

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Dba:
Hamakua Health Center, Inc. Hamakua-Kohala Health

Amount of State Funds Requested: \$ 750,000

Brief Description of Request (Please attach word document to back of page if extra space is needed):

To purchase a permanent home for the Kohala Health Center to continue to provide access to healthcare for this rural community.

Amount of Other Funds Available:

State: \$ 0
Federal: \$ 0
County: \$ 0
Private/Other: \$ 30,000

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 1,050,000

Unrestricted Assets:

\$ 857,518

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation
 Other Non Profit
 Other

Mailing Address:

45-549 Plumeria Street

City: Honokaa State: Hawaii Zip: 96727

Contact Person for Matters Involving this Application

Name:
Irene Carpenter

Title:
Chief Executive Officer

Email:
icarpenter@hamakua-health.org

Phone:
808-930-2742

Federal Tax ID#:
[REDACTED]

State Tax ID#
[REDACTED]

Irene Carpenter, CEO

1/14/2020

Authorized Signature

Name and Title

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.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - 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](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

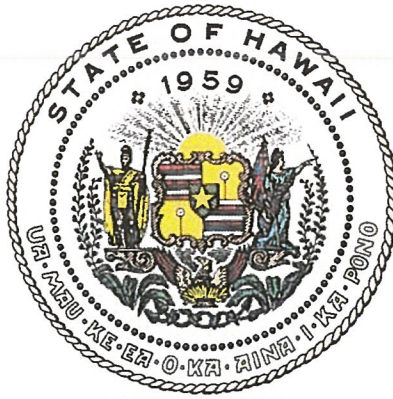
 **CEO**

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE

1/14/20



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

HAMAKUA HEALTH CENTER, INC.

was incorporated under the laws of Hawaii on 10/30/1964 ;
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 14, 2020

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.

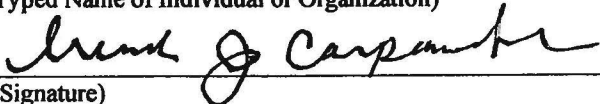
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant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

Hamakua Health Center, Inc.
(Typed Name of Individual or Organization)


(Signature) 1/14/20
(Date)

Irene Carpenter, Chief Executive Officer
(Typed Name) (Title)

Application for Grants

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

I. Certification – Please attach immediately after cover page

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

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2019.

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. ([Link](#))

This grant will be used for a public purpose to continue to provide access to healthcare for low to moderate-income individuals in the rural Kapaau Community.

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;
Hamakua-Kohala Health serves the Big Island of Hawai'i by providing accessible, affordable, quality health care and educational services with an emphasis on individual and community wellness. Our locations include health centers in Honoka'a on the Hamakua Coast, and in Kapa'au, in North Kohala. As a community-owned non-profit organization, our board of directors is comprised of representatives from the community.

A FEDERALLY QUALIFIED HEALTH CENTER

Hamakua-Kohala Health is a Federally Qualified Health Center (FQHC). We provide comprehensive, culturally competent, quality primary health care to medically under-served communities and vulnerable populations. This includes all people who face barriers in accessing services because of

poverty, language or cultural differences or an insufficient number of health professionals or resources in the area.

2. The goals and objectives related to the request;
From the moment our clinics open every morning to when the last patient leaves at night, Hamakua-Kohala Health provides access to quality health care at four locations in North Hawaii. Hamakua-Kohala Health is the health care safety net for the majority of these families and individuals who have no other health care options and who otherwise would seek care through emergency rooms, or go without entirely. Each year, our four locations provide over 19,000 patient visits.

Unfortunately, our Kohala facility which we are currently renting on a year to year basis is over 66 years old and in poor condition. We also know that the current facility could be sold at any time leaving this community without a healthcare safety net.

3. The public purpose and need to be served;
This grant request is to purchase fee-simple property to serve as a permanent home to enable Hamakua-Kohala Health to continue to provide access to quality health care in Kohala to over 1000 low to moderate-income patients each year. In addition, the new facility will enable Hamakua-Kohala Health to expand programs including wellness, specialty and dental care. It is also expected that once the new facility is serving patients, we would see a 10-20% increase in patients because of the expanded programs and services that we will be able to offer.

4. Describe the target population to be served; and
Kohala Health Center is the only health center within an hour's drive that provides access to quality health care for low to moderate-income individuals that are not insured, or insured by Medicare, Medicaid or MedQuest. Kohala Health Center provides services regardless of patients' ability to pay. None of the private practice physicians in this rural area accept Medicare, Medicaid or MedQuest patients. As a federally qualified health center, Kohala Health Center delivers high quality, culturally competent, comprehensive primary care, as well as supportive services such as health education, translation, and transportation that promote access to health care. Our system of patient-centered and integrated care responds to the unique needs of the diverse medically underserved patients in this area.

5. Describe the geographic coverage.
This project will serve over 1,700 residents of Kapaau/Kohala on the Big Island of Hawaii.

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;
Hamakua-Kohala Health Center will work with a real estate professional to assist in the purchase of the property. If Hamakua-Kohala Health is notified that the grant has been approved for funding, we can submit a formal offer to purchase the property through a realtor. Hamakua-Kohala Health is also in conversations with local financial institutions to secure short term financing to ensure the smooth purchase of the property.
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
If this grant is approved and funding is released, the purchase can occur within 90-120 days.
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 Hamakua-Kohala Board of Directors will monitor the project to ensure that the purchase of the property occurs within 90-120 days after the grant funds are released.
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 goals of this grant will be achieved when the property is purchased and Hamakua-Kohala Health is providing healthcare to this rural community in the new facility.

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](#))

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2021.

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

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2021.
Harry and Jeanette Weinberg Foundation \$400,000
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 2021 for program funding. **See Attached**
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2019. **The balance of unrestricted current assets is \$857,518.**

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.

The Executive Director and Chief of Operations have experience managing more than \$4.0 million from multiple funding streams. Together they have also coordinated with local, state and federal funding sources in support of existing and new funding streams. They monitor the organization’s cash position and direct the Chief Financial Officer to review all journal entries associated with projects. The CFO ensures proper General Accounting Principals to all accounts and prepares and publishes timely monthly reports and year-end financial statements. All financial activities are also coordinated with auditors.

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. Unfortunately, our Kohala facility which we are currently renting on a year to year basis is over 66 years old and in poor condition. We also know that the current facility could be sold at any time leaving this community without a healthcare safety net. Plans call for the purchase of a new facility to serve as the permanent home for the Kohala Health Center.

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.

CEO, Irene Carpenter who has been with the Center for over eight years will oversee the project. Under her leadership, Hamakua-Kohala Health has dramatically expanded its program and services serving at four sites in North Hawaii.

- Honokaa Health Center providing primary care, diagnostic tests, substance use treatment, pain management; pre-natal and wellness care.
- Kohala Family Health Center and Hamakua-Kohala Health Dental Bus in Kapaau providing primary care, and pediatric dentistry.
- Waimea Health Clinic in the Carter Professional Building in Waimea providing primary care for chronic diseases within a largely Native Hawaiian population.
- Laupahoehoe Health Clinic to address the growing behavioral problems among school-aged children and youth, a clinic was opened at Laupahoehoe School to meet those needs.

While many healthcare organizations struggle to recruit and retain physicians, Hamakua Health Center has had great success in attracting physicians to this rural community.

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

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, not employee name.

- Medical Director \$172,295
- Physician 1: \$177,000
- Physician 2: 191,400

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. **None**

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. **Hamakua Health Center, Inc. is designated as a Federally Qualified Health Center.**

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 [Article X, Section 1, of the State Constitution](#) for the relevance of this question. **Not Applicable**

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2020-21 the activity funded by the grant if the grant of this application is:


- (a) Received by the applicant for fiscal year 2020-21, but
- (b) Not received by the applicant thereafter.

If the full \$750,000 request is approved, we will not need additional funding for this project.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2020 to June 30, 2021

Applicant: Hamakua Health Center, Inc.

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				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
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17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	\$750,000.00	\$0.00	\$0.00	\$430,000.00
TOTAL (A+B+C+D+E)	\$750,000.00			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	750,000	Irene Carpenter (808) 930-2742		
(b) Total Federal Funds Requested	0	Name (Please type or print) Phone		
(c) Total County Funds Requested	0			
(d) Total Private/Other Funds Requested	430,000	Signature of Authorized Official Date 1/14/2020		
TOTAL BUDGET	1,180,000	Irene Carpenter, CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2020 to June 30, 2021

Applicant: Hamakua Health Center, Inc.

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, 2020 to June 30, 2021

Applicant: Hamakua Health Center, Inc.

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

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

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2020 to June 30, 2021

Applicant: Hamakua Health Center, Inc.

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: 2018-2019	FY: 2019-2020	FY:2020-2021	FY:2020-2021	FY:2021-2022	FY:2022-2023
PLANS						
LAND ACQUISITION			\$750,000.00	\$30,000.00		
DESIGN						
CONSTRUCTION			\$430,000.00	\$400,000.00		
EQUIPMENT						
TOTAL:			\$1,180,000.00	\$430,000.00		
JUSTIFICATION/COMMENT Land Acquisition for a new permanent home for the Kohala Health Center						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Hamakua Health Center, Inc.

Contracts Total: 1,050,000

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Maui)	CONTRACT VALUE
1	2016 State Grant in Aid	1/1/17-1/1/21	Department of Health	State	250,000
2	2017 State Grant in Aid	1/1/18-1/1/22	Department of Health	State	800,000
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Hamakua Health Center, Inc
Organizational Chart 06.26.19

