

**Application**

for a

**Public Facility**

**IDAHO COMMUNITY DEVELOPMENT BLOCK GRANT**

**by Minidoka County**

on behalf of the

**Minidoka Memorial Hospital**

NEW MINIDOKA MEMORIAL HOSPITAL  
EMERGENCY ADDITION



**November 18, 2011**

**Robert Moore, Chairman  
Minidoka County Commission**



Minidoka County  
**BOARD OF COUNTY  
COMMISSIONERS**

PO Box 368  
Rupert, Id 83350  
(208) 436-7111

**COMMISSIONERS**

Robert Moore  
Sheryl Koyle  
Kent McClellan

November 18, 2011

Mr. Jeff Sayer, Director  
Idaho Department of Commerce  
P.O. Box 83720  
Boise, Idaho 83720-0093

Re: Minidoka County Hospital Emergency Room Remodel

Dear Director Sayer:

The Minidoka County Commissioners are pleased to present our application for Idaho Community Development Block Grant funds to support the remodel of the County's hospital. Minidoka Memorial Hospital is an incredible asset for our County and the proposed emergency department remodel will significantly improve the lives and health of our citizens.

The proposed project will facilitate the purchase and installation of equipment in the newly reconfigured emergency department. Diagnostic nuclear imaging equipment, the latest in telemetry monitoring for cardiac patients, secure medical storage and specialized lighting systems, and comfortable IV treatment furnishings round out the \$5.6 million project. With the hospital borrowing over \$5 million from the Idaho Health Facilities Authority, we need your help with \$485,000 of the project costs.

In the attached application, we hope that you will find information on why this project is a worthwhile investment for the block grant program. If you have any questions, please do not hesitate to contact our office. We look forward to having you as a partner in improving the health of Minidoka's 20,000+ residents. Thank you for your consideration.

Sincerely,

Robert Moore, Chairman

## Table of Contents

---

Table of Contents.....	1
ICDBG Application Form .....	2
Economic Advisory Council Points .....	3
Threshold Factors.....	4-5
Project Description and Property .....	6-9
Budget Narrative.....	10
Budget.....	11
Detailed Cost Estimate.....	12
Project Schedule .....	13
Grantee Financial Profile.....	14
Environmental Scoping .....	15-18
Rating and Ranking .....	19-23
Program Impact .....	19
National Objective .....	19-20
Project Categories.....	20-23
Certifications.....	24

### Exhibits

1. Matching Funds
2. Subgrantee Agreement
3. LMI statistics
4. Citizen Participation
5. Administrative Services Procurement
6. Fair Housing resolution
7. Project Components and Cost Estimates
8. Site plans
9. Property Deeds
10. Procurement of Architect
11. Fair Housing and 504 Transition Plan documentation
12. Idaho Health Facilities Authority resolution
13. Minidoka Memorial Hospital information
14. Newspaper coverage of project

**Idaho Community Development Block Grant Application Form**

Applicant: Minidoka County Chief Elected Official: Robert Moore, Chairman

Address: P.O. Box 368 Rupert, Idaho 83350

Phone: (208) 436-7111 DUNS#: 028446516 CAGE Code: 5ZJF7

Sub-recipient: Minidoka Memorial Hospital CEO: Carl Hanson, Administrator

Address: 1224 8<sup>th</sup> Street, Rupert, Idaho 83350 Phone: (208) 436-0481

Application prepared by: Carleen Herring Phone: (208) 732-5727 x 3010

Address: Region IV Development Association, Inc. P.O. Box 5079 Twin Falls, ID 83303-5079

Architect/Engineer: Houston Bugatsch Architects, CHTD. Phone: (208) 465-3419

Address: 1307 North 39<sup>th</sup> Street, Suite 103 Nampa, Idaho 83687

**NATIONAL OBJECTIVE**

**PROJECT TYPE**

<input checked="" type="checkbox"/>	LMI Area	<input type="checkbox"/>	Slum and Blight	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public Facility	<input type="checkbox"/>	Community Center
<input type="checkbox"/>	LMI Jobs	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Infrastructure for Jobs	<input type="checkbox"/>	Senior Center
<input type="checkbox"/>	LMI Clientele	<input type="checkbox"/>	Imminent Threat	<input type="checkbox"/>	<input type="checkbox"/>	Downtown Revitalization	<input type="checkbox"/>	Imminent Threat

**PROJECT POPULATION TO BENEFIT (PERSONS)** (Census/Survey/Clients/Jobs)

Total # to Benefit: 20,029 Total # LMI to Benefit: 11,342 % LMI to Benefit: 55.50%

**PROJECT DESCRIPTION** The project consists of the purchase and installation of medical equipment in conjunction with the remodel of the Minidoka County Memorial Hospital's Emergency Room. Among the ICDBG project components are: Nuclear medicine imaging equipment, monitors and telemetry systems, pediatric emergency response cart, specialized lighting, and patient medication and records equipment.

Source	Amount	Date Application Submitted	Reserved/ Conditional Award	Funds Committed/ Contract Award Date	Documentation in Appendix
ICDBG	475,000				
Local Cash	142,519				1
Local Loan					
Local In-Kind					
USDA-Grant					
DEQ Planning Grant					
Other	5,035,903				
<b>Total Project Financing</b>	<b>5,653,422</b>				

Loan Source: Idaho Health Facilities Authority and D.L. Evans Bank

Date of Bond Election: Not applicable – HJR4 allows hospitals to borrow without an election.

## Economic Advisory Council

---

Minidoka County is sponsoring an ICDBG application to aid Minidoka Memorial Hospital's \$5.5 million Emergency Room remodel project.

Minidoka Memorial Hospital was originally built in 1959. Over the years, as the medical needs of the community evolved, so has the hospital. With changing demands for services, the hospital adjusted its strategies and finances to facilitate the provision of quality local care for local people. Since 1960, successful projects have been launched by the hospital in response to the demand for maternity care, nursing home facilities, outpatient services, and now emergency room/trauma facilities. By constructing additions to the building, reconfiguring departments, and establishing partnerships with physicians, Minidoka Memorial Hospital has been able to thrive in its role as a Critical Access Hospital and the primary provider of health care for Minidoka County residents.

The proposed ER remodel is just the next step in keeping quality health care available and affordable for Minidoka County residents. The emergency department (ED) at Minidoka Memorial Hospital is still vintage 1960's. With little privacy, (with the exam areas still relying on just curtains between gurneys), a lack of Electronic Medical Records (EMR) capabilities, and poor patient flow, the emergency department no longer meets the needs of the community. The ED has been out of date for some time. It has been increasingly difficult to keep up with technological advances, and to recruit and retain competent emergency providers -- especially when the ER facilities resemble something from a third world country.

The proposed block grant project consists of the purchase and installation of medical equipment in conjunction with the overhaul of the Minidoka County Memorial Hospital's Emergency Room. Among the ICDBG project components are: Nuclear medicine imaging equipment, monitors and telemetry systems, pediatric emergency response cart, specialized lighting, and patient medication and records equipment. Undertaking the complete remodel of the emergency room and associated disciplines, the hospital is seeking to replace old equipment, install new technologies, and improve efficiencies and elevate the level of health care available to patients in Minidoka County. The ICDBG request is \$485,000.

Besides the more obvious medical care benefits of the ER remodel, community pride is an added value of this project. Minidoka County's economic activity is stagnant at best. When potential employers look at a community, the quality of the local health care facilities can be a major factor in site selection and in the recruitment of senior management staff. Both Rupert and Minidoka County need a boost in economic development/job creation and an updated hospital can provide a significant asset for engaging companies and individuals that can bring needed jobs and investment to the community.

We believe that the proposed project is a worthwhile investment in the future of Minidoka County and hope that you will partner in our success.

**Threshold Factors**

---

- A. Eligible Applicant  The applicant is a City  The applicant is a County
- If the applicant is sponsoring a sub-recipient or this is a joint application, describe the relationship and attach a draft agreement between the parties.

Minidoka Memorial Hospital is county-owned and operated under a board of directors. A sub-grant agreement has been drafted and is included in Exhibit 2. If required, the sub-agreement can be executed following grant award.

- B. Eligible Activities
- The proposed project consists of eligible activities as outlined in Chapter 2 of the application handbook and Section 105 (a) 8. The project will provide partial funding for public improvements at the Minidoka County Hospital. Project components include the purchase and installation of critical medical equipment that is deemed eligible under the provision that the equipment is allowable for CDBG funding if it is either a structural fixture or eligible as a part of a public service activity. Components of the project include fixtures and public service activity-related furnishings.

- C. National Objective
- C.1. Low- and Moderate-Income area benefit
- The proposed project will have county-wide benefit. The LMI Percentage was determined by Idaho Department of Commerce staff based on survey information and 2000 Census data. Information on this determination is included in Exhibit 3.

- D. Citizen Participation
- The proposed project is the result of an analysis of the needs of the Hospital’s Emergency Room. The proposed project will allow the Hospital to continue to provide effective emergency response for critical health issues and accidents. A public hearing specifically addressing the ICDBG application was held November 14, 2011. At the County Commissioner meeting held November 14, 2011, the County adopted a Citizen Participation Plan. A copy of the plan, public notice, and affidavit of publication is included as Exhibit 4. Copies of the information that was provided at the public meetings are also attached in Exhibit 4. Minutes on the public hearing will be available once they are prepared and approved.

Date of Notice: October 30, 2011 Date of Hearing: November 14, 2011

- E. Statewide Goal and Strategy
- Preserves and enhances suitable living environments
- Improve safety and livability of communities
- Increase access to quality facilities and services
- Improve affordability and sustainability of quality facilities and services

F. Administrative Capacity

1. Applicant Capacity

Minidoka County has the fiscal management ability to provide administrative oversight for the proposed project. County Clerk Patty Temple has the fiscal and managerial capabilities to direct the documentation requirements for the County. The County has successfully completed the requirements for previous Idaho Community Development Block Grant projects – most recently a project to build a new fire station in Heyburn for the Minidoka County Fire Protection District. There have been no monitoring findings or independent audit concerns that required action to resolve. There have been no staff turnovers, nor recall elections in this community.

The Board of the Minidoka Memorial Hospital is also stable with seven (7) members from the Minidoka County community, including members of the medical profession.

2. Grant Administrator

The County has completed a small purchase procurement process to hire a certified grant administrator for the project. Region IV Development Association was selected to provide these professional services. Copies of the documentation for the procurement process are attached in Exhibit 5.

G. Fair Housing

The County has reaffirmed their Fair Housing Resolution. A copy is attached as Exhibit 6. The County will publish the resolution in accordance with the IDOC requirements prior to execution of the ICDBG Contract.

H. Anti-Displacement

The County has executed the certification and will abide by the Idaho Department of Commerce's Anti-Displacement and Relocation Assistance Plan.

---

**Program Income**

There is no program income available for use with the implementation of the proposed project.

## Project Description and Property

---

### A. Project Description

#### 1. Detailed scope of work

The proposed project will purchase and install equipment in conjunction with the major remodel of the Minidoka Memorial Hospital (MMH) emergency department.

Specific components include:

Telemetry – Telemetry is a constant cardiac monitoring system that allows the patient to be moved from one area to another without loss of constant signal. The system includes all aspects including patient contacts, centralized monitoring equipment and sending and receiving equipment to provide wireless monitoring. Cardiac telemetry is continuous monitoring of a patient's heart rate and rhythm which takes place at a remote location, classically a nursing station in a cardiac telemetry ward. This service is offered to patients recovering from heart events, patients who may be at risk of heart events, and patients experiencing ongoing heart problems. Some hospitals have specialized wards for cardiac telemetry, recognizing how common heart problems are, while others may offer cardiac telemetry as part of an array of telemetry services or as part of the standard of care in intensive and critical care units.

In telemetry, data is collected in one location and transmitted to another. In the case of cardiac telemetry, the patient wears electrodes on the chest which are attached to leads and a telemetry transmitter. The transmitter sends signals to a monitoring station, where they can be watched by nurses and cardiologists. Wearing a portable transmitter allows patients to be mobile, as long as the signal stays in range of the monitoring station.

When a patient is admitted to the hospital with heart problems, cardiac telemetry may be recommended as part of the standard of care. Using telemetry, patients can be monitored continuously and unobtrusively by nurses. If a patient develops problems, the monitoring staff can respond quickly, and abnormalities and arrhythmias can also be noted and brought to the attention of a cardiologist who can use this information in diagnosis and treatment.

Medication Patient Access Chairs – Used to allow an outpatient IV therapy patient to sit or recline while receiving IV therapy or antibiotic.

Skytron Lights – Similar to surgical lights in most operating rooms. Mounted to the ceiling in each treatment room these lights provide focused lighting for intricate procedures.

Pediatric Crash Cart – A specialized trauma cart containing medical equipment, supplies and medications for immediate treatment of critical pediatric patients.

Nuclear Medicine Camera and Hot Lab – Due to construction our current Nuclear Medicine Lab and Hot Lab must be moved. To maintain continuity of service and because of the age of our current equipment (valued less than the cost to move) a new camera and equipment to properly secure radioactive material must be installed during

the construction process.

Medical Shelving – Specialized shelving units that maintain medical supplies in a dust free environment. These units utilize see through enclosures to assist in quick recovery of needed items and to maintain adequate inventory.

Information on the project components is included in Exhibit 7.

2. Existing conditions

The proposed project is the direct result of changes in technology and an increase in the demand for emergency medical services in Minidoka County. Over the last several years, ER visits have been on the rise while the physical condition of the building has not kept pace. Technological advances in trauma care and emergency medicine have left the Minidoka Memorial Hospital behind the curve in providing quality care and diagnostic services. The proposed project will help bring the facility up to the current standards for emergency departments and will dramatically improve the flow of patients throughout the hospital.

Undertaking the complete remodel of the emergency room and associated disciplines, the hospital is seeking to replace old equipment, install new technologies, and improve efficiencies and the level of health care available to patients in Minidoka County.

3. Need for the project

Minidoka Memorial Hospital was originally completed in 1959. As the medical needs of the community evolved, so did the hospital. With changing demands for services, the hospital adjusted its strategies and finances to be able to provide local care for local people. By building additions to the building, reconfiguring departments, and establishing partnerships with local and regional physicians, Minidoka Memorial Hospital has been able to sustain its role as the leader in health care for Minidoka County residents.

In the intervening decades since 1960, successful projects have been launched by the hospital in response to the call for maternity care, nursing home facilities, outpatient services, and now emergency room/trauma facilities. The proposed ER remodel is just the next step in keeping quality health care available and affordable for Minidoka County residents.

The emergency department (ED) at Minidoka Memorial Hospital is still vintage 1960's. With little privacy, a lack of Electronic Medical Records (EMR) capabilities and poor patient flow, the emergency department is no longer meeting the needs of the community. As part of their strategic plan, the hospital administration, MMH board members and community advocates have determined that an upgrade of the emergency department was required to benefit the patients and support the hospital's medical professionals.

With the overhaul of the physical space comes a need to bring modern equipment into the project.

4. Expected outcomes and benefits

The proposed project components will complete the remodel of the Minidoka Memorial Hospital's emergency room and install equipment critical to modern ER operation. The new facility will accommodate cardiac patients in a modern treatment room capable of monitoring and providing treatment while transport to larger facilities can be arranged. IV Therapy patients will have privacy while receiving antibiotics or other IV treatments. [The emergency department currently utilizes the waiting room for IV Therapy.] Also, individual treatment rooms have been designed into the new ED providing privacy not afforded by the 'curtain between gurneys' openness of the old facility. Wiring and terminals adequate for EMR and possibly virtual medicine are designed in the new remodel. With the advances in technology and attention on patient privacy an update design and construction was noticeably overdue.

Expected benefits include:

- Improved access to quality health care and trauma response services
- Increased privacy and security for patients and their families
- Access to modern nuclear imaging services for diagnostic tests
- Implementation of electronic medical record keeping
- Centralized monitoring of vital signs and patient conditions

5. ICDBG components

Idaho Community Development Block Grant funds will be used to purchase and install the equipment and provide funding for certified grant administration services associated with the implementation of the project.

6. Site plans - Attached as Exhibit 8.

B. Project Property and Permits

1. Has any property and/or easements been purchased for the project?

Yes \_\_\_\_\_ No  X

If yes, does the applicant have title to the property? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Will any property be needed for the project? Yes \_\_\_\_\_ No  X

3. Will any easements or rights-of-way be needed for the project? Yes \_\_\_\_\_ No  X

4. Is anyone living on the land or in the structure at the proposed site?

Yes \_\_\_\_\_ No  X

5. Is any business being conducted on the land or in the structures at the proposed site?

Yes  X  No \_\_\_\_\_

6. Are there any businesses, individuals, or farms being displaced as a result of this project? Yes \_\_\_\_\_ No  X

7. Are there any permits that will be needed for the project, i.e. well, water rights, land application, demolition permits, zoning permits, air quality permits, etc.?  
Yes  No

Construction of the larger Emergency Department remodel project is underway. Permits for construction have been obtained prior to the start of the construction project. No additional permits are required to implement the proposed ICDBG project scope.

8. Describe the ownership or lease agreements for the property involved in the project.  
Minidoka County owns the property where the project improvements will be located. Copies of the deeds to the parcels are included in Exhibit 9.

## Budget Narrative

---

A. Government

B. Local

Minidoka County and the Minidoka Memorial Hospital are providing the local match for the proposed project. A loan has been secured through D.L. Evans Bank and the Idaho Health Facilities Authority. Information on the financing in place is included in Exhibit 1.

C. Private

D. Other

**Idaho Community Development Block Grant Budget Form**

Applicant or Grantee:	Minidoka County			Project Name:	Minidoka Memorial Hospital ER improvements		
<b>Line Items</b>	<b>ICDBG</b>	<b>Local Cash</b>	<b>Local In-Kind</b>	<b>Federal</b>	<b>State</b>	<b>Other</b>	<b>Total</b>
Administrative	35,000	-					35,000
Construction							-
Design Professional							-
Equipment	450,000	-				132,519	582,519
Land							-
Legal/Audit							-
Planning							-
ER Remodel						5,035,903	5,035,903
<b>Total Costs</b>	<b>485,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,168,422</b>	<b>5,653,422</b>
	9%	0%	0%	0%	0%	91%	100%

Identify funding source: Local cash will be used for the purchase of the equipment. The hospital is using a loan from the Idaho Health Facilities Authority and D.L. Evans Bank to finance the remodel of the Emergency Department.

Administrative expenses and project planning design costs, when totaled, shall not exceed 10% of ICDBG amount.

## Detailed Cost Analysis

---

1. Have preliminary plans and specifications been submitted to the regulatory agencies for review?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Not Applicable  \_\_\_\_\_

There are no regulatory agencies with oversight responsibilities for the proposed project.

If yes, list date submitted: \_\_\_\_\_

If no, list expected date to be submitted: \_\_\_\_\_

2. Has final design (for bidding) begun?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Not Applicable  \_\_\_\_\_

Construction of the ER remodel is underway. The proposed ICDBG project consists of the purchase and installation of medical equipment.

If yes, % completed: \_\_\_\_\_

If no, list expected start date: \_\_\_\_\_

3. Will the project include bid alternatives to meet project budget if necessary?

Yes  \_\_\_\_\_ No \_\_\_\_\_

4. Are Davis-Bacon wage rates applicable to this project?

Yes  \_\_\_\_\_ No \_\_\_\_\_

If yes, are they included in the project costs? Yes  \_\_\_\_\_ No \_\_\_\_\_

Where appropriate, the equipment installation will include Davis-Bacon wages.

5. Have known environmental measures been included in project costs? (e.g. dust mitigation, archeological survey, storm water drainage, wetland mitigation, etc.)

Yes  \_\_\_\_\_ No \_\_\_\_\_

6. List the last date the owner and design professional discussed project design and details.

Date: On-going as construction is underway.

7. Design professional cost estimate may be found in Exhibit 7.

## Project Schedule

<b>Project Activity</b>	<b>Date (to be Completed)</b>	<b>Documentation in Appendix</b>
Design Professional Procurement	24-Feb-09	10
Administrative Services Procurement	October-08	5
Administrative Services Contract	May-12	
Environmental Assessment Started	April-12	
ICDBG Contract Signed	May-12	
Environmental Release	May-12	
Bid Document Approval	May-12	
Bid Opening	June-12	
Construction Contract Executed	N/A	
Pre-Construction Conference	N/A	
Start Construction	July-12	
Construction 25%	July-12	
Construction 50%	August-12	
Second Public Hearing	September-12	
Construction 75%	September-12	
Substantial Completion	September-12	
Construction Complete	September-12	
Fair Housing/Analysis Update	June-07	11
504 Review and Transition Plan Update	June-07	11
Closeout	September-12	
Audit	October-12	

## Professional Contacts

<b>Name</b>	<b>Organization</b>	<b>Role</b>	<b>Phone</b>
Robert Moore	Minidoka County	Chairman	(208) 436-7111
Patty Temple	Minidoka County	County Clerk	(208) 436-7111
Carl Hanson	Minidoka Memorial Hospital	Hospital Administrator	(208) 436-8141
Kim Vega	Minidoka Memorial Hospital	Marketing Director	(208) 436-8155
Jason Gibbons	Minidoka Memorial Hospital	Chief Financial Officer	(208) 436-8153
Carleen Herring	RIVDA	Project Development	(208) 732-5727 x 3010

**Grantee Financial Profile**

Is the Grantee a: (circle one)

City

County

Section 3. All applicants (except sewer and water)				
A.	Identify how the organization obtains its operating funding, i.e. bonds, district assessments, etc.			
	Minidoka County is a unit of local government with taxing authority.			
B.	Does the organization have taxing authority?	X	Yes	No
	1. Does the organization tax?	X	Yes	No
	a.) If yes:			
	(1) What is the tax rate?	0.004507748		
	(2) What is the annual amount generated?	\$	4,448,435.00	
	(3) What are the taxes used for, i.e. operating, equipment, etc.?			
	Operation of county programs and services			
	2. If the organization does not tax, explain why			

Section 4. All applicants

Land Use Planning related to Fair Housing

As part of the ICDBG program, Cities and Counties are required to further fair housing within your community.

Coincidentally, the understanding and applicability of fair housing laws became very important for cities and counties. In a recent legal case, Alamar Ranch, LLC v. Boise County, a jury ruled that Boise County had committed three separate violations to the Fair Housing Act:

- 1) Failure to make reasonable accommodations;
- 2) Disparate treatment of the handicapped; and
- 3) Intentional interference with the construction of handicapped housing

by challenging a conditional use permit (CUP). Boise County is now required to pay the plaintiff \$4.0 million in damages.

In a recent state study of impediments to fair housing, an impediment that has been identified is the lack of cities and counties providing for the allowance of group homes in designated residential zones or their narrow definitions of the types of groups homes allowed (e.g. nursing and rest homes). Why is this a barrier? The regulation may treat residents who are disabled differently. Therefore;

Have you reviewed your zoning codes specific to group homes to ensure that you are in compliance with the Fair Housing Act? (Group homes are allowed in residential zones and that your definition of a group home is not too restrictive)  Yes  No

Another impediment identified in the state study is the lack of basic accessibility standards for new residential construction. Does your building code or ordinance encourage accessibility standards in housing?  Yes  No

## ICDBG Environmental Scoping – Field Notes Checklist

Applicant: Minidoka County Sub-Recipient: Minidoka Memorial Hospital

This site and desk review checklist is to be completed by the Applicant and submitted with the application.

The purpose of the checklist is to help the Applicant and Commerce better understand what environmental statutes or provisions per 24 CFR 58 might impact the proposed project. The information will assist in understanding what studies, documentation, and mitigation measures could be applicable and to assist in completing the environmental review record. The Applicant may choose to attach this scoping checklist as part of the environmental review record.

### 1. Limitation on Activities

Is the Grantee planning or in the process of acquiring property for this proposed project?

Yes \_\_\_\_\_ No X

If yes, is the Applicant aware that land acquisition or site work after submission of the ICDBG application is subject to 24 CFR 58.22 Limitation on Activities Requiring Clearance? Meaning that once an application for ICDBG funds is submitted, neither the applicant or sub-recipient may commit Non-HUD funds to a project for land acquisition or site work (except for minor testing) before the environmental review is complete, unless the land acquisition or contract is conditioned on completion of the ICDBG environmental review.

### 2. Historic Preservation

Has the SHPO or THPO been notified of the project? Yes X No \_\_\_\_\_

Have the tribes with possible cultural and religious sites been notified of the project?

Yes X No \_\_\_\_\_

### 3. Floodplain Management

Is the project located within a floodway or floodplain designated on a current FEMA map?

Check website: [www.store.msc.fema.gov](http://www.store.msc.fema.gov) Yes \_\_\_\_\_ No X

If yes, what is the floodplain map number? Unmapped - 160191

If the project is located in a floodway or floodplain, is the community where the project is taking place a participant in the National Flood Insurance Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Check website: <http://www.idwr.idaho.gov/WaterManagement/FloodPlainMgmt/PDFs/ID.pdf>

### 4. Wetland Protection

Are there any ponds, marshes, bogs, swamps, drainage ways, streams, rivers, or other wetlands on or near the project site? Yes \_\_\_\_\_ No X

If yes, has the U.S. Army Corps of Engineers been notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the USACE indicated what permit level will be required? Yes \_\_\_\_\_ No \_\_\_\_\_

### 5. Sole Source Aquifers (Clean Water Act)

Is the proposed project located over an EPA designated aquifer? Yes X No \_\_\_\_\_

Check website: <http://yosemite.epa.gov/r10/water.nsf/Sole+Source+Aquifers/SSA>

Is it known at this time if the construction will disturb more than one acre of land?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable X

If yes, has a general permit for storm water discharges from construction sites been applied for from the EPA? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Endangered Species Act  
Has U.S. Fish and Wildlife Service, NOAA Fisheries, and Idaho Fish and Game Regional Office been notified about the project? Yes  No
7. Wild and Scenic Rivers Act  
Is the project located within one mile of a designated wild and scenic river? Yes  No   
Idaho wild and scenic rivers include portions of the St. Joe, Lochsa, Selway, Middle Fork of the Clearwater, Snake, Rapid, and Middle Fork of the Salmon. Check website: [www.nps.gov/rivers](http://www.nps.gov/rivers)
8. Clean Air Act  
Is the project located in a designated non-attainment area for criteria air pollutants? Yes   
No   
  
For building demolition or improvements, has an asbestos analysis been planned for or completed?  
Yes  No   
  
For housing rehabilitation, has a lead based paint assessment been planned for or completed?  
Yes  No
9. Farmland Protection Policy Act  
Is the project located on a site currently zoned as residential, commercial, or industrial? Yes   
No   
  
Is the project area currently being utilized for farm or agricultural purposes? Yes  No   
  
If yes, has the USDA Natural Resource Conservation Service or local planning department been notified about the project? Yes  No
10. Environmental Justice  
Does the project have a disproportionate environmental impact on low income or minority populations?  
Yes  No
11. Noise Abatement and Control  
Is the project new construction or rehabilitation of noise sensitive use (i.e. housing, mobile home parks, nursing homes, hospitals, and other uses where quiet is integral to the project functions)?  
Yes  No   
  
If yes, is the project located within 5 miles of an airport, 1,000 feet of a major highway or busy road, or 3,000 feet of a railroad? Yes  No
12. Explosive and Flammable Operations  
Is the physical structure (not necessarily infrastructure) intended for residential, institutional, recreational, commercial or industrial use? Yes  No   
  
If yes, are there any above ground explosives, flammable fuels or chemical containers within one mile of the physical structure? Yes  No   
  
If yes, have you been able to identify what the container is holding and the container's size?  
Yes  No
13. Toxic Chemicals and Radioactive materials  
Are there any known hazardous materials, contamination, chemicals, gases, and radioactive substance on

or near the site? Yes  No

If yes, explain: The project site is a hospital that uses radionuclides for testing and other health care procedures. The radioactive materials are safeguarded with a formal operational plan and pose no threat.

During the visual inspection of the site, are there signs of distressed vegetation, vents or fill pipes, storage/oil tanks, stained soil, dumped materials, questionable containers, foul or noxious odors, etc.?  
Yes  No

If yes, explain: \_\_\_\_\_

At this time, are the site's previous uses known to have been gasoline stations, train depots, dry cleaners, agricultural operations, repair shops, landfill, etc.? Yes  No

Are other funding agencies requiring the Grantee to perform an American Society for Testing Materials (ASTM) environmental assessment? Yes  No  ASTM assessment involves analysis of present and historical site uses and ownership, inspection of the site and possible testing.

14. Airport Clear Zones and Accident Potential Zones

Is the project located within a designated airport runway clear zone or protection zone? Yes   
No

Does the project involve acquisition of land or construction/rehabilitation of building or infrastructure in an airport runway clear zone or protection zone? Yes  No

If yes, is the Grantee aware that the airport operator may wish to purchase the property at some point in the future as part of a clear or accident zone acquisition program? Yes  No

15. Energy Efficient Designs

For building construction, has the owner investigated possible incentives from power providers such as Idaho Power, Avista, or Utah Power for incorporating energy efficient design into their building?  
Yes  No

16. Sediment Control (Clean Water Act)

Will construction project require storm water and surface water discharge from the construction site?  
Yes  No

If yes, has an application been submitted to EPA for a Construction General Permit (CGP)? Yes   
No

17. Other Environmental Reviews

Have facilities studies or other environmentally related site reviews been conducted or in the process of being conducted? Yes  No

If yes, identify who is conducting the review: \_\_\_\_\_

18. Information Letters

The advanced mailing of environmental information letters is sought in an effort to minimize the project's timeline in waiting for necessary documentation or information. It will assist in earlier responses to required mitigation measures should the proposed project receive grant funding.  
Check the agencies that have been mailed an environmental information letter.

X	Idaho State Historic Preservation Officer				
X	Tribal Historic Preservation Officer or Tribal Office				
X	Idaho Department of Water Resources - Regional Office				
	U.S. Army Corps of Engineers				
X	U.S. Fish and Wildlife Service				
	NOAA Marine Fisheries				
	Idaho Department of Fish and Game				
	USDA Natural Resource Conservation Service				
X	Idaho Department of Environmental Quality				
X	Local Government - Planning Department				
	Others				

Note: If other funding agencies have sought comment, in writing, from the agencies listed above for the same project, you may not need to send an information letter. Contact your Specialist if other environmental information or scoping letters have been sent.

Completion of the scoping checklist does not constitute that all environmental provisions or clauses related to 24 CFR 58 Environmental Reviews have been met or are known at this time.

Completed by: Carleen Herring

Date: November 18, 2011

## Rating and Ranking Criteria – Public Facilities

---

### 1. Program Impact

A. Percentage of Idaho Community Development Block Grant money in the total project:  
 $\$485,000 \div \$5,653,422 = 8.6\%$

B. Percentage of Local Matching Funds compared to grant funds:  
 $\$5,168,422 \div \$5,653,422 = 91.4\%$

C. Grant dollars per person:  
 $\$485,000 \div 20,029 = \$21.22$

D. Local matching funds per person:  
 $\$5,168,422 \div 20,029 = \$258.05$

E. Eligible activity priority ranking:

Eligible Activity	Points Possible	% of ICDBG Budget	Staff Points Awarded
Acquisition of Real Property	100		
Public Facilities - Health and Safety Related	100	93	
Public Facilities - Social Service Related	50		
Engineering - Architectural	100		
Code Enforcement	50		
Clearance and Demolition	0		
Administration Activities	100	7	
Housing Rehabilitation	75		
Removal of Architectural Barriers	50		

### 2. National Objective

A. Low- and Moderate-Income Percentage Points  
 The LMI population in the project area is 55.50% of the population.

B. Need  
 The most important reason for the emergency room (ER) construction is to improve patient access to care while maintaining their privacy and dignity. The original ER was built in 1959. There were three treatment areas in the former ER divided by curtains. In addition, there was a secluded room in the back for difficult to manage individuals, or for special emergency patients such as rape or domestic abuse victims. In the cubical area, one could hear what is going on in town by being quiet and listening through the curtains. The lack of privacy was exacerbated by family members of emergency department patients wanting to be near their loved ones. This situation has been unacceptable for a long time, but the hospital has been unable to correct the problem until now. Improving patient privacy and dignity in emergency situations is the single most important reason to upgrade the emergency department (ED).

Another reason for the project is to provide more space in the ED. The hospital has experienced increased demand for emergency services over the past decade. With increasing numbers of people seeking treatment in the ED, the hospital has needed more treatment rooms and space for more equipment. Also, with the implementation of an electronic medical record system at this hospital, MMH has needed more room for computer work stations and monitors. Advances in medical technology have resulted in the need for upgraded monitoring and diagnostic equipment, as well as secure/integrated storage of medical supplies.

The ED has been out of date for some time. It has been increasingly difficult to keep up with technological advances, and to recruit and retain competent emergency providers -- especially when the ER facilities resembled something from a third world country.

### C. Impact

- 1) What benefits will low- and moderate-income persons receive from this project (i.e. lower rates, improved property, insurance, quicker response times, easier accessibility to facilities, job opportunities, etc.)?
  - The primary benefit to LMI persons is access to quality health care and emergency medical services.
  - A nationwide complaint is ER waiting time. Minidoka Memorial generally does better than the national or state averages, however this remodel provides for patient registration adjacent to exam rooms for increased efficiency and speed to care. With the additional exam rooms and triage areas provided with the remodel, major traumas will not have to contend with patients seeking care for minor emergencies.
  - Critical Cardiac Care will also be improved with the remodel and addition of remote sensing equipment. Cardiac patients may remain under constant observation in the Cardiac Suite while awaiting air or ground transport to a facility with advanced cardiac capabilities. Out-patient flow will be improved for the convenience of the patients. With centralized registration and direct access to Lab and X-ray, the community will experience less confusion and effort to attain needed out-patient tests.
  - The project includes the purchase and installation of patient IV therapy equipment. Currently outpatient IV treatments for antibiotics or other chemical therapies are provided in the ED waiting room without regard to privacy. The new configuration of the emergency department and the addition of specialized seating for these procedures will greatly enhance the comfort of the patient.
  - Also included in the project is the creation of access to the CT machine from both a public corridor and from inside the ER treatment area. This has required involving the radiology department in the project. Referring back to the issue of patient privacy, it is not very respectful to wheel an accident victim, bleeding or writhing, through a public hallway from the ER to the CT room and back. The hospital has wanted to make key medical technology, especially CT, accessible to ER patients without being visible to the public. The ER construction accomplishes that. Again, patient privacy and dignity are

enhanced significantly by the ED construction.

- 2) What will be the project's permanent impacts (i.e. meeting compliance order, energy conservation, service life, etc.)?
  - Long term, community pride is an added value of this project. Rupert's economic activity is stagnant at best. When potential employers look at a community, the quality of the local health care facilities can be a major factor in site selection and in the recruitment of senior management staff. Both Rupert and Minidoka County need a boost in economic development/job creation and an updated hospital can provide a significant asset for engaging prospects to support that effort.
  - The hospital has also wanted to make the ED more user-friendly. As part of the construction project, the hospital is relocating most ancillary services, including the lab, to areas adjacent to the new ER and closer to the physician offices. Within the next five years, MMH expects to build a new physician office building with a covered and enclosed walkway from the new ER entrance, including lab and imaging support, to the physician offices.

### 3. Project Categories

#### A. Planning, previous actions, and schedule

##### 1) Design Professional

Minidoka Memorial Hospital completed a formal procurement process to engage the services of a professional architect. In negotiations with the firm that scored the highest, the Board was unable to reach a mutually acceptable agreement. After the failed negotiations, the Board engaged the firm with the second highest score. Information is attached in Exhibit 10.

##### 2) Grant Administration

Minidoka County has completed a formal procurement process and has selected Region IV Development as their preferred consultant for project administration. Information is attached in Exhibit 5.

##### 3) Plans or Studies

###### a. Survey of existing conditions

During the architectural planning stage, the hospital analyzed the existing conditions and determined that the construction of additional space as well as a reconfiguration of the existing hospital adjacent to the emergency department would be required to accomplish the goals of providing quality care for ER patients.

###### b. Size of the proposed new facility (and why)

The proposed project is sized appropriately based on the existing and projected demand for services, medical equipment and emergency vehicle/pedestrian access requirements, and the available footprint of the hospital site.

###### c. Analysis of costs including new versus rehabilitation

In their analysis of the alternatives, the architect determined that the construction

of a new hospital would require more than \$25 million. The proposed remodel is budgeted at roughly \$5.5 million. While still meeting the needs of the residents, the remodel project is much more cost effective.

- d. Energy efficiency components of the design, materials or equipment  
The equipment proposed to be included in the ICDBG project is the latest design and manufacture; however, energy efficiency is secondary to function as the equipment is dedicated to safeguarding life and health.
  - e. Sketches or schematics - Attached as Exhibit 8.
  - f. Screened alternative  
Alternatives included no action; construction of a new hospital; as well as different remodeling configurations at the existing hospital site.
  - g. Selection of recommended alternative  
The option selected was determined by the Board of Directors for the hospital in conjunction with the architect and the members of the building committee.
  - h. Projected annual operating costs  
The architect has prepared an analysis of operational expenses for the new Emergency Department. Materials and systems proposed will help energy efficiency and are anticipated to lower annual operating costs as well as reduce future maintenance requirements.
  - i. Required permits  
Building permits were obtained prior to the start of construction. No delays were the result of permit issues. No additional permits will be required to complete the ICDBG components of the project.
  - j. Site location considerations and potential impacts on the environment  
The proposed project site has already been dictated by the location of the hospital. The project improvements will have no adverse impact on the environment.
- Also address water-sewer/health facilities requirements
    - c. Health care facilities projects  
The Idaho Health Facilities Authority (IHFA) is well aware of the proposed project. In a resolution dated October 14, 2010, IHFA committed to providing the funding for the Emergency Department remodel. A copy of the resolution is attached as Exhibit 12
- 4) Environmental Scoping - Information available on pages 15 through 18.
- 5) Agency Viability
- a. ICDBG Financial profile is available on page 14.
  - b. Applicant's governing structure – information on the board for the hospital is included in Exhibit 13. In addition, the hospital has formed a 501(c) 3 non-profit

with hopes of achieving tax-exempt status with the IRS. This will facilitate private sector donations for the hospital.

- c. The Minidoka Memorial Hospital is a critical access hospital and maintains a relationship with Medicaid and Medicare programs. The hospital has been successful in maintaining a financially stable organization for more than 50 years.

6) Property Acquisition - None required.

7) Funding Commitments - Information attached in Exhibit 1.

8) Schedule - Information available on page 13.

9) Administrative Capacity

The County has the capacity to administer the proposed project. With a professional staff and a track record of performance on previous ICDBG projects, the County will have no problems with maintaining adequate documentation and controls on the proposed project.

- a. Has the applicant completed a Section 504 or ADA Self-Evaluation and Transition Plan? Yes  No

Coordinator: Patty Temple, County Clerk

- b. What is the most current building code the applicant has adopted?  
International Building Code 2009

- c. Are the Fair Housing Accessibility Standards a component of that building code? Yes  No

10) Cost Analysis

Information available on page 12.

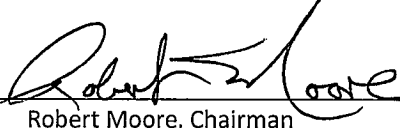
## Certifications

---

I certify the data in this application are true and correct, that this document has been duly authorized by the governing body of the County and we will comply with the following laws and regulations if the application is approved and selected for funding.

- National Environmental Policy Act of 1969
- Civil Rights Act of 1964, P.L. 88-352
- Civil Rights Act of 1969, P.L. 90-284
- Age Discrimination Act of 1975
- Rehabilitation Act of 1973, Section 504
- Uniform Relocation Assistance and Real Property Acquisition Act of 1970, as amended (49 CFR part 24)
- Housing and Community Development Act of 1974, as amended P.L 93-383
- Davis-Bacon Act (40 USC 276a – 276a-5)
- Historic Preservation Act
- OMB Circular A-87, and ensure that the sub-recipient (if any) complies with A-110 and A-122
- Section 106 of the Housing and Urban Recovery Act of 1983 certifying to:
  - Minimize displacement as a result of activities assisted with CDBG funds by following the Idaho Department of Commerce's anti-displacement and relocation assistance plan;
  - Conduct and administer its programs in conformance with Title VI and Title VIII, and affirmatively further fair housing;
  - Provide opportunities for citizen participation comparable to the State's requirements (those described in Section 104(a) of the Act, as amended);
  - Not use special assessments or fees to recover the capital costs of ICDBG funded public improvements from low- and moderate-income owner occupants;
  - Abide by all state and federal rules and regulations related to the implementation and management of federal grants;
  - Assess and implement an Accessibility Plan for persons with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, as amended;
  - Adopt and implement an Excessive Force Policy;
  - Prohibition of Use of Assistance for Employment Relocation, Section 588 of the Disability Housing and Work Responsibility Act of 1998, P.L. 105-276
  - Anti-Lobbying Certification: No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of, employee of a member of, officer of or employee of Congress in connection with the awarding of any federal contract, the making of any federal grant or loan, the entering into any cooperative agreement and the extension, renewal, modification, amendment of any federal contract, grant, loan, or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of, employee of a member of, officer of or employee of Congress in connection with this federal grant, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signed:  Date: November 18, 2011  
Robert Moore, Chairman