THE THIRTIETH LEGISLATURE APPLICATION FOR GRANTS

CHAPTER 42F, HAWAII REVISED STATUTES

| | Type of Gra | ant Request: | | |
|--|--|---|---|--|
| | Operating | ☐ Capital | | |
| .egal Name | e of Requesting Organization or Individual: | Dba: | | |
| ali Momi Fo | undation | N/A | | |
| | Amount of State Funds Reque | ested: \$_600,000 | | |
| Brief Descrip | otion of Request (Please attach word document | to back of page if extra | space is needed |): |
| Medical Cen emergency a | equested to improve and upgrade the Emergen hter. This Emergency Department is the only leve and trauma services in this community. The pro ncy of triage processes, enhance delivery of en | vel III Trauma Center in Coposed improvements with | Central Oahu, pro | oviding life-saving tient experience, |
| Amount of C | Other Funds Available: | Total amount of Stat | e Grants Recei | ved in the Past 5 |
| State: | \$ <u>0</u> | Fiscal Years: \$ 0 | | |
| ederal: | \$0 | | | |
| County: \$\frac{0}{0} | | Unrestricted Assets: | | |
| - | 1000 | _{\$} 654,458 | | |
| - | 0 | \$ <u>654,458</u> | Date of the State | Several established from Voltages |
| Private/Othe | 1000 | | (Presently in | Operation): |
| rivate/Othe | er: \$ ⁰ | | (Presently in | Operation): |
| rivate/Othe | er: \$\frac{0}{2}\$ Service (Presently Does Not Exist): | Existing Service | | Operation): |
| rivate/Othe | er: \$\frac{0}{2}\$ Service (Presently Does Not Exist): \begin{align*} Type of Business Entity: | Existing Service Mailing Address: | | Operation): |
| Private/Othe | Service (Presently Does Not Exist): Type of Business Entity: 501(C)(3) Non Profit Corporation | Existing Service Mailing Address: 55 Merchant Stree | t, 26th Floor | |
| Private/Othe | er: \$\frac{0}{C} Service (Presently Does Not Exist): Type of Business Entity: 501(C)(3) Non Profit Corporation Other Non Profit | Existing Service Mailing Address: 55 Merchant Stree City: Honolulu | et, 26th Floor State: | Zip: |
| Private/Other New Contact Pe | Service (Presently Does Not Exist): Type of Business Entity: 501(C)(3) Non Profit Corporation Other Non Profit Other erson for Matters Involving this Applicat | Existing Service Mailing Address: 55 Merchant Stree City: Honolulu | et, 26th Floor State: HI | Zip: 96813 |
| Private/Other New Contact Per Name: Dawn Duni Email: | Service (Presently Does Not Exist): Type of Business Entity: 501(C)(3) Non Profit Corporation Other Non Profit Other erson for Matters Involving this Applicat | Existing Service Mailing Address: 55 Merchant Stree City: Honolulu ion Title: | et, 26th Floor State: HI | Zip: 96813 |

Name and Title

Authorized Signature

116 19 9:28a P

Date Signed

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

| \boxtimes | 1) Certificate of Good Standing (If the Applicant is an Organization) |
|-------------|---|
| \boxtimes | 2) Declaration Statement |
| \boxtimes | 3) Verify that grant shall be used for a public purpose |
| \boxtimes | 4) Background and Summary |
| \boxtimes | 5) Service Summary and Outcomes |
| | 6) Budget a) Budget request by source of funds (<u>Link</u>) b) Personnel salaries and wages (<u>Link</u>) c) Equipment and motor vehicles (<u>Link</u>) d) Capital project details (<u>Link</u>) e) Government contracts, grants, and grants in aid (<u>Link</u>) |
| \boxtimes | 7) Experience and Capability |
| \boxtimes | 8) Personnel: Project Organization and Staffing |
| | |

AUTHORIZED SIGNATURE

Dawn Dunbar, SVP PRINT NAME AND TITLE 1/17/19

DATE

procedures, greeters to welcome patients and support them through the process, and 24-hour valet parking for emergency patients.

This is the only Level III Trauma Center serving the Central and West Oahu areas. The Emergency Department has demonstrated its ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations.

4. Describe the target population to be served; and

This project will improve the patient experience and quality of care for children and adults who come to Pali Momi Medical Center for emergency care. Pali Momi admits over 6,000 patients, has over 50,000 emergency visits, and handles over 300 traumas per year. Approximately 63% of Pali Momi patients are over the age of 65; the team triage approach is important given this aging demographic because triage times tend to increase in serving aging patients. About 14% of Pali Momi patients are uninsured or underinsured.

In addition to the benefits for patients, the proposed improvements to the Emergency Services Department will have a larger ripple effect to our community. Health care organizations must keep pace with advanced technology and training methodologies in order to provide excellent care and be competitive in attracting medical professionals. As all medical centers grapple with the national shortage of healthcare clinicians, Pali Momi is especially challenged due to its location outside of the urban core of Honolulu. The proposed project is part of an institutional commitment to excellence for this community.

5. Describe the geographic coverage.

Pali Momi Medical Center is located at 98-1079 Moanalua Road, Aiea. It is the only Level III Trauma Center serving the Central and West Oahu areas, providing life-saving emergency and trauma services for this area.

III. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

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

The scope of work is outlined below:

Design

Rev 12/18/18 3 Application for Grants

- a) Contract architectural firm to complete project design
- b) Secure approval for project design with Board of Directors

Permitting and Bidding

- a) Apply for state and county construction permits
- b) Secure internal project manager
- c) Secure construction contractor through competitive bid process

Construction

- a) Reconfigure triage area to accommodate team triage workflow
- b) Reconfigure registration area to streamline patient processing
- c) Update and improve waiting area for improved patient experience

Inspection and Reporting

- a) Conduct final inspection of construction
- b) Provide final reports to funders and Board of Directors
- 2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

| Emergency Services Department Project Timeline | | | | |
|--|----------------------------------|--|--|--|
| Design (06/2019 – 012/2019) | | | | |
| Permitting & | Bidding (01/2019 – 06/2020) | | | |
| | Construction (06/2020 – 12/2020) | | | |
| Inspection & Reporting (01/2021 - 03/2021) | | | | |

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 project will be managed by David Yamaguchi, HPH Project Manager. He will oversee the design, permitting, construction, and inspection processes for this project. Mr. Yamaguchi will monitor and evaluate the progress of the project and provide progress reports and necessary feedback to the Capital Allocations Committee and Finance Committee. These committees will review materials estimates, approve the project budget, review construction proposals and secure a vendor, and inspect the project upon completion.

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.

To evaluate the effectiveness of the physical construction project, the Pali Momi Foundation measures success by the ability to complete tasks safely, on-time, and within budget. These measurement results will be provided to the State upon request.

IV. Financial

Budget

- 1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds (Link)
 - b. Personnel salaries and wages (Link)
 - c. Equipment and motor vehicles (Link)
 - d. Capital project details (Link)
 - e. Government contracts, grants, and grants in aid (Link)

Budget forms are attached, including a preliminary estimate of the construction budget.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2020.

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total Grant |
|-----------|-----------|-----------|-----------|-------------|
| \$150,000 | \$150,000 | \$150,000 | \$150,000 | \$600,000 |

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2020.

Pali Momi Foundation is not seeking other sources of funding for this project. The Foundation is pursuing private funding for its Simulation Center, an educational resource providing simulated medical training to clinical staff and to the greater community. Funding requests have been submitted to the following foundations:

| • | Hawaiian Electric Industries Charitable Foundation | \$20,000 | pending |
|---|--|-----------|---------|
| • | Joseph and Vera Long Foundation | \$200,000 | pending |
| • | McInerny Foundation | \$40,000 | pending |

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.

Not applicable.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2020 for program funding.

Pali Momi receives funding from the State of Hawai'i Department of Health for its Trauma System Development Program Grant. The purpose of this grant is to develop, maintain services, and participate in the Hawai'i Comprehensive Trauma System. See attached list of grants for the prior three years.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2018.

The balance of unrestricted assets of Pali Momi Foundation as of December 31, 2018 is \$1,584,922.

V. Experience and Capability

1. 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.

Founded in 1989, Pali Momi Medical Center is part of Hawaii Pacific Health (HPH), the largest health care provider in the state. Pali Momi is bringing a higher level of care to this community by improving facilities and establishing specialized care centers.

Recent capital improvement projects include a comprehensive women's center providing quality OB/GYN and screening services; a newly opened comprehensive cancer center providing infusion and radiation services; and a 1,520 square foot Simulation Center to enable simulated training for clinical staff.

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

The Emergency Department of Pali Momi Medical Center is a 1,005 square foot facility with indoor and outdoor waiting areas, registration area, and a triage room. The proposed improvements will establish a triage area within the main waiting room. The space accommodates 50,000 emergency visits and 300 traumas annually. It is fully compliant with ADA regulations and meets specification for a Level III Trauma facility.

VI. Personnel: Project Organization and Staffing

1. 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.

This project will be overseen by Hawai'i Pacific Health's project management team, specifically David Yamaguchi who is dedicated to ongoing projects at Pali Momi. David has over 25 years of experience in the building industry and has served in a variety of positions including Project Manager, Quality Control Manager, Assistant Superintendent, Project Engineer, Cost Engineer, and Field Engineer. David is a health care specialist but also has diverse experience in a wide range of projects including commercial/retail, military facilities, residential housing, utilities upgrades, and roadway/heavy construction. His background as a Construction Manager, Owner's Representative, and General Contractor gives him an excellent overall perspective of project management and delivery.

In David's current role at Hawai'i Pacific Health he has managed over 70 projects (representing over \$97M) and is now managing \$26M in projects between Pali Momi, Wilcox Medical Center and Kaua'i Medical Clinic. He reports directly to Warren Chaiko, who has been with Hawai'i Pacific Health for fifteen years and is a Senior Vice President with system-wide responsibility for the company's design, construction, leasing, real estate and facility master planning activities.

Our Project Manager is responsible and accountable for the overall project budget including estimating and establishing project budget. Our Project Manager works directly with the Director of Finance and the Finance department on Project Budget approvals and spending. Every project has planning meetings and preconstruction meetings. Many of the projects have weekly coordination meetings with the staff, users, architect, and contractor called meetings.

2. 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 organization chart that illustrates the placement of this request.

See attached Organizational Chart for Pali Momi Medical Center.

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, <u>not</u> employee name.

The chief compensated staff member at Pali Momi Foundation is the Senior Vice President of Philanthropy, Hawai'i Pacific Health. The compensation and benefits package for this position is budgeted through Hawai'i Pacific Health Shared Services. No salary or staffing costs are incurred by the Foundation. One hundred percent of restricted contributions to Pali Momi Foundation are directed to their intended program or need.

Pali Momi Foundation has one full-time and five shared employees, along with ten volunteer foundation board members. Pali Momi Medical Center has 1,596 staff members and 132 active volunteers.

VII. Other

1. Litigation

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

There are no pending litigations or outstanding judgements against Pali Momi Foundation.

Pali Momi Medical Center (PMMC) currently has five cases in litigation. All cases involve alleged professional liability/malpractice. These cases are currently in the pretrial discovery stage.

1. Cabral v. Emergency Medicine Physicians of Honolulu Pali Momi, Pali Momi Medical Center et al.; Civil No. 18-1-2013-12; Lawsuit served 12/14/18. No trial date. Proceeding with discovery. PMMC Attorney – John Nishimoto

- 2. Mabasa v. Yang, Hawai'i Gastroenterology Specialists, Pali Momi Medical Center, et al.; Civil No. 18-1-0868-05; Lawsuit served 6/18/18. No trial date. Proceeding with discovery. PMMC Attorney Bill Hunt
- 3. Pasco v. Kakuda, Kapi'olani Medical Center at Pali Momi, et al.; Civil No. 13-1-3332-12; Lawsuit served 6/20/14. No trial date. Proceeding with discovery. HPH Attorney John Nishimoto
- 4. Tokotaha v. Pali Momi Medical Center, Lee, et al.; Civil No. 17-1-0993-06; Lawsuit served 8/23/17. Trial set for 9/23/19. Proceeding with discovery. HPH Attorney John Nishimoto
- 5. Wilson v. Pollard, Pali Momi Medical Center, et al.; Civil No. 16-1-1725-09; Lawsuit served 11/16/16. Trial set for 8/19/19. Proceeding with discovery. HPH Attorney Gail Cosgrove

2. 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.

The Pali Momi Emergency Department is a Level III Trauma Center, which means it has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations. Elements of Level III Trauma Centers include: 24-hour immediate coverage by emergency medicine physicians and the prompt availability of general surgeons and anesthesiologists; incorporates a comprehensive quality assessment program; has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center; provides back-up care for rural and community hospitals; offers continued education of the nursing and allied health personnel or the trauma team; involved with prevention efforts and must have an active outreach program for its referring communities.

Pali Momi is recognized as a Primary Stroke Center by the American Heart Association/American Stroke Association. Additionally, we received the 2018 American Heart Association/American Stroke Association Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award and Target: StrokeTM Elite Plus Honor Roll Award for excellence in stroke care. These competencies are valuable given the demographic we serve of an aging population.

3. 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 <u>Article X, Section 1, of the State Constitution</u> for the relevance of this question.

Not applicable.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2019-20 the activity funded by the grant if the grant of this application is:

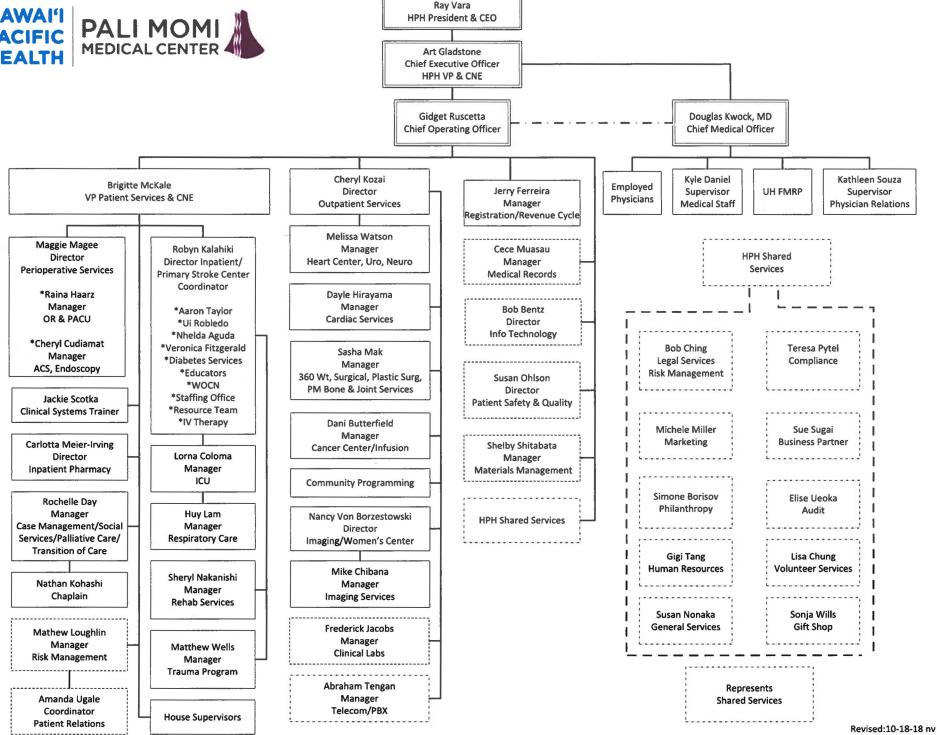
- (a) Received by the applicant for fiscal year 2019-20, but
- (b) Not received by the applicant thereafter.

The proposed project is a one-time capital improvement investment, so future funding will not be required. Regarding sustainability, the ongoing operations of the Emergency Department will be funded by revenue through patient payments and insurance billings.

Pali Momi Foundation anticipates that the benefits of improved quality of care, improved efficiencies, and enhanced patient experience will validate this investment. The improvements will enable this facility to keep pace with the latest technology and protocols in emergency care. Thus, Pali Momi will be competitive in attracting high-level physicians and nurses and meeting the needs of this community.

By improving the Emergency Department at Pali Momi Medical Center, we reaffirm our commitment providing the highest level of emergency and trauma services for Central and West Oahu.





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.

| Pali Momi Foundation | | |
|--------------------------------------|------------------------|------------------------|
| (Typed Name of Individual or Organiz | zation) | |
| Dr. Al | 1/17/19 | |
| (Signature) | (Date) | |
| Dawn Dunbar, Senior Vice P. | resident, Philanthropy | |
| (Typed Name) | (Title) | |
| Rev 12/2/16 | 5 | Application for Grants |

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2019 to June 30, 2020

Applicant: Pali Momi Foundation

| BUDGET CATEGORIES | Total State Funds Requested (a) | Total Federal Funds Requested (b) | Total County Funds Requested (c) | Total Private/Other Funds Requested (d) | |
|--|---------------------------------------|---|--|---|--|
| A. PERSONNEL COST | | | | | |
| 1. Salaries | | | | - William Anno | |
| 2. Payroll Taxes & Assessments | | | | | |
| 3. Fringe Benefits | | | | | |
| TOTAL PERSONNEL COST | | | | | |
| B. OTHER CURRENT EXPENSES | | | | | |
| Airfare, Inter-Island | | | | | |
| 2. Insurance | | | | | |
| Lease/Rental of Equipment | | | | | |
| 4. Lease/Rental of Space | | | | | |
| 5. Staff Training | | | | | |
| 6. Supplies 7. Telecommunication | | | | | |
| 8. Utilities | | | | | |
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| TOTAL OTHER CURRENT EXPENSES | | · · · · · · · · · · · · · · · · · · · | | | |
| C. EQUIPMENT PURCHASES | | | | | |
| D. MOTOR VEHICLE PURCHASES | | | | | |
| E. CAPITAL | 600,000 | | | | |
| TOTAL (A+B+C+D+E) | 600,000 | 0 | 0 | 0 | |
| | | Budget Prepared By: | | | |
| SOURCES OF FUNDING | | | | | |
| (a) Total State Funds Requested | 600,000 | David Yamaguchi | | 808-225-8034 | |
| (b) Total Federal Funds Request | | Name (Please type or print) | | Phone | |
| (c) Total County Funds Requeste | | A A | 1 | 1/17/19 | |
| (d) Total County Funds Requested | | Signature of Authorized Offi | cial | Date | |
| (u) Total Filvate/Other Fullus Requested | - 0 | • | | | |
| TOTAL PURCET | 000 000 | Dawn Dunbar, Senior V.P., Philanthropy | | | |
| TOTAL BUDGET | 600,000 | Name and Title (Please type | e or print) | | |
| | | | | | |

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2019 to June 30, 2020

Applicant: Pali Momi Foundation

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

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2019 to June 30, 2020

Applicant: Pali Momi Foundation

| DESCRIPTION EQUIPMENT | NO. OF ITEMS | COST PER ITEM | TOTAL COST | TOTAL BUDGETED |
|--------------------------|-----------------|------------------|---------------|-------------------|
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| TOTAL: | | | | |
| HICTIFICATION/COMMENTS. | | | | |

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, 2019 to June 30, 2020

Applicant: Pali Momi Foundation

| FUNDING AMOUNT REQUESTED | | | | | | | |
|--------------------------|---|---------------|--------------------------|--|---|--------------|--|
| TOTAL PROJECT COST | ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS | | STATE FUNDS REQUESTED | OTHER SOURCES OF FUNDS REQUESTED | FUNDING REQUIRED IN SUCCEEDING YEARS | | |
| | FY: 2017-2018 | FY: 2018-2019 | FY:2019-2020 | FY:2019-2020 | FY:2020-2021 | FY:2021-2022 | |
| PLANS | | | | | | | |
| LAND ACQUISITION | | | | | | | |
| DESIGN | | | 102700 | | | | |
| CONSTRUCTION | | | 380700 | | | | |
| EQUIPMENT | | | 116600 | | | | |
| TOTAL: | | | 600,000 | | | | |

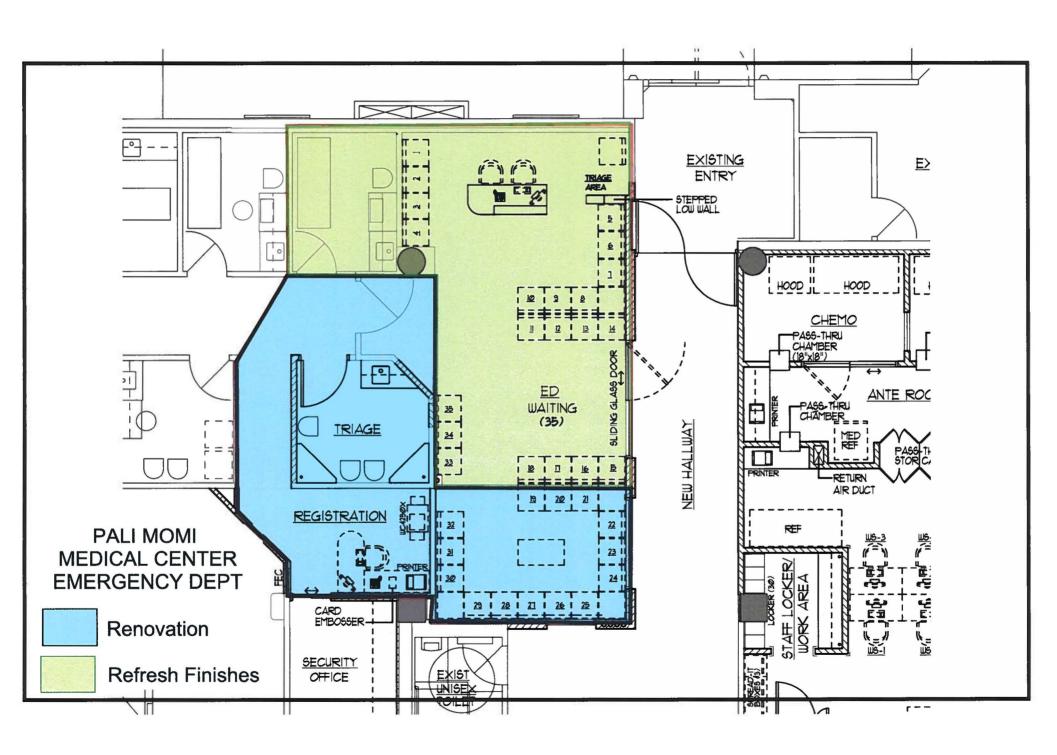
JUSTIFICATION/COMMENTS:

Design, construction, IT equipment, and FFE include capitalized project management expense (4.8%) and contingency (10.6%) - rounded. See attached Construction Estimate.

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Pali Momi Foundation Contracts Total: 1,469,093

| CONTRACT DESCRIPTION | EFFECTIVE DATES | AGENCY | GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau) | CONTRACT VALUE |
|---|--------------------|-------------|---|----------------|
| 1 Pali Momi Medical Center has received the follo | owing grants: | | - | |
| 2 | | | | |
| 3 Trauma System Development Program Grant | 7/1/18 - 6/30/19 | Dept Health | State | 389,093 |
| 4 Trauma System Development Program Grant | 7/1/17 - 6/30/18 | Dept Health | State | 380,000 |
| 5 Trauma System Development Program Grant | 7/1/16 - 6/30/17 | Dept Health | State | 350,000 |
| 6 Trauma System Development Program Grant | 7/1/15 - 6/30/16 | Dept Health | State | 350,000 |
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HPH Estimate Summary

| | Α | В | С | D | E | | F | G |
|----------|--------------------|---|----------|----------|----------------------------|----|-----------------------|---------|
| 1 | Date | 12/15/2018 | | | | | | |
| | Project | ED Waiting, Triage and Registration Renovation | | | | | - | |
| 3 | Location | Pali Momi Medical Center | - | - | | _ | | |
| 5 | Number Prepared | David Yamaguchi | | | | - | | |
| | | | | | | | | |
| 6 | Number | Description | Qty | Unit | Unit Rate | | Total | |
| 7 | | | | - | | _ | | |
| 8 | | Project Cost/Area | 1005 | SF | Cost/Sq Ft | | 595.02 | |
| 9 | | Const Cost Only/Area | 1005 | SF | Cost/Sq Ft | \$ | 328.36 | - |
| 10 11 | | | | | | | | |
| 12 | - | Design | | | | | | |
| 13 | | Architectural | 1 | ls | \$ 85,000.00 | \$ | 85,000.00 | |
| 14 | | Reimbursables included | i | ls | \$ - | \$ | - | |
| 15 | | Permit Processing included | 1 | Is | \$ - | \$ | - | |
| 16 17 | - | Physicist Hazmat Survey | 1 | Is | \$ 4,000.00 | \$ | 4,000.00 | |
| 18 | | Trainin our oy | <u> </u> | 13 | 4,000.00 | | 4,000.00 | |
| 19 | | Design Total | | | 27% | s | 89,000.00 | |
| 20 | | Design Total | | | % of Const | • | 69,000.00 | |
| 21 22 | | CONSTRUCTION | | | | | | |
| 22 23 | | Construction | | | | | | |
| 23 24 | | Triage and Registration Modifications | 500 | sf | \$ 500.00 | \$ | 250,000.00 | |
| 25 | | Refresh Replace Flooring , Patch and Paint | 1000 | Is | \$ 30.00 | \$ | 30,000.00 | |
| 26 | | Infection Control Measures | 1 | Is | \$ 25,000.00 | \$ | 25,000.00 | |
| 27 | | Temporary Provisions for Operations During Construction | 1 | ls | \$ 25,000.00 | \$ | 25,000.00 | |
| 28 20 | | | | | | \$ | | |
| 30 | | Construction Total | | | | \$ | 330,000.00 | |
| 31 | | | | | | - | 550,000.00 | |
| 32 | | FFE's | | | | | | |
| 33 34 | | Signage Misc and artwork | 1 | ls Is | \$ 3,000.00 \$ 2,000.00 | \$ | 3,000.00 2,000.00 | |
| 35 | | Furniture and Misc FFE | 1 | Is | \$ 65,000.00 | \$ | 65,000.00 | |
| 36 | | | | | | \$ | - | |
| 22 | | | | | | | | |
| 37 38 | | FFE's Total | | | | \$ | 70,000.00 | |
| 39 | | IT | | | | | | |
| 40 | | | | | | \$ | | |
| 41 42 | | Data line/drop Computer | 10 | ls ea | \$ 800.00 \$ 2,000.00 | \$ | 8,000.00 10,000.00 | |
| 43 | | Misc printers | 1 | ea | \$ 1,000.00 | \$ | 1,000.00 | |
| 44 | 10 | Telcom /phones | 1 | ls | \$ 2,000.00 | \$ | 2,000.00 | |
| 45 | | | | | | \$ | - | |
| 46 | | - 4 000 | | | | \$ | - | |
| 47 | | IT salary (1.2%) | 1 | Is | \$ 8,000.00 | \$ | 8,000.00 | |
| 48 | | IT Total | | | | \$ | 29,000.00 | |
| 49 50 | | Modical Souisment | | | | | | |
| 50 51 | | Medical Equipment | - | | | \$ | - | |
| 51 52 | | | | | | \$ | - | |
| 53 | | | | | | \$ | • | |
| 54 55 | | | | | | \$ | | |
| | | | | | | | | |
| 56 | | Medical Equipment Total | | | | \$ | 12 | |
| 57 | | | | | | | | |
| 58 | | Design Total | 17.2% | | | \$ | 89,000.00 | |
| 59 | | | | | | | | |
| | | Construction Total | 63.7% | | | \$ | 330,000.00 | |
| 30 | | FFE's Total | 13.5% | | | \$ | 70,000.00 | |
| 31 | | IT Total | 5.6% | | | \$ | 29,000.00 | |
| 32 | | Medical Equipment Total | 0.0% | | | \$ | | |
| 63 | | Subtotal | | | | \$ | 518,000.00 | |
| | | | 12 2011 | | | | | |
| 64 | | Capitalized PM Expense | 4.8% | | | \$ | 25,000.00 | |
| 65 | | Contingency | 10.6% | | | \$ | 55,000.00 | |
| ا ۾ | | | | | | | | |
| 66 | | | | | | \$ | 598,000.00 | - |
| 67 | | | | | Total | \$ | 600,000.00 | rounded |
| 58 | | | | | · oui | ¥ | 200,000.00 | -ounded |



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

PALI MOMI FOUNDATION

was incorporated under the laws of Hawaii on 09/22/2010; 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 07, 2019

Catanit. Owal Color

Director of Commerce and Consumer Affairs