January 18, 2018

Senate Committee on Ways and Means
State Capitol, Rm. 208
Honolulu, HI 96813
Attn: GIA

To Whom It May Concern;

Enclosed are two Grant in Aid Submissions from University Clinical, Education and Research Associates, (UCERA), doing business as University Health Partners of Hawaii (UHP).

The first is a request for operational support for our hyperbaric chamber which provides emergency services to the people of Hawaii.

The second is a request for partial capital support for the construction of a family medicine clinic facility in space to be leased by us from Pali Momi Hospital.

We appreciate this opportunity to make these requests and look forward to discussing them with you at your convenience.

Mahalo and aloha,

Larry J. Shapiro MD
Chief Executive Officer
**Applicant Information:**

- **Legal Name of Requesting Organization or Individual:** University Clinical, Education and Research Associates
- **Db:** University Health Partners of Hawaii
- **Street Address:** 677 Ala Moana Blvd., Suite 1001, Honolulu, Hawaii 96816
- **Mailing Address:** 677 Ala Moana Blvd., Suite 1001, Honolulu, Hawaii 96816

**Type of Business Entity:**

- **Non Profit Corporation Incorporated in Hawaii**

**Descriptive Title Of Applicant's Request:**

SUPPORT FOR EMERGENCY DIVE MEDICAL SERVICES FOR THE STATE OF HAWAII

**Amount of State Funds Requested:**

FISCAL YEAR 2019: $997,369

**Status of Service Described in This Request:**

- **Existing Service (Presently in Operation)**

**Specify the Amount by Sources of Funds Available at the Time of This Request:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
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<tr>
<td>Federal</td>
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<tr>
<td>County</td>
<td>$0</td>
</tr>
<tr>
<td>Private/Other</td>
<td>$0</td>
</tr>
</tbody>
</table>
I. Background and Summary

A brief description of the applicant's background;

The applicant, University Clinical, Education and Research Associates, (UCERA), doing business as University Health Partners of Hawai‘i, (UHP), is the faculty practice plan for the University of Hawai‘i’s John A. Burns School of Medicine (JABSOM).

First founded in 1993, under the name University Health Care Associates, UHP is a tax exempt non-profit 501 (c) (3) entity which provides a variety of medical services to the people of Hawai‘i. It also provides JABSOM medical students and graduate medical residents and fellows with multiple clinical learning environments as they progress towards becoming practicing physicians. As of 6/30/17 there were about 170 providers (who are also faculty members of JABSOM) and 225 supporting staff within the UHP system.

Within that group existed the UHP Hyperbaric Treatment Center (HTC), which was one of only a few facilities in the state of Hawai‘i that could provide hyperbaric oxygen therapy (HBOT) which is the primary treatment for arterial gas embolism, decompression sickness (diving injuries) and carbon monoxide poisoning. In their severe form, these injuries can result in brain damage, paralysis and even death.

The Hyperbaric Treatment Center (HTC) was initially established in 1982, at Kewalo Basin under the auspices of the State of Hawai‘i. In 1994, the facility was relocated to leased space at Kuakini Medical Center. A new chamber system consisting of two connected multi-patient chambers was purchased at that time. Renovation and expansion of the space was accomplished with funds appropriated by the state legislature.

In 1988, the operation of the HTC was moved from the State’s Department of Business and Economic Development, to the University of Hawai‘i, and then on to JABSOM in 1990. In 2011, JABSOM engaged UHP to manage and operate many of the HTC’s functions.

The HTC had 5 physician providers and 6 support staff in June of 2017. That team was providing both emergency and non-emergency HBOT medical services to the people in Hawai‘i.

Due to retirements and a resignation, by October of 2017, the number of HTC physician providers fell below the minimum needed to operate the HTC safely and reliably, and UHP was forced to temporarily close the HTC.
At the same time, for economic reasons the federal government closed the only other land based facility in Hawai‘i that could adequately treat emergency diving injuries, and the State of Hawai‘i was left uncovered.

At this writing UHP is actively preparing to reopen the HTC. Its plan is to provide non-emergency HBOT and wound care, as these services may be economically viable and are helpful in the medical care of Hawai‘i’s people, especially for patients with diabetes. UHP is also planning to re-open its emergency care services, which will be provided to the people of Hawai‘i at an economic loss to UHP.

This loss is not sustainable, and UHP is seeking ways to partially or fully cover its cost of emergency operations.

2. The goals and objectives related to the request;

This Grant in Aid request is asking the State of Hawai‘i to provide short term transitional funding to help UHP to reopen its hyperbaric emergency service which was closed in October, 2017.

The emergency operations are not self-sustaining as the cost of operations far outweighs the revenue generated from medical services provided. The facility cannot operate in a financially sustainable manner without additional revenue sources and community support. By assisting UHP, the State can help give UHP the time it needs to achieve sustainable operations by developing wound care services which will provide a new revenue stream which can help support the emergency services.

Our primary goal is to ensure that these emergency services are available to the public. A secondary goal is to achieve financial sustainability to offset the financial burden of this emergency service.

UHP’s immediate objectives are 1) to obtain short term State support for these emergency services, 2) identify potential long term sources of community funding, and 3) successfully obtain such funding within a one year timeframe.

UHP plans to expand and develop elective HBOT non-emergency services and wound care services over the next two years to provide more permanent funding for its HTC operations.

3. The public purpose and need to be served;

UHP has a unique responsibility to serve the public need for hyperbaric services since it is the only public facility in the State of Hawai‘i that has been willing and able to treat carbon monoxide poisoning, arterial gas embolism and diving injuries using HBOT.
Should the HTC not resume its emergency operations, divers and others across the State may suffer more severe injury or even death. In an emergency situation immediate treatment is vital for recovery, permanent disability, and avoiding death.

Without the HTC, it is likely that there will be a negative impact on tourism as some of the thousands of visitors who come to Hawai‘i to dive might choose to travel elsewhere. Also entities such as the University of Hawaii may see a reduction in ocean related research as dive safety would be compromised. Dive safety concerns could also negatively impact commercial marine operations.

4. Describe the target population to be served; and

The first target population is the recreational divers, composed of both local residents and visitors. Based on a recent survey of local dive shop and dive boat operators, it is estimated that 300,000 to 600,000 SCUBA dives are made each year in Hawai‘ian waters.

In addition to recreational divers, Hawai‘i has numerous divers in ocean related research, construction, commercial fishing, State and other local public services, and U.S. military and other U.S. federal agency activities. The U.S. military regarded the HTC as its backup emergency facility.

Beyond divers, the general population in Hawai‘i is potentially at risk of other causes of arterial gas embolism or carbon monoxide poisoning. The former is associated with medically related accidents and the latter is associated with environmental conditions or suicide attempts.

5. Describe the geographic coverage

This request covers the populations on the main Hawaiian Islands from the Big Island to Niihau. Due to the nature of the potential diving injuries, it is not advisable to fly a patient at high altitude, so air transportation to the U.S. mainland or foreign countries is not an option. The facility must be located within low altitude flight of the at-risk population. In the case of arterial gas embolism or carbon monoxide poisoning the delay associated with flying to the U.S. mainland or a foreign country could be fatal as the condition must be treated quickly.

II. 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 table below describes the process and timing that the HTC will use to reopen the HTC facility, its emergency services, and begin the process of developing a wound care program which will enable it to sustain its operations in the future.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>DETAILS</th>
<th>TIMELINE</th>
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</thead>
<tbody>
<tr>
<td>Recruit HTC Medical Director</td>
<td>Ensure that the Director has critical care expertise for HBOT emergencies Plan the development of wound care program</td>
<td>3 months</td>
</tr>
<tr>
<td>Recruit HTC Physicians</td>
<td>The physicians must be able to: Provide 24/7 emergency HBOT services Manage life-threatening complications of conditions needing HBOT and/or HBOT treatment Manage wound care services Pass a required physical exam and be able to function in extreme high-pressure conditions</td>
<td>3 months</td>
</tr>
<tr>
<td>Train HTC Physicians</td>
<td>Ensure that they have completed: An Undersea and Hyperbaric Medicine-approved 40-hour course A Wound Care Course HTC-specific emergency operations and safety training</td>
<td>12 months</td>
</tr>
<tr>
<td>Recruit and train additional HTC non-physician care providers and chamber operators</td>
<td>Pass required physical exam and be able to function in extreme high-pressure conditions Complete training in HTC-specific emergency operations and safety</td>
<td>6-24 months</td>
</tr>
<tr>
<td>Train additional HTC non-physician care providers</td>
<td>Ensure that they have completed: An Undersea and Hyperbaric Medicine-approved 40 hour course A Wound Care Course</td>
<td>6-24 months</td>
</tr>
<tr>
<td>Train HTC Physicians and providers in critical care equipment</td>
<td>Equipment includes new hyperbaric-compatible ventilators, intravenous infusion pumps, patient monitors, emergency resuscitation equipment</td>
<td>3-12 months</td>
</tr>
<tr>
<td>Community outreach and education on elective HBOT and wound care</td>
<td>Increase referrals to HTC from Oahu and the Neighbor Islands</td>
<td>6-24 months</td>
</tr>
<tr>
<td>Physically establish a comprehensive wound care center</td>
<td>Physically change the HTC to reconfigure and possibly expand the HTC patient care areas to meet the additional needs of a wound care center</td>
<td>8-24 months</td>
</tr>
<tr>
<td>Contract with health care institutions to provide HBOT and wound care services</td>
<td>This will enable: Reimbursement for HBOT for inpatients Facilitate emergency HBOT referrals Increase HTC wound care referrals Decrease wound-related hospital length-of-stay</td>
<td>3-16 months</td>
</tr>
<tr>
<td>Community funding</td>
<td>Conduct outreach activities to the appropriate related communities to try to develop longer term funding sources</td>
<td>12 months</td>
</tr>
</tbody>
</table>
2. ☑️ Provide a projected annual timeline for accomplishing the results or outcomes of the service;

See Table above.

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

Quality assurance and evaluation will be aligned with the criteria of the Undersea and Hyperbaric Medicine Society (UHMS) for facility accreditation with anticipated application for accreditation within 24 months.

(see https://www.uhms.org/images/Accreditation-Documents/2005 accreditation manual_r.pdf)

These comprehensive standards include hyperbaric governance, administration, operations and safety, maintenance, patient rights, patient care and assessment, environment of care, patient education, quality improvement, professional improvement, leadership, human resources, information management, infection control, medical staff, and clinical research.

In addition to hyperbaric specific operational review, UHP will employ its sophisticated financial accounting systems to track and analyze financial performance. Further it will use its state of the art medical billing system to record and bill the medical procedures performed and to analyze its clinical operations.

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.

Additional measures of service effectiveness to the State will be evidenced by the following:
- Maintaining 24/7 availability for emergency HBOT consultations and treatments
- Meeting timeline benchmarks towards establishing a wound care program
- Conducting outreach to the appropriate community to acquire financial support
- Expanding by more than 50% the number of elective HBOT patients treated for chronic wounds
Applicant: University Clinical, Education and Research Associates

- Educating health care providers statewide on the indications and efficacy of HBOT
- Operating the HTC in a financially responsible manner

III. 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) See attached schedule.
   b. Personnel salaries and wages (Link) See attached schedule.
   c. Equipment and motor vehicles (Link) Not applicable – none.
   d. Capital project details (Link) Not applicable – none.
   e. Government contracts, grants, and grants in aid (Link) Not applicable – none.

2. ☑ The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2019.

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Total Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>249,342</td>
<td>249,342</td>
<td>249,342</td>
<td>249,343</td>
<td>997,369</td>
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</tbody>
</table>

3. ☑ The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2019.

UHP anticipates that it will receive about $48,063 in medical payments from its emergency patients and their insurance companies.

UHP will also begin its efforts to reach the local community to attempt to find other sources of funding. Other potential sources might be the local dive community, other members of the visitor industry, entities that are requesting marine related research grants, and the local commercial marine industry.

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.

There are no state and federal tax credits which have been granted to HTC within the prior three years.

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 2019 for program funding.

There are no federal, state, and county government contracts, grants, and grants in aid that have been granted to the HTC within the prior three years.
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2017.

Per its internal financial statements, UHP’s total unrestricted current assets as of December 31, 2017, were $26,984,750. Taking into account UHP’s unrestricted current liabilities, UHP’s net current assets as of December 31, 2017, were $19,364,750.

IV. 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.

HTC has been the only provider of emergency HBOT services available to the entire population of Hawai‘i since 1982, and has been operated by UHP since 2011. Its multi-place chamber is ideally suited to the care of complex patients as it allows for in-chamber hands-on monitoring and assessment by nurses and physicians and can accommodate essential care equipment such as gurneys, ventilators, intravenous infusion pumps and monitors. The facility has two patient examination rooms but could be reconfigured to expand the patient care area. Additional space, as needed, may be negotiated with Kuakini Medical Center. HTC has a history of providing elective HBOT to patients with radiation injury and some chronic wounds.

New physician recruits with expertise in emergency medicine, trauma, surgery and surgical critical care will expand the capability of HTC to provide comprehensive wound care and thus contribute to the HTC’s sustainability.

Under the auspices of the UHP Department of Surgery, the organizational structure of the HTC is ideally suited to furthering research and medical advancement in wound care and HBOT. The HTC can provide training to fellows, residents and students.

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 a photograph and floor plan of the existing hyperbaric treatment facilities at Kuakini Medical Center. These facilities were in active use through October of 2017.
V. 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.

Staffing for emergency 24/7 HBO2 requires:

Physician: Board certified in specialty, completed training in 40-hour UHMS accredited hyperbaric course; capable of managing life-threatening complications of conditions needing HBO2 and/or HBO2 treatment; develop and teach medical protocols for HBO2 and complications; pass required physical exam and able to function in extreme high-pressure conditions. 1.7 FTE

Chamber operator: Credentialed in specialty (e.g. DMT); completed training in 40-hour UHMS accredited hyperbaric course; certified in Basic Cardiac Life Support; able to maintain and operate hyperbaric chamber; assess and initiate treatment for environmental complications of HBO2; pass required physical exam and able to function in extreme high-pressure conditions. 1.7 FTE

Patient Care providers: Credentialed in specialty (e.g. RN, MICT); completed training in 40-hour UHMS accredited hyperbaric course; Certified in Advanced Cardiac Life Support; Capable of assessing and initiating treatment for life-threatening complications of conditions needing HBO2 and/or HBO2 treatment; Pass required physical exam and able to function in extreme high-pressure conditions. 3.0 FTE

Facilities Manager: Credentialed in specialty (e.g. DMT) and certified as Hyperbaric Technician; Certified in Basic Cardiac Life Support; comprehensive knowledge of and ability to maintain and operate hyperbaric chamber; develop and teach operational and safety protocols; pass required physical exam and able to function in extreme high-pressure conditions. 1.1 FTE

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.

UHP is a large, multi-purpose organization. The HTC reports to the Department of Surgery for organizational purposes. The chart below shows the structure which includes both emergency and other HTC staffing.
3. **Compensation**

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

Based on the latest UHP tax form 990, the three highest paid officers, directors, or employees are:

- Barry Carlton MD, Employee, $406,402
- Kenric Murayama MD, Director / Employee, $380,582
- Michael Carney MD, employee, $353,721

**VI. 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.
See attached disclosure.

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.

- IRS Employer Identification Number: 99-0307152
- IRS determination letter dated January, 1999, which indicated that UCERA qualified as a 501 (c) (3) tax exempt non-profit organization
- State of Hawaii Identification Number: GE-210-669-5680-01
- NPI Number 1013966845 in the name “University Clinical Education & Research Associates”
- All physician providers employed by UHP are licensed to practice medicine in the state of Hawai‘i

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 2018-19 the activity funded by the grant if the grant of this application is:

   (a) Received by the applicant for fiscal year 2018-19, but
   (b) Not received by the applicant thereafter.

If UHP receives the requested GIA funding, it plans to sustain the HTC’s emergency capacity beyond FY 19 by developing a comprehensive wound care program.

UHP has engaged an industry consultant who has identified an unmet need in Hawai‘i for hyperbaric wound care treatment. UHP is ready to use this consultant, and others, to create and execute its plan.
UHP is preparing a business plan for the wound care program which will generate revenue to sustain the HTC’s operations. UHP plans to have the wound care program running by Fiscal Year 2019-20. This program will require minimal capital investment and will leverage the resources available at the HTC. UHP plans to also explore developing partnerships with health care providers to facilitate wound care referrals.

Hyperbaric oxygen wound care involves exposing the body to 100% oxygen at a pressure that is greater than normally experienced. Wounds need oxygen to heal properly, and exposing a wound to 100% oxygen can, in some cases, speed the healing process.

During Fiscal Year 2018-19 HTC plans to recruit new staff, provide additional staff training, and develop protocols to build the wound care program.

Development of a comprehensive wound care center at HTC could help sustain the long-term viability of emergency services by HTC. Moreover, a wound care center could improve population health and reduce health care costs by reducing the need for leg amputation in diabetics and mitigating complications from radiation therapy.

5. ☒ 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, 2017.

See attached Certificate of Good Standing.

6. ☒ Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawai‘i Revised Statutes. (Link)

See attached declaration affirming UHP’s compliance with Section 42F-103, Hawai‘i Revised Statutes.

7. ☒ Public Purpose

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

UHP specifies that the grant will be used for a public purpose pursuant to Section 42F-102, Hawai‘i Revised Statutes.
# Budget Request by Source of Funds

**Period:** July 1, 2018 to June 30, 2019

**Applicant:** University Clinical, Education and Research Associates

<table>
<thead>
<tr>
<th>Budget Categories</th>
<th>Total State Funds Requested</th>
<th>Total Federal Funds Requested</th>
<th>Total County Funds Requested</th>
<th>Total Private/Other Funds Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. PERSONNEL COST</strong></td>
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<tr>
<td>1. Salaries</td>
<td>706,798</td>
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<tr>
<td>2. Payroll Taxes &amp; Assessments</td>
<td>68,290</td>
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<tr>
<td>3. Fringe Benefits</td>
<td>102,274</td>
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<td><strong>TOTAL PERSONNEL COST</strong></td>
<td>869,361</td>
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<td><strong>B. OTHER CURRENT EXPENSES</strong></td>
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<tr>
<td>1. Airfare, Inter-Island</td>
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<td>2. Insurance</td>
<td>6,961</td>
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<td>3. Lease/Rental of Equipment</td>
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<tr>
<td>4. Lease/Rental of Space</td>
<td>98,674</td>
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<td>48,063</td>
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<tr>
<td>5. Staff Training</td>
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<tr>
<td>6. Supplies</td>
<td>17,453</td>
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<tr>
<td>7. Telecommunication</td>
<td>4,919</td>
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<td>8. Utilities</td>
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<td><strong>TOTAL OTHER CURRENT EXPENSES</strong></td>
<td>126,008</td>
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<td>48,063</td>
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<tr>
<td><strong>C. EQUIPMENT PURCHASES</strong></td>
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<tr>
<td><strong>D. MOTOR VEHICLE PURCHASES</strong></td>
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<tr>
<td><strong>E. CAPITAL</strong></td>
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<tr>
<td><strong>TOTAL (A+B+C+D+E)</strong></td>
<td>997,369</td>
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<td>48,063</td>
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</tbody>
</table>

**Sources of Funding**

<table>
<thead>
<tr>
<th>(a) Total State Funds Requested</th>
<th>997,369</th>
<th>(b) Total Federal Funds Requested</th>
<th>(c) Total County Funds Requested</th>
<th>(d) Total Private/Other Funds Requested</th>
<th>48,063</th>
</tr>
</thead>
</table>

**Budget Prepared By:**

- Henry J. Ellis, Jr. (608) 469-4959
- Larry M. Shapiro, M.D., CEO

**Signature of Authorized Official:**

11/16/18

**Name and Title:**

Application for Grants
**BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**
Period: July 1, 2018 to June 30, 2019

Applicant: University Clinical, Education and Research Associates

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>FULL TIME EQUIVALENT</th>
<th>ANNUAL SALARY A</th>
<th>% OF TIME ALLOCATED TO GRANT REQUEST B</th>
<th>TOTAL STATE FUNDS REQUESTED (A x B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>1.68</td>
<td>$361,199</td>
<td>100.00%</td>
<td>$361,199</td>
</tr>
<tr>
<td>Chamber Operator</td>
<td>1.70</td>
<td>$101,868</td>
<td>100.00%</td>
<td>$101,868</td>
</tr>
<tr>
<td>Patient Care Providers</td>
<td>2.96</td>
<td>$135,661</td>
<td>100.00%</td>
<td>$135,661</td>
</tr>
<tr>
<td>Facility Management</td>
<td>1.07</td>
<td>$108,069</td>
<td>100.00%</td>
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</tr>
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</table>

**TOTAL:** $706,798

**JUSTIFICATION/COMMENTS:**
Staffing is minimum required to cover 40 hour work week plus emergency call coverage for all other times to cover 24 hours a day 365 days a year.
BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES
Period: July 1, 2018 to June 30, 2019

Applicant: University Clinical, Education and Research Associates

<table>
<thead>
<tr>
<th>DESCRIPTION EQUIPMENT</th>
<th>NO. OF ITEMS</th>
<th>COST PER ITEM</th>
<th>TOTAL COST</th>
<th>TOTAL BUDGETED</th>
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<tbody>
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JUSTIFICATION/COMMENTS:

Not applicable - none

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JUSTIFICATION/COMMENTS:

Not applicable - none
BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS
Period: July 1, 2018 to June 30, 2019

Applicant: University Clinical, Education and R

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- PLANS
- LAND ACQUISITION
- DESIGN
- CONSTRUCTION
- EQUIPMENT

TOTAL:

JUSTIFICATION/COMMENTS:
Not applicable - None
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<th>AGENCY</th>
<th>GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)</th>
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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.

University, Clinical Education and Research Associates
(Typed Name of Individual or Organization)

(Signature) [Redacted] 1/18/18
(Date)

Larry J. Shapiro MD
(Typed Name)
Chief Executive Officer
(Title)

Rev 12/2/16
10 Application for Grants
Attachment re: VI. Other (Litigation)

1. LINDSEY L. CASSIDAY-CHANG VS UNIVERSITY CLINICAL EDUCATION & RESEARCH ASSOCIATES (UCERA); AND JOHN DOES 2-10

2. SUMMER N.K. HAWELU-BADAJOS VS KAPI'OLANI MEDICAL CTR; HAWAII PACIFIC HEALTH; UCERA, DBA UNIVERSITY HEALTH PARTNERS OF HAWAII; HAWAII RESIDENCY PROGRAMS INC; DOES

3. MANELYN ABADILLA INDIVIDUALLY AS NEXT FRIEND OF CAAA VS UCERA DBA UNIVERSITY HEALTH PARTNERS OF HAWAII; KALIHI PALAMA HEALTH CENTER; DOE DEFENDENTS 1-100
CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

UNIVERSITY CLINICAL, EDUCATION & RESEARCH ASSOCIATES

was incorporated under the laws of Hawaii on 09/02/1993; 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 17, 2018

Director of Commerce and Consumer Affairs

To check the authenticity of this certificate, please visit: http://hbe.ehawaii.gov/documents/authenticate.html
Authentication Code: 295161-COGS_PDF-92787D2