

Application Submittal Checklist

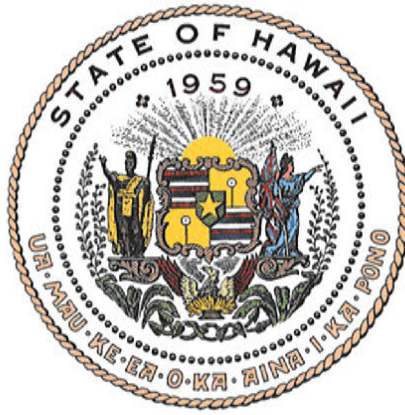
The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 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


AUTHORIZED SIGNATURE

ERIC M. KAPONO, INTERIM EXECUTIVE DIRECTOR
PRINT NAME AND TITLE

01/21/2022
DATE



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

HUI NO KE OLA PONO, INC.

was incorporated under the laws of Hawaii on 01/14/1991 ; 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 19, 2022

Director of Commerce and Consumer Affairs

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, 2021.

Please see attached Certificate from DCCA.

2. Declaration Statement

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

Please see attached Declaration.

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](#).

This grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

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

Incorporated in 1991, Hui No Ke Ola Pono is a private, not-for-profit community-based health enhancement, disease prevention and health care center. We provide programs on nutrition, health management and health care referrals for the community of Maui in a culturally caring manner. The staff of Hui No Ke Ola Pono works within a standard of conduct which reflects Hawaiian values. We are one of five Native Hawaiian Health Care Systems created under the Native Hawaiian Health Care Act of 1988 and reauthorized under the Native Hawaiian Health Care Improvement Act of 1992. We

services to the Native Hawaiian Community on Maui through its Wailuku and Hana offices. The majority funding source is a federal grant from Health Resources and Services Administration (HRSA).

Our vision is to inspire and connect navigators and healers in every family for physical, mental and spiritual health. The vision is to re-establish a once cultural norm where every ohana recognized a special family member. One who possessed special knowledge of and interest in providing care to other members of the family. In keeping with this vision, Hui No Ke Ola Pono provides education, capacity-building facilitation of lifestyle changes and access to health care for all its clients, encouraging families to participate and thus building resources within each family.

2. *The goals and objectives related to the request*

The GOAL of this request is **to increase access to primary health care for the island Maui, and in particular the Native Hawaiian population.**

The OBJECTIVE is **to expand our primary care clinic space and doctors to address the existing need for primary care services on Maui and for Native Hawaiians.**

A recent opportunity presented itself when a large space located at the J. Walter Cameron Center became vacant. This space had been occupied for decades by the social service agency Ka Lima o Maui. In 2021 they completed construction of a new facility and vacated the Cameron Center in December.

The vacant space is approximately 2,400 square feet, with two large common areas, office areas, a restroom and storage rooms.

This Grant-In-Aid project request is to renovate this vacant space for the following:

- 4 Examination Rooms
- 3 Consultation Offices for Physicians
- Patient Reception Area
- Patient Waiting Area
- Fiscal Unit Consolidation (to assist medical billing processes)
- Traditional Health Program Space

Expansion of the IOH primary care program into this new space will give us the ability to increase physicians' presence at the clinic and increase our number of patient visits.

Current Status

Current staffing in IOH totals 3.25 FTE, consisting of:

- 1 Internist at .75 FTE (employed since September 2008)
- 1 Internist at .50 FTE (employed since February 2021)

- 1 Registered Nurse at 1.0 FTE (employed since June 2020)
- 1 Clinic Coordinator at 1.0 FTE (employed since November 2004)

The current primary care clinic is 560 square feet, comprised of:

- 160 sq ft examination room
- 200 sq ft reception area and nurse station
- 200 sq ft shared physician office, storage and meeting room

With only one existing examination room, medical staff are able to see only one patient at a time. While physicians' time in the clinic sometimes overlaps, it is when one provider is seeing patients and the other is in the office working on patient notes, making follow-up calls, delivering telehealth, refilling prescriptions, or administering vaccines. Another patient cannot be roomed until the room is cleaned, disinfected, and prepped for the next patient.

With the nurse station located in an open area adjacent to the reception desk it is difficult for the nurse and patient to have private conversations. Although the current regime permits only one patient in the clinic at a time (due to COVID-19 precautions), patients are still well within ear shot of other staff.

Presently, again due to COVID-19 precautions, patients wait outside until their exam room and the provider are ready, then they are welcomed inside. While it might have been possible for a patient to wait inside before the pandemic, the current space is too confined for that to be a safe practice now.

Meeting the Request's Goals and Objectives

An expanded number of Examination Rooms will open the door to multiple providers efficiently seeing patients every day; justify our half-time doctor going to full-time; increase the quality of nurse visits; allow for cleaning and disinfecting between visits without disrupting providers' time with patients; and, accommodate the hire of an additional provider and needed medical support positions, e.g., a medical assistant.

An expanded number of private Consultation Offices will allow an increase in HIPAA-compliant telehealth visits and follow-up calls with patients because providers will have less disruptions or distractions from a shared office. These consultation rooms will also be a good opportunity for a warm hand off to our contracted services providing Diabetes and Hypertension Management Program.

An expanded Reception Area will allow for safer social distancing of staff and patients; more effective patient check-ins; a separate area for checking out patients; and, more efficient work flows by the clinic coordinator.

An expanded Patient Waiting Area will give patients the option to wait inside while maintaining a safe social distance; allow for family members to better accompany the patient; and give the clinic coordinator easier communications with the waiting patient.

The Consolidation of the Fiscal Unit with the primary care unit will provide access to opportunities for assisting in removing financial barriers to patients needing care and improve efficiencies in the patient billing processes. The Hui would also vacate its existing Fiscal Office space at the Cameron Center (as well as vacate the space currently occupied by primary care).

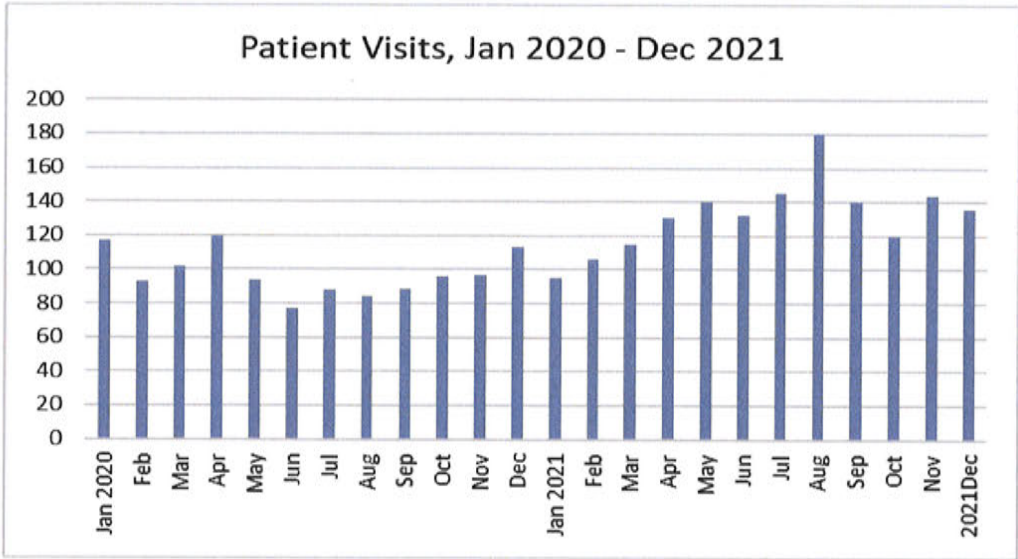
Expanding the Traditional Healing space will allow for safer social distancing for programming, an integration of these Native Hawaiian Traditional Practices with primary care, including hula workshops, medicinal plants workshops, and workshops in chant.

Relocation of the adult primary care medical services to this location will consolidate all medical services in one area. Consultation and efficient communication will allow for better patient outcomes.

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

In the last two years, IOH had a peak average of nine visits/week (August 2021) and a low average of four visits/week (June 2020):

Visits	2020	2021
Jan	117	95
Feb	93	106
Mar	102	115
Apr	120	131
May	94	140
Jun	77	132
Jul	88	145
Aug	84	180
Sep	89	140
Oct	96	120
Nov	97	144
Dec	113	136
	1,170	1,584



In the graphic above one notices the uptick in visits after the February 2021 hire of our second Internist. Even at only a 0.50 FTE we had 30 more patient visits. This provider is ready to work 1.0 FTE, so we can have the increased service supply to meet the demand for health care in the Hawaiian community.

A note on the spike in August 2021: Our Pediatrics Nurse helped in the Primary Clinic administering COVID-19 vaccines. These were IOH patients serviced with additional help.

4. *Describe the target population to be served*

This request will serve the island of Maui, especially the Native Hawaiian communities, which are particularly challenged in that the island of Maui is a medically underserved rural community.

Statewide and on Maui, the Native Hawaiian population has been adversely affected by unmet needs and poor health indicators. Native Hawaiians suffer greater health challenges due to cancer, diabetes mellitus complications, heart disease, hypertension, and stroke. Native Hawaiians continue to have the highest prevalence rates for diabetes (10%) and hypertension (29%).

By 2010, Native Hawaiians had the highest diabetes mortality rates either as an underlying cause of death (UCD) or contributing cause of death (CCD). Eight primary diseases related to metabolic dysfunction include type 2 diabetes, hypertension, lipid problems, heart disease, non-alcoholic fatty liver disease, polycystic ovarian syndrome, cancer, and dementia. Obesity is a marker for all of them, and these eight diseases account for a staggering 75 percent of the healthcare costs in the US. Life expectancy for Native Hawaiians in Hawai'i is almost 12 years lower for Native Hawaiians than the

longest lived group (Chinese). Almost ½ of all Native Hawaiians (49.3%) report being obese. 11.4% of Native Hawaiian adults reported having DM2 in 2010. Heart disease is the number one cause of death among all ethnic groups in Hawai'i. 31.8% of Native Hawaiians vs. 28.8% state average in 2007 reported high blood pressure. High cholesterol 34.2% vs. 36.3% state average in 2007. Obesity 43.2% Native Hawaiians vs. 21.7% state average in 2007. Heart attack 3.8% Native Hawaiians vs. 3.6% state average in 2007.

5. *Describe the geographic coverage*

Demographically, the Island of Maui is the geographic area of service for this request, covering 727 square miles, with a total population of 163,019 (US Census 2014). Per the Office of Hawaiian Affairs Databook 2010, 11,500 (7.4% total Maui population) people self-identify as full Hawaiian, 11,782 (7.6%) identify as Hawaiian/Pacific Islander and 36,758 (23.7%) people self-identify as Hawaiian and "any other 'race."

On the island of Maui, the area with the highest concentration of Native Hawaiians is found in the Wailuku-Kahului-Waikapu area where there are approximately 11,000 Hawaiians. In Northeast Maui (Haiku to Hana) about 5,000 residents are Hawaiian (Native Hawaiian Databook, Office of Hawaiian Affairs, 2006).

In 2018, the Hui provided services to 1,919 clients with 49% of the clients living in the Wailuku-Kahului-Wakapu area (UDS 2018). The geographical isolation of the East Maui/Hana region is exacerbated by the awareness that this community experiences a 25% lower per capita income when compared to the rest of the state. The ethnic makeup of the area is unique and has the lowest percentage statewide of Asians (6.3%) and the second-highest percentage (after Ni'ihau) of Native Hawaiians (34.5%). Almost two-thirds of the multiracial people of Hana identify themselves as Part-Hawaiian. The percent of families enrolled in assistance programs is high with 30% of children ages four and younger living in poverty.

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 total cost of this project is **\$790,000**. Of this amount, 10% we are able to fund with current and continuing funding, including: \$40,000 in design and permitting costs in our 2022-2023 General Fund account; \$20,000 for the expanded medical supplies and equipment in our 2022-2023 HRSA continuation grant; and, \$10,000 for communications, advertisements, and outreach in Year Two of our American Rescue

Plan Act grant regarding clinic expansions, provider vacancy, and expansion of patient panel (ARPA; 2023-2024).

The remaining \$720,000 is for renovation costs. One-third of this cost (approximately \$240,000) we will seek from private foundations who typically engage once the initial two-thirds are secured.

We are requesting \$480,000 through this application, or 60% of overall total project costs.

We have received the renovation cost estimates from a Hawaii-licensed Architect that approximates current Hawaii costs are about \$300 per sq ft for General Medical facility renovation, equating to the \$720,000 in our situation. We have not engaged in further details with the architect with on-site inspection because of the timeframe and the recent COVID-19 variant surge necessitating extra safety precautions.

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

This project is to renovate a space on the larger Cameron "campus" where the Hui is located. The space is vacant, and the Cameron Center Board of Directors have approved the Hui to occupy the space when we are ready to proceed with renovations.

- July 2022 – September 2022: Development and completion of renovation plans
- October 2022 – December 2022: Solicitation and selection of contractor; Obtaining renovation permits.
- January 2023 – June 2023:
 - Renovation of space including plumbing, electrical, finishing and installation of expanded equipment.
 - Opening of position for hire of new medical assistant
- July 2023: Facility grand opening

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

This project will be managed by the Director of Program Operations, with regular updates to the Executive Director as well as the Board of Directors.

The Hui has fiscal policies and procedures that account for competitive selection processes of contractors, and procurement work flows include numerous internal controls for contracting decisions.

A contracted Architect will assist in the timeline of the project, and the Operations Director will manage contractors according to that timeline.

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.*

This project will be reported on, most immediately, according to its renovation design and completion milestones set by the Architect. These are progress measures, aligning to the timeline described earlier, and effectiveness will be determined according to schedule and budget.

In addition, we will be able to track other post-project measures regarding impact by the following means:

- # Patient Visit Comparisons (with 2021-22 baseline)
- Patient Satisfaction Levels Comparisons (with 2022 baseline Net Promoter Score)
- # Provider Hours Comparisons (with 2021-22 baseline)
- % Patient Outcome Comparisons (with 2021-22 baselines on diabetes, blood pressure, obesity)

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](#))*

Please see following pages, or navigate with Links above.


(a) Budget request by source of funds

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2022 to June 30, 2023

App

Hui No Ke Ola Pono, 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	0	0	0	0
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST	0	0	0	0
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0	0	0	0
2. Insurance	0	0	0	0
3. Lease/Rental of Equipment	0	0	0	0
4. Lease/Rental of Space	0	0	0	0
5. Staff Training	0	0	0	0
6. Supplies	0	20,000	0	0
7. Telecommunication	0	0	0	0
8. Utilities	0	0	0	0
9. Communications	0	10,000	0	0
TOTAL OTHER CURRENT EXPENSES	0	30,000	0	0
C. EQUIPMENT PURCHASES	0	0	0	0
D. MOTOR VEHICLE PURCHASES	0	0	0	0
E. CAPITAL	480,000	0	0	280,000
TOTAL (A+B+C+D+E)	480,000	30,000	0	280,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	480,000	Eric M Kapono	808-442-8813	
(b) Total Federal Funds Requested	30,000	Name (Please type or print)	Phone	
(c) Total County Funds Requested	0		1/21/22	
(d) Total Private/Other Funds Requested	280,000	Signature of Authorized Official	Date	
TOTAL BUDGET	790,000	Eric M Kapono Interim ED		
		Name and Title (Please type or print)		

(c) *Equipment and motor vehicles*

Applicant: <u>Hui No Ke Ola Pono, Inc.</u>				
DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N/A	0.00	\$0.00	\$ -	0
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL				
JUSTIFICATION/COMMENTS:				
DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A	0.00	\$0.00	\$ -	0
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL				
JUSTIFICATION/COMMENTS:				

(d) Capital project details

Applicant: <u>Hui No K Ola Pono, Inc.</u>						
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: 2020-2021	FY: 2021-2022	FY:2022-2023	FY:2022-2023	FY:2023-2024	FY:2024-2025
PLANS, DESIGN, PERMITTING	0	0	0	40,000	0	0
LAND ACQUISITION	0	0	0	0	0	0
DESIGN	0	0	0	0	0	0
CONSTRUCTION	0	0	480,000	240,000	0	0
EQUIPMENT						
TOTAL:			480,000	280,000		
JUSTIFICATION/COMMENTS: \$40,000 for Plans, Design and Permitting is based on a written quote from an Architect who reviewed the current space floorplan and considered our space requirements. The \$40,000 fee will be paid from our General Fund account, upon completion of our normal internal procurement process of comparative pricing. The \$240,000 of other funds for Construction will be sought from private foundations with interests in health care and capital projects.						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Hui No Ke Ola Pono

Contracts Total: 14,548,720

(e) Government contracts, grants, and grants in aid

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Native Hawaiian Health Care System - ARP	FY 2021-23	DHHS HRSA	Federal	\$3,500,000
2	Native Hawaiian Health Care System	FY 2021	DHHS HRSA	Federal	\$3,331,410
3	Lunch Services	FY 2021	Alu Like, Inc.	Federal	\$52,200
4	Ka Holo Hula Project	FY 2021	UH JABSOM	State	\$13,214
5	Ke Ala Hoi Mai Native Hawaiian CTE	FY 2021	DOE	Federal	\$317,487
6	Medicare	FY 2021	CMS	Federal	\$130,828
7	Medicaid	FY 2021	CMS	Federal	\$104,582
8	Native Hawaiian Health Care System	FY 2020	DHHS HRSA	Federal	\$3,117,125
9	Ke Ala Hoi Mai Native Hawaiian CTE	FY 2020	DOE	Federal	\$466,401
10	Medicare	FY 2020	CMS	Federal	\$120,950
11	Medicaid	FY 2020	CMS	Federal	\$60,096
12	Native Hawaiian Health Care System	FY 2019	DHHS HRSA	Federal	\$2,945,601
13	Ke Ala Hoi Mai Native Hawaiian CTE	FY 2019	DOE	Federal	\$237,541
14	Medicare	FY 2019	CMS	Federal	\$61,516
15	Medicaid	FY 2019	CMS	Federal	\$89,769

2. *The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2023.*

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$120,000	\$120,000	\$120,000	\$120,000	\$480,000

3. *The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2023.*

For the proposed project, we will be matching with:

- General Funds for the Architect (\$40,000)
- ARPA Grant Funds (2021-2023) for Communications (\$10,000)
- HRSA Continuation Grant (2022-2023) for Supplies (\$20,000)
- Private Foundation Grants (\$240,000), including expressed interest from Weinberg Foundation

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.*

The Hui has not received, nor will it be applying for, state or federal tax credits.

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 2023 for program funding.*

1	Native Hawaiian Health Care System - ARP	FY 2021-23	DHHS HRSA	Federal	\$3,500,000
2	Native Hawaiian Health Care System	FY 2021	DHHS HRSA	Federal	\$3,331,410
3	Lunch Services	FY 2021	Alu Like, Inc.	Federal	\$52,200
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13	Ke Ala Hoi Mai Native	FY 2019	DOE	Federal	\$237,541

	Hawaiian CTE				
14	Medicare	FY 2019	CMS	Federal	\$61,516
15	Medicaid	FY 2019	CMS	Federal	\$89,769

6. *The applicant shall provide the balance of its unrestricted current assets as of December 31, 2021.*

The Hui has currently has an unrestricted balance of \$2,020,974.

V. Experience and Capability

1. Necessary Skills and Experience

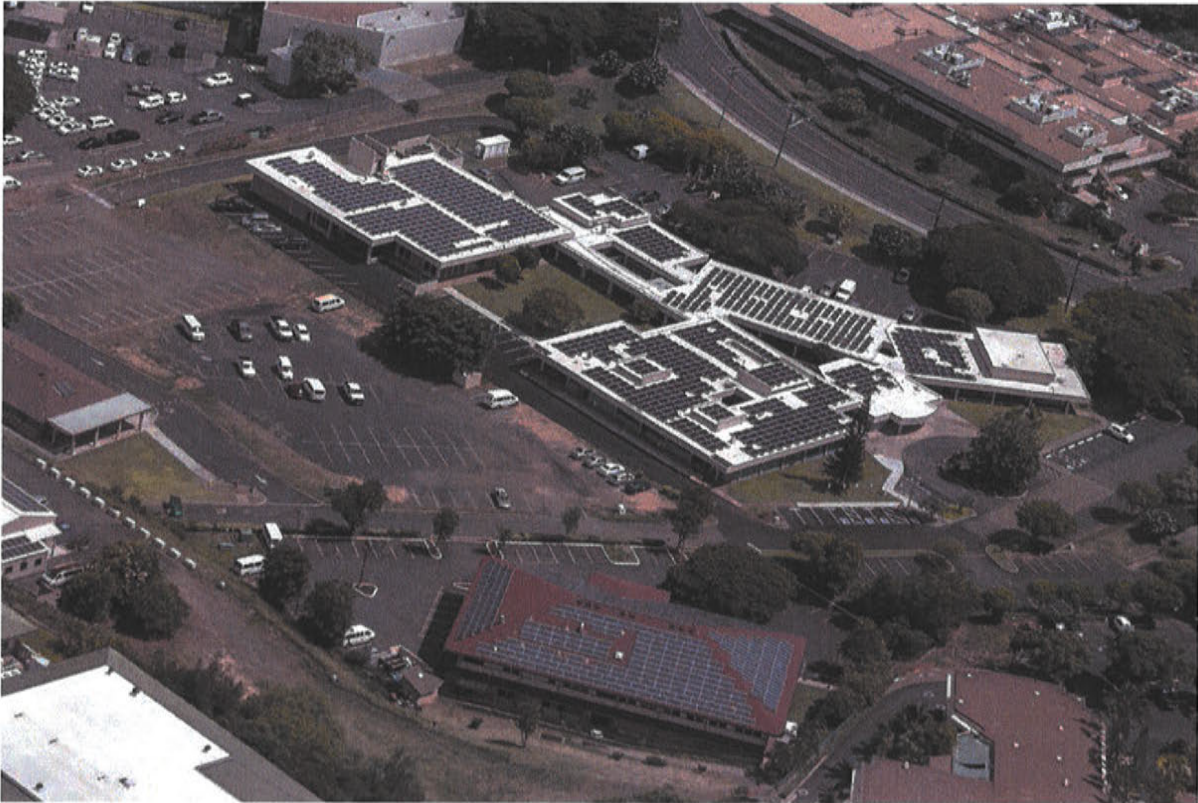
The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

In 2019, renovation to a portion of the same building was completed upon vacancy of another tenant. Renovation of the 6,000 sq ft space took one large open area and created a pediatric clinic with 3 exam rooms, necessary spaces for the Ornish Lifestyle Program (gym, group support room, and a stress management room), and individual spaces for our Traditional Healing department with 6 rooms for lomilomi. From design of the space to completion and occupancy, experience gained will ensure completion of this project.

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.

Below is the J. Walter Cameron Center in its entirety (white-roofed facility), in Wailuku, Maui, next to Maui Police Department and across from the Kaiser Wailuku Clinic. The Hui occupies multiple spaces on the Cameron campus.



We have attached at the end of this application the floor plan for Building Five (far left building in photo above). The attached floor plan highlights the 2,400 sq ft space to be renovated through this request. Once renovation of this space is complete, the Hui is fully occupy Building 5. Our other programs in the building include our Pediatrics (Kupu Pono), Lomilomi, Ornish, and Gymnasium.

Also attached at the end is the floor plan for the current primary care clinic, for comparison purposes. This space is located in Building Two, towards the far right in the photo above.

All programs are located in the Cameron Center, including Administration, Fiscal, Traditional Health, Simply Café, Dental, IT, and the programs listed above.

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.

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: \$144,580
- Pediatrician: \$130,000
- Oral Health Director: \$127,080

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.

The Hui has no pending litigation or outstanding judgement.

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.

All our providers are board certified in the State of Hawaii, including two Internist, the Pediatrician and the Dentist.

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.

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

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2022-23 the activity funded by the grant if the grant of this application is:

- (a) *Received by the applicant for fiscal year 2022-23, but*
- (b) *Not received by the applicant thereafter.*

The expanded Primary Care facility will increase our long term sustainability by increasing the number of patient visits and thereby patient billings. Our current HRSA grant is able to cover the increase in salary from part-time to full-time, and it is also able to support additional medical positions.

Cleaning, repair and maintenance will be folded into our regular operations and funded with either the HRSA grant or General Funds.

**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.

Hui No Ke Ola Pono, Inc.
(Typed Name of Individual or Organization)


(Signature) 01/21/2022
(Date)

Eric M. Kapono
(Typed Name) Interim Executive Director
(Title)

Melissa Hashimoto-Binkie

281 Hapapa Road

Kula, HI 96790

(808) 281-5477 • mhashimotobinkie@gmail.com

A local executive that possesses the experience, judgement, and capabilities to understand the local culture. I am a "doer" who is highly skilled in visualizing, executing a plan, and doing what it takes to deliver efficiently. I am driven by challenge and undaunted by obstacles. My management style can be described as "hands-on" and decisive, yet flexible - I value and reward creative thinking, initiative, teamwork, commitment and performance. MBA.

EXECUTIVE LEADERSHIP COMPETENCIES

- Budgeting/Cost Controls
- Strategic Planning
- Operations
- Facility Improvements
- Community Engagement/Partnerships
- Workflow Optimization
- Human Resources
- Performance Improvement
- Grants Management

TRACK RECORD OF SUCCESS

- Successfully implemented electronic medical records system.
- Effectively managed multiple capital improvement projects.
- Lead clinical teams in workflow optimization.
- Facilitated expansion of services.
- Engaged in community partnerships during the pandemic.

MANAGEMENT CAREER BACKGROUND

HUI NO KE OLA PONO, Wailuku, Hawaii

2017-current

Native Hawaiian Health System with \$7 million in revenue.

Director of Operations

Directed overall operations including traditional hawaiian practices and Simply Healthy Cafe. Worked with staff on company initiatives, operations, process improvements, and patient satisfaction. Supervise five department managers.

Expansion of additional 4,000 sq ft space from design, construction management, through occupancy utilizing federal funding and reporting as required.

NATIONAL KIDNEY FOUNDATION OF HAWAII, Wailuku, Hawaii

2016-2017

Special project to assist independent providers on Maui to transition to HMSA's Payment Transformation.

Quality Improvement Coach

Worked with various provider group practices as well as independent providers to help them transform their practice to maximize the benefits from HMSA's payment transformation strategies.

MALAMA I KE OLA HEALTH CENTER, Wailuku, Hawaii

2006-2015

Federally Qualified Health Center with \$10.5 million in revenue.

Chief Operating Officer

Directed overall operations including facility maintenance. Worked with clinical staff on company initiatives, operations, process improvements, and patient satisfaction. Supervised eight department managers.

Managed an \$11 million dollar construction project of a new facility going from 7,000 sq ft to over 30,000 sq ft of a multi-disciplinary primary care practice. Involved in design, construction management, phasing, continuous grant tracking and reporting, all the way through occupancy. Utilized private, state, county, and federal funding to complete the project and maintained reporting and tracking.

HAWAII PACIFIC HEALTH, Honolulu, Hawaii

1996-2006

Not-for-profit network of hospitals and clinics in Hawaii.

Business Manager (Sex Abuse Treatment Center)

(2003-2006)

Managed all fiscal responsibilities; prepared and reviewed budgets, expenditures, budget revisions, audits. Grant funded program that provided services statewide.

Business Services Director (Business Services)

(2001-2003)

Promoted to direct financial activities related to customer service, collections, charge posting, and follow-up of unpaid claims. Supervised four department managers.

Business Services Manager (Business Services)

(1999-2001)

Managed all activities related to customer services. Supervised thirty staff and two leads.

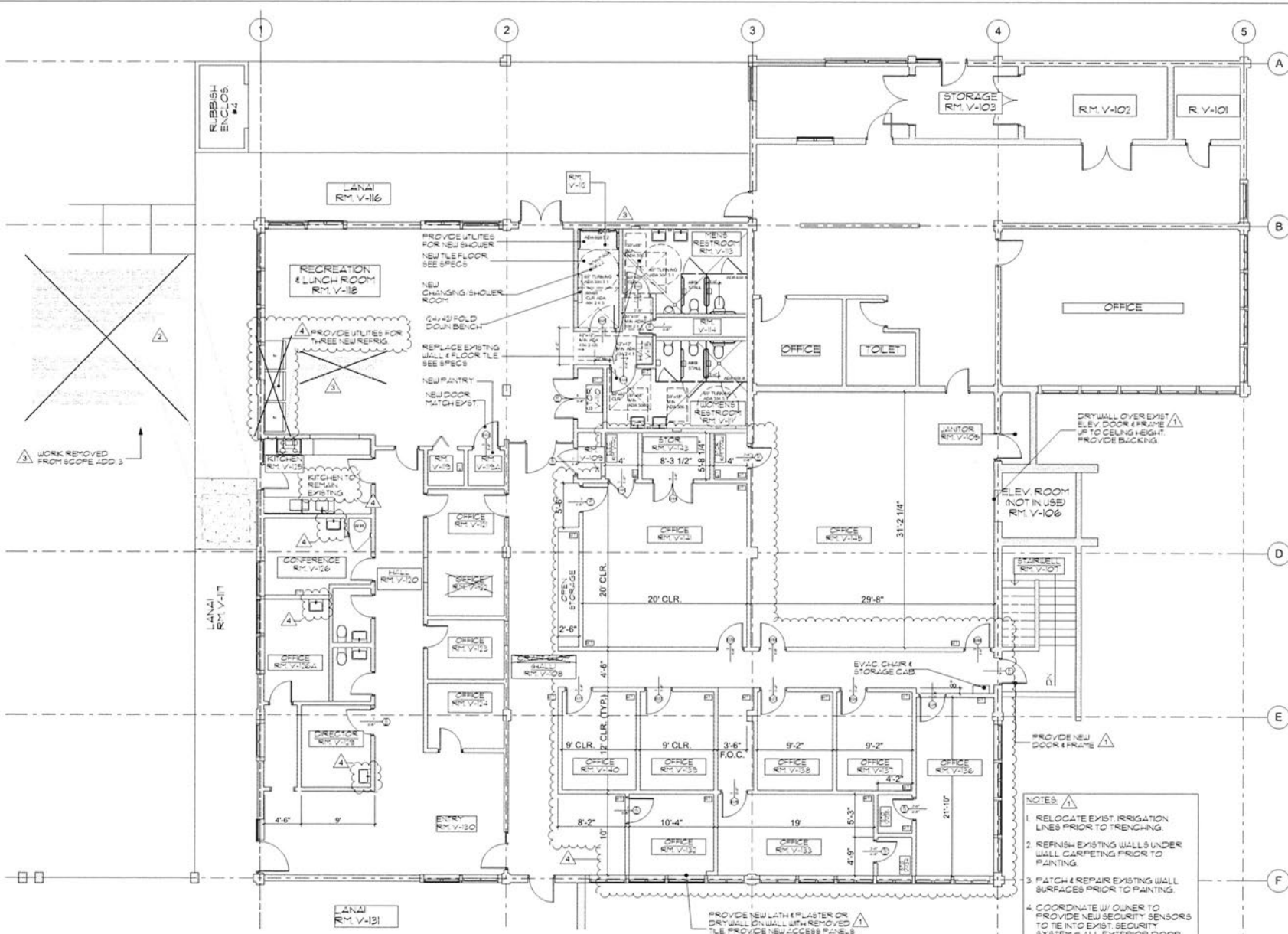
ACADEMIC PREPARATION

University of Phoenix, Honolulu, Hawaii

Master of Business Administration

University of Hawaii at West Oahu, Pearl City, Hawaii

Bachelor of Arts in Public Administration with a Specialization in Healthcare Management



1 Proposed Plan
SCALE 3/8" = 1'-0"

- NOTES**
1. RELOCATE EXIST. IRRIGATION LINES PRIOR TO TRENCHING.
 2. REFINISH EXISTING WALLS UNDER WALL CARPETING PRIOR TO PAINTING.
 3. PATCH & REPAIR EXISTING WALL SURFACES PRIOR TO PAINTING.
 4. COORDINATE W/ OWNER TO PROVIDE NEW SECURITY SENSORS TO TIE INTO EXIST. SECURITY SYSTEM & ALL EXTERIOR DOOR LOCATIONS.

2145 Waiolu Street Suite 301
Wailuku, Maui, Hawaii 96793
Phone: (808) 736-6633
Fax: (808) 736-6634
www.nishikata.com



THIS WORK WAS PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND CONSTRUCTION OF THIS PROJECT WILL BE UNDER MY OBSERVATION.

Professional Engineer Seal
Name: [Signature]
No. 8715
EXPIRES: 04/30/2020

JWCC - HNKOP RENOVATION
95 Mahalani Street St. 17
Wailuku, Maui, Hawaii, 96793
TMK: (2) 3-8-046: 015

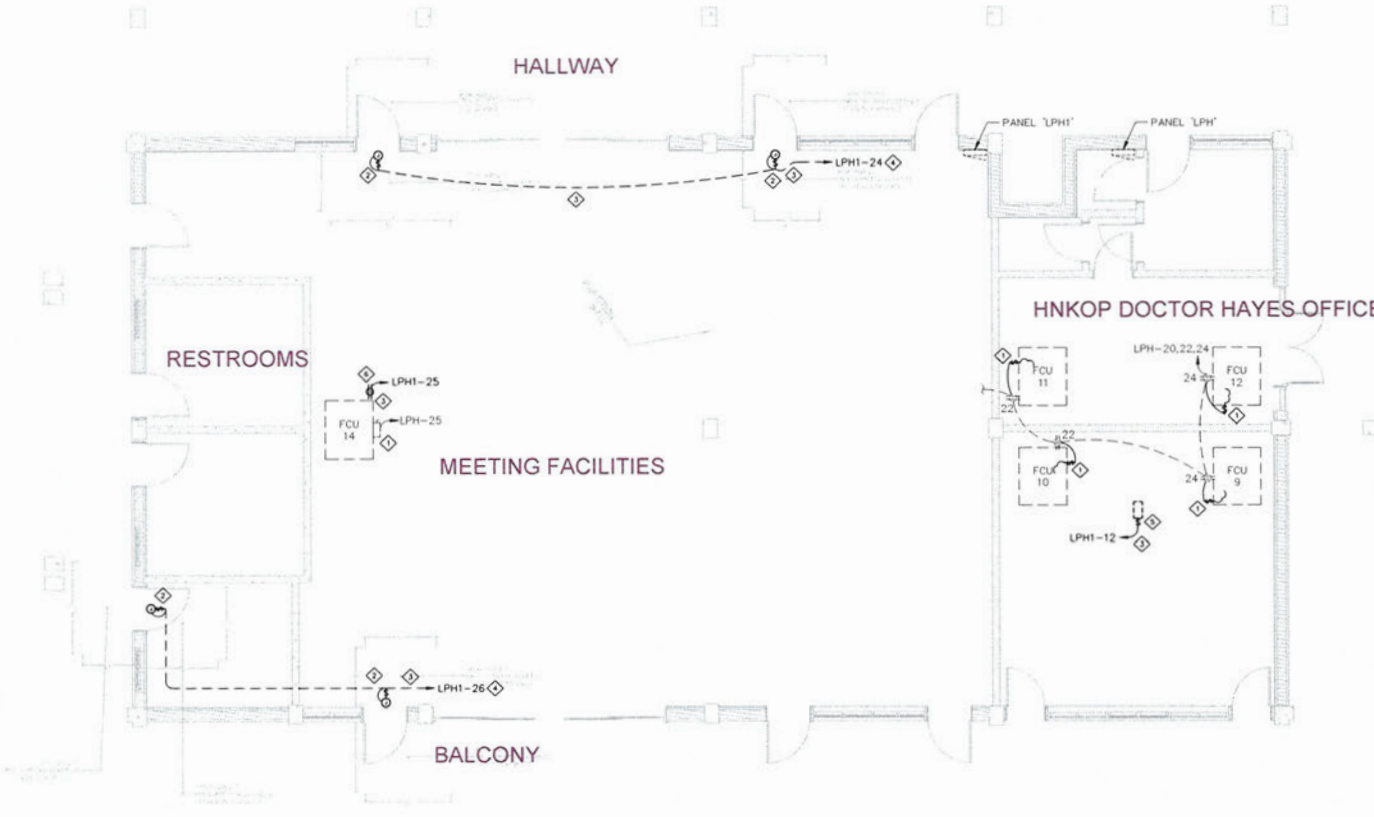
BY	REVISIONS	DATE
AS	1	02/23/18
AS	2	04/05/18
AS	3	04/05/18
AS	4	04/05/18
AS	5	04/05/18

Date: 02/23/18
Scale: AS NOTED
Drawn:
Job:
Sheet:

ADDENDUM 4

A-4

Proposed Floor Plan



FRONT PARKING LOT

MAIN ENTRANCE TO THE PROPERTY

BUILDING 2 2ND FLOOR - ELECTRICAL PLAN
SCALE: 1/4" = 1'-0"

- PLAN NOTES:**
- ◇ FCU TO BE REPLACED BY NEW UNIT IN SAME AREA, DISCONNECT EXISTING UNIT AND RECONNECT TO NEW. EXTEND CONDUIT/CONDUITS AS REQUIRED. VERIFY EXISTING CIRCUIT/SOURCE, ADD DISCONNECT SWITCH AS REQUIRED. VERIFY FIRE ALARM REQUIREMENTS WITH MECHANICAL.
 - ◇ DOOR OPERATOR ELECTRICAL CONNECTION, VERIFY EXACT TERMINATION LOCATION AND DISCONNECT SWITCH REQUIREMENTS.
 - ◇ ROUTED ABOVE CEILING OR AS REQUIRED, PAINT EXPOSED CONDUITS TO MATCH, SEAL ALL PENETRATIONS.
 - ◇ ADD BREAKER IN EXISTING SPACE IN PANEL 'LPH1'.
 - ◇ A/C CONTROL PANEL, VERIFY EXACT LOCATION & REQUIREMENTS WITH MECHANICAL, CONNECT TO NEW 1P20A BREAKER IN PANEL 'LPH1' SPACE NO. 12.
 - ◇ RECEPTACLE FOR UV LIGHT, VERIFY LOCATION AND REQUIREMENTS WITH MECHANICAL.

NO.	DATE	DESCRIPTION

JOB NO: 2013-87
DATE: 4/14
DRAWN BY: RMB
DESIGNED BY: JMF
CHECKED BY: JMF

ELECTRICAL PLANS FOR
RENOVATIONS FOR J WALTER CAMERON CENTER
95 MAHALANI STREET
WALLAKU, HAWAII, HAWAII
TMC: (2) 2-B-046015

SHEET NO.
E-5
5 OF - SHEETS

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