COUNTY COUNCIL
COUNTY OF MAUI
200 S. HIGH STREET
WAILUKU, MAUI, HAWAII 96793
www.MauiCounty.us

July 11, 2018

The Honorable Mike White
Council Chair
County of Maui
Wailuku, Hawaii 96793

Dear Chair White:

SUBJECT: **AMENDMENT TO BILL 63 (2018), AUTHORIZING THE MAYOR OF THE COUNTY OF MAUI TO ENTER INTO AN INTERGOVERNMENTAL AGREEMENT WITH THE STATE OF HAWAII DEPARTMENT OF HEALTH AND THE DEPARTMENT OF DEFENSE** (PAF 18-215)

May I request the attached Bill 63, Draft 1 (2018), entitled "A BILL FOR AN ORDINANCE AUTHORIZING THE MAYOR OF THE COUNTY OF MAUI TO ENTER INTO AN INTERGOVERNMENTAL AGREEMENT WITH THE DEPARTMENT OF DEFENSE," be placed on the next Council meeting agenda.

Sincerely,

Yuki Lei K. Sugimura

YUKI LEI K. SUGIMURA
Councilmember

paf:ske:18-215c

Attachment

COUNTY COMMUNICATION NO. 18-275

ORDINANCE NO._____

BILL NO. 63 (2018)
Draft 1

A BILL FOR AN ORDINANCE AUTHORIZING THE MAYOR OF THE COUNTY OF MAUI TO ENTER INTO AN INTERGOVERNMENTAL AGREEMENT WITH THE DEPARTMENT OF DEFENSE

BE IT ORDAINED BY THE PEOPLE OF THE COUNTY OF MAUI:

SECTION 1. The Department of Defense ("DOD") desires to partner with the County of Maui ("County") to bring dental, optometric, and primary medicine services to underserved and economically depressed communities on the islands of Maui, Molokai, and Lanai, provided the County secures locations for services and for billeting DOD personnel who will provide the medical support. This program, Tropic Care 2018, will be conducted during the period August 8, 2018 through August 22, 2018. Services will be provided from August 11, 2018 through August 19, 2018 simultaneously at the following locations: Central Maui (University of Hawaii Maui College, 310 West Kaahumanu Avenue, Kahului, Maui); Kihei (Saint Theresa Roman Catholic Church, 25 West Lipoa Street, Kihei, Maui); Lahaina (Waiola Church, 535 Wainee Street, Lahaina, Maui); Hana (Hana Community Center, Building A, 5091 Uakea Road, Hana, Maui); Molokai (Mitchell Pauole Community Center, 90 Ainoa Street, Kaunakakai, Molokai); and Lanai (Lanai Community Center, 8th Street and Lanai Avenue, Lanai).

The DOD views Tropic Care 2018 as a military training opportunity to enhance military readiness, building civil-military partnerships, and provide key services with lasting benefits for American communities, as more fully described in Exhibit "1", attached hereto and made a part hereof.

A Request for Innovative Readiness Training Civil-Military Partnership, attached hereto as Exhibit "2", initiated planning for Tropic Care 2018. Initial plans were to use only County sites for Tropic Care 2018 services, but due to date changes and prior bookings, other locations in the County have become necessary. Tropic Care 2018 has been issued government permits to use various Department of Parks and Recreation facilities. The County desires to partner with Maui United Way to secure the use of other sites available in the community for Tropic Care 2018. The County also desires to provide additional assistance for Tropic Care 2018 such as site management, safety inspections, and volunteer coordination.

Section 2.20.020, Maui County Code, provides that, unless authorized by ordinance, the Mayor shall not enter into any intergovernmental agreement or any amendment thereto which places a financial obligation upon the County or any department or agency thereof.

SECTION 2. Council Authorization. The Council hereby authorizes the Mayor, on behalf of the County of Maui, to provide support to bring Tropic Care 2018 to the islands of Maui, Molokai and Lanai, and to execute such documents as may be necessary to provide site support and billeting support for the program. The Mayor shall submit a complete financial report to the Council within sixty (60) days after the completion of the event.

SECTION 3. Effective date. This ordinance shall take effect upon its approval.

APPROVED AS TO FORM
AND LEGALITY:

JERRIE L. SHEPPARD
Deputy Corporation Counsel
County of Maui

paf:ske:18-215a

NATIONAL GUARD BUREAU
1000 AIR FORCE PENTAGON, ROOM 4E126
WASHINGTON, DC 20330-1000

MEMORANDUM FOR MAUI COUNTY

FROM: ANG/IRT

SUBJECT: Department of Defense Intent to Train and Current Status of Tropic Care MML 2018

Innovative Readiness Training (IRT) is Department of Defense military training opportunity, exclusive to the United States and its territories. IRT delivers opportunities for service members to train in a joint environment to enhance military readiness, build civil-military partnerships and provide key services with lasting benefits for American communities.

Military units from the Air National Guard, Active Duty Air Force, Navy Reserve, and Marine Corps Reserve selected the community application for medical services from Maui County to partner with to fulfill their annual training requirements in 2018 for the IRT program. Since the initial selection process in February 2017, the Department of Defense has fully committed a substantial effort and resources to plan and execute a successful event scheduled in August 2018 in Maui County including multiple locations in Maui, and the islands of Lana'i and Moloka'i.

An initial planning meeting was conducted in Maui County for a week in November 2017, followed by another meeting at the IRT equipment storage site in March 2018. The final planning meeting is taking place this week back in Maui County. Service members have also dedicated many evening hours of their own time for teleconference calls every other week to ensure forward progress on planning efforts. The Department of Defense has committed over $269,000 to Tropic Care MML, which includes over 530 days and travel funds.

The Innovative Readiness Training Program and dedicated military units are substantially invested in this mission and dedicated to its success as they have been relying on it to meet their annual training requirements throughout this year long planning process. We look forward to the continued partnership with Maui County.

The point of contact for the ANG IRT Program Manager is Capt Jennifer Fagan, NGB/A23610XD, commercial at 301-675-2143, DSN 612-7887, and email Jennifer.m.Fagan.mil@mail.mil.

Jennifer Fagan
JENNIFER M. FAGAN, Capt, USAF
Director, Joint Operations
Innovative Readiness Training

EXHIBIT " 1 "

REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

OMB NO. xxxx-xxxx
OMB Approval expires TBD

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORMS ELECTRONICALLY USING THE SUBMIT BUTTON AT THE END OF THIS FORM.

PURPOSE: This form is to be used by civil organizations or non-military government agencies requesting a civil-military Innovative Readiness Training civil-military partnership authorized by 10 U.S.C. § 2012. This form may also be used for similar requests under other authorities. Additional instructions are on page 6. Requests are contingent on military training needs and DOD resources.

1. REQUEST EXPIRATION DATE	Applications are due September 30, 2016 to be considered during normal training and budget cycles. If a military unit volunteers and the training is funded, the partnership would be built and completed between October 1, 2017 and September 30, 2018. The Military Services may consider out-of-cycle requests on a case-by-case basis.
2018-09-30	

SECTION I — REQUESTING ORGANIZATION INFORMATION

2. NAME OF ENTITY REQUESTING MILITARY SUPPORT *(Community, Agency, State, Federal Department, Non-Profit Organization, etc.)*
OFFICE OF THE MAYOR, COUNTY OF MAUI, HAWAII

3. HAS THIS ORGANIZATION PREVIOUSLY APPLIED FOR AND RECEIVED SUPPORT AND SERVICES FROM THE DEPARTMENT OF DEFENSE VIA AN INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP? ☒ Yes ☐ No

4a. WHAT TYPE OF ORGANIZATION DO YOU REPRESENT? Government (Federal, State, Regional, Local)

4b. IF A NON-PROFIT, WHICH NON-PROFIT ORGANIZATION DO YOU REPRESENT? Select

5a. STREET ADDRESS OR PO BOX	5b. CITY WAILUKU
200 SOUTH HIGH STREET KALANA O MAUI BLDG, 9TH FLOOR	5c. STATE HI
	5d. ZIP CODE 96793

SECTION II — PROJECT OVERVIEW

6. PROJECT NAME TROPIC CARE 2018

7. TYPE OF PROJECT ☒ Healthcare ☐ Construction ☐ Diving ☐ Transporting Items ☐ Aerial Spray ☐ Cybersecurity ☐ Other

8. BRIEF PROJECT DESCRIPTION

TWO WEEKS OF SIMILULTANEOUS DENTAL, OPTOMETRIC AND PRIMARY MEDICINE SERVICES PROVIDED TO MEDICALLY UNDERSERVED AND ECONOMICALLY DEPRESSED COMMUNITIES ON THE ISLANDS OF MAUI, MOLOKAI AND LANAI.

SECTION III — PROJECT LOCATION(S)

9. PHYSICAL LOCATION(S) OF PROJECT *(continue in item 51 if needed)*

Location	Street Address	City	State	5-digit Zip Code	Latitude (Decimal)	Longitude (Decimal)	Congressional District
#1	Central Maui, War Memorial	Kahului	HI	96732	20.8927	-156.4886	2nd
#2	Hana, Helene Hall	Hana	HI	96753	20.3000	-150.4008	2nd
#3	Kihei Community Center	Kihei	HI	96761	20.7700	-156.4776	2nd
#4	Lahaina Community Center	Lahaina	HI	96713	20.9050	156.6838	2nd
#5	Lanai Community Center	Lanai City	HI	96763	20.8258	-156.9216	2nd
#6	M. Pauole Community Ctr,	Molokai	HI	96748	21.0901	-157.0186	2nd

10a. DOES SOMEONE OTHER THAN THE REQUESTING ORGANIZATION OWN THE ABOVE REAL ESTATE OR REAL PROPERTY?
☒ No ☐ Yes, the property is titled to:

10b. ATTACH PROPERTY OWNERSHIP AND PERMISSION DOCUMENTATION HERE

11a. ARE THERE ANY RESTRICTIONS, LIMITED EASEMENTS, OR THIRD PARTY PERMISSIONS REQUIRED?
☒ No ☐ Yes *(please explain)*:

11b. ATTACH PROPERTY ACCESS DOCUMENTATION HERE

12. WILL THIS ASSISTANCE TAKE PLACE ON A STATE OR FEDERAL MILITARY INSTALLATION (POST, FORT, BASE, OR OTHER FACILITY) OR ON PROPERTY OPERATED, LEASED, OWNED, OR OCCUPIED BY A FEDERAL OR STATE MILITARY ENTITY?
☒ No ☐ Yes *(please explain)*:

EXHIBIT "2"

REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

SECTION IV — PROJECT TIMING

13. PROJECT LENGTH *(Estimate the length of time you expect military members to be present)* 12-14 days

14. DO YOU HAVE PREFERENCES OR LIMITATIONS ON WHEN THIS ASSISTANCE IS PROVIDED? ☐ Yes (explain details below) ☐ No

	Start Date	End Date	Reason for time
1st choice	2018-06-03	2018-06-16	Schools out of session and available for Project Use / Housing Military Members
2nd choice	2018-06-10	2018-06-23	Schools out of session and available for Project Use / Housing Military Members

15. DESCRIBE ANY SPECIAL EVENTS, HOLIDAYS, ACTIVITIES, OR LOCAL ISSUES THAT MAY BE ONGOING DURING THE TRAINING. INCLUDE ANY SITUATIONS THAT THE MILITARY SHOULD BE AWARE OF THAT MAY AFFECT THEIR ACTIVITIES IN THE COMMUNITY.

None

SECTION V — ADDITIONAL RESOURCES

16. WHAT OTHER FUNDING OR SUPPORT IS YOUR ORGANIZATION COORDINATING FOR THIS PARTNERSHIP?

Amount	Actual or Expected Date	Funding Type or Source

17a. LIST ANY FACILITIES AVAILABLE AT NO EXPENSE FOR USE BY THE MILITARY DURING THE ASSISTANCE

Public Schools and Community Centers, Churches (e.g., Saint Theresa Catholic Church used during June 2013 IRT project) and open land areas the military requests during the project's planning cycle.

17b. I HAVE THE NECESSARY PERMISSION(S) TO USE THE COMMUNITY FACILITIES LISTED IN ITEM 17a. ☒ Yes ☐ No

18. LIST ANY OTHER CONTRIBUTIONS OR RESOURCES THAT YOU OR YOUR NETWORK OF PARTNERS MAY PROVIDE

Health worker and general volunteers to manage patient traffic; lay vaccinators to assist veterinarians; facilities identified during planning meetings.

SECTION VI — PROJECT SIGNIFICANCE

19. DESCRIBE HOW THIS PROJECT CONTRIBUTES TO A LONG-TERM OR BROADER VISION

The U.S. Public Health Service designated the islands/population of Maui County under-served in primary care, dentistry, and mental health. By utilizing the military's extensive resources, the county can meet some of its most urgent health needs.

20. DESCRIBE THE BENEFICIARIES OF THIS PROJECT AND WHEN THEY WILL BEGIN TO BENEFIT

The beneficiaries of this project will be the medically-underserved members among the 164,000 residents of Maui County. As during the 2013 Tropic Care mission to Maui County, they will benefit significantly and immediately from the project.

21. DESCRIBE THE LOCAL, REGIONAL, STATE, OR TRIBAL GOVERNMENT SUPPORT FOR THIS PROJECT

The Office of the Mayor of Maui County and subordinate offices, with planning, logistics and leadership assistance from the Center for a Drug-Free Lanai and the Hawaii National Guard, will fully support deployed military units in executing the project.

22. DESCRIBE THE NETWORK OF PARTNERSHIPS AND STAKEHOLDERS TO BE ENGAGED TO CARRY OUT THIS PROJECT

As during the June 2013 project, a network of county offices (pubic health, education, emergency services), community health workers, not-for-profit organizations and churches, and local volunteers will partner with the military team on this project.

23. DESCRIBE THE CAPACITY TO SUSTAIN THE TANGIBLE VALUE CREATED BY THIS PROJECT

The Tropic Care IRT series has become a mutually-beneficial annual / bi-annual event in Hawaii that we foresee will continue to help Hawaiian public health offices fill gaps in primary health services and provide an outstanding training venue for the military.

24. IS THE PROJECT IN AN ECONOMICALLY DISTRESSED AREA?

☐ No
☒ Yes, unemployment rate at least one percentage point above the national unemployment rate during the last 24 months
☐ Yes, per capita income 80 percent or less of the national average per capita income
☐ Yes, other special need:

25. DESCRIBE THE POTENTIAL OF THIS PROJECT TO CREATE POSITIVE CIVIL-MILITARY RELATIONSHIPS

REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

SECTION VII — MEDICAL PROJECTS ONLY

26. CIVILIAN HEALTH ORGANIZATION SUPERVISOR OVERSEEING THE MEDICAL TRAINING

26a. TITLE	26b. FIRST NAME	26c. LAST NAME

26d. WORK PHONE	26e. EMAIL ADDRESS

27. LIST THE COMMUNITIES WHERE THE TRAINING WILL TAKE PLACE (*Community and State are pre-populated from Item 9*)

Location	Community or City Name	State	Estimated Patient Load	Location	Community or City Name	State	Estimated Patient Load
#1	Kahului	HI		#4	Lahaina	HI	
#2	Hana	HI		#5	Lanai City	HI	
#3	Kihei	HI		#6	Molokai	HI	

28. PRIORITIZE THE SERVICES TO BE PROVIDED. (*1 is the highest priority and 5 is the lowest priority*)

5 Family practice 1 Dental 2 Optometry 3 Behavioral health 4 Veterinary

29. PLEASE ATTACH HERE A DESCRIPTION OF THE CREDENTIALING AND PRIVILEGING PROCESS AND TIMELINES YOUR ORGANIZATION WILL USE FOR MILITARY MEDICAL PROFESSIONALS WHO ARE NOT LICENSED IN THE STATE WHERE THE PARTNERSHIP WILL TAKE PLACE.

SECTION VIII — CONSTRUCTION PROJECTS ONLY

30. TYPE OF CONSTRUCTION TRAINING (*Choose either or both*) ☐ Vertical (Structures) ☐ Horizontal (Earthwork)

31. ATTACH BLUE PRINTS, DESIGNS, OR DRAWINGS HERE

32. ATTACH LAND USE PERMITS HERE

33. ATTACH RIGHT-OF-WAY PERMITS HERE

SECTION IX — ENVIRONMENTAL COMPLIANCE (CONSTRUCTION, DIVING, AND AERIAL SPRAY PROJECTS ONLY)

34. ATTACH ENVIRONMENTAL COMPLIANCE DOCUMENTATION HERE

SECTION X — NON-PROFIT ORGANIZATIONS NOT LISTED IN 32 USC § 508 ONLY

35. ATTACH ORGANIZATION 501(C)3 LETTER FROM THE IRS HERE

36. ATTACH ORGANIZATION ARTICLES OF INCORPORATION HERE

37. ATTACH ORGANIZATION BY-LAWS HERE

SECTION XI — CERTAIN FEDERAL, REGIONAL, STATE, OR LOCAL GOVERNMENT ORGANIZATIONS ONLY

38. ATTACH CHARTER OR FOUNDING LAW HERE TO CLARIFY ORGANIZATION QUALIFICATION AS A GOVERNMENT ENTITY

SECTION XII — INDIAN TRIBAL ENTITIES OR ALASKA NATIVE GOVERNMENTS ONLY

39. MY ENTITY IS LISTED IN THE FEDERAL REGISTRY AS ELIGIBLE TO RECEIVE SERVICES FROM THE US BUREAU OF INDIAN AFFAIRS. ☐ Yes (Date: _____) ☐ No

SECTION XIII — NON-COMPETITION REQUIREMENTS

40a. TYPE OF PUBLIC NOTICE: Newspaper (affidavit to be forwarded shortly) 40b. DATE #1 _____ 40c. DATE #2 _____

41. ATTACH HERE COPIES OF THE NON-COMPETITION PUBLIC NOTICES LISTED IN ITEM 40

42. ATTACH HERE THE AFFIDAVIT OF PUBLICATION FOR THE PUBLIC NOTICES LISTED IN ITEM 40

43. IF THIS IS A CONSTRUCTION REQUEST, I CERTIFY THAT I HAVE LISTED THIS CONSTRUCTION PROJECT ON THE FEDERAL, STATE, COUNTY, AND/OR CITY REGISTERS FOR CONSTRUCTION PROJECTS ACCORDING TO FEDERAL, STATE, COUNTY, AND/OR CITY CONTRACT LAW OR CONTRACT BID PROCESSES. ☐ Yes (Date: _____) ☐ No

44. WERE THERE RESPONSES OR INQUIRIES RELATED TO THE NON-COMPETITION PUBLIC NOTICE REQUIREMENTS? ☐ Yes (explain how they were adjudicated below) ☐ No

45. I CERTIFY THAT THIS ASSISTANCE IS NOT REASONABLY AVAILABLE FROM A COMMERCIAL ENTITY OR (IF SO AVAILABLE), THE COMMERCIAL ENTITY THAT WOULD OTHERWISE PROVIDE SUCH SERVICES HAS AGREED TO THE PROVISION OF SUCH SERVICES BY THE ARMED FORCES. ☐ Yes ☐ No

REQUEST FOR INNOVATIVE READINESS TRAINING CIVIL-MILITARY PARTNERSHIP

SECTION XIV — AGREEMENTS AND CERTIFICATIONS

46. I CERTIFY THAT I HAVE AUTHORITY TO ENTER INTO BINDING AGREEMENTS ON BEHALF OF MY ORGANIZATION. ☒ Yes ☐ No

47. I CERTIFY THAT I HAVE AUTHORITY TO COMMIT RESOURCES OR FUNDS ON BEHALF OF MY ORGANIZATION. ☒ Yes ☐ No

48. I AGREE TO THE FOLLOWING RELEASE AND HOLD HARMLESS AGREEMENT ☒ Yes ☐ No

This request for assistance is subject to the following conditions:
1) Military support will be limited to that which is preapproved by the Department of Defense (DOD).
2) Support is limited to personnel and equipment only.
3) All military personnel and equipment will remain under the control and supervision of the military unit providing the support and services.

I agree on behalf of my organization and its agents, to:
1) Release the DOD, its subordinate units, its officers, military personnel, employees, agents, and servants from any claim, demand, action, liability, or suit of any nature whatsoever for or on account of any injury, loss, or damage to the requesting organization and its agents arising from or in any way connected with the military personnel support, excluding, however, any injury, loss, or damage arising solely from the intentional torts or gross negligence of the military personnel or its agents.
2) Indemnify, defend, and hold harmless the DOD, its subordinate units, officers, military personnel, employees, agents, and servants from any claim, demand, action, liability, or suit of any nature whatsoever for or on account of any injury, loss, or damage to any third person or third person's property arising from or in any way connected with the IRT military support, excluding, however, those arising solely from the intentional torts or gross negligence of the military personnel or its agents.

With full understanding of the condition and agreements stated above, the undersigned requesting official, who is authorized to execute this document which is binding on his or her organization and all assigns, heirs, executors, beneficiaries, and derivative claimants, hereby executes this release of liability and hold harmless agreement.

SECTION XV — REQUESTING OFFICIAL

49. I am acting on behalf of the sponsoring organization and certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives and personnel from the Military Services volunteer for projects based on military training value. Service Members may contact me to better understand the requirement, to discuss potential plans, or to inform me of their inability to support this request. I also understand this request is subject to military training funds availability and that military operational commitments must take priority and can preclude partnership participation at any time during the process.

49a. TITLE Mr.	49b. FIRST NAME ALAN	49c. LAST NAME ARAKAWA
49d. JOB TITLE MAYOR, COUNTY OF MAUI, HAWAII		
49e. WORK PHONE (808) 270-7855	49f. CELL PHONE *(Optional)*	
49g. EMAIL ADDRESS mayors.office@mauicounty.gov		
49h. SIGNATURE Alan Arakawa		49i. DATE 9/29/16

SECTION XVI — ADDITIONAL POINT OF CONTACT INFORMATION *(Optional)*

50. If you prefer that we contact another person for follow-up correspondence on this request, please designate that person here.

50a. TITLE MS.	50b. FIRST NAME JOELLE	50c. LAST NAME AOKI
50d. WORK PHONE (808) 565-6043	50e. CELL PHONE (808) 559-3711	Submit
50f. EMAIL ADDRESS cdfi96763@gmail.com		

SECTION XVII — OTHER *(Optional)*

51. OTHER (*Optional. This block can be used for continuing other blocks or additional details. Attach another sheet if needed.*)

Hannibal Tavares Center, Upcountry, Zip code: 96768, Longitude: 20.834042 Latitude:156.342547, 2nd Congressional District.