1 - 10 x 16 room	160	19 1 334	160
		Patient Toilet with Pass-Through		1 - 8 x 7 rooms	56	4941,446	56
	1	Med Prep and Storage		2- 10 x 8 room	80	2	160
		Drug/ Education Material Storage Closet		2 - 2 x 6 rooms	12	2	24
		Ciusei					
		Support Space	20 - 1				A AMERICAN
		Conference Room B	30 s.f. per person		30	0	0
	11	Work/Copy/Printer		2-4 x 6 area	24	2	48
		Storage (Medical Equipment/		2- 10 x 6 rooms	60	2	120
		Supplies) Storage (Alt Med/ Specialty			1007101100		91,000,000,000,000
		Closets)		3 - 10 x 6 rooms	60	3	180
		Coffee Station		Open area with cabinets	100		100
	<u> </u>	Staff Toilets		1.8 - 8 x 7 rooms			
	 	Ottor:) Officia		1.0 - 0 X / FOOMS	56	1.8	101
	 						
					Departm		3,643
					Depart C		546
					Walls and	September 2000 Septem	419
	l				Departme	nt GSF	4,608

Dental Services

DS	Depart	2/9/2016 ment Abbreviation	3		# Service I	Oriver (Total	Progran Providers
			6			peratories	
	Function	onal Group	2,563				Program
15%	Depart	ment Circulation Factor	854			Program D	
10%	Walls a	and Structure	-				SF (Actua
					tion #1	Agricultural No. of States	
Room	Sub	Function Name	Allocation Rule	Option #1			
Code	Code			Room Size Comments	NSF	QNTY	Progran
		Clinical Admistration		Room Size Comment	NOF	CONTRAC	Area
		Patient Waiting (Number of Seats) -	20 s.f. per seat		20	5	10
		General					
		Patient Waiting (Number of Seats) -	20 s.f. per seat		20	6	12
		Peds	100				
·····		Patient Waiting - Play Area	1- open play area	1 - 10 x 10 space	100	201 30	10000010
-							111111111111111111111111111111111111111
		Pediatric Clinical Practice					
							100
		Open Operatories - Pediatric	Assume 3 operatories	Average 70 s.f./ operatory		2	14
		***************************************		diagonal layout with no dividers (1.5 Dentists + .5		ļ	
		Closed Operatories (Supplemental)	Assume 1 operatory	8 x 8 space		1	6
		oraga operation (outpremarial)	riodanie i operatory	U.A.D.Space	100		τ.
		Patient Toilet		8 x 7 toile	56	o	1111
		Training Stations	Assume 2 Training Stations	3 x 5 alcoves		0	
		A					
		Infant Evaluation Room		10 x 11 room	110	1	11
					NAME:		
		Adult Clinical Practice					
		Open Operatories	10x 11 space/ operatory,	Assume 2 operatories (1		2	22
		TERROLAGA	open space layout with	Dentists + .5 Hygenist)			
		Classic Constitution (Constitution)	dividing wall				133
		Closed Operatories (Supplemental)	Assume 1 Operatory, closed door	10 x 11 space	110	1 1	11
		Patient Toilet	uooi .		in this last.		1 6 6 6 6 6
		ration foliet	MANUAL CONTRACTOR CONT	8 x 7 toilet	56	0	11111111
		Central Dental Support	**************************************				
		Patient Services	30 s.f. per person	3 FTE	30	3	9
		Provider Work Stations	30 s.f. per person	Providers = 3 Dentists + 2	30	5	15
		TOTIOG! TOTIC CIACOTE	ao s.i. per person	Hygenist	30		13
		Dental Assistant Work Stations	30 s.f. per person	3 FTE	30	3	9
		Fax/ Copy/ Printer		5 x 5 space	25	1	2
	1	Dental Records Work Area	42 s.f. per funtion		42	1 1	4
	1	Dental Program Coordinator (w/		10 x 15 room	150	0	1916 (1916)
		Mtg Space)/ Panorex					
		Dental Program Coordinator		Office with 1 Provider Work	117	9231 933	-5
				Station			
		Panorex Room		4.5x6.5 room	30	3.1	3
		Radiology Reading/ Printing		6 x 6 room	36	0.22	
		Laboratory		7 x 9 room	63		6
		Utility Room	See Utility Notes	6 x 8 room	48	988 1 .536	4
		Sterilization Room	Needs 14-foot counter	9 x 20 room	180	964 PS	18
		Med/ Tank Closet		5 x 7 room	35	1.00	3
		Storage		10 x 8 room	80		8
		Staff Toilets	Based on FTE	8 x 7 room	56	2002 1	5
		Patient Toilet		8 x 7 room	56		56
					Depart	ment NSF	2,02
					Department Circulation		30
					Walls and	Structure	23
					Departme	version and enterprise programs	2,56

Central Reception/ Lobby

Standards: 2/9/2016			Space	Program:			
R	Department Abbreviation			# Service Driver			
	Func	tional Group		923	(Program)		
18%	Department Circulation Factor		-	Program	DGSF/ Driver		
5%	Walls and Structure		<u> </u>	*	F (Actual)		**************************************
Room	Sub					Progran	
Code	Code	Function Name	Allocation Rule	Room Size Comments	NSF	QNTY	Area
		Reception					
		Reception Area		1 - 200 s.f open area	0	0	(
		Clinical Administration			THE PARTY OF THE P	***************************************	
		Waiting (Number of Seats)	20 s.f. per seat	N/A See FP sheet	20	0	······
		Patient Services (Family Practice)	36 s.f. per FTE	Assume 4 FTE	36	4	144
		Eligibility	120 s.f. per FTE	Assume 2 FTE	120	1	120
		Medical Records - Staff	100 s.f per FTE	Assume 1 FTE	100	1	100
		Health Records Form Storage		2 x 3 area	6	1	en e
		Central Office Manager	120 s.f. room	10 x 12 room	120	1	120
		Support Space					
		Fax/ Copy/ Printer/ Work Area		1- 10 x 10 space	100	1	100
		Storage		3 x 5 room	15	1	15
		Wheelchair Storage		4 x 4 area	16	1	16
		Water Cooler		3 x4 area	12	1	12
		Public Phone		4 x 4 area	16	0	0
		Public Toilets		8 x 7 room	56	1	56
		Staff Toilets		8 x 7 room	56	1	56
						tment NSF	745
					Department	Circulation	134
		marrow marrows and a second se	W105551144444444444444444444444444444444			d Structure	44
					Department GSF		923

Facility Functional Support

Standar	ds:							
	Department Abbreviation				Space Progra		ram:	
	Func	tional Group		73:		otal Providers		
5%	Depa	rtment Circulation Factor			DGSF (Prograi		am)	
10%	Walls and Structure			-	Program DG			
Room	Sub			Do	SF (Actual)		Program	
Code	Code	Function Name	Allocation Rule	Room Size Comments	NSF	QNTY	Area	
		Facility Administration						
		General Use Staff Breakroom/ Lounge		1 - 196 s.f. room	196	1	196	
		Administrative Support						
		IT/ Phone/ Security/ Server Closet		1 - 10 x 10 room	100	1	100	
		IT Office		1 - 10 x 10 room	100	0	0	
		Custodial Closets		1 - 4 x 10 closets	40	1	40	
		Custodial/ Maintenance Workroom		1 - 10 x 10 room	100	0	0	
		Mechnical Room		1 - 10 × 15 room	150	0	0	
		Electrical Room		1 - 10 x 15 room	150	0	0	
		General Storage		1 - 20 x 15 room	300	1	300	
		Staff Toilets		8 x 7 room	56	0	0	
					Depart	ment NSF	636	
					Department Circulation		32	
					Walls and Structure		67	
	<u> </u>				Department GSF		735	