

LOURDES A. LEON GUERRERO

*Governor of Guam
I Maga'Haga Guahan*

JOSHUA F. TENORIO

*Lt. Governor of Guam
I Segundo Na Maga'Lahen Guahan*



MELANIE MENDIOLA

*Chief Executive Officer/Administrator
Atkâdi Eksektibu Ofisial/Atmenestradora*

JOANN G. CAMACHO

*Deputy Administrator
Sigundon Atmenestradora*

May 28, 2021

Celeste Werner, FAICP
Executive Vice President
Matrix Design Group, Inc.
333 S. Marine Corps Drive, Suite 101
Tamuning, Guam

RE: Notice to Proceed – Task Order 8 – Medical and Public Health Services Action Plan

Dear Ms. Werner,

Hafa Adai!

Pursuant to the terms and conditions under the Contract between the Guam Economic Development Authority and Matrix Design Group, Inc., we hereby issue this Notice to Proceed for your firm to provide the services as described in Task Order 8, Medical and Public Health Services Action Plan (enclosed).

Should you have any questions, please communicate them to Mr. Diego Mendiola, whom I have designated as your point of contact for this Task Order. *Si Yu'os Ma'âse!*

Sinseru,


MELANIE MENDIOLA

Chief Executive Officer/Administrator

Enclosures

Cc: Community Defense Liaison Office, Office of the Governor



TASK ORDER NO. 8

Medical and Public Health Services Action Plan

Pursuant to Contract: This Task Order is issued pursuant to Article 2 (Scope of Work) of the Contract by and between the Guam Economic Development Authority (“GEDA”) and Matrix Design Group, (“Matrix”) for Professional Multi-Discipline Consulting Services for the Research, Development, Planning and Implementation of Economic Development Initiatives and Opportunities and entered into by both parties in October 2014 (the “Professional Services Contract”). Unless otherwise defined herein, all capitalized terms shall have the meanings assigned to such terms in the Professional Services Contract.

BACKGROUND

Numerous efforts have been undertaken since 2010 to secure funding to support investments into the medical and public health services infrastructure. In 2010, the Government of Guam pursued \$197 Million in funding through the Secretary of Defense (SECDEF) precursor initiative to the SECDEF Economic Adjustment Committee (EAC). The \$197 Million included: Guam Memorial Hospital (GMH) Expansion Project (\$86M); Department of Public Health and Social Services (DPHSS) Central Health Clinic Project (\$96.1M); Communicable Disease Public Health Analytical Laboratory (\$13.0M); and Medical Health Care Campus Master Plan (\$1.8M). In 2012, the Guam Memorial Hospital Authority (GMHA) developed an Expansion Feasibility Study, which recommended short- and long-term improvements to the Z-wing, hospital parking, and code upgrades. In December 2012, the Office of the Governor commissioned the preparation of a Guam Medical Services Delivery Plan – Phase I, which provided an inventory and gap analysis of on-island health care services provided by both the public and private sectors. The Phase I used Office of Local Defense Community Cooperation (OLDCC) program of assistance. In 2014, the Department of the Navy completed and opened the new Nimitz Hill Naval Hospital. In 2015, Guam Regional Medical City (GRMC), the first private hospital opened on Guam. While GRMC Hospital possessed state of the art technology and brought additional capacity (hospital beds and new services) to Guam, GRMC experienced difficulties with hiring and retaining of qualified staff, which impacted the services GRMC could provide and ultimately GRMC’s financial position on island.

In 2019, the Governor requested the Army Corps of Engineers to evaluate: the structural condition of GMH; the required improvements to upgrade the existing GMH; and a budget estimate so the Governor could make informed cost / benefit decisions.

In 2020, the Department of Public Health and Social Services (DPHSS) facility in Mangilao was closed due to structural and environmental deficiencies.

Additionally, in 2020 the novel corona virus (COVID-19) began affecting the island and uncovered major deficiencies in Guam’s medical and public health care system. The number of acute care hospital beds was deemed insufficient for the projected number of potential symptomatic cases; testing capabilities were extremely limited while delays in obtaining results increased costs of quarantine as collected samples had to be sent off-island for analysis; contact tracing proved difficult and consumed scarce manpower; and stockpiled protective equipment

was virtually nonexistent. Over 1,000 personnel from the U.S.S. Theodore Roosevelt tested positive taxing not only the Navy medical facilities, but also the civilian network, since many Navy medical personnel work in the civilian health care system. Eventually, a temporary 150-bed DoD Expeditionary Medical Facility was established to accommodate potential military and civilian needs. However, with the onset of the typhoon season, the temporary medical facility was disestablished relocating some capacity to hardened structures. Guam's relatively small size, isolation, climate, and other geographic characteristics together with its reliance on air and sea transportation for medical supplies, food and other provisions highlight the challenges that need to be assessed and resolved to support American citizens outside the fifty United States.

In 2016, the 33rd Guam Legislature, under the Committee on Health, Economic Development, Homeland Security, and Senior Citizens, published a GMH Task Force Report that documented national and local health care trends and recommended reconsideration of GMH's role in the continuum of health care, suggesting that a public/private partnership effort be launched to place GMH in private ownership and/or scale down its service profile by becoming more specialized while collaborating with a network of health services providers on Guam and throughout the region. This new direction, if deemed acceptable, would substantially change or influence health care investments. To effectively address the systemic medical and public health care challenges requires the collaborative development of a Medical and Public Health Services Action Plan (MAP) to ensure that scarce resources are strategically and soundly invested.

Objective: Prepare a Medical and Public Health Services Action Plan (MAP), with critical milestones, which will enhance and inform the Governor and Lt. Governor, as they lead the Government of Guam to strategically tackle the systemic medical and public health care challenges. A pressing issue is deciding the fate of Guam Memorial Hospital; whether it should be renovated or repaired by replacement.

Grant Performance Period

Start Date: March 1, 2021 End Date: August 30, 2022
Grant Performance Period would be eighteen (18) months.

Consultant Performance Period

Projected Start Date: As early as April 1, 2021 Projected End Date: August 30, 2022
Consultant Performance Period would be approximately seventeen (17) months.
The Grant Performance Period includes one (1) month for Grant Award administrative actions, such as Government of Guam internal controls. The Consultant will be issued a Notice to Proceed (NTP) when administrative actions are completed.

Task 1. Post Award - Confirmation of Work Plan Tasks

Post award, confirm the Final Work Plan meets the desires of the Office of the Governor. Guam Economic Development Agency (GEDA) and the Consultant(s) shall discuss, with the Office of the Governor (Governor and Lt Governor) and a few key senior advisers, identified by the Governor, from the medical and public health service providers on the challenges, requirements, and expectations associated with this initiative.

Based on documented input from the Office of the Governor and key senior advisers from the medical and public health service providers, GEDA and the Consultant(s) shall refine the Work Plan. GEDA and the Consultant(s) shall determine if the refined Work Plan aligns with the level of effort reflected in the contracted budget and identify Work Plan items that require additional funding. GEDA and the Consultant(s) shall present the refined Work Plan to the Governor and Lt. Governor, to obtain their concurrence, support, and endorsement of the final agreed upon Work Plan and / or Approach.

The Proposal shall address and explain how GEDA and the Consultant(s) intend to conduct the project. The Consultant shall identify: critical medical and public health service data that the public and private sectors must furnish; key milestones; and proposed interactions with relevant public and private service providers and policy makers. GEDA and the Consultant(s) shall also identify any Department of Defense information that would be beneficial or worthwhile to the project and any proposed interactions with the Department of Defense (Joint Region Marianas, Marine Activity Guam, Naval Facilities Engineering Command Marianas, Nimitz Hill Naval Hospital, U.S. Army Corps of Engineers, etc.).

The CDLO Director and GEDA will be responsible, on behalf of the Office of the Governor, for obtaining the relevant Department of Defense and Government of Guam information and the scheduling of informational and coordination meetings with the Department of Defense and Government of Guam entities. While the Consultant(s) will provide assistance on obtaining information and scheduling meetings, if the Consultant(s) is not obtaining required responses from the Department of Defense or Government of Guam entities; the ultimate responsibility and accountability rest with the CDLO and GEDA.

DELIVERABLE: Medical and Public Health Services Action Plan (MAP) Final Work Plan (electronic copy of the Work Plan Presentations, electronic copy of all outreach materials, and electronic copy of meeting summaries).

Task 2: Medical and Public Health Service Provider Project Stakeholder Committee

The Governor shall appoint members to a Medical and Public Health Service Provider Stakeholder Committee. The Committee shall be comprised of representatives from the medical and public health care provider industry on Guam. The Committee shall have either five (5) or seven (7) members.

The Committee shall meet up to four (4) times. Meet at key milestone, to review progress and provide constructive input to the Consultant Team and the Office of the Governor.

The Consultants shall prepare for and facilitate the Committee meetings.

The CDLO, on behalf of the Office of the Governor, shall take the lead and be responsible for notifying the members of all meetings, coordinating, and reserving all Committee meeting spaces.

DELIVERABLE: Electronic copy of the Stakeholder Committee Meeting - meeting summaries, presentation materials (handouts, fact sheets, presentations, etc.), white papers, etc.

Task 3: Update the “Phase 1 – Guam Medical Services Delivery Plan,” dated 2012, which provided an inventory and gap analysis of on-island health care services provided by both the public and private sectors to understand Guam’s health care system.

GEDA and the Consultant(s) shall update the 2012 Phase 1 Guam Medical Services Delivery Plan by identifying services that have been established or disestablished since the last inventory. Medical services that are in the process of being established or disestablished shall be included in the update.

The Update should also identify and discuss emerging trends and advancements in technology or best management practices that are or may be relevant to Guam.

The Update should also discuss and / or highlight lessons learned from the recent and ongoing COVID-19 Pandemic.

The Update should identify and document the following for each provider:

- Who provides medical or public health services on Guam (Government of Guam, Private Sector, Non-Governmental Organization (NGO), etc.)
- Specific type of services provided
- Mission statement
- Organizational structure
- How these services are delivered
- The geographic location where the service is administered (includes development of a GIS layer, which will identify locations and which will be utilized for the spatial analysis) of each facility and its site (i.e. building characteristics, site support component, ability to expand, etc.)
- Listing of capital equipment (individual piece of medical equipment valued at greater than \$50,000)
- Organization staff or workforce (full-time, part-time, volunteers)
- Funding resources for the most recent year (as releasable by the organization)
- Caseload information (as releasable by the organization)
- Capacity on number of clients served before quality patient care is affected
- Professional staff to client ratio
- Demographics of clients served (e.g. children, women, all ages, etc.)
- Service limitations to clients, based on insurance, MIP, etc.
- Current and emerging issues/impediments, and opportunities
- Future plans Based on the Medical Services Providers Inventory (above) develop and present:
 - An analysis of existing capacities and surpluses / deficiencies for: a) each public provider of services (staffing, facilities, equipment); b) an aggregated analysis of services provided by private healthcare providers (to preserve confidentiality) and c) for the overall area of service (i.e., cancer services, primary care, emergency services, laboratory services, etc.)
 - The functional relationships of each facility with other on-island medical delivery facilities and services

DELIVERABLES:

- Update of the 2012 report titled “Guam Medical Service Delivery Plan Phase 1: Medical Providers Baseline Assessment” (electronic submittal).
- Medical Service Providers Inventory
- Medical Services Providers Geographic Location GIS Layer Section of Delivery Plan – Existing Conditions and Trends

Task 4: Review and analyze the 2016 Guam Memorial Hospital (GMH) Task Force Report that documented national and local health care trends and recommendations in regards to GMH’s role in the continuum of health care.

The purpose of this analysis is to inform and educate all stakeholders so informed discussions can be conducted that lead to informed decisions on the future of GMH. The analysis will guide current and future investments in the GMH and the medical and public health care system for all stakeholders, inclusive of the Department of Defense.

GEDA and the Consultant(s) shall review the 2016 GMH Task Force Report and then prepare a White Paper that analyzes the core assumptions that shaped and/or influenced the report. The White Paper should analyze whether the core assumptions accurately capture current conditions and trends both nationally and on Guam.

The White Paper should surface and discuss all significant known contributing factors (Affordable Care Act, Medicare reimbursements, COVID-19 Pandemic, recent Federal Tax Code changes, immigration policy and its impact on availability of skilled medical personnel, etc.) that could have a significant impact on the provision, accessibility, cost and quality of medical and public health care.

The White Paper should analyze the core assumptions against current contributing factors, current context (COVID-19 Pandemic), and emerging factors.

DELIVERABLE: A Final Core Assumptions White Paper (electronic submittal) concerning the validity of the assumptions, trends, and recommendations contained in the 2016 GMH Task Force Report and a power point presentation (electronic submittal) for the Governor and Lt. Governor to focus their attention on significant White Paper findings and the findings implication to the GMH Task Force Report.

Task 5: Apply Task 4 White Paper Findings as needed to: the GMH Expansion Project Needs Assessment Worksheets; the Department of Public Health and Social Services (DPHSS) Facility and Central Health Clinic; the Communicable Disease Public Health Analytical Laboratory; and Medical Health Care Campus Master Plan; leading to the development of a strategic medical and public health services funding plan.

Apply and/or incorporate the Task 4 Findings, as required. GEDA and the Consultant(s) shall update the GMH Expansion Project Needs Assessment Worksheets; the DPHSS Facility and Central Health Clinic; the Communicable Disease Public Health Analytical Laboratory; and the Medical Health Care Campus Master Plan in order to seek funding for implementation. The project scopes may change depending upon the results of the analysis undertaken in Task 4.

DELIVERABLE: Final GMH Expansion Project Updated Needs Assessment Worksheets (electronic submittals); the DPHSS Facility and Central Health Clinic updated project scopes; the Communicable Disease Public Health Analytical Laboratory; and Medical Health Care Campus Master Plan.

Task 6: Evaluate the Army Corps of Engineers (ACOE) Report

GEDA and the Consultant(s) shall perform an independent and objective analysis of the Army Corps of Engineers (ACE) Report to validate ACE costs, assumptions, and findings. The analysis shall review the implications of the ACE findings in regards to GMH short term and long term investments especially in regards to relocating GMH and replicating the services GMH provides. Conduct and prepare a cost benefit analysis focused on the proposed future GMH role against the improvements and associated costs contained in the ACE Report.

Determine if other viable improvements and upgrades were overlooked in the ACE Report. Determine if all costs were accurately calculated and all assumptions validated particularly with regard to labor costs given the systemic labor supply challenges.

Compare the Task 4 Findings to the ACE Report Findings and adjust the short term and long term costs as necessary.

DELIVERABLE: An Independent Third Party Reliability Report of ACE Report. The Reliability Report should clearly discuss the findings generated from the Third party review. Example relevant topics: Comparison of future GMH services against the ACE costs of proposed improvements; ACE recommendations on repair vs. relocation of GMH. Reliability Report.

Task 7: Evaluate which medical the public health services should be provided at the GMH and DPHSS facilities, if the decision is to repair by replacement. Evaluation should determine the highest and best use of GMH and DPHSS facilities; inclusive of repurposing for other revenue generating purposes.

Using the findings from Tasks 4 and 6, GEDA and the Consultant(s) shall determine the highest and best use of the existing GMH and DPHSS facility and real property based upon the facility's revenue generating potential.

GEDA and the Consultant(s) shall conduct an analysis of highest and best use and shall provide rough order of magnitude costs and revenues for each use analyzed.

GEDA and the Consultant(s) shall provide recommendations on future use of the GMH and DPHSS facility and real property.

DELIVERABLE: A White Paper (electronic submittal) which shall include all analyses and recommendations.

Task 8: Development of a Strategic Medical and Public Health Services Underwriting / Funding Strategy.

Apply and/or incorporate the findings, where appropriate, from Task 4, Task 5, and Task 7 as required.

This effort should lead to the development of a strategic medical and public health services Funding or Underwriting Plan.

The Funding or Underwriting Strategy should incorporate near term or immediate actions coupled with long term or strategic actions. The Plan should investigate, analyze, and incorporate as many viable means (i.e. Federal Grants, Bonds, Public Private Partnerships, etc.).

DELIVERABLE: Medical Health Care Campus Master Plan, Funding or Underwriting Strategy.

Task No. 9 - Prepare a Medical Health Care Campus Master Plan

GEDA and its Consultant(s) shall prepare a Medical Health Care Campus Master Plan which shall incorporate medical and public health care services findings from the other tasks. Ancillary services including medical education and training, dormitories for families and trainees, and other services shall also be evaluated.

The Medical Health Care Campus Master Plan shall explore with the relevant stakeholders, develop several course of actions, and reach consensus on a preferred recommendation on the appropriate location of a Guam Department of Public Health and Social Services (DPHSS) Public Health Analytical Testing Laboratory (determine if there is synergy and value of collocating in close proximity the Analytical Testing Laboratory with a new replacement GMH). Alternative sites to be evaluated for the Medical Health Care Campus will be provided by GEDA, representing the Governor's designated land team. Team members include GEDA, Department of Land Management, CDLO, and Office of the Governor.

The Alternative sites should include potential Department of the Navy Net Negative Sites, any DOD sites that may be in discussion for public use purposes, and Government of Guam Sites. While a preferred site from the alternative sites will be identified, the Consultant(s) should also surface any shortcomings of the preferred site, which could lead to pursuing other sites. Phasing of development and milestones shall be included in the Medical Campus Master Plan. Rough order of magnitude project costs and any potential revenues if the site is able to support associated commercial medical and public health service facilities on the recommended site shall be calculated.

At least two (2) presentations to policy makers and at least two medical and public health care service industry forums. It is anticipated the industry forums will consist of several smaller targeted stakeholder forums. The intent or focus of the presentations is to solicit constructive feedback and input from all stakeholders.

DELIVERABLE: All presentations (10 hard copies plus electronic submittal) and a Final Medical Health Care Campus Master Plan (20 hard copies plus electronic submittal).
Task 10: In Progress Review (IPR) Meetings

Throughout the Scope of Work Performance Period, GEDA and the Consultant(s) shall conduct reoccurring In Progress Review (IPR) Meetings, with the Governor and Lt. Governor; to keep them apprised of the status on the project, to surface any issues and challenges, and to seek their feedback, guidance, and direction.

GEDA and the Consultant(s) shall meet either virtually or face to face at a minimum every three months. In addition, GEDA and the Consultant(s) shall plan on conducting IPR Meetings with the relevant stakeholders throughout the process.

DELIVERABLE: In Progress Review Presentations (IRP)

The Deliverable (electronic submittals) shall consist of either IPR presentations or leave behinds (white paper, fact sheet, and IRP notes that document guidance / decisions, etc.).

Other Requirements

The PBC Consultant shall sign a Non-Disclosure Statement. The Non-Disclosure Statement shall stipulate that any information provided in support of the project may not be utilized for other initiatives, until the information is made available in the public domain.

TIMELINE

- Grant Notice of Award (NOA) NOA
- Memorandum of Agreement Amendment - 3 Months post NOA
- Consultant Contract Notice to Proceed (NTP) - 3 Months post NOA
- Task 1 - Medical Action Plan Final Work Plan - 2 Month post NTP
- Task 2 - Project Stakeholders Committee - Quarterly
- Task 3 - Guam Medical Services Delivery Plan Phase 1 Update - 6 Months post NTP
- Task 4 - Final Core Assumptions White Paper - 6 Months post NTP
- Task 5 - Updated Final Needs Assessment Worksheets - 14 Months post NTP
- Task 6 - Reliability of ACOE Cost Estimates Report - 8 Months post NTP
- Task 7 - GMH and DPHSS Facilities White Paper - 14 Month post NTP
- Task 8 – Underwriting Strategy - 15 Months post NTP
- Task 9 - Medical Health Care Campus Master Plan - 15 Months post NTP
- Task 10 – In Progress Review – Reoccurring

Items of Note:

1. The Consultant shall provide a refined schedule with actual milestone dates as part of the Medical Action Plan (MAP) Final Work Plan, which the Grantee will provide to the Grantor.
2. During the COVID-19 pandemic, virtual meetings will be acceptable.

Terms and Conditions

A disclaimer statement shall appear on the title page of all studies / reports prepared under this Scope of Work. It shall read as follows:

This study (or report) was prepared under contract with the Territory of Guam Office of the Governor, with financial support from the Office of Local Defense Community Cooperation,

Department of Defense. The content reflects the views of the Territory of Guam and does not necessarily reflect the views of the Office of Local Defense Community Cooperation or the U.S. Department of Defense

Compensation:

To complete the professional services and provide the deliverables identified in the Scope of Work, GEDA shall pay Matrix an amount not to exceed One Million, Four Hundred Eighty Eight Thousand, Seven Hundred Seventy Six Dollars (\$1,488,776.00), which amount is inclusive of reimbursable expenses. Said amount is based upon Matrix's revised approach and revised fee for the MAP Grant dated March 25, 2021 which are incorporated herein as Exhibits A and B respectively. Said amount shall be paid in increments upon approval of invoices by the OOG. All terms described in the Contract shall apply.

Additional Requirements:

Matrix shall comply with all applicable requirements of the Grant Agreement for Guam Military Complex Growth Project FAIN: HQ00052110002 attached hereto as Exhibit C and the MOA between OOG and GEDA (Exhibit D), which are incorporated by reference into this Task Order.

Should the scope of work in this Task Order differ in any way with the scope of work contained in Exhibit A, the scope of work in the Task Order shall be followed. All subconsultants must receive prior GEDA approval.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties have executed this Task Order on the dates below written.

GUAM ECONOMIC DEVELOPMENT AUTHORITY

By: 
MELANIE MENDIOLA
CEO/Administrator

Date: 6/2/2021

MATRIX DESIGN GROUP, INC.

By: 
CELESTE WERNER
Executive Vice President

Date: _____

CERTIFIED FUNDS AVAILABLE:

GUAM ECONOMIC DEVELOPMENT AUTHORITY

By: 
CHRISTINA GARCIA
Certifying Officer

Source: MOA with the Office of the Governor

Acct. No.

Amount: \$1,488,776.00

Date: 6/02/21

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Governor of Guam
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Chief Executive Officer/Administrator
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JOANN G. CAMACHO

Deputy Administrator
Sigundon Atmenestradora

April 12, 2021

Ms. Celeste Werner
Executive Vice President
Matrix Design Group, Inc.
2020 N. Central Avenue Suite #1140
Phoenix, AZ 85004

RE: Approach and Fee Proposal, Medical Action Plan

Dear Ms. Werner,

Hafa Adai!

Thank you for your efforts in preparing Matrix's fee proposal and approach for the Medical Action Plan. Based upon your previous submissions, GEDA agrees with your final revisions to the fee and approach. Enclosed for your review is the final Task Order 8. Once our Memorandum of Agreement is signed by the Governor, you will be asked to sign the Task Order and return it to GEDA. Please note however, that GEDA must approve all subconsultants.

Should you have any questions, please contact Mr. Diego Mendiola, GEDA's Real Property Division Manager. We look forward to working with you on this significant project. *Si Yu'os Ma'ase* for your continuing assistance.

Sinsiru,



MELANIE MENDIOLA
Chief Executive Officer/Administrator

Enclosure



Below, highlighted in red text, is our response to your request to provide GEDA our approach to which portions of the scope of work we will be using subconsultants and our timeline for each scope of work task.

NEED FOR ASSISTANCE

With the significant passage of time, it is apparent to the Governor to the Lt. Governor that financial assumptions and conditions tied to the Marines relocation from Japan to Guam have evolved. In addition, the recent COVID-19 Pandemic have adversely devastated Guam's economy, especially Guam's tourism industry. The Governor and the Lt. Governor recognize the availability of resources and their strategic investment are major contributing factors to the Government of Guam's responsiveness to the Department of Defense. Accordingly, the Governor and the Lt. Governor believe a Medical and Public Health Services Action Plan is warranted.

A Medical and Public Health Services Action Plan will enable the Government of Guam to more effectively and strategically invest limited or scarce resources that produce and / or lead to significant and tangible outcomes for all the residents of Guam, inclusive of the Department of Defense service members and their dependents.

Several factors impact the Government of Guam's ability to continue to support and be responsive to the Department of Defense initiatives / programs: 1). protracted period of execution for the Department of Defense initiatives / programs; 2). reduction of permanently assigned US Marines to the island of Guam, which in turn impacts the Section 30 Revenue Stream; 3). recent change to the Federal Tax Laws, which adversely impacted the Government of Guam; 4). need to issue a \$20.0 Million bond for the construction of a new landfill cell, which is required to sustain the current and projected island population; and 5). adverse impacts associated with the COVID-19 Pandemic.

The Office of the Governor is seeking OEA program of assistance. Without OEA program of assistance the Office of the Governor and the Government of Guam would not be able to conduct the initiatives proposed in the Grant Application.

GRANT ABSTRACT

In response to the unprecedented nature, magnitude, evolving, and protracted Department of Defense realignment actions, inclusive of the U.S. Marines relocation from Japan to Guam, the grant enables the Government of Guam to soundly invest scarce Government of Guam resources in medical and public health care infrastructure. The Medical and Public Health Services Action Plan will influence and shape the Government of Guam's medical and public health investment decisions.

Investing in and improving Guam's Medical and Public Health Services are paramount to Department of Defense readiness, resiliency, and sustainability of operations in the Western Pacific Theater of Operations.

APPROACH AND TIMELINE:

A. Approach

The Office of the Governor proposes the following approach:

The Office of the Governor will utilize the existing Guam Economic Development Authority (GEDA) Performance Based Contract (PBC), a management practice sustained from prior OEA supported initiatives. The PBC Consultant was procured via a competitive solicitation in 2014. A copy of the original PBC Request for Proposal (RFP) has previously been provided to OEA. However, to provide a thorough administrative record a copy of the GEDA PBC RFP is provided as an attachment to the Grant

Application.

GEDA will be a sub-recipient on the grant if one is approved. GEDA is an autonomous Government of Guam agency. In accordance with Government of Guam internal controls, a Memorandum of Agreement (MOA) will be executed, between GEDA and the Office of the Governor. Typically, GEDA applies a fourteen percent (14%) management fee because GEDA is an autonomous agency. However, GEDA has agreed to a ten percent (10%) management fee given the Office of the Governor Community Defense Liaison Office (CDLO) management involvement.

The Office of the Governor will provide the Guam Medical and Public Health Services Action Plan Scope of Work / Task Order to the PBC Consultant, via GEDA, to obtain a Work Plan and Budget Proposal.

Notes:

1. The PBC is a multiple year / multiple task order contract. Accordingly, the PBC RFP was broader in scope and anticipated issuance of future Task Orders or Scopes of Work (possibly underwritten by OEA and / or other sources; inclusive of other Federal Agencies / Departments or even the Government of Guam).
2. The PBC RFP sought a Consultant who possessed expertise and experience in a broad range of subject areas.

Award of any Scopes of Work / Task Orders will be based on the quality and responsiveness of the PBC Consultant's Work Plan and Budget Proposal. If the PBC Consultant is non-responsive (work plan and / or cost) the Scopes of Work / Task Order will be withdrawn.

While the Office of the Governor will continue to be the sponsor and central clearinghouse for all OEA Grant Awards, the CDLO will oversee and manage the Grant Awards on behalf of the Office of the Governor. Other Government of Guam Agencies / Departments will supplement the Office of the Governor on Task Orders and Scopes of Work to ensure relevant Agency / Department expertise involvement.

B. Timeline

The Governor and Lt. Governor are proposing that the Guam Medical and Public Health Services Action Plan Performance Period be eighteen (18) months. The proposed timeline accounts for the adverse COVID-19 Pandemic impacts, inclusive of extensive use of telework and restricted travel.

Concurrently with the submission of this Grant Application, the Office of the Governor and GEDA will begin to revise current Memorandum of Agreement (MOA) and GEDA will initiate PBC Consultant Contract negotiations, informing the PBC Consultant that award is subject to availability of funds. These two actions are intended to reduce and possibly eliminate time typically requested for administrative / internal control actions.

Eighteen (18) months will be dedicated for the PBC Consultant execution of the Guam Medical and Public Health Services Action Plan Scope of Work.

Grant Performance Period

Start Date: March 1, 2021

End Date: August 31, 2022

Grant Performance Period would be eighteen (18) months.

Scope of Work

Medical and Public Health Services Action Plan (MAP)

BACKGROUND

Numerous efforts have been undertaken since 2010 to secure funding to support investments into the medical and public health services infrastructure. In 2010, the Government of Guam pursued \$197 Million in funding through the Secretary of Defense (SECDEF) precursor initiative to the SECDEF Economic Adjustment Committee (EAC). The \$197 Million included: Guam Memorial Hospital (GMH) Expansion Project (\$86M); Department of Public Health and Social Services (DPHSS) Central Health Clinic Project (\$96.1M); Communicable Disease Public Health Analytical Laboratory (\$13.0M); and Medical Health Care Campus Master Plan (\$1.8M).

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In 2014, the Department of the Navy completed and opened the new Nimitz Hill Naval Hospital.

In 2015, Guam Regional Medical City (GRMC), the first private hospital opened on Guam. While GRMC Hospital possessed state of the art technology and brought additional capacity (hospital beds and new services) to Guam, GRMC experienced difficulties with hiring and retaining of qualified staff, which impacted the services GRMC could provide and ultimately GRMC's financial position on island.

In 2019, the Governor requested the Army Corps of Engineers to evaluate: the structural condition of GMH; the required improvements to upgrade the existing GMH; and a budget estimate so the Governor could make informed cost / benefit decisions.

In 2020, the Department of Public Health and Social Services (DPHSS) facility in Mangilao was closed due to structural and environmental deficiencies.

Additionally, in 2020 the novel corona virus (COVID-19) began affecting the island and uncovered major deficiencies in Guam's medical and public health care system. The number of acute care hospital beds was deemed insufficient for the projected number of potential symptomatic cases; testing capabilities were extremely limited while delays in obtaining results increased costs of quarantine as collected samples had to be sent off-island for analysis; contact tracing proved difficult and consumed scarce manpower; and stockpiled protective equipment was virtually nonexistent. Over 1,000 personnel from the U.S.S. Theodore Roosevelt tested positive taxing not only the Navy medical facilities, but also the civilian network since many Navy medical personnel work in the civilian health care system. Eventually, a temporary 150-bed DoD Expeditionary Medical Facility was established to accommodate potential military and civilian needs. However, with the onset of the typhoon season, the temporary medical facility was disestablished relocating some capacity to hardened structures.

Guam's relatively small size, isolation, climate, and other geographic characteristics together with its reliance on air and sea transportation for medical supplies, food and other provisions highlight the challenges that need to be assessed and resolved to support American citizens outside the fifty United States. As a strategic location for the DOD, it would be in the best interest of the US to ensure the island is able to stand strong in all aspects, both on the civilian and military communities.

In 2016, the 33rd Guam Legislature, under the Committee on Health, Economic Development, Homeland Security, and Senior Citizens, published a GMH Task Force Report that documented national and local health care trends and recommended reconsideration of GMH's role in the continuum of health care, suggesting that a public/private partnership effort be launched to place GMH in private ownership and/or scale down its service profile by becoming more specialized while collaborating with a network of health services providers on Guam and throughout the region. This new direction, if deemed acceptable, would substantially change or influence health care investments. To effectively address the systemic medical and public health care challenges requires the collaborative development of a Medical and Public Health Services Action Plan (MAP) to ensure that scarce resources are strategically and soundly invested. It will also require further analysis of successful models of public / private partnership that could provide the best operational efficiencies for the remote island of Guam from the US mainland.

Objective: Prepare a Medical and Public Health Services Action Plan (MAP), with critical milestones, which will enhance and inform the Governor and Lt. Governor, as they lead the Government of Guam to strategically tackle the systemic medical and public health care challenges. A pressing issue is deciding the fate of Guam Memorial Hospital; whether it should be renovated or repaired by replacement.

Grant Performance Period

Start Date: March 1, 2021

End Date: August 31, 2022

Grant Performance Period would be eighteen (18) months.

Note: Per the Scope of Work, the Workplan will not be finalized until Task One is completed.

Task 1. Post Award - Confirmation of Work Plan Tasks

- Post award, confirm the Final Work Plan meets the desires of the Office of the Governor. Guam Economic Development Agency (GEDA) and the Consultant(s) shall discuss, with the Office of the Governor (Governor and Lt Governor) and a few key senior advisers, identified by the Governor, from the medical and public health service providers on the challenges, requirements, and expectations associated with this initiative.
- Based on documented input from the Office of the Governor and key senior advisers from the medical and public health service providers, GEDA and the Consultant(s) shall refine the Work Plan. GEDA and the Consultant(s) shall determine if the refined Work Plan aligns with the level of effort reflected in the contracted budget and identify Work Plan items that require addition funding. **GEDA and the Consultant(s) shall present the refined Work Plan to the Governor and Lt. Governor, to obtain their concurrence, support, and endorsement of the final agreed upon Work Plan and / or Approach.**
- The Proposal shall address and explain how GEDA and the Consultant intend to conduct the project. The Consultant shall identify critical medical and public health service data that the public and private sectors must furnish; key milestones; and proposed interactions with relevant public and private service providers and policy makers. GEDA and the Consultant(s) shall also identify any Department of Defense information that would be beneficial or worthwhile to the project and any proposed interactions with the Department of Defense (Joint Region Marianas, Marine Activity Guam, Naval Facilities Engineering Command Marianas, Nimitz Hill Naval Hospital, U.S. Army Corps of Engineers, etc.).
- The CDLO Director and GEDA will be responsible, on behalf of the Office of the Governor, for obtaining the relevant Department of Defense and Government of Guam information and the scheduling of informational and coordination meetings with the Department of Defense and Government of Guam entities. While the Consultant will provide assistance on obtaining

information and scheduling meetings, if the Consultant is not obtaining required responses from the Department of Defense or Government of Guam entities; the ultimate responsibility and accountability rest with the CDLO and GEDA.

Proposed Team Roles:

MATRIX: Matrix will conduct at least two (2) virtual conference meetings to discuss, detail and address elements of the work plan. These approved inputs will be incorporated into the Final Workplan. The final workplan level of effort will be consistent with the approved Grant Application and Matrix Task Order Budget.

The approved final workplan will define the tasks and deliverables required for this Task Order. This may require adjustments to the scope of work tasks and budget realignments. Working any adjustments to level of effort, timeline, and resources will be reflected in the Final Medical and Public Health Services work plan with the approved changes approved by the Governor to the Task Order contract.

Any revised detailed schedule, milestones and data requirements, as approved by the Governor, will be defined in the Final workplan. The Final workplan will also detail the initial information and data requirements needed for this project. These requirements will be provided to Matrix by the CDLO and other stakeholders. The timing of the availability of data and information can have an impact on the timelines and milestones identified in the Final Work Plan.

Matrix will finalize assignments and procurement of subcontractors based on the Final Medical and Public Health Services Work Plan.

Matrix anticipates that several tasks will be conducted initially on individual tracks and schedules. In the last phase of the projects these various tasks will be integrated into the final MAP.

TIMELINE: Mar 21 – Apr 21

DELIVERABLE: Medical and Public Health Services Action Plan Final Work Plan (electronic copy of the Work Plan Presentations, electronic copy of all outreach materials, and electronic copy of meeting summaries). Detailed schedule, milestones and data requirements will be outlined in the Final workplan. The workplan will also detail the initial information and data requirements needed for the start of the project. These requirements will be provided to the CDLO and stakeholders for collection.

Note: The availability of data and information can have an impact on the timelines and milestones identified in the Final Work Plan.

Task 2: Medical and Public Health Service Provider Project Stakeholder Committee

- The Governor shall appoint members to a Medical and Public Health Service Provider Stakeholder Committee.
- The Committee shall be comprised of representatives from the medical and public health care provider industry on Guam. The Committee shall have either five (5) or seven (7) members.
- The Committee shall meet up to four (4) times. Meet at key milestone, to review progress and provide constructive input to the Consultant Team and the Office of the Governor.

- The Consultants shall prepare for and facilitate the Committee meetings.
- The CDLO, on behalf of the Office of the Governor, shall take the lead and be responsible for notifying the members of all meetings, coordinating, and reserving all Committee meeting spaces.

MATRIX: Matrix will develop a notional schedule for the Medical and Public Health Service Provider Stakeholder Committee meetings to coincide with the proposed milestones and potential task phase points. Matrix expects the meetings in the first part of the timeline will be held virtually due to COVID-19. As COVID-19 pandemic is under control meetings could be conducted in a hybrid mode to accommodate committee member desires.

The committee meetings are planned to be aligned with key phase points associated with several of the specific tasks and deliverables. Matrix will work with the CDLO to forecast and plan the actual dates, times, and venues for the committee meetings. The meetings will be conducted on a virtual platform and recorded for recordkeeping.

These meetings can consist of power point presentation, handouts, documents for review or read ahead information. The meeting agendas will consist of progress updates and feedback opportunities for the committee to guide the MAP. Agendas along where appropriate, review documents will be provided. Committee recommendations and direction and as well as Final decisions will be at the discretion of the Governor.

TIMELINE: Notional: Jun 21, Sept 21, Dec 21, Mar 22, Jun 22

DELIVERABLE: Electronic copy of the Stakeholder Committee Meeting - meeting summaries, presentation materials (handouts, fact sheets, presentations, etc.), white papers, etc. The Stakeholder Committee and Governor directions and decisions will be captured in decision memos for documentation.

Task 3: Update the “Phase 1 - Guam Medical Services Delivery Plan,” dated 2012, which provided an inventory and gap analysis of on-island health care services provided by both the public and private sectors to understand Guam’s health care system.

- GEDA and the Consultant(s) shall update the 2012 Phase 1 Guam Medical Services Delivery Plan by identifying services that have been established or disestablished since the last inventory. Medical services that are in the process of being established or disestablished shall be included in the update.
- The Update should also identify and discuss emerging trends and advancements in technology or best management practices that are or may be relevant to Guam.
- The Update should also discuss and / or highlight lessons learned from the recent and ongoing COVID-19 Pandemic.
- The Update should identify and document the following for each provider:
 - Who provides medical or public health services on Guam (Government of Guam, Private Sector, Non-Governmental Organization (NGO), etc.)
 - Specific type of services provided
 - Mission statement
 - Organizational structure
 - How these services are delivered
 - The geographic location where the service is administered (includes development of a GIS layer, which will identify locations, and which will be utilized for the spatial analysis)
 - Characteristics of each facility and its site (i.e. building characteristics, site support component,

- ability to expand, etc.)
- Listing of capital equipment (individual piece of medical equipment valued at greater than \$50,000)
- Organization staff or workforce (full-time, part-time, volunteers)
- Funding resources for the most recent year (as releasable by the organization)
- Caseload information (as releasable by the organization)
- Capacity on number of clients served before quality patient care is affected
- Professional staff to client ratio
- Demographics of clients served (e.g. children, women, all ages, etc.)
- Service limitations to clients, based on insurance, MIP, etc.
- Current and emerging issues/impediments, and opportunities
- Future plans
- Based on the Medical Services Providers Inventory (above) develop and present:
 - An analysis of existing capacities and surpluses / deficiencies for: a) each public provider of services (staffing, facilities, equipment); b) an aggregated analysis of services provided by private healthcare providers (to preserve confidentiality) and c) for the overall area of service (i.e., cancer services, primary care, emergency services, laboratory services, etc.)
 - The functional relationships of each facility with other on-island medical delivery facilities and services

MATRIX: Matrix will begin a review of the prior “Phase 1 - Guam Medical Services Delivery Plan.” Initial tasks will be to re-baseline the information to 2021 conditions, reflect actions taken, and develop a Gap Analysis for further investigation. The task effort will attempt to capture the current and forecasted demand load requirements.

As the developer of this original study we have several of the key professionals that created and worked on this Phase 1 Plan assigned to this task. We will build on this experience and work effort.

Matrix will work with CDLO and GovGuam Bureau of Statistics and Plans (BSP) to capture the appropriate demographic information and forecasts for the Territory. This information will underpin the demand and requirements for analysis.

Matrix will work with the CDLO and Governor to develop a “Letter of Introduction and Request” that CDLO will use to assist in the data collection of the various stakeholder, agencies, and medical providers to request their participation and assistance in the data collection effort.

Matrix may use on island support such as local temporary hires or university students to capture field information through canvassing the island providers. This data collection effort will be managed and coordinated with our Guam office staff. Matrix will develop the data collection templates and tools for collection. Matrix will also develop a targeted questionnaire to obtain relevant market and business information. This questionnaire will be delivered on-site, web-based, or virtual in an electronic format. Matrix will collect, if available, the information and develop a searchable database of the information.

Matrix will review data, that CDLO will collect, and current information related to the recent COVID-19 pandemic and assess potential surge capacity used and project future demands as an additional criterion.

Matrix will explore the use of GIS based and graphic analytical tools to provide key analysis and geographical displays of information. A relational analysis will be conducted to determine location, travel, and supply & demand interconnects. The functional mapping will be conducted through various methods. Matrix will develop an updated version of the “Phase 1 - Guam Medical Services Delivery Plan.”

SUBCONSULTANTS: Potential use of University Students or Guam temporary Hires for field work/ data collection

TIMELINE: Apr 21 – Sept 21

DELIVERABLES:

- Update of the 2012 report titled “Guam Medical Service Delivery Plan Phase 1: Medical Providers Baseline Assessment” (electronic submittal).
- Medical Service Providers Inventory
- Medical Services Providers Geographic Location GIS Layer(s)
- Section of Delivery Plan – Existing Conditions and Trends

Task 4: Review and analyze the 2016 Guam Memorial Hospital (GMH) Task Force Report that documented national and local health care trends and recommendations in regard to GMH’s role in the continuum of health care.

The purpose of this analysis is to inform and educate all stakeholders so informed discussions can be conducted that lead to informed decisions on the future of GMH. The analysis will guide current and future investments in the GMH and the medical and public health care system for all stakeholders, inclusive of the Department of Defense.

- GEDA and the Consultant(s) shall review the 2016 GMH Task Force Report and then prepare a White Paper that analyzes the core assumptions that shaped and/or influenced the report.
- The White Paper should analyze whether the core assumptions accurately capture current conditions and trends both nationally and on Guam.
- The White Paper should surface and discuss all significant known contributing factors (Affordable Care Act, Medicare reimbursements, COVID-19 Pandemic, recent Federal Tax Code changes, immigration policy and its impact on availability of skilled medical personnel, etc.) that could have a significant impact on the provision, accessibility, cost and quality of medical and public health care.
- The White Paper should analyze the core assumptions against current contributing factors, current context (COVID-19 Pandemic), and emerging factors.

MATRIX: Matrix will begin a review of the prior “2016 Guam Memorial Hospital (GMH) Task Force Report” and actions. Initial tasks will be assessing what actions have been addressed or conditions changed since the release of the report. The next effort would be to re-baseline the information to 2021 conditions. This effort will attempt to capture the current and forecasted external factors that shape current and future needs.

Matrix will review the data that is collected w data related to the recent COVID-19 pandemic and assess potential surge capacity used and project future demands as an additional criterion. Additionally, information related to all significant known contributing factors (Affordable Care Act, Medicare reimbursements, recent Federal Tax Code changes, immigration policy and its impact on availability of skilled medical personnel, etc.) will be collected and incorporated as appropriate in the assessment.

Matrix will reach out to select members of the 2016 Task Force and conducted interviews to gain insight into the development issues and concerns reflected in the GMH Task Force Report.

Matrix expects to use on island support through local and off-island Subject Matter expert(s) to assist in providing insight in the development of the original report. This task can be refined by GovGuam or Stakeholder Committee inputs and directions.

SUBJECT MATTER EXPERTS: TBD (Guam) Can be finalized after Task One

SUBCONSULTANTS: TBD (Guam) Can be finalized after Task One (If needed)

TIMELINE: Apr 21 thru Aug 21

DELIVERABLE: A Final Core White Paper (electronic submittal) concerning the validity of the assumptions, trends, and recommendations contained in the 2016 GMH Task Force Report and a power point presentation (electronic submittal) for the Governor and Lt. Governor to focus their attention on significant White Paper findings and the findings implication to the GMH Task Force Report. This report is intended for use by the Governor's for decision making .

Task 5: Apply Task 4 White Paper Findings as needed to: the GMH Expansion Project Needs Assessment Worksheets; the Department of Public Health and Social Services (DPHSS) Facility and Central Health Clinic; the Communicable Disease Public Health Analytical Laboratory; and Medical Health Care Campus Master Plan; leading to the development of a strategic medical and public health services funding plan. Apply and/or incorporate the Task 4 Findings, as required. GEDA and the Consultant(s) shall update the GMH Expansion Project Needs Assessment Worksheets; the DPHSS Facility and Central Health Clinic; the Communicable Disease Public Health Analytical Laboratory; and the Medical Health Care Campus Master Plan in order to seek funding for implementation. The project scopes may change depending upon the results of the analysis undertaken in Task 4.

MATRIX: Matrix will begin a review of the prior GMH Expansion Project Needs Assessment Worksheets Initial tasks will be to re-baseline the information to 2021 conditions, reflecting actions taken. The task effort will attempt to capture the current and forecasted needs requirements.

Matrix expects to use our on-island subcontractors to assist with any facility assessments. An additional or optional method will be a targeted questionnaire to obtain more sensitive market and business information.

Matrix will develop a searchable database of information related to the needs assessment information related to each function / facility. The needs assessments will be compared to the forecasted demographics provided by BSP. The information could also reflect a current / near term gap analysis and a long-term future demand.

SUBCONSULTANTS: N15 Architects (Guam), GUMA Architects, LLC (Guam)

TIMELINE: May 21 thru Sept 21

DELIVERABLE: Final GMH Expansion Project Updated Needs Assessment Worksheets (electronic submittals); the DPHSS Facility and Central Health Clinic updated project scopes; the Communicable Disease Public Health Analytical Laboratory; and Medical Health Care Campus Master Plan.

Task 6: Evaluate the Army Corps of Engineers (ACOE) Report

- GEDA and the Consultant(s) shall perform an independent and objective analysis of the Army Corps of Engineers (ACOE) Report to validate ACE costs, assumptions, and findings. The analysis shall

review the implications of the ACOE findings in regard to GMH short term and long-term investments especially in regard to relocating GMH and replicating the services GMH provides. Conduct and prepare a cost benefit analysis focused on the proposed future GMH role against the improvements and associated costs contained in the ACOE Report.

- Determine if other viable improvements and upgrades were overlooked in the ACE Report.
- Determine if all costs were accurately calculated and all assumptions validated particularly with regard to labor costs given the systemic labor supply challenges.
- Compare the Task 4 Findings to the ACOE Report Findings and adjust the short term and long term costs as necessary.

MATRIX: Matrix will begin a review of the prior Army Corps of Engineers (ACOE) Report. Initial tasks will be to baseline the information used in the original ACOE report, assess the underlining assumptions used in the alternative analysis. Matrix will look at the completeness and comprehensiveness of the report and analysis.

Our Medical / Hospital A&E subcontractor will conduct a through assessment of the engineering analysis and costing model. Our subcontractor is a key provider of A&E services for the US Department of Veteran Affairs (VA). Their experience in performing similar analysis for the Department of Veteran Affairs and various VA facilities will provide that qualified third party independent analysis.

Our local A&E subcontractor will provide on site inspection, photos, field work, and assessments to aid the collective team in the overall ACOE report review.

Matrix and our subcontractors will review the proposed improvements and upgrades to determine if they were sufficient for the current needs and provided the capacity for future demands.

Matrix and our subcontractors will evaluate the cost modeling based on the costing criteria at that time and provide a rough order of magnitude adjustment based on current costing information and criteria.

Matrix will review the element of siting and site selection along with any real estate / land cost component used in the ACOE report.

SUBCONSULTANTS: Atriax Group (hospital consultant), GUMA Architects, LLC (Guam)

TIMELINE: Apr 21 thru Nov 21

DELIVERABLE: An Independent Third-Party Reliability Report of ACOE Report. The Reliability Report should clearly discuss the findings generated from the third-party review. Example relevant topics: Comparison of future GMH services against the ACOE costs of proposed improvements; ACOE recommendations on repair vs. relocation of GMH. Reliability Report.

Task 7: Evaluate which medical and/or public health services should be provided at the GMH and DPHSS facilities if the decision is to repair by replacement. Evaluation should determine the highest and best use of GMH and DPHSS facilities; inclusive of repurposing for other revenue generating purposes.

- Using the findings from Tasks 4 and 6, GEDA and the Consultant(s) shall determine the highest and best use of the existing GMH and DPHSS facility and real property based upon the facility's revenue generating potential.
- GEDA and the Consultant shall conduct an analysis of highest and best use and shall provide

rough order of magnitude costs and revenues for each use analyzed.

- GEDA and the Consultant shall provide recommendations on future use of the GMH and DPHSS facility and real property.

MATRIX: Matrix will develop an initial concept of services to be retained in the existing GMH and / or DPHSS if an option to retain is considered. Matrix will begin a review for potential needs / opportunity for reuse of the similar type facilities. This task effort will attempt to capture the current and forecasted facility needs for the island economy.

Matrix will conduct a focused market analysis for real estate / building demands on Guam. Matrix will obtain sensitive market and business information to substantiate potential market opportunities.

SUBCONSULTANTS: N/A

TIMELINE: May 21 thru May 22

DELIVERABLE: A White Paper (electronic submittal) which shall include all analyses and recommendations. Matrix will provide a concept design / layout if reuse is considered.

Task 8: Development of a Strategic Medical and Public Health Services Underwriting / Funding Strategy.

- Apply and/or incorporate the findings, where appropriate, from Task 4, Task 5, and Task 7 as required.
- This effort, in coordination with the Governor's Fiscal Team, most especially with GEDA, should lead to the development of a strategic medical and public health services Funding or Underwriting Plan. The Funding or Underwriting Strategy should incorporate near term or immediate actions coupled with long term or strategic actions. The Plan should investigate, analyze, and incorporate as many viable means (i.e. Federal Grants, Bonds, Public-Private Partnerships, etc.).

MATRIX: Matrix will begin a review of GovGuam's bonding capacity and future bonding capacity. Matrix will work with the Governor's Fiscal Team and GEDA to develop a plan for financing components or the full range of the MAP, if feasible. Matrix will build off the financing and bond analysis that was developed during the Guam FIAS effort. We are using the key analysts that performed the FIAS study report.

Matrix will explore potential alternative revenue sources and programs that could augment GovGuam funding capability. This task effort will attempt to capture the current and forecasted required facility funding needs based on an approved priority facility listing and in concert with the timing required to accommodate the lay down of the needed facilities.

Matrix will require from GovGuam and obtain sensitive market and underwriting information to substantiate potential market/ funding opportunities. Matrix will work with the CDLO, GEDA, and the Governor's Fiscal Team to develop funding scenarios and opportunities

Matrix in concert with GEDA and the Fiscal Team will develop up to (2) two scenarios for consideration. Matrix will provide if reasonable, options / alternatives for specific facilities.

SUBJECT MATTER EXPERTS: TBD - Can be identified after completion of Task 4.

TIMELINE: Aug 21 thru Jun 22

Task No. 9 - Prepare a Medical Health Care Campus Master Plan

- GEDA and its Consultant shall prepare a Medical Health Care Campus Master Plan which shall incorporate medical and public health care services findings from the other tasks. Ancillary services including medical education and training, dormitories for families and trainees, and other services shall also be evaluated.
- The Medical Health Care Campus Master Plan shall explore with the relevant stakeholders, develop several course of actions, and reach consensus on a preferred recommendation on the appropriate location of a Guam Department of Public Health and Social Services (DPHSS) Public Health Analytical Testing Laboratory (determine if there is synergy and value of collocating in close proximity the Analytical Testing Laboratory with a new replacement GMH).
- Alternative sites for the Medical Health Care Campus will be provided by GEDA , which shall be evaluated to arrive at a preferred campus site from the alternative sites provided. The Alternative sites should include potential Department of the Navy Net Negative Sites or any DOD site that may be in discussion for public use purposes and Government of Guam Sites. While a preferred site from the alternative sites will be identified, the Consultant should also surface any shortcomings of the preferred site, which could lead to pursuing other sites.
- Phasing of development and milestones shall be included in the Medical Campus Master Plan.
- Rough order of magnitude project costs and any potential revenues if the site is able to support associated commercial medical and public health service facilities on the recommended site shall be calculated.
- At least two (2) presentations to policy makers and at least two medical and public health care service industry forums. It is anticipated the industry forums will consist of several smaller targeted stakeholder forums. The intent or focus of the presentations is to solicit constructive feedback and input from all stakeholders.

MATRIX: Matrix will review and incorporate the relevant elements of the prior tasks. These final reports and information will be used to develop the overall Medical Health Care Campus Plan.

Matrix will develop a summary of ancillary services including medical education and training, dormitories for families and trainees in support of the Medical Campus Plan. This will be a best available information-based overview report.

Matrix will work closely with GEDA and the Department of Land Management to analyze the various preferred sites provided and develop alternative courses of action to be reviewed. Matrix will work with the Governor to develop prioritization criteria to identify the most likely sites for consideration. Matrix will develop SWOT analysis of the short list of site options for consideration and final selection.

For the overall MAP, Matrix will develop a milestone chart reflecting the decision points and key facility completion windows to ensure an integrated Campus Plan.

Matrix will develop ROM costs for execution of the Campus Plan. The Final MAP will incorporate all the pertinent and key information, data, and recommendations from the previous task reports.

The presentations requested will be conducted virtually. The required attendee will be determined by the Task Force and finalized by the Governor.

NOTE: If the plan reflects a consolidated government/commercial facility a separate analysis would be required / recommended.

SUBCONSULTANTS: Our assigned subconsultants potentially will be used as needed in the development of the plan.

TIMELINE: May 21 thru Jul 22

DELIVERABLE: All presentations (10 hard copies plus electronic submittal) and a Final Medical Health Care Campus Master Plan (20 hard copies plus electronic submittal).

Task 10: In Progress Review (IPR) Meetings

- Throughout the Scope of Work Performance Period, GEDA and the Consultant(s) shall conduct reoccurring In Progress Review (IPR) Meetings, with the Governor and Lt. Governor; to keep them apprised of the status on the project, to surface any issues and challenges, and to seek their feedback, guidance, and direction.
- GEDA and the Consultant(s) shall meet either virtually or face to face at a minimum every three months. In addition, GEDA and the Consultant(s) shall plan on conducting IPR Meetings with the relevant stakeholders throughout the process.

MATRIX: Matrix will work with Governor's office to target / schedule IPR dates. The notional dates identified, reflect windows where progress updates link to potential key milestones in progress of several tasks. These dates also provide opportunities to provide any guidance or course corrections. These meetings can consist of power point presentation, handouts, or documents for review.

Matrix expects the early IPRs to be virtual and up to two IPRs to be on island.

TIMELINE: Sept 21, Jan 22, May 22

DELIVERABLE: In Progress Review Presentations (IRP)

The Deliverable (electronic submittals) shall consist of either IPR presentations or leave behinds (white paper, fact sheet, and IRP notes that document guidance / decisions, etc.).

Other Requirements

- The PBC Consultant shall sign a Non-Disclosure Statement. The Non-Disclosure Statement shall stipulate that any information provided in support of the project may not be utilized for other initiatives, until the information is made available in the public domain.

TIMELINE

Consultant Contract Notice to Proceed (NTP)

Task 1 - Medical Action Plan Final Work Plan	2 Month post NTP
Task 2 - Project Stakeholders Committee	Quarterly
Task 3 - Guam Medical Services Delivery Plan Phase 1 Update	6 Months post NTP
Task 4 - Final Core Assumptions White Paper	6 Months post NTP
Task 5 - Updated Final Needs Assessment Worksheets	14 Months post NTP
Task 6 - Reliability of ACOE Cost Estimates Report	8 Months post NTP
Task 7 - GMH and DPHSS Facilities White Paper	14 Month post NTP
Task 8 – Underwriting Strategy	15 Months post NTP
Task 9 - Medical Health Care Campus Master Plan	17 Months post NTP
Task 10 – In Progress Review	Reoccurring

Note: The Consultant shall provide a refined schedule with actual milestone dates as part of the Medical Action Plan (MAP) Final Work Plan, which the Grantee will provide to the Grantor.

Note: During the COVID-19 pandemic, virtual meetings will be acceptable.

[illegible]

TRAVEL

T 1 Coord and Work Plan

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00			\$0.00
Lodging	\$159.00			\$0.00
Lodging Tax/Fee				\$0.00
Per Diem	\$96.00			\$0.00
Car Rental	\$65.00			\$0.00
Rental Car Gas	\$40.00			\$0.00
Local Mileage	\$0.58			\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$0.00

T 2 Stakeholder Committee

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00			\$0.00
Lodging	\$159.00			\$0.00
Lodging Tax/Fee				\$0.00
Per Diem	\$96.00			\$0.00
Car Rental	\$65.00			\$0.00
Rental Car Gas	\$40.00			\$0.00
Local Mileage	\$0.58			\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$0.00

T 3 Update Medical Delivery Plan

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00			\$0.00
Lodging	\$159.00			\$0.00
Lodging Tax/Fee				\$0.00
Per Diem	\$96.00			\$0.00
Car Rental	\$65.00			\$0.00
Rental Car Gas	\$40.00			\$0.00
Local Mileage	\$0.58			\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$0.00

T 4 Review 2016 GHH Report

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00			\$0.00
Lodging	\$159.00			\$0.00
Lodging Tax/Fee				\$0.00
Per Diem	\$96.00			\$0.00
Car Rental	\$65.00			\$0.00
Rental Car Gas	\$40.00			\$0.00
Local Mileage	\$0.58			\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$0.00

T 5 Needs Assessment

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00			\$0.00
Lodging	\$159.00			\$0.00
Lodging Tax/Fee				\$0.00
Per Diem	\$96.00			\$0.00
Car Rental	\$65.00			\$0.00
Rental Car Gas	\$40.00			\$0.00
Local Mileage	\$0.58			\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$0.00

T 6 Evaluate COE Report

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00	1	5	\$3,500.00
Lodging	\$159.00	1	5	\$795.00
Lodging Tax/Fee		1	5	\$0.00
Per Diem	\$96.00	1	5	\$480.00
Car Rental	\$65.00	1	5	\$425.00
Rental Car Gas	\$40.00	1	5	\$40.00
Local Mileage	\$0.58	250		\$0.00
Airport Trans.	\$25.00	1		\$25.00
Total				\$5,240.00

T 7 Med & PH Best Uses

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00	3	5	\$10,500.00
Lodging	\$159.00	3	5	\$2,385.00
Lodging Tax/Fee		3	5	\$0.00
Per Diem	\$96.00	3	5	\$1,440.00
Car Rental	\$65.00	3	5	\$1,275.00
Rental Car Gas	\$40.00	1		\$40.00
Local Mileage	\$0.58	300		\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$15,640.00

T 8 Strategic Medical & Public Health Services Underwriting / Funding Strategy

Reimbursable Expense	Estimated Cost	Number per Trip	Number of Days	Total Cost
Airfare	\$3,500.00			\$0.00
Lodging	\$159.00			\$0.00
Lodging Tax/Fee				\$0.00
Per Diem	\$96.00			\$0.00
Car Rental	\$65.00			\$0.00
Rental Car Gas	\$40.00			\$0.00
Local Mileage	\$0.58			\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$0.00

T 9 Prepare a Medical Health Care Campus Master Plan

Reimbursable Expense	Estimated Cost	Number	Number	Total Cost
Airfare	\$3,500.00			\$0.00
Lodging	\$159.00			\$0.00
Lodging Tax/Fee				\$0.00
Per Diem	\$96.00			\$0.00
Car Rental	\$65.00			\$0.00
Rental Car Gas	\$40.00			\$0.00
Local Mileage	\$0.58			\$0.00
Airport Trans.	\$25.00			\$0.00
Total				\$0.00

T 10 In Progress Reviews (Two Trips / 2 people each)

Reimbursable Expense	Estimated Cost	Number	Number	Total Cost
Airfare	\$3,500.00	4	5	\$14,000.00
Lodging	\$159.00	4	5	\$3,180.00
Lodging Tax/Fee		4	5	\$0.00
Per Diem	\$96.00	4	5	\$1,920.00
Car Rental	\$65.00	2	5	\$850.00
Rental Car Gas	\$40.00	2		\$80.00
Local Mileage	\$0.58	200	1	\$118.00
Airport Trans.	\$25.00	4		\$100.00
Total				\$20,148.00

T 11

Reimbursable Expense	Estimated Cost	Number	Number	Total Cost
Airfare				\$0.00
Lodging				\$0.00
Lodging Tax/Fee				\$0.00
Per Diem				\$0.00
Car Rental				\$0.00
Rental Car Gas				\$0.00
Local Mileage				\$0.00
Airport Trans.				\$0.00
Total				\$0.00

Total \$41,026.00

OTHER DIRECT EXPENSES (Reported under Program Management)

Reimbursable Expense	Cost	Event	Total Cost	Days	Total
Shipping	\$0.00	n/a	\$0.00	n/a	
Public Mfg & Mktg Supplies	\$0.00	n/a	\$0.00	n/a	
Room Rental	\$0.00	0	\$0.00	0	
Advertising	\$0.00	0	\$0.00	0	
Total for Task Order					

REPRODUCTION

Action	Report	Copies	8.5x11/Color	8.5x11/Color	31x17/Color	Binding	Covers	Maps	CD	Total
1		Files	8,541	\$0.48	\$1.00	\$1.50	\$2.00	\$6.00	\$5.00	\$3.00
1	participants as well as electronic copy	1	50	25					25	\$122.00
1	DPI	1		30						\$30.00
Task 1 Total										\$152.00
2										\$0.00
2	participants as well as electronic copy	1		200					50	\$350.00
2	PPT	1		30						\$30.00
Task 2 Total										\$380.00
3	participants as well as electronic copy	1		125					25	\$204.00
3	PPT	1		25						\$25.00
Task 3 Total										\$229.00
4	participants as well as electronic copy	1		125					25	\$204.00
4	PPT	1		50						\$50.00
Task 4 Total										\$254.00
5	participants as well as electronic copy	1		200					25	\$283.00
5	PPT	1		45						\$45.00
Task 5 Total										\$328.00
6	participants as well as electronic copy	1		200					25	\$283.00
6	PPT	25		4						\$100.00
Task 6 Total										\$383.00
7	participants as well as electronic copy	1		200					6	\$25
7	PPT	1		50					6	\$40.00
Task 7 Total										\$295.00
8	participants as well as electronic copy	1		125					25	\$204.00
8	PPT	40		40						\$40.00
Task 8 Total										\$244.00
9	Prepare a final report of 50 copies for distribution to	20		225					25	\$5,183.00
9	for a maximum Executive Summary	25		4						\$100.00
Task 9 Total										\$5,283.00
10	participants as well as electronic copy	20		25					25	\$377.00
10	PPT	3		75						\$225.00
Task 10 Total										\$602.00
11										\$0.00
Task 11 Total										\$0.00
TOTAL										\$8,460.00

TOTAL DIRECT COST SUMMARY	
Travel	\$0.00
Other Direct Costs	\$0.00
Reproduction \$	8,460.00
TOTAL	\$8,460.00

Office of Local Defense Community Cooperation

Department of Defense

Notice Of Award

1.FEDERAL AWARDING AGENCY

U.S. DEPARTMENT OF DEFENSE
OFFICE OF LOCAL DEFENSE COMMUNITY COOPERATION
2231 CRYSTAL DRIVE, SUITE 520
ARLINGTON, VA 22202

2.INSTRUMENT TYPE:

Grant Agreement

3.AWARD TYPE

Non-Construction

4.TYPE OF ACTION:

New Award

5.FEDERAL AWARD DATE:

2021-02-18

6.AWARDED TO:

Government of Guam
P.O. Box 2950
Hagatna GU
96932-2950

7.PRINCIPAL INVESTIGATOR

Carol Perez
Grants and Contracts Executive Assistant
Office of the Governor
carol.perez@guam.gov

8.UNIQUE ENTITY IDENTIFIER:

778904292

9.OLDCC AWARD NUMBER:

GR882-21-08

10.FEDERAL AWARD IDENTIFICATION NUMBER:

HQ00052110002

11.PROGRAM TYPE:

Growth

12.AMENDMENT NUMBER:

13.REGULATORY AUTHORITY:

2 CFR 200

14.PERIOD OF PERFORMANCE:

03/01/2021 - 08/31/2022

15.STATUTORY AUTHORITY:

10. U.S. Code § 2391

16.CFDA NUMBER AND TITLE:

12.618 Community Economic Adjustment Assistance for Establishment
or Expansion of a Military Installation

17.TITLE AND DESCRIPTION:

18.BUDGET SUMMARY

	FEDERAL	NON-FEDERAL	TOTAL APPROVED BUDGET
PREVIOUSLY OBLIGATED	\$0	\$0	\$0
OBLIGATED BY THIS ACTION	\$1,760,000	\$0	\$1,760,000
INDIRECT COST RATE IS: 0	\$0	\$0	\$0
TOTAL OBLIGATED ON AWARD	\$1,760,000	\$0	\$1,760,000
GRANT TOTAL	\$1,760,000	\$0	\$1,760,000

19.FEDERAL AGENCY POINTS-OF-CONTACT

GRANTS MANAGEMENT SPECIALIST:	PROJECT MANAGER:
Catherine Summers catherine.l.summers2.ctr@mail.mil (703) 697-2174	Gary Kuwabara gary.d.kuwabara.civ@mail.mil (916) 557-7365

20.TERMS AND CONDITIONS

The following terms and conditions are incorporated herein by reference with the same force and effect as if they were given in full text. Upon request the Federal awarding agency will make the full text available, or they can be found as described below.

The following documents may be found at:
<https://oea.gov/grant-management-administration>.

National Policy Requirements
General OLDCC Terms and Conditions
Program-Specific Terms and Conditions

Special Conditions

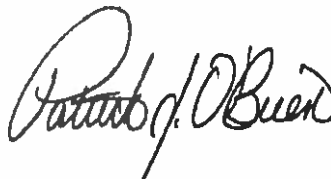
Prior to the disbursement of funds for sub-recipient activities under this award, the Grantee shall submit an executed agreement(s) for these activities with each sub-recipient.

21.AWARD PERFORMANCE GOALS

REPORTING TYPE	FREQUENCY	DUE DATE
Performance Report	Quarterly	2021-06-30
Performance Report	Quarterly	2021-09-30
Performance Report	Quarterly	2021-12-31
Performance Report	Quarterly	2022-03-31
Federal Financial Report	Quarterly	2022-03-31
Performance Report	Quarterly	2022-06-30
Federal Financial Report	Quarterly	2022-11-30
Final Performance Report	Quarterly	2022-11-30

22.AFFIRMATION OF AWARD

By signing this agreement, the Authorized Representative assures that the recipient will carry out the project/program described in its application and will comply with the terms and conditions and other requirements of this award.

FOR THE RECIPIENT**FOR THE UNITED STATES OF AMERICA**

Name Jon Junior M. Calvo
Title Chief of Staff

Date Signed
2021-02-22

Patrick O'Brien
Award Official

Date Signed
2021-02-18

Application for Federal Assistance SF-424			
1.Type of Submission:		2.Type of Application: * If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * Other (Specify): _____	
3.Date Received:		2020-11-16 15:58:13	4.Applicant Identifier:
5a. Federal Entity Identifier:		NC2020-1667	5b.Federal Award identifier:
State use Only:			
6.Date Received by State:		7.State Application Identifier:	
8. APPLICANT INFORMATION:			
a.Legal Name:		Government of Guam	
b. Employer/Taxpayer Identification Number(EIN/TIN):		98-0018947	c. Organizational DUNS: 778904292
d. Address:			
Street1:		P.O. Box 2950	
Street2:			
City:		Hagatna	
County/Parish:			
State:		GU	
Province:			
Country:		United States	
Zip / Postal Code:		96932-2950	
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and Contact information of person to be contacted on matters involving this application:			
Prefix:		Ms.	First Name: Carol
Middle Name:		M.	
Last name:		Perez	
Suffix:			
Title:		Grants and Contracts Executive Assistant	
Organization Affiliation:		Government of Guam	
Telephone Number:		(671) 472-8931	Fax Number:
Email:		carol.perez@guam.gov	

Application for Federal Assistance SF-424
9. Type of Applicant 1: Select Applicant Type:
F: U.S. Territory or Possession
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
Other (specify):
10.Name of Federal Agency:
Office of Economic Adjustment
11. Catalog of federal Domestic Assistance Number:
12.618
CFDA Title:
12.618 Community Economic Adjustment Assistance for Establishment or Expansion of a Military Installation
12. Funding Opportunity Number:
Title:
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Territory of Guam
15. Descriptive Title of Applicant's Project:
Medical and Public Health Services Action Plan
Attach supporting documents as specified in agency instructions.:

16. Congressional Districts Of:			
a. Applicant		b. Program/Project	
Attach an additional list of Program/Project Congressional Districts if needed.			
17. Proposed Project:			
a. Start Date:		2021-03-01	b. End Date: 2022-08-31
18. estimated Funding (\$):			
a. Federal:		\$1,760,000	
b. Applicant:		\$0	
c. State:		\$0	
d. Local:		\$0	
e. Other:		\$0	
f. Program Income:		\$0	
g. TOTAL		\$1,760,000	
19. Is Application Subject to Review By State Under Executive Order 1372 Process?:			
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review <input type="checkbox"/> c. Program is not covered by E.O. 12372.			
20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<input checked="" type="checkbox"/> ** I AGREE			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
Authorized Representative:			
Prefix:		First Name: Jon	
Middle Name:			
Last name:		Calvo	
Suffix:			
Title:		Acting Chief of Staff	
Organization Affiliation: Government of Guam			
Telephone Number:		(671) 472-8931	Fax Number:
Email:		jon.calvo@guam.gov	
Signature of the Authorized Representative:		Jon Junior M Calvo	Date Signed: 2020-12-22

Application Narrative

Use this section to describe the proposed project and justify the need for financial assistance. The Narrative should include the following sections, in the following order: Application Abstract; Introduction/Background; Need for Assistance; Project Goals and Objectives Related to OEA Mission; Results or Benefits Expected; Approach & Timeline; and Deliverables/Products. Each section is limited to 1,000 words, unless otherwise noted. Appendices, charts, maps and other illustrative materials may be attached to further describe the proposal.

Key Personnel

Name	Title	Email	Resume
Ms. Carol Perez	Grants Management Specialist	carol.perez@guam.gov	Download

Contractor Services

Does this grant require use of contractor services?

Yes

Contractor Name	Description	Start Date	End Date	Scope of Work
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Sub Recipient

Do you anticipate awards to any sub recipients?

Yes

Provide details of sub award recipients

The Office of the Governor will utilize the existing Guam Economic Development Authority (GEDA) Performance Based Contract (PBC), a management practice sustained from prior OEA supported initiatives.

GEDA will be a sub-recipient on the grant, if one is approved. GEDA is an autonomous Government of Guam agency. GEDA will oversee the issuing of the task order and contract negotiation and award.

Deliverables Instructions

Identify tangible products and/or other projected work program accomplishments Examples include, but are not limited to, Joint Land Use Study Final Report; Base Redevelopment Plan and Homeless Assistance Submission; Infrastructure Analysis and Recommended Improvements; Defense Industry Supply Chain Map; or Growth Management Plan

Grant Deliverable List

Name	Description	Deliverable Date
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Task 1 Post Award-Confirmation of Work Plan Tasks	Medical and Public Health Services Action Plan (MAP) Final Work Plan (electronic copy of the Work Plan Presentations, electronic copy of all outreach materials, and electronic copy of meeting summaries).
Task 2 Medical and Public Health Service Provider Project Coordination	Electronic copy of the Stakeholder Committee Meeting - meeting summaries, presentation materials (handouts, fact sheets, presentations, etc.), white papers, etc.
Task 3 Update the Phase 1 Guam Medical Services Delivery Plan	1) Update of the 2012 report titled "Guam Medical Service Delivery Plan Phase 1: Medical Providers Baseline Assessment" (electronic submittal). 2) Medical Service Providers Inventory 3) Medical Services Providers Geographic Location GIS Layer 4) Section of Delivery Plan – Existing Conditions and Trends
Task 4 Review and analyze the 2016 GMH Task Force Report	A Final Core Assumptions White Paper (electronic submittal) concerning the validity of the assumptions, trends, and recommendations contained in the 2016 GMH Task Force Report and a power point presentation (electronic submittal) for the Governor and Lt. Governor to focus their attention on significant White Paper findings and the findings implication to the GMH Task Force Report
Task 5 Update GMH Expansion, DPHSS Facility and Medical Health Care Campus Master Plan	Final GMH Expansion Project Updated Needs Assessment Worksheets (electronic submittals); the DPHSS Facility and Central Health Clinic updated project scopes; the Communicable Disease Public Health Analytical Laboratory; and Medical Health Care Campus Master Plan.
Task 6 Evaluate the Army Corps of Engineers (ACOE) Report	An Independent Third Party Reliability Report of ACE Report. The Reliability Report should clearly discuss the findings generated from the third party review. Example relevant topics: Comparison of future GMH services against the ACE costs of proposed improvements; ACE recommendations on repair vs. relocation of GMH. Reliability Report.
Task 7 Evaluate which medical and public health services should be provided at GMH and DPHSS	A White Paper (electronic submittal) which shall include all analyses and recommendations.
Task 8 Development of Strategic Medical and Public Health Services Underwriting / Funding Strategy	Medical Health Care Campus Master Plan, Funding or Underwriting Strategy.
Task 9 Prepare a Medical Health Care Campus Master Plan	All presentations and a Final Medical Health Care Campus Master Plan.

**Task 10 In
Progress
Review (IPR)
Meetings**

In Progress Review Presentations (IRP)
The Deliverable (electronic submittals) shall consist of either IPR presentations or leave
behinds (white paper, fact sheet, and IRP notes that document guidance / decisions, etc.).

Goals related to OEA mission instructions

N/A

Goals related to the OEA mission

GOALS RELATED TO THE OEA MISSION

On January 7, 2019, Governor Lou Leon Guerrero was sworn in as the ninth elected Governor for the Territory of Guam. Governor Lou Leon Guerrero and Lt. Governor Josh Tenorio acknowledge and appreciate the program of assistance, inclusive of the technical assistance, that the Office of Economic Adjustment (OEA) has provided to date. They recognize that the OEA program of assistance provided to the Territory of Guam is unprecedented, in comparison to the program of assistance provided to other jurisdictions, as documented in the "Defense Spending by State."

While there was an overwhelming desire to immediately address all the challenges facing the Territory of Guam, the Governor and Lt. Governor embraced an incremental, paced, phased approach. The Governor and Lt. Governor are submitting the Guam Medical and Public Health Services Action Plan (MAP) Grant Application for OEA consideration.

The grant primary goal, if a grant is awarded, is to prepare a responsive MAP, with specific milestones and recommendations, to inform the Governor and Lt. Governor, on how to effectively and strategically invest scarce resources on improving the delivery of critical medical and public health services to the community at large, inclusive of military personnel and their dependents. A major aspect of the MAP is determining the future value / role of Guam Memorial Hospital (GMH); should GMH be renovated or repurposed in conjunction with the construction of a new GMH.

2020 COVID-19 Pandemic validated medical and public health services are critical to the entire island and that communicable and infectious diseases make no distinction between on installation or off installation. The COVID-19 Pandemic affirmed it is in the Department of Defense (DOD) best interest for the Government of Guam to improve and invest in the delivery of medical and public health services for the entire island, especially since the DOD current missions and proposed military realignments have and continue to have significant direct and indirect impacts on the island of Guam. It is important that the current medical and public health care systems are not adversely impacted. Instead, the Territory's medical and public health care services need to be capable and responsive to a complex, ever evolving, and challenging environment.

To date, the Territory of Guam has and continues to be supportive and responsive to the numerous, complex, and evolving Department of Defense initiatives that impact the island. The number and the type of Department of Defense initiatives underscore Guam's strategic and tactical value to Department of Defense and to the Nation; especially in regards to the National Defense Strategy. Recent geopolitical events inclusive of INDOPACOM Commander's media statements and the US Congress support of the INDOPACOM Pacific Deterrence Initiative (PDI) validate the value and importance Guam serves in the Western Pacific.

While the Government of Guam has been challenged to financially sustain the island's organic growth and systemic challenges; the Department of Defense initiatives have dramatically challenged and at times over taxed the Government of Guam. The sheer magnitude of the Department of Defense programs coupled with the protracted time frame and dynamic nature have placed and continues to place additional burden and strain on the Government of Guam's limited capacities, capabilities, and resources.

The National Defense Strategy places the Indo-Pacific Theater front and center, validating Guam's strategic importance. The military realignments and force structure build-up can be viewed as an early national defense warning and containment system. In addition, the pending Fiscal Year 2021 National Defense Authorization Act establishes the Pacific Deterrence Initiative (PDI) to send a strong signal to the Chinese Communist Party that America is deeply committed to defending the Nation's interests in the Indo-Pacific Theater.

CAGE Code: 4BGKo

Grant Introduction/Background

GRANT INTRODUCTION / BACKGROUND:

TERRITORY OF GUAM

Numerous efforts have been undertaken since 2010 to secure investments in the medical and public health services infrastructure, with nominal success. In 2010, the Government of Guam pursued \$197 Million in funding through the Secretary of Defense (SECDEF) precursor initiative to the SECDEF Economic Adjustment Committee (EAC). The \$197 Million included: Guam Memorial Hospital (GMH) Expansion Project (\$86M); Department of Public Health and Social Services (DPHSS) Central Health Clinic Project (\$96.1M); and the Communicable Disease Public Health Analytical Laboratory (\$13.0M) and Medical Health Care Campus Master Plan (\$1.8M). To date, \$13.0M was appropriated with no authorization for the Public Health Laboratory. The Office of Economic Adjustment provided \$175,000 program of assistance for the Medical Delivery Services Plan.

In 2011, OEA awarded a \$175,000 to the Office of the Governor for the Phase I Guam Medical Services Delivery Plan, a sub-component to the proposed four phase Medical Health Care Campus Master Plan. Only Phase I was funded. The Guam Medical Services Delivery Plan – Phase I, provided an inventory and gap analysis of on-island medical and public health care services provided by the public and private sectors.

In 2012, the Guam Memorial Hospital Authority developed an Expansion Feasibility Study, which recommended short and long term improvements to the Z-wing, hospital parking, and code upgrades. The Feasibility Study did not lead to tangible investments. Instead, it surfaced more concerns or challenges.

In 2014, the Department of the Navy completed and opened the new Nimitz Hill Naval Hospital.

In 2015, Guam Regional Medical City (GRMC), the first private hospital opened on Guam. While GRMC hospital possessed state of the art technology and brought additional capacity (hospital beds and new services) to Guam, GRMC experienced difficulties with the hiring and retaining of qualified staff, which adversely impacted services provided and GRMC's financial position on island.

In 2019, the Governor requested the Army Corps of Engineers to evaluate: the structural condition of GMH; the required improvements to upgrade the existing GMH; and a budget estimate so the Governor could make informed cost / benefit decisions. The Army Corps of Engineers agreed to undertake the analysis and produced an Army Corps of Engineers (ACOE) Report.

In 2020, the Department of Public Health and Social Services (DPHSS) facility in Mangilao was closed due to structural and environmental deficiencies. GMH continues to remain open and function, but with serious challenges and deficiencies, which has put the GMH certification at risk.

Additionally, in 2020 the novel corona virus (COVID-19) began affecting the island and uncovered major deficiencies in Guam's medical and public health care system. The number of acute care hospital beds was deemed insufficient for the projected number of potential symptomatic cases; testing capabilities were extremely limited while delays in obtaining results increased costs of quarantine as collected samples had to be sent off-island for analysis; contact tracing proved difficult and consumed scarce manpower; and stockpiled protective equipment was virtually nonexistent. Over 1,000 personnel from the U.S.S. Theodore Roosevelt tested positive taxing not only the Navy medical facilities, but also the civilian network, since many Navy medical personnel worked in the civilian health care system. Eventually, a temporary 150-bed DoD Expeditionary Medical Facility was established to accommodate potential military and civilian needs. However, with the onset of the typhoon season, the temporary medical facility was disestablished relocating some capacity to hardened structures.

Guam's relative small size, isolation, climate, and other geographic characteristics together with its reliance on air and sea transportation for medical supplies, food and other provisions highlight the challenges that need to be assessed and resolved to support American citizens outside the fifty United States.

The 33rd Guam Legislature, under the Committee on Health, Economic Development, Homeland Security, and Senior Citizens, in 2016, published a GMH Task Force Report that documented national and local health care trends and recommended reconsideration of GMH's role in the continuum of health care, suggesting that a public/private partnership effort be launched to place GMH in private ownership and/or scale down its service profile by becoming more specialized while collaborating with a network of medical and public health service providers on Guam and throughout the region. This new direction, if deemed acceptable, would substantially change or influence medical and public health care investments. To effectively address the systemic medical and public health care challenges requires the collaborative development of a Medical and Public Health Services Action Plan (MAP) to ensure that scarce resources are strategically and soundly invested.

DEPARTMENT OF DEFENSE INITIATIVES

The Department has initiated several independent Environmental Impact Statements / Overseas Environmental Impact Statements (EIS/OEIS) that impact the Territory of Guam. The EIS/OEIS have independent proposed actions, but all actions are critical to ensuring mission and operational readiness. The following are the EIS/OEIS:

- United States Pacific Fleet, May 2015, Mariana Islands Training and Testing (MITT) FEIS / OEIS
- United States Navy, July 2012, Guam and Commonwealth of the Northern Mariana Islands Marine Relocation Supplemental EIS (SEIS)
- United States Navy, July 2010, Guam and Commonwealth of the Northern Mariana Islands Marine Relocation FEIS
- United States Pacific Fleet, May 2010, Mariana Islands Range Complex (MIRC) FEIS/OEIS

In addition, the pending Fiscal Year 2021 National Defense Authorization Act establishes the Pacific Deterrence Initiative (PDI) to send a strong signal to the Chinese Communist Party that America is deeply committed to defending the Nation's interests in the Indo-Pacific Theater.

Need for Assistance

NEED FOR ASSISTANCE

With the significant passage of time, it is apparent to the Governor and the Lt. Governor that financial assumptions and conditions tied to the Marines relocation from Japan to Guam have evolved. In addition, the recent COVID-19 Pandemic have adversely devastated Guam's economy, especially Guam's tourism industry. The Governor and the Lt. Governor recognize the availability of resources and their strategic investment are major contributing factors to the Government of Guam's responsiveness to the Department of Defense. Accordingly, the Governor and the Lt. Governor believe a Medical and Public Health Services Action Plan is warranted.

A Medical and Public Health Services Action Plan will enable the Government of Guam to more effectively and strategically invest limited or scarce resources that produce and / or lead to significant and tangible outcomes for all the residents of Guam; inclusive of the Department of Defense service members and their dependents.

Several factors impact the Government of Guam's ability to continue to support and be responsive to the Department of Defense initiatives / programs: 1). protracted period of execution for the Department of Defense initiatives / programs; 2). reduction of permanently assigned US Marines to the island of Guam, which in turn impacts the Section 30 Revenue Stream; 3). recent change to the Federal Tax Laws, which adversely impacted the Government of Guam; 4). need to issue a \$20.0 Million bond for the construction of a new landfill cell, which is required to sustain the current and projected island population; and 5). adverse impacts associated with the COVID-19 Pandemic.

The Office of the Governor is seeking OEA program of assistance. Without OEA program of assistance the Office of the Governor and the Government of Guam would not be able to conduct the initiatives proposed in the Grant Application.

GRANT ABSTRACT

In response to the unprecedented nature, magnitude, evolving, and protracted Department of Defense realignment actions, inclusive of the U.S. Marines relocation from Japan to Guam, the grant enables the Government of Guam to soundly invest scarce Government of Guam resources in medical and public health care infrastructure. The Medical and Public Health Services Action Plan will influence and shape the Government of Guam's medical and public health investment decisions.

Investing in and improving Guam's Medical and Public Health Services are paramount to Department of Defense readiness and operations in the Western Pacific theater of operations. The Department of Defense inclusive of the military components directly benefit from this grant.

Results or Benefits Expected

RESULTS OR BENEFITS EXPECTED:

- Structured approach to address the need for a new or renovated hospital facility
- Provide enhanced strategy required when leveraging or investing scarce funding resources
- Enhanced analysis, dialogue, and decision making by key stakeholders
- Enhanced medical and public health services for the residents of Guam, inclusive of all military personnel and their dependents
- Enhances the fragile symbiotic relationship, between the military and community, which was tested to the brink during the recent COVID-19 Pandemic and contributed to the MAP initiative

Approach and Timeline

APPROACH AND TIMELINE:

A. Approach

The Office of the Governor proposes the following approach:

The Office of the Governor will utilize the existing Guam Economic Development Authority (GEDA) Performance Based Contract (PBC), a management practice sustained from prior OEA supported initiatives. The PBC Consultant was procured via a competitive solicitation in 2014. A copy of the original PBC Request for Proposal (RFP) has previously been provided to OEA. However, to provide a thorough administrative record a copy of the GEDA PBC RFP is provided as an attachment to the Grant Application.

GEDA will be a sub-recipient on the grant, if one is approved. GEDA is an autonomous Government of Guam agency. In accordance with Government of Guam internal controls, a Memorandum of Agreement (MOA) will be executed, between GEDA and the Office of the Governor. Typically, GEDA applies a fourteen percent (14%) management fee because GEDA is an autonomous agency. However, GEDA has agreed to a ten percent (10%) management fee given the Office of the Governor Community Defense Liaison Office (CDLO) management involvement.

The Office of the Governor will provide the Guam Medical and Public Health Services Action Plan Scope of Work / Task Order to the PBC Consultant, via GEDA, to obtain a Work Plan and Budget Proposal.

Notes:

1. The PBC is a multiple year / multiple task order contract. Accordingly, the PBC RFP was broader in scope and anticipated issuance of future Task Orders or Scopes of Work (possibly underwritten by OEA and / or other sources; inclusive of other Federal Agencies / Departments or even the Government of Guam).

2. The PBC RFP sought a Consultant who possessed expertise and experience in a broad range of subject areas.

Award of any Scopes of Work / Task Orders will be based on the quality and responsiveness of the PBC Consultant's Work

Plan and Budget Proposal. If the PBC Consultant is non-responsive (work plan and / or cost) the Scopes of Work / Task Order will be withdrawn.

While the Office of the Governor will continue to be the sponsor and central clearinghouse for all OEA Grant Awards, the CDLO will oversee and manage the Grant Awards on behalf of the Office of the Governor. Other Government of Guam Agencies / Departments will supplement the Office of the Governor on Task Orders and Scopes of Work to ensure relevant Agency / Department expertise involvement.

B. Timeline

The Governor and Lt. Governor are proposing that the Guam Medical and Public Health Services Action Plan Performance Period be eighteen (18) months. The proposed timeline accounts for the adverse COVID-19 Pandemic impacts, inclusive of extensive use of telework and restricted travel.

Concurrently with the submission of this Grant Application, the Office of the Governor and GEDA will begin to revise current Memorandum of Agreement (MOA) and GEDA will initiate PBC Consultant Contract negotiations, informing the PBC Consultant that award is subject to availability of funds. These two actions are intended to reduce and possibly eliminate time typically requested for administrative / internal control actions.

One month is reserved for administrative actions. Seventeen (17) months will be dedicated for the PBC Consultant execution of the Guam Medical and Public Health Services Action Plan Scope of Work.

Grant Performance Period

Start Date: March 1, 2021 End Date: August 31, 2022

Grant Performance Period would be eighteen (18) months.

Scope of Work/Work Program

Scope of Work

Medical and Public Health Services Action Plan (MAP)

BACKGROUND

Numerous efforts have been undertaken since 2010 to secure funding to support investments into the medical and public health services infrastructure. In 2010, the Government of Guam pursued \$197 Million in funding through the Secretary of Defense (SECDEF) precursor initiative to the SECDEF Economic Adjustment Committee (EAC). The \$197 Million included: Guam Memorial Hospital (GMH) Expansion Project (\$86M); Department of Public Health and Social Services (DPHSS) Central Health Clinic Project (\$96.1M); Communicable Disease Public Health Analytical Laboratory (\$13.0M); and Medical Health Care Campus Master Plan (\$1.8M).

In 2012, the Guam Memorial Hospital Authority (GMHA) developed an Expansion Feasibility Study, which recommended short and long term improvements to the Z-wing, hospital parking, and code upgrades. In December 2012, the Office of the Governor commissioned the preparation of a Guam Medical Services Delivery Plan – Phase I, which provided an inventory and gap analysis of on-island health care services provided by both the public and private sectors. The Phase I used Office of Economic Adjustment (OEA) program of assistance.

In 2014, the Department of the Navy completed and opened the new Nimitz Hill Naval Hospital.

In 2015, Guam Regional Medical City (GRMC), the first private hospital opened on Guam. While GRMC Hospital possessed state of the art technology and brought additional capacity (hospital beds and new services) to Guam, GRMC experienced difficulties with hiring and retaining of qualified staff, which impacted the services GRMC could provide and ultimately GRMC's financial position on island.

In 2019, the Governor requested the Army Corps of Engineers to evaluate: the structural condition of GMH; the required improvements to upgrade the existing GMH; and a budget estimate so the Governor could make informed cost / benefit decisions.

In 2020, the Department of Public Health and Social Services (DPHSS) facility in Mangilao was closed due to structural and environmental deficiencies.

Additionally, in 2020 the novel corona virus (COVID-19) began affecting the island and uncovered major deficiencies in Guam's medical and public health care system. The number of acute care hospital beds was deemed insufficient for the projected number of potential symptomatic cases; testing capabilities were extremely limited while delays in obtaining results increased costs of quarantine as collected samples had to be sent off-island for analysis; contact tracing proved difficult and consumed scarce manpower; and stockpiled protective equipment was virtually nonexistent. Over 1,000 personnel from the U.S.S. Theodore Roosevelt tested positive taxing not only the Navy medical facilities, but also the civilian network, since many Navy medical personnel work in the civilian health care system. Eventually, a temporary 150-bed DoD Expeditionary Medical Facility was established to accommodate potential military and civilian needs. However, with the onset of the typhoon season, the temporary medical facility was disestablished relocating some capacity to hardened structures.

Guam's relative small size, isolation, climate, and other geographic characteristics together with its reliance on air and sea transportation for medical supplies, food and other provisions highlight the challenges that need to be assessed and resolved to support American citizens outside the fifty United States.

In 2016, the 33rd Guam Legislature, under the Committee on Health, Economic Development, Homeland Security, and Senior Citizens, published a GMH Task Force Report that documented national and local health care trends and recommended reconsideration of GMH's role in the continuum of health care, suggesting that a public/private partnership effort be launched to place GMH in private ownership and/or scale down its service profile by becoming more specialized while collaborating with a network of health services providers on Guam and throughout the region. This new direction, if deemed acceptable, would substantially change or influence health care investments. To effectively address the systemic medical and public health care challenges requires the collaborative development of a Medical and Public Health Services Action Plan (MAP) to ensure that scarce resources are strategically and soundly invested.

Objective: Prepare a Medical and Public Health Services Action Plan (MAP), with critical milestones, which will enhance and inform the Governor and Lt. Governor, as they lead the Government of Guam to strategically tackle the systemic medical and public health care challenges. A pressing issue is deciding the fate of Guam Memorial Hospital; whether it should be renovated or repaired by replacement.

Grant Performance Period

Start Date: March 1, 2021 End Date: August 30, 2022

Grant Performance Period would be eighteen (18) months.

Consultant Performance Period

Projected Start Date: As early as April 1, 2021 Projected End Date: August 30, 2022

Consultant Performance Period would be approximately seventeen (17) months.

The Grant Performance Period includes one (1) month for Grant Award administrative actions, such as Government of Guam internal controls. The Consultant will be issued a Notice to Proceed (NTP) when administrative actions are completed.

Task 1. Post Award - Confirmation of Work Plan Tasks

Post award, confirm the Final Work Plan meets the desires of the Office of the Governor. Guam Economic Development

Agency (GEDA) and the Consultant(s) shall discuss, with the Office of the Governor (Governor and Lt Governor) and a few key senior advisers, identified by the Governor, from the medical and public health service providers on the challenges, requirements, and expectations associated with this initiative.

Based on documented input from the Office of the Governor and key senior advisers from the medical and public health service providers, GEDA and the Consultant(s) shall refine the Work Plan. GEDA and the Consultant(s) shall determine if the refined Work Plan aligns with the level of effort reflected in the contracted budget and identify Work Plan items that require addition funding. GEDA and the Consultant(s) shall present the refined Work Plan to the Governor and Lt. Governor, to obtain their concurrence, support, and endorsement of the final agreed upon Work Plan and / or Approach.

The Proposal shall address and explain how GEDA and the Consultant(s) intend to conduct the project. The Consultant shall identify: critical medical and public health service data that the public and private sectors must furnish; key milestones; and proposed interactions with relevant public and private service providers and policy makers. GEDA and the Consultant(s) shall also identify any Department of Defense information that would be beneficial or worthwhile to the project and any proposed interactions with the Department of Defense (Joint Region Marianas, Marine Activity Guam, Naval Facilities Engineering Command Marianas, Nimitz Hill Naval Hospital, U.S. Army Corps of Engineers, etc.).

The CDLO Director and GEDA will be responsible, on behalf of the Office of the Governor, for obtaining the relevant Department of Defense and Government of Guam information and the scheduling of informational and coordination meetings with the Department of Defense and Government of Guam entities. While the Consultant(s) will provide assistance on obtaining information and scheduling meetings, if the Consultant(s) is not obtaining required responses from the Department of Defense or Government of Guam entities; the ultimate responsibility and accountability rest with the CDLO and GEDA.

DELIVERABLE: Medical and Public Health Services Action Plan (MAP) Final Work Plan (electronic copy of the Work Plan Presentations, electronic copy of all outreach materials, and electronic copy of meeting summaries).

Task 2: Medical and Public Health Service Provider Project Stakeholder Committee

The Governor shall appoint members to a Medical and Public Health Service Provider Stakeholder Committee.

The Committee shall be comprised of representatives from the medical and public health care provider industry on Guam. The Committee shall have either five (5) or seven (7) members.

The Committee shall meet up to four (4) times. Meet at key milestone, to review progress and provide constructive input to the Consultant Team and the Office of the Governor.

The Consultants shall prepare for and facilitate the Committee meetings.

The CDLO, on behalf of the Office of the Governor, shall take the lead and be responsible for notifying the members of all meetings, coordinating, and reserving all Committee meeting spaces.

DELIVERABLE: Electronic copy of the Stakeholder Committee Meeting - meeting summaries, presentation materials (handouts, fact sheets, presentations, etc.), white papers, etc.

Task 3: Update the "Phase 1 - Guam Medical Services Delivery Plan," dated 2012, which provided an inventory and gap analysis of on-island health care services provided by both the public and private sectors to understand Guam's health care system.

GEDA and the Consultant(s) shall update the 2012 Phase 1 Guam Medical Services Delivery Plan by identifying services that have been established or disestablished since the last inventory. Medical services that are in the process of being established or disestablished shall be included in the update.

The Update should also identify and discuss emerging trends and advancements in technology or best management practices that are or may be relevant to Guam.

The Update should also discuss and / or highlight lessons learned from the recent and ongoing COVID-19 Pandemic.

The Update should identify and document the following for each provider:

Who provides medical or public health services on Guam (Government of Guam, Private Sector, Non-Governmental Organization (NGO), etc.)

Specific type of services provided

Mission statement

Organizational structure

How these services are delivered

The geographic location where the service is administered (includes development of a GIS layer, which will identify locations and which will be utilized for the spatial analysis)

Characteristics of each facility and its site (i.e. building characteristics, site support component, ability to expand, etc.)

Listing of capital equipment (individual piece of medical equipment valued at greater than \$50,000)

Organization staff or workforce (full-time, part-time, volunteers)

Funding resources for the most recent year (as releasable by the organization)

Caseload information (as releasable by the organization)

Capacity on number of clients served before quality patient care is affected

Professional staff to client ratio

Demographics of clients served (e.g. children, women, all ages, etc.)

Service limitations to clients, based on insurance, MIP, etc.

Current and emerging issues/impediments, and opportunities

Future plans

Based on the Medical Services Providers Inventory (above) develop and present:

An analysis of existing capacities and surpluses / deficiencies for: a) each public provider of services (staffing, facilities, equipment); b) an aggregated analysis of services provided by private healthcare providers (to preserve confidentiality) and c) for the overall area of service (i.e., cancer services, primary care, emergency services, laboratory services, etc.)

The functional relationships of each facility with other on-island medical delivery facilities and services

DELIVERABLES:

Update of the 2012 report titled "Guam Medical Service Delivery Plan Phase 1: Medical Providers Baseline Assessment" (electronic submittal).

Medical Service Providers Inventory

Medical Services Providers Geographic Location GIS Layer

Section of Delivery Plan – Existing Conditions and Trends

Task 4: Review and analyze the 2016 Guam Memorial Hospital (GMH) Task Force Report that documented national and local health care trends and recommendations in regards to GMH's role in the continuum of health care.

The purpose of this analysis is to inform and educate all stakeholders so informed discussions can be conducted that lead to informed decisions on the future of GMH. The analysis will guide current and future investments in the GMH and the medical and public health care system for all stakeholders, inclusive of the Department of Defense.

GEDA and the Consultant(s) shall review the 2016 GMH Task Force Report and then prepare a White Paper that analyzes the core assumptions that shaped and/or influenced the report.

The White Paper should analyze whether the core assumptions accurately capture current conditions and trends both nationally and on Guam.

The White Paper should surface and discuss all significant known contributing factors (Affordable Care Act, Medicare reimbursements, COVID-19 Pandemic, recent Federal Tax Code changes, immigration policy and its impact on availability of skilled medical personnel, etc.) that could have a significant impact on the provision, accessibility, cost and quality of medical and public health care.

The White Paper should analyze the core assumptions against current contributing factors, current context (COVID-19

Pandemic), and emerging factors.

DELIVERABLE: A Final Core Assumptions White Paper (electronic submittal) concerning the validity of the assumptions, trends, and recommendations contained in the 2016 GMH Task Force Report and a power point presentation (electronic submittal) for the Governor and Lt. Governor to focus their attention on significant White Paper findings and the findings implication to the GMH Task Force Report.

Task 5: Apply Task 4 White Paper Findings as needed to: the GMH Expansion Project Needs Assessment Worksheets; the Department of Public Health and Social Services (DPHSS) Facility and Central Health Clinic; the Communicable Disease Public Health Analytical Laboratory; and Medical Health Care Campus Master Plan; leading to the development of a strategic medical and public health services funding plan.

Apply and/or incorporate the Task 4 Findings, as required. GEDA and the Consultant(s) shall update the GMH Expansion Project Needs Assessment Worksheets; the DPHSS Facility and Central Health Clinic; the Communicable Disease Public Health Analytical Laboratory; and the Medical Health Care Campus Master Plan in order to seek funding for implementation. The project scopes may change depending upon the results of the analysis undertaken in Task 4.

DELIVERABLE: Final GMH Expansion Project Updated Needs Assessment Worksheets (electronic submittals); the DPHSS Facility and Central Health Clinic updated project scopes; the Communicable Disease Public Health Analytical Laboratory; and Medical Health Care Campus Master Plan.

Task 6: Evaluate the Army Corps of Engineers (ACOE) Report

GEDA and the Consultant(s) shall perform an independent and objective analysis of the Army Corps of Engineers (ACE) Report to validate ACE costs, assumptions, and findings. The analysis shall review the implications of the ACE findings in regards to GMH short term and long term investments especially in regards to relocating GMH and replicating the services GMH provides. Conduct and prepare a cost benefit analysis focused on the proposed future GMH role against the improvements and associated costs contained in the ACE Report.

Determine if other viable improvements and upgrades were overlooked in the ACE Report.

Determine if all costs were accurately calculated and all assumptions validated particularly with regard to labor costs given the systemic labor supply challenges.

Compare the Task 4 Findings to the ACE Report Findings and adjust the short term and long term costs as necessary.

DELIVERABLE: An Independent Third Party Reliability Report of ACE Report. The Reliability Report should clearly discuss the findings generated from the third party review. Example relevant topics: Comparison of future GMH services against the ACE costs of proposed improvements; ACE recommendations on repair vs. relocation of GMH. Reliability Report.

Task 7: Evaluate which medical the public health services should be provided at the GMH and DPHSS facilities, if the decision is to repair by replacement. Evaluation should determine the highest and best use of GMH and DPHSS facilities; inclusive of repurposing for other revenue generating purposes.

Using the findings from Tasks 4 and 6, GEDA and the Consultant(s) shall determine the highest and best use of the existing GMH and DPHSS facility and real property based upon the facility's revenue generating potential.

GEDA and the Consultant(s) shall conduct an analysis of highest and best use and shall provide rough order of magnitude costs and revenues for each use analyzed.

GEDA and the Consultant(s) shall provide recommendations on future use of the GMH and DPHSS facility and real property.

DELIVERABLE: A White Paper (electronic submittal) which shall include all analyses and recommendations.

Task 8: Development of a Strategic Medical and Public Health Services Underwriting / Funding Strategy.

Apply and/or incorporate the findings, where appropriate, from Task 4, Task 5, and Task 7 as required.

This effort should lead to the development of a strategic medical and public health services Funding or Underwriting Plan.

The Funding or Underwriting Strategy should incorporate near term or immediate actions coupled with long term or strategic actions. The Plan should investigate, analyze, and incorporate as many viable means (i.e. Federal Grants, Bonds, Public-Private Partnerships, etc.).

DELIVERABLE: Medical Health Care Campus Master Plan, Funding or Underwriting Strategy.

Task No. 9 - Prepare a Medical Health Care Campus Master Plan

GEDA and its Consultant(s) shall prepare a Medical Health Care Campus Master Plan which shall incorporate medical and public health care services findings from the other tasks. Ancillary services including medical education and training, dormitories for families and trainees, and other services shall also be evaluated.

The Medical Health Care Campus Master Plan shall explore with the relevant stakeholders, develop several course of actions, and reach consensus on a preferred recommendation on the appropriate location of a Guam Department of Public Health and Social Services (DPHSS) Public Health Analytical Testing Laboratory (determine if there is synergy and value of collocating in close proximity the Analytical Testing Laboratory with a new replacement GMH).

Alternative sites to be evaluated for the Medical Health Care Campus will be provided by GEDA, representing the Governor's designated land team. Team members include GEDA, Department of Land Management, CDLO, and Office of the Governor. The Alternative sites should include potential Department of the Navy Net Negative Sites, any DOD sites that may be in discussion for public use purposes, and Government of Guam Sites. While a preferred site from the alternative sites will be identified, the Consultant(s) should also surface any shortcomings of the preferred site, which could lead to pursuing other sites.

Phasing of development and milestones shall be included in the Medical Campus Master Plan.

Rough order of magnitude project costs and any potential revenues if the site is able to support associated commercial medical and public health service facilities on the recommended site shall be calculated.

At least two (2) presentations to policy makers and at least two medical and public health care service industry forums. It is anticipated the industry forums will consist of several smaller targeted stakeholder forums. The intent or focus of the presentations is to solicit constructive feedback and input from all stakeholders.

DELIVERABLE: All presentations (10 hard copies plus electronic submittal) and a Final Medical Health Care Campus Master Plan (20 hard copies plus electronic submittal).

Task 10: In Progress Review (IPR) Meetings

Throughout the Scope of Work Performance Period, GEDA and the Consultant(s) shall conduct reoccurring In Progress Review (IPR) Meetings, with the Governor and Lt. Governor, to keep them apprised of the status on the project, to surface any issues and challenges, and to seek their feedback, guidance, and direction.

GEDA and the Consultant(s) shall meet either virtually or face to face at a minimum every three months. In addition, GEDA and the Consultant(s) shall plan on conducting IPR Meetings with the relevant stakeholders throughout the process.

DELIVERABLE: In Progress Review Presentations (IRP)

The Deliverable (electronic submittals) shall consist of either IPR presentations or leave behinds (white paper, fact sheet, and IRP notes that document guidance / decisions, etc.).

Other Requirements

The PBC Consultant shall sign a Non-Disclosure Statement. The Non-Disclosure Statement shall stipulate that any information provided in support of the project may not be utilized for other initiatives, until the information is made available in the public domain.

TIMELINE

Grant Notice of Award (NOA) NOA

Memorandum of Agreement Amendment 3 Months post NOA

Consultant Contract Notice to Proceed (NTP) 3 Months post NOA

Task 1 - Medical Action Plan Final Work Plan 2 Month post NTP

Task 2 - Project Stakeholders Committee Quarterly

Task 3 - Guam Medical Services Delivery Plan Phase 1 Update 6 Months post NTP

Task 4 - Final Core Assumptions White Paper 6 Months post NTP

Task 5 - Updated Final Needs Assessment Worksheets 14 Months post NTP

Task 6 - Reliability of ACOE Cost Estimates Report 8 Months post NTP

Task 7 - GMH and DPHSS Facilities White Paper 14 Month post NTP

Task 8 – Underwriting Strategy 15 Months post NTP

Task 9 - Medical Health Care Campus Master Plan 15 Months post NTP

Task 10 – In Progress Review Reoccurring

Note: The Consultant shall provide a refined schedule with actual milestone dates as part of the Medical Action Plan (MAP) Final Work Plan, which the Grantee will provide to the Grantor.

Note: During the COVID-19 pandemic, virtual meetings will be acceptable.

Please attach any additional supporting documents (PDF Only)

GEDA_RFP_14-008_Consulting_Services.pdf

13.3 MB - 11/01/2020 06:41

Total Files: 1

Budget

Budget Justification Files

Please upload the budget justification for this grant application. ***PDF Files Only***

Salary and Fringe

Position	OEA Salary	Non-Federal Salary	OEA Fringe	Non-Federal Fringe	Total Salary	Total Fringe	Total
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Total Personnel

	OEA Funds	Non-Federal Funds	Total
Total Salaries + Fringe	\$0	\$0	\$0
Benefits			

Travel

Description	Local/Out-of-Area	OEA Funds	Non-Federal Funds	Total
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Equipment

Description	OEA Funds	Non-Federal Funds	Total
Supplies			
Description	OEA Funds	Non-Federal Funds	Total
Other Costs			
Description	OEA Funds	Non-Federal Funds	Total
Sub-Recipient	\$1,760,000	\$0	\$1,760,000
	\$1,760,000	\$0	\$1,760,000
Subtotal Operations			
	OEA Funds	Non-Federal Funds	Total
SUBTOTAL OPERATIONS	\$1,760,000	\$0	\$1,760,000
Contractual			
Description	OEA Funds	Non-Federal Funds	Total
Total Direct Costs			
	OEA Funds	Non-Federal Funds	Total
Total Direct Costs	\$1,760,000	\$0	\$1,760,000
Indirect			
Description	OEA Funds	Non-Federal Funds	Total
Grand Total			
	OEA Funds	Non-Federal Funds	Total
Grand Total	\$1,760,000	\$0	\$1,760,000

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

Section A - Budget Summary

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. MAP	12.618	\$1,760,000.00	\$0.00	\$0.00	\$0.00	\$1,760,000.00
2.		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Totals		\$1,760,000.00	\$0.00	\$0.00	\$0.00	\$1,760,000.00

Section B - Budget Categories

GRANT PROGRAM, FUNCTION OR ACTIVITY

6. Object Class Categories	Federal Grant Program, Function or Activity (1)	Non Federal Grant Program, Function or Activity (2)	(3)	(4)	Total (5)
a. Personnel	\$0.00	\$0.00			\$0.00
b. Fringe Benefits	\$0.00	\$0.00			\$0.00
c. Travel	\$0.00	\$0.00			\$0.00
d. Equipment	\$0.00	\$0.00			\$0.00
e. Supplies	\$0.00	\$0.00			\$0.00
f. Contractual	\$0.00	\$0.00			\$0.00
g. Construction	\$0.00	\$0.00			\$0.00
h. Other	\$1,760,000.00	\$0.00			\$1,760,000.00
i. Total Direct Charges (sum of 6a-6h)	\$1,760,000.00	\$0.00			\$1,760,000.00
j. Indirect Charges	\$0.00	\$0.00			\$0.00
k. TOTALS (sum of 6i and 6j)	\$1,760,000.00	\$0.00			\$1,760,000.00
7. Program Income	\$0.00	\$0.00			\$0.00

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Section C - Non-Federal Resources

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. MAP	\$0.00	\$0.00	\$0.00	\$0.00
9.	\$0.00	\$0.00	\$0.00	\$0.00
10.	\$0.00	\$0.00	\$0.00	\$0.00
11.	\$0.00	\$0.00	\$0.00	\$0.00
12. TOTAL (sum of lines 8-11)	\$0.00	\$0.00	\$0.00	\$0.00

Section D - Forecasted Cash Needs

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$750,000.00	\$0.00	\$250,000.00	\$250,000.00	\$250,000.00
14. Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. TOTAL (sum of lines 13 and 14)	\$750,000.00	\$0.00	\$250,000.00	\$250,000.00	\$250,000.00

Section E - Budget Estimates of Federal Funds Needed for Balance of The Project

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS) SECTION			
	(b) First	(c) Second	(d) Third	(e) Fourth \$
16. MAP	\$252,500.00	\$252,500.00	\$252,500.00	\$252,500.00
17.	\$0.00	\$0.00	\$0.00	\$0.00
18.	\$0.00	\$0.00	\$0.00	\$0.00
19.	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL (sum of lines 16 - 19)	\$252,500.00	\$252,500.00	\$252,500.00	\$252,500.00

Section F - Other Budget Information

21. Direct Charges: 1,760,000	22. Indirect Charges: 0
23. Remarks:	

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**Territory of Guam
Office of Economic Adjustment (OEA) Grant Application
Medical and Public Health Services Action Plan (MAP)
Budget Justification**

The proposed Budget Estimate is \$1,760,000.

Task Number and Description	Estimate
1. Post Award - Confirmation of Work Plan	\$50,000
2. Medical and Public Health Service Provider Project Stakeholder Committee	\$80,000
3. Phase 1 - Guam Medical Services Delivery Plan Update	\$175,000
4. Guam Memorial Hospital (GMH) Task Force Report Review	\$100,000
5. Project Needs Assessment Worksheets and Project Scope Updates	\$150,000
6. Army Corps of Engineers (ACOE) Report Evaluation	\$150,000
7. GMH and DPHSS Facilities Highest and Best Use Evaluations	\$225,000
8. Strategic Medical and Public Health Services Underwriting / Funding Strategy	\$200,000
9. Medical Health Care Campus Master Plan	\$400,000
10. In Progress Review (IPR) Meetings	\$70,000
Tasks Sub-Total	\$1,600,000
Guam Economic Development Agency Management Fee (10%)	\$160,000
Total Budget	\$1,760,000

Notes:

1. Non-Federal Match is in accordance with 48 USC Sec. 1469a – exemption for the Territory of Guam.
2. There will be a single Budget Line item for the Grant Application; “Other” for \$1,760,000. Other is being used since the Guam Economic Development Agency (GEDA) will be the Sub-Recipient to the Grant Award.
3. The Budget Table is provided to enhance transparency and understanding on the projected expenses for each task.
4. The proposed Task Budget Estimates are GEDA’s and Guam Buildup Office’s planning stage estimates. Individual task budgets may be revised and/or adjusted pending GEDA’s final negotiations on each task, with the Performance Based Contract (PBC) Consultant. GEDA and / or the Guam Buildup Office will inform OEA on the results of the negotiations.
5. The proposed Budget Estimate was informed from GEDA’s and Guam Buildup Office’s previous and recent estimates and negotiations on the PBC Contracts or similar GEDA contracts. GEDA and the Buildup Office have extensive experience and extensive costing data they used in developing the Budget Estimate. GEDA used estimates for other initiatives other than those associated with the Buildup Office.
6. All Territory (Government of Guam) procurements using Federal Assistance are in accordance with applicable Territory (State) laws and regulations and applicable Federal laws and standards and comply with 2 CFR Part 200, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Award.”

Exhibit D

21-0230
OFFICE OF THE GOVERNOR
GOVERNOR'S CHAMBER

**MEMORANDUM OF AGREEMENT
BETWEEN THE
OFFICE OF THE GOVERNOR OF GUAM
AND THE
GUAM ECONOMIC DEVELOPMENT AUTHORITY**

5-25-21

10:30

DB

GC 2021-971

This **MEMORANDUM OF AGREEMENT (MOA)** is entered into by and between the **OFFICE OF THE GOVERNOR**, Government of Guam (hereinafter referred to as the "OOG"), whose address is 513 W. Marine Corps Drive, Ricardo J. Bordallo Governor's Complex Adelup, Hagatna, Guam 96910, and the **GUAM ECONOMIC DEVELOPMENT AUTHORITY**, (hereinafter referred to as "GEDA"), whose address is 590 S. Marine Corps Dr., Suite 511 ITC Building, Tamuning, Guam 96913.

WHEREAS, GEDA is authorized pursuant to 12 G.C.C § 50103 (b) to control and implement that part of the basic plan for the economic development of Guam, assigned to it by the Governor of Guam; and

WHEREAS, GEDA has entered into a Professional Multi-Discipline Consultant Services for the Research, Development, Planning and Implementation of Economic Development Initiatives and Opportunities; and

WHEREAS, Section 2.0 of GEDA RFP No. 14-008 states, "The selected consultant, consultants or consultant team ("Selected Consultant") must possess expertise in a diversity of disciplines and be readily available to advise, support, and collaborate with GEDA and the Government of Guam in the following areas: research, planning, administrative support, program management and support, project management, environmental consulting, Department of Defense impact analysis, social and economic impact analysis, business planning and studies, enhancement of federal funding opportunities, and other professional advisory services as requested by GEDA"; and

WHEREAS, a federal grant was awarded to the Office of the Governor of Guam by the Office of Local Defense Community Cooperation (OLDCC), for the "Medical and Public Health Services Action Plan". Federal Grant Award No. HQ00052110002 terms and conditions are attached to the MOA as "Exhibit A".

WHEREAS, the OOG desires to retain the services of GEDA and its Selected Consultant to complete the scope of work associated with the Medical and Public Health Services Action Plan (MAP) as approved by OLDCC, described as Medical and Public Health Services Action Plan Scope of Work (Exhibit B); and

WHEREAS, the Office of the Governor of Guam agrees to issue a sub award through a work request, in the amount of \$1,760,000.00 (One Million Seven Hundred and Sixty Thousand Dollars) from Federal Grant Award HQ00052110002 to the Guam Economic Development Authority (GEDA) to implement the Medical and Public Health Services Action Plan Scope of Work, with a Performance Period beginning March 1, 2021 to August 31, 2022, which will enable the Government of Guam to more effectively and strategically invest limited or scarce

1 of 11 Jessica Cruz

2021-13746

RCUD AT CENTRAL FILE:
2021-13746

Memorandum of Agreement
between the Office of the Governor
and the Guam Economic Development Authority
Medical Action Plan

resources that produce and /or lead to significant and tangible outcomes for all the residents of Guam, inclusive of the Department of Defense service members and their dependents.

WHEREAS, the OLDCC program of assistance includes GEDA's Management Fee of ten percent (10%) of the grant award.

Effective Date of the Memorandum of Agreement:

The Subaward Period of Performance is March 1, 2021 to August 31, 2022. However, this MOA shall only be effective upon the signature of the Governor of Guam, and performance of the MOA will begin on or after the effective date.

Office of the Governor agrees to:

1. Subaward the sum of \$1,760,000 to the GEDA to execute the Guam Medical and Public Health Services Action Plan in FY20-21 through a work request following the date this MOA becomes effective. Funds for this project are provided under Federal Award No. HQ00052110002 (Exhibit A). Tasks to be performed by GEDA are outlined in the attached Scope of Work (Exhibit B).
2. Compensate GEDA for tasks performed under the Scope of Work (Exhibit B) in accordance with Federal Award No. HQ00052110002 and upon receipt of the deliverables outlined in the Scope of Work (Exhibit B). This includes payment of ten percent (10%) of the Federal Grant Award towards GEDA's management fee.
3. Execute and manage and submit all Federal Grant Award Reporting requirements for Federal Award No. HQ00052110002 to the Office of Local Defense Community Cooperation.
4. Review and process invoices received for reimbursement through the Department of Administration (DOA) and submit payment requests to Grantor for reimbursement.
5. Close out the award when all applicable administrative actions and all required work of the award has been completed by GEDA, no later than 90 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the Federal award.
6. Perform the tasks in Exhibit B that are the responsibility of OOG/CDLO.

Guam Economic Development Authority agrees to:

1. Negotiate professional services on behalf of the OOG with Selected Consultant.
2. Utilize the sum of \$1,760,000 to cover costs of tasks performed as outlined in the Scope of Work (Exhibit B) to accomplish the objectives as outlined in Federal Award Number HQ00052110002 (Exhibit A).

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3. Monitor and manage the Scope of Work, timelines and deliverables provided by the Selected Consultant, and provide periodic updates to the OOG Community Defense Liaison Office (CDLO). Timely perform all tasks listed in the Scope of Work (Exhibit B).
4. Provide the OOG with quarterly performance reports and invoices for the Selected Consultants work on the MAP Task Order.
5. Establish and maintain financial reports to accurately account for funds awarded under this MOA. GEDA further agrees to submit a report of its expenditures made under this subaward to be included in the final report submitted by OOG.
6. Provide the OOG with the requested deliverables and ensure that a disclaimer statement appears on the title page of any study prepared under this MOA. The disclaimer statement shall be provided by OOG.
7. Comply with all applicable terms and conditions of Federal Award Number HQ00052110002. General Terms and Conditions of Federal Award Number HQ00052110002 attached to this MOA as Exhibit A. All applicable terms, conditions, provisions and agreements set forth in Federal Award Number HQ00052110002 and Exhibit A are hereby incorporated in this MOA by reference with the same force and effect as though fully set forth herein. To the extent that any of the terms set forth in this MOA are inconsistent with any of the applicable terms, provisions, or conditions of Federal Award No. HQ00052110002, their terms of the Federal Award shall govern.
8. Comply with all applicable requirements set forth under 2 CFR Part 200. To the extent that any of the terms set forth in this MOA are inconsistent with any of the applicable terms, provisions, or conditions of 2 CFR Part 200, the requirements of 2 CFR Part 200 shall govern.
9. Permit the OOG, the Office of Local Defense Community Cooperation, Department of Defense, or any of their authorized representatives, and any auditors of any of these entities to have ongoing access to its records and financial statements as necessary to meet the requirements of Part 200, Subpart D § 200.300 Statutory and national policy requirements through 200.309 Period of Performance and Subpart F-Audit Requirements. The Department of Defense, Inspectors General, the Comptroller General of the United States, and the Office of the Governor, or any of their authorized representatives, shall have the right of access to any pertinent documents, papers, or other records of GEDA and any other subrecipients which that are pertinent to the Federal Award or this subaward, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the GEDA and any other subrecipients' personnel for the purpose of interview and discussion related to such documents. The rights of access in this section are not limited to the required retention period, but as long as the records are retained.

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10. Comply with 2 CFR § 200.333 (Retention requirements for records): Financial records, supporting documents, statistical records, personnel records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the Federal awarding agency or pass-through entity in the case of a sub-recipient.
11. Allow the Office of Local Defense Community Cooperation to conduct periodic site visits, at its own expense, to review project accomplishments and monitor progress, to review financial and performance records, organizational procedures and financial control systems and to provide technical assistance as required. The Office of Local Defense Community Cooperation will make every effort to notify OOG or GEDA at least two weeks in advance of any trip to the Office of Local Defense Community Cooperation funded project location. If the Office of Local Defense Community Cooperation makes any site visit on the premises of OOG or GEDA, or any other subrecipients or subcontractors, the OOG and GEDA must provide, and must require any other subrecipients or subcontractors to provide, all reasonable facilities and assistance for the safety and convenience of government officials in the performance of their duties. All site visits and evaluations are expected to be performed in a manner designed to not unduly delay the implementation of the project.
12. Incorporate all applicable terms and conditions of Federal Award No. HQ00052110002 into all contracts and subcontracts procured with these Federal Award funds.
13. Insert into all contracts and subcontracts procured with these Federal Award funds all applicable contract clauses described in 2 CFR § 200.326, Appendix II – Contract Provisions for Non-Federal Entity Contracts under Federal Awards.
14. Submit invoices to the Office of the Governor for reimbursement of funds for work completed under the project. Final and all invoices are due 30 days after the expiration date of the grant. Final payment will be given upon completion of the work.
15. Comply with 43 CFR 18, New Restrictions on Lobbying, including the following certification:
 - a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

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- b. 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 agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
 - c. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and all sub-recipients shall certify accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. This certification is a material representation of fact upon which reliance was placed when this certification was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, as amended, Title 31, US Code. 16. Comply with applicable requirements set forth under the Department of the Interior regulations at 2 CFR 1400—Government-wide Debarment and Suspension (Non-Procurement), which adopt the common rule for the government-wide system of debarment and suspension for non-procurement activities, are hereby incorporated by reference and made a part of this subaward.
- 15. Comply with applicable requirements set forth under the Department of the Interior regulations at 2 CFR 1400-Governmentwide Debarment and Suspension (Non-Procurement), which adopt the common rule for the government-wide system of debarment and suspension for non-procurement activities are hereby incorporated by reference and made a part of this subaward.
 - 16. Comply with the requirements set forth under the Americans with Disabilities Act of 1990 (42 U.S.C. 12131) discriminating against individuals with disabilities.
 - 17. Comply with the following policies: Executive Order 11246, 41 CFR 60, 29 CFR 1625-1627, Title 23 USC Section 140, the Rehabilitation Act of 1973, as amended (29 USC 794), Title VI of the Civil Rights Act of 1964, as amended, and related regulations including 49 CFR Parts 21, 26 and 27; and 23 CFR Parts 200, 230, and 633. GEDA and all subcontractors must also comply with the requirements of the Equal Opportunity Clause in 41 CFR 60-1.4(b). The Equal employment opportunity (EEO) requirements not to discriminate and to take affirmative action to assure equal opportunity as set forth under laws, executive orders, rules, regulations (28 CFR 35, 29 CFR 1630, 29 CFR 1625-1627, 41 CFR 60 and 49 CFR 27) and orders of the Secretary of Labor as modified by the provisions prescribed herein, and imposed pursuant to 23 U.S.C. 140 shall constitute the EEO and specific affirmative action standards for the

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project activities, Scope of Work, and services under this MOA. GEDA shall not discriminate against any employee or applicant for employment because of race, religion, sex, color, national origin, age or disability. GEDA will take whatever steps are necessary to ensure that its employees are treated equally during employment without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training. In the event a federal or local court or local administrative agency makes a finding of discrimination, after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, GEDA will forward a copy of the decision or finding to the Office of Civil Rights Compliance (OCRC).

18. Comply with Title V of the Anti-Drug Abuse Act of 1988, 34 CFR Part 85, Subpart F; and the regulations promulgated by the federal government to maintain a drug-free work place.
19. Reimburse the account for any ineligible expenses that may have incurred using subaward funds.
20. Submit in writing to OOG any requests for extension of the subaward no later than 60 days of the subaward's expiration date.
21. Provide other assistance as mutually agreed upon in writing.

Pass-through Requirements of 2 CFR 200.331:

1. This MOA provides a subaward of a federal award received from the U.S. Department of Defense, Office of Local Defense Community Cooperation by the Office of the Governor to the Guam Economic Development Authority (GEDA).
2. Subrecipient: Guam Economic Development Authority
3. Subrecipient's DUNS Number: 855022711
4. Federal Award Identification Number: HQ00052110002
5. Federal Award Date: February 18, 2021
6. Subaward Period of Performance: March 01, 2021 to August 31, 2022
7. Amount of Federal Funds Obligated by this Subaward. \$1,760,000

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8. Total Amount of Federal Funds Obligated to the subrecipient by the Pass-Through Entity including the Current Obligation: \$3,707,500
9. Total Amount of the Federal Award: \$1,760,000
10. Federal Award Project Description: Medical and Public Health Services Action Plan
11. Name and Contact Information for Awarding Official: Gary Kuwabara, OLDCC Western Federal Regional Director; OLDCC
1325 J. St., Suite 1500,
Sacramento, Ca 95814
- Name and Contact Information for Pass-Through Entity: Jon Junior Calvo, Chief of Staff
Office of the Governor of Guam
513 W. Marine Corp Drive
Ricardo J. Bordallo Governor's Complex
12. CFDA Number and Name: 12.618 Community Economic Adjustment Assistance for Establishment or Expansion of a Military Installation
13. Research & Development Award? No
14. Indirect Cost Rate: 0%
15. Permit the OOG, the Office of Local Defense Community Cooperation, Department of Defense, or any of their authorized representatives, and any auditors of any of these entities to have ongoing access to its records and financial statements as necessary to meet the requirements of Part 200, Subpart D § 200.300 Statutory and national policy requirements through 200.309 Period of Performance and Subpart F-Audit Requirements.
16. The Federal Awarding Agency or OOG will close out the Federal Award when it determines that all applicable administrative actions and all required work of the Federal Award have been completed:
- a. GEDA shall submit to OOG, no later than 45 calendar days after the end of the period of the performance, all financial, performance, and other reports as required by the terms and conditions of this subaward and the Federal Award. The Federal Awarding Agency or OOG may approve extensions requested by the GEDA.
 - b. Unless the Federal Awarding Agency authorizes an extension, OOG will liquidate all obligations incurred under the subaward or the Federal Award no later than 90

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calendar days after the end date of the period of performance as specified in the terms and conditions of this MOA or the Federal Award.

- c. The Federal Awarding Agency or OOG must make prompt payments to GEDA for allowable reimbursable costs under the Federal Award being closed out.
 - d. GEDA will promptly refund any balances of unobligated cash that OOG paid in advance or paid and that are not authorized to be retained by OOG for use in other projects. (OMB Circular A-129 and § 200.345 Collection of Amounts Due).
 - e. Consistent with the terms and conditions of the Federal Award, the Federal Awarding Agency or OOG must make a settlement for any upward or downward adjustments to the Federal share of costs after closeout reports are received. GEDA agrees to comply with this condition.
 - f. GEDA will account for any real and personal property acquired with Federal funds or received from the Federal Government in accordance with § 200.310 Insurance Coverage through § 300.316 Property Trust Relationship and § 200.329 Reporting on Real Property.
 - g. The Federal Awarding Agency or OOG should complete all closeout actions for Federal Awards no later than one year after the receipt and acceptance of all required final reports. GEDA agrees to comply with this condition.
17. Comply with 2 CFR § 200.322, "Procurement of recovered materials," and Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act; to include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeds \$10,000, procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.
18. Pursuant to the updated § 200.322 **Domestic Products Preference Clause**: As appropriate and to the extent consistent with law, there is a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). The requirements of this section must be included in all subcontracts, including all purchase orders for work or products under this subaward. For purposes of this section: "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.

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19. Pursuant to the updated § 200.216 Prohibition on Certain “Telecommunications and Video Surveillance Services and Equipment” Clause: For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, Contractor and all subcontractors are prohibited from procuring, obtaining, or purchasing: 1) equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities); 2) video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities); 3) telecommunications or video surveillance services provided by such entities or using such equipment; and 4) telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.
20. The Federal Awarding Agency or OOG may terminate (de-obligate) GEDA's subaward funding for the following reasons:
- Failure to make satisfactory progress towards the goals, objectives, or strategies set forth in the Scope of Work for this project;
 - Failure to adhere to the requirements in the agreement, standard conditions, or special conditions of Federal Award No. HQ00051910053 or this MOA;
 - Filing of a false certification or other report or documents;
 - Failure to submit interim financial reports, interim performance reports, a final financial report, and a final performance report by the due dates indicated in the table below:

Report Title	Report Period	Due Date
Performance Report	Quarterly	2021-06-30
Performance Report	Quarterly	2021-09-30
Performance Report	Quarterly	2021-12-31
Performance Report	Quarterly	2022-03-31
Federal Financial Report	Quarterly	2022-03-31
Performance Report	Quarterly	2022-06-30
Federal Financial Report	Quarterly	2022-11-30
Financial Performance Report	Quarterly	2022-11-30

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21. All applicable terms, conditions, provisions, and agreements set forth in Award with FAIN HQ00052110002 fully set forth herein. To the extent that any of the terms set forth in this MOA are inconsistent with any of the applicable terms, provisions, or conditions of Award No. HQ00052110002, the terms of the Federal Award shall govern.”

It is Mutually Agreed That:

Both the Office of the Governor and the Guam Economic Development Authority certify that they will comply with all applicable Guam and federal laws, statutes, regulations, and requirements as they relate to this project. This MOA may be terminated at any time by the Office of Local Defense Community Cooperation, or the Office of the Governor of Guam if it is determined that cause exists to terminate this subaward or the Scope of Work is not being carried out in compliance with the terms of this MOA or the terms and conditions of the Award.

The terms and conditions of this MOA subaward may only be amended, modified, cancelled for lack of funds, or terminated in accordance with the terms and conditions of Award No. HQ00052110002 and the provisions of 2 CFR Part 200.

Any change in the terms and conditions of the MOA or the approved Scope of Work or project budget must be submitted to the grant manager of the Federal Award in the form of an amendment request for prior written approval. Changes shall not be implemented until the Grant Manager sends written approval of the amendment request.

This MOA subaward may be extended in accordance with the Terms and Conditions of Award No. HQ00052110002 and the provisions of 2 CFR Part 200. If OOG elects to extend this MOA, the Extension Term shall be exercised through the execution of an Amendment of the MOA, duly executed by all required parties, as approved by the Federal Awarding Agency, as required by either the Terms and Conditions of Award No. HQ00052110002 or 2 CFR § 200.308.

This MOA Amendment shall expire, unless cancelled for lack of funds or earlier terminated, upon either: 1) the expiration of the original term, if no extension is exercised; or 2) upon the expiration of any duly approved subsequent extension Term exercised by OOG. The GEDA will return any unexpended funds received under this MOA to the OOG.

This MOA subaward may be signed by the parties hereto in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Delivery of an executed counterpart by one party to the other may be made by electronic transmission.

21-0230

Memorandum of Agreement
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IN WITNESS HEREOF, the Parties have executed this Memorandum of Agreement effective
the day and year the Governor of Guam affixes her signature.

**OFFICE OF THE GOVERNOR OF
GUAM**

By: [Signature]
Jon Junior Calvo
Chief of Staff
Date: May 10, 2021

**GUAM ECONOMIC DEVELOPMENT
AUTHORITY**

By: [Signature]
Melanie Mendiola
CEO/Administrator
Subrecipient
Date: 05/07/2021

**OFFICE OF THE GOVERNOR OF
GUAM**

Certified Funds Available:

By: [Signature]
Vera Topasna
Executive Director/Certifying Officer
Community Defense Liaison Office

Date: 5/7/2021
Work Request: 21-0201-002
Certification Period: March 1, 2021-August
31, 2022

**BUREAU OF BUDGET AND MANAGEMENT
RESEARCH**

By: [Signature]
Lester Carlson, Jr.
Director
Date: MAY 14 2021

**CLEARED PER
BBMR'S REVIEW**

RECEIVED

MAY 10 2021
21.7.02.0015
Bureau of Budget and
Management Research

Account Number: 5101H210201PA126
Amount: \$ 1,760,000.00

APPROVED AS TO LEGALITY AND FORM:

By: [Signature]
LEEVIN CAMACHO
Attorney General of Guam
Date: 5/20/21

GOV 21-0230

APPROVED:


[Signature]
HONORABLE LOURDES A. LEON GUERRERO
Governor of Guam

Date: 5/27/2021


Memorandum of Agreement
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*IN WITNESS HEREOF, the Parties have executed this Memorandum of Agreement effective
the day and year the Governor of Guam affixes her signature.*

**OFFICE OF THE GOVERNOR OF
GUAM**

By: 
Jon Junior Calvo
Chief of Staff
Date: May 10, 2021

**GUAM ECONOMIC DEVELOPMENT
AUTHORITY**

By: 
Melanie Mendiola
CEO/Administrator
Subrecipient
Date: 05/07/2021

**OFFICE OF THE GOVERNOR OF
GUAM**

Certified Funds Available:

By: 
Vera Topasna
Executive Director/Certifying Officer
Community Defense Liaison Office

Date: 5/7/2021
Work Request: 21-0201-002
Certification Period: March 1, 2021-August
31, 2022

**BUREAU OF BUDGET AND MANAGEMENT
RESEARCH**

Lester Carlson, Jr.
Director
Date: _____

Account Number: 5101H210201PA126
Amount: \$ 1,760,000.00

APPROVED AS TO LEGALITY AND FORM:

By: _____
LEEVIN CAMACHO
Attorney General of Guam
Date: _____

APPROVED:

HONORABLE LOURDES A. LEON GUERRERO
Governor of Guam

Date: _____