



**Financial Assistance  
Award**

**DENALI COMMISSION**  
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Anchorage, Alaska 99501  
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<b>Project Number</b>	0065-DC-2002-118 – Amendment #1
<b>Project Title</b>	Prince of Wales Primary Care Regional Strategy
<b>Performance Period</b>	August 1, 2002 - September 30, 2005
<b>Authorizing Resolution</b>	02-01

**Recipient Organization & Address**  
City of Klawock  
PO Box 469  
Klawock, AK 99925  
  
Phone: 907.755.2261  
Fax: 907.755.2403

**Authority**  
112 Stat 1854

**CFDA Number**  
90.100

**Denali Commission Finance  
Officer Certification**

*CEE*

**Cost Share Distribution Table**

Current Obligations		Cumulative Obligations	Denali Commission	Other Contributors	Totals
No change in funding	\$ -	Current Funding	\$ -	\$ -	\$ -
	\$ -	Funding From Prior Periods	\$ 100,000.00	\$ -	\$ 100,000.00
<b>Total Current Funding</b>	<b>\$ -</b>	<b>Funding Totals</b>	<b>\$ 100,000.00</b>	<b>\$ -</b>	<b>\$ 100,000.00</b>

This Financial Assistance Award approved by the Federal Co-Chair of the Denali Commission is issued in triplicate and constitutes an obligation of federal funding. By signing the three documents, the Recipient agrees to comply with the Award provisions indicated below and attached. Upon acceptance by the Recipient, two signed Award documents shall be returned to the Federal Co-Chair of the Denali Commission and the Recipient shall retain the third document. If not signed and returned without modification by the Recipient within 30 days of receipt, the Federal Co-Chair may unilaterally terminate this Award.

- Special Award Conditions and Attachments
- Line Item Budget
- OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations  
(<http://www.whitehouse.gov/omb/circulars/a133/a133.html>)

**Administrative Requirements (check one)**

- OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments  
(<http://www.whitehouse.gov/omb/circulars/a102/a102.html>)
- OMB Circular A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations  
(<http://www.whitehouse.gov/omb/circulars/a110/a110.html>)

**Cost Principles (check one)**

- OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments  
([www.whitehouse.gov/omb/circulars/a087/a087-all.html](http://www.whitehouse.gov/omb/circulars/a087/a087-all.html))
- OMB Circular A-122, Cost Principles for Nonprofit Organizations  
([www.whitehouse.gov/omb/circulars/a122/a122.html](http://www.whitehouse.gov/omb/circulars/a122/a122.html))
- OMB Circular A-21, Cost Principles for Educational Institutions  
(<http://www.whitehouse.gov/omb/circulars/a021/a021.html>)
- 48 CFR 31.2, Contracts with Commercial Organizations

**Signature of Authorized Official - Denali Commission**  
*Jeff Staser*

**Typed Name and Title**  
Jeffrey B. Staser, Federal Co-Chair

**Date**  
*9-30-2004*

**Signature of Authorized Official - City of Klawock**

**Typed Name and Title**  
Donald Marvin, Mayor  
*Donald Marvin*

**Date**  
*10-11-04*

**Financial Assistance Award Conditions**  
**Between the Denali Commission and the City of Klawock**  
**For a Prince of Wales Primary Care Regional Strategy**  
**Project No. 0065-DC-2002-I18 – Amendment No. 1**  
**September 2004**

All changes to the award conditions are noted below.

***1. Scope of Work***

The original scope of work for this project included completion of an Island-wide primary care needs assessment that would identify gaps in services and needs for improved health services. This effort has not been achieved to date.

The Denali Commission continues to embrace the concept of regional health strategies as one tool for improving health care access, and has developed a systematic approach to development of such strategies. The Commission is interested in provision of health facilities that serve the community in the long-term. Consequently, facility sizing that meets the health service requirements, but that is also sustainable is paramount. Achieving this mix of “right-sized” services/facilities with multiple communities that receive varying levels health services from health providers in other locations only compounds the effort.

The Commission expects that a regional health strategy developed through consensus will identify sustainable improvements to both the service delivery system(s) and associated facility improvements. The following are steps to the development of a regional health strategy as identified by the Commission:

1. Description of existing service delivery model including: staffing patterns, funding, services, etc.
2. Identification of gaps in services provided locally/regionally
3. Identification of proposed, sustainable, expanded services while minimizing duplication of services
4. Translation of proposed services into facility needs (i.e., space needs, operation and maintenance of facility, staffing patterns, facility budget/cost estimate, etc.)
5. Development of a regional health strategy that includes prioritizing health facility development based upon a consensus on improvements to the health service delivery system(s) in place within the region.
6. Based upon the regional prioritization individual organizations will then develop conceptual planning documents for the specific health facility improvements including a business plan and site plan checklist. Also of consideration at this stage is how the proposed improvements meet Commission policies including the Private Enterprise Policy, Sustainability Policy, and Investment Policy.
7. Once the conceptual planning documents are approved, then the project moves to the design phase. This effort includes 100% design drawings, 100% design cost estimate, obtaining all necessary site control and permits necessary and preparation of a contract bid package.
8. Construction of the health facility improvements.

Specific to primary care for Prince of Wales Island the Commission had identified the following steps to achieve Points Nos. 1 – 5 above.

1. Convene the primary care providers to discuss health services they presently provide. These providers include the following: COHO, Wrangell Medical, Ketchikan General Hospital, City of Craig and SEARHC.
2. The providers through survey instruments and/or focus group discussion will complete Points Nos. 1 and 2 above. From this they will generate proposed service expansion (or contraction) to address Point No. 3. This will also include frank discussions on health facility improvements under consideration by the respective providers.
3. POWHAC will then convene to review and provide recommendations on Point No. 3 as crafted by the providers.
4. The City's architectural and engineering consultant (Mr. Don Prohaska) shall then identify an architectural space program for the following:
  - a. Primary care space (existing, new or renovated) in each community in the region based upon the Commission clinic space program and adequacy comparison to the clinic prototype drawings. An explanation for any deviation to the Commission clinic space standards shall be provided.
  - b. Dental and behavioral health delivery in the region as provided in a primary care setting only.
5. The space planning will not include in-patient space through a hospital. It is anticipated that this level of service will be addressed through the pilot Frontier Extended Stay Clinic (FESC) at the Alicia Roberts Medical Center in Klawock. The space planning will be provided to the POWHAC stakeholders for discussion on facility ownership, operation and governance. The contractor will participate in these discussions and based upon the results shall redraft the space planning concepts.
6. The stakeholders shall then prioritize the proposed space improvements to address Point No. 5 above.

As there are limited funds remaining for this project, the opportunity for successful completion will require efficient use of the contractor's resources and timely and effective responses on the part of the primary care providers.

**Denali Commission Clinic Space Guidelines**

The Denali Commission recommends the following clinic square footage based upon community size:

<i>Population:</i>	<i>&lt;100</i>	<i>100-500</i>	<i>500-750</i>	<i>750+</i> <i>or serving multiple communities</i>
<i>Primary Care</i>	<i>1,500 Sq Ft</i>	<i>2,000 Sq Ft</i>	<i>2,500 Sq Ft</i>	<i>user defined</i>
<i>Dedicated Dental **</i>	<i>0</i>	<i>360</i>	<i>360</i>	<i>user defined</i>
<i>Dedicated Behavioral Health**</i>	<i>0</i>	<i>220</i>	<i>320</i>	<i>user defined</i>
<b><i>TOTAL</i></b>	<b><i>1,500</i></b>	<b><i>2,580</i></b>	<b><i>3,180</i></b>	<b><i>user defined</i></b>

- \*\*Definitions for qualified dental care and behavioral health space are available on the Commission’s website ([www.denali.gov](http://www.denali.gov)). Please refer to “Addendum No. 1 to the Notice of Funding Availability” for information on Dental and Behavioral Health space guidelines.
- Also check with the Commission for updated policies regarding funding above the minimum space guidelines for Small clinics and funding limitation on maximum space for Large clinics. If the space for your project does not fall within these guidelines please contact the Commission.
- If your community has a population less than 750, but has on-site mid-level providers or physicians you may be eligible for additional space. Contact your Technical Assistance Advisor for guidance.
- For communities with less than 100 year-round residents the Commission’s Investment Policy must be addressed. For some smaller communities depending upon the response to the Investment Policy, the 1500SF space guideline may be reduced by the Commission.

***2. Award Performance Period***

The award performance period is extended to 9-30-05. This is the period during which Financial Assistance Award recipients can incur obligations or costs against this award.

There are no other changes to the original Financial Assistance Award, as amended.