

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db:

Amount of State Funds Requested: \$ 1,500,000.00

Brief Description of Request (Please attach word document to back of page if extra space is needed):
 COVID-19 further highlighted the need for LCHC to alter/renovate its current 6,800 SF to meet the current behavioral, medical, and dental health needs on Lānaʻi – even more so now, since LCHC is the ONLY adult dental, pediatric dental, and optometry, provider on the island. (see attached)

Amount of Other Funds Available:

State: \$ 0

Federal: \$ 523,749.00

County: \$ 0

Private/Other: \$ 0

Total amount of State Grants Received in the Past 5 Fiscal Years: \$ 0.00

Unrestricted Assets: \$ 991,981.51 Cash less Deferred Revenue

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation

Other Non Profit

Other


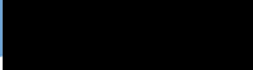
Mailing Address:


PO BOX 630142

City: State: Zip:

Lanai City HI 96763-0142

Contact Person for Matters Involving this Application	
Name: Diana M W Shaw	Title: Executive Director
Email: dshaw@lanaicommunityhealthcenter.org	Phone: (808) 565-6919

Federal Tax ID#: 	State Tax ID#: 
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Diana M W Shaw, Executive Director

Authorized Signature
Name and Title
Date Signed

Brief Description of Request Continued from Cover Page . . .

LCHC to alter/renovate:

- The multipurpose room to accommodate three (3) Behavioral Health Rooms, of which two (2) behavioral health rooms will be relocated from the makai (ocean) wing.
- The two (2) relocated behavioral health rooms will be altered/renovated to two (2) Medical/Exam Consulting Rooms, bringing the total medical/exam consulting rooms to six (6).
- The Provider Office Space will increase by 170 SF to accommodate the increase in medical staff to meet the current medical demands on Lāna‘i.
- Expand the Front Exterior Lanai by 168 SF to create an outdoor covered patient reception to further conform to COVID-19 safety measures.
- The Medical Storage Room to 126 SF, Pharmacy Office to 60 SF, and enclose the rear lanai to create a Vaccine Room totaling 78 SF, as LCHC has become a main COVID-19 testing and vaccination site.
- The Reception (377 SF), Copier (80 SF), and Outreach (127 SF) Areas will be reconfigured to further create a safe COVID-19 working space.
- The Dental Space that includes two (2) pediatric dental operatives and one (1) dental station that brings the total to three (3) dental stations, along with the consult room, dental lab, dental open office, dental sterilization, and dental storage.

Application for Grants

If any item is not applicable to the request, the applicant should enter “not applicable”.

I. Certification – Please attach immediately after cover page

1. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2021.

See Attachment A.

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with [Section 42F-103, Hawaii Revised Statutes](#).

See Attachment B.

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to [Section 42F-102, Hawaii Revised Statutes](#).

See Attachment C.

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

Lāna‘i Community Health Center (LCHC) is a 501(c)3 nonprofit, federally qualified health center serving Lāna‘i, incorporated in 2004. Our mission is to take care of the community by directly providing health services and partnering with other organizations and providers. Though often misconceived, LCHC is not supported by Mr. Ellison, who owns 98% of the island. We fully own and fund our own programs. Our focus is on the un- and underinsured, low income, medically underserved population.

LCHC provides integrated health and wellness services embracing the ‘whole’ patient and engaging the patient as a partner in their care utilizing tools such as education and self-

awareness. Through the delivery of a wide range of health services, LCHC ensures access to residents experiencing significant health disparities. LCHC is a highly regarded provider of quality clinic, home, work and school-based services. Since start-up, the LCHC’s population base has grown from 52 patients in 2008 to 3,013 as of 12/31/21 (90% of the island’s population) providing ongoing care and episodic care. As of the end of 2021, we employ 62 staff and over a dozen contracted providers and fitness instructors. We are one of the major island employers.

2. The goals and objectives related to the request;

During the COVID-19 pandemic, many have and continue to experience stress, anxiety, fear, sadness and loneliness. And mental health disorders, including anxiety and depression, can and are worsening. Surveys demonstrate a major increase in the number of U.S. adults who report symptoms of stress, anxiety and depression due to the pandemic, compared with surveys before the pandemic. Some people have increased their use of alcohol or drugs, thinking that can help them cope with their fears about the pandemic. In reality, using these substances can worsen anxiety and depression. Hence, LCHC is always focused on creating a safe and healthy space for all patients to receive behavioral, medical, dental, and optometry services, inclusive of patients who seek treatment for substance use disorders, notably those addicted to tobacco or opioids, who are likely to have worse outcomes if they get COVID-19. That's because these addictions can harm lung function and weaken the immune system, causing chronic conditions such as heart disease and lung disease, which increase the risk of serious complications from COVID-19.

LCHC continues to adjust to the rising needs created by the COVID-19 pandemic, as described above, while working to keep routine services available to patients and making a strong effort to keep in touch with patients living with COVID-19, from giving tips for self-care to providing pulse oximeters. COVID-19 further highlighted the need for LCHC to alter/renovate its current 6,800 SF to meet the current behavioral, medical, and dental health needs on Lāna‘i – even more so now, since LCHC is the **ONLY** adult dental, pediatric dental, and optometry, provider on the island. And the only behavioral health provider that provides general behavioral health services (i.e., one other provider has a small practice focused on marriage counseling).

The **goal and objective to the request** is for LCHC to alter/renovate:

- The multipurpose room to accommodate three (3) Behavioral Health Rooms, of which two (2) behavioral health rooms will be relocated from the makai (ocean) wing.
- The two (2) relocated behavioral health rooms will be altered/renovated to two (2) Medical/Exam Consulting Rooms, bringing the total medical/exam consulting rooms to six (6).
- The Provider Office Space will increase by 170 SF to accommodate the increase in medical staff to meet the current medical demands on Lāna‘i.
- Expand the Front Exterior Lanai by 168 SF to create an outdoor covered patient reception to further conform to COVID-19 safety measures.
- The Medical Storage Room to 126 SF, Pharmacy Office to 60 SF, and enclose the rear lanai to create a Vaccine Room totaling 78 SF, as LCHC has become a main COVID-19 testing and vaccination site.

- The Reception (377 SF), Copier (80 SF), and Outreach (127 SF) Areas will be reconfigured to further create a safe COVID-19 working space.
- The Dental Space that includes two (2) pediatric dental operatives and one (1) dental station that brings the total to three (3) dental stations, along with the consult room, dental lab, dental open office, dental sterilization, and dental storage.

3. The public purpose and need to be served;

The Lāna‘i Community Health Center’s mission is to take care of the community of Lāna‘i. A 501(c)3 nonprofit organization, LCHC takes care of the community with a focus on physical, mental, emotional, intellectual and spiritual welfare and by enriching and empowering lives to help build healthy families in a supportive environment. LCHC carries out its mission:

- By directly providing comprehensive health and wellness services.
- By working collaboratively with partners to provide needed services for Lāna‘i. LCHC serves individuals of all ages, ethnicity, gender, and residency.

LCHC’s target population consists of everyone on Lāna‘i, with a special focus on those who live at or below 200% of the federal poverty level. LCHC provides services in a culturally sensitive manner – providing written and oral translation as needed. No one is turned away due to an inability to pay for service. LCHC serves individuals of all ages, ethnicity, gender, and residency — old timers, part-timers, and newcomers. LCHC accepts all insurances and assists its patients with understanding and navigating their insurance coverage questions. LCHC is a nonprofit organization, and a Federally Qualified Health Center (FQHC) with 330e status awarded in September 2007. Clinical services have been provided since August 2008.

4. Describe the target population to be served; and

Our Target Population – An Isolated Community:

Small, geographically isolated island, pop. 3,332; part of Maui County administratively;

- **Diverse population** – Asian 50% (vast majority, are Filipino), White 15%, Hispanic/Latino 9%, Native Hawaiian 10%, Two or more races 24% (US Census, American Community Survey, 2019, Lāna‘i City).
- **Families mainly low-income – federal poverty level** – American Community Survey (ACS), 2018
 - Below 100% - 4.6%
 - 100 to 149% - 8.3 %
 - At or above 150% - 87.1%
- **Total Household income** – ACS, 2018
 - Less than \$10,000 – 0%
 - \$10,000 to \$14,999 – 6.0%
 - \$15,000 to \$24,999 – 17.1%
 - \$25,000 to \$34,999 – 7.5%
 - \$35,000 to \$49,999 – 15.0%
 - \$50,000 to \$74,999 – 17.1%

- \$75,000 to \$99,999 – 15.7%
- \$100,000 to \$149,999 – 15.1%
- \$150,000 to \$199,999 – 2.4%
- \$200,000 or more – 3.5%
- **Per capita family income** – \$29,347
- **Median Household Income** – \$55,714 (ACS 2019)
- **Many in low-paying jobs in various service and hotel accommodation services** – 41%;
- **An estimated 2.9% of residents are uninsured – 11.2% of LCHC patients are uninsured** – many immigrants do not qualify for insurance, and many are “underinsured” with health plans that don’t cover all necessary services;

Health Disparities (2016 Primary Care Data Book, State of Hawaii; Hawaii Data Warehouse 2013 thru 2015 BRFSS Survey):

- **Diabetes, High Blood Pressure, and Adult Obesity** – Adults with Diabetes 10.9% (compared to a state % of 9.5%), 33.6% of Adults have diagnosed High Blood Pressure (compared to state 29.3%), and 16.7% of Lāna‘i adults are considered overweight;
- **Cancer Screening** – 52.7% of women on Lāna‘i had a pap smear greater than 3 years ago (compared to State 70.9%) and 19.5% over age 40 have not had a mammogram in two or more years (compared to 14.9% statewide). There are **no** mammogram services available on the island and women must take the ferry to Maui or fly to Honolulu to get these important exams;
- **Prenatal care** – 33.8% of births were to Lāna‘i mothers who received less than adequate or no prenatal care (compared to the state 31%. There are **no** birthing facilities on-island;
- **Dental care** – 51% of adult residents said they had not visited a dentist in more than one year, compared to almost 29% for all Hawaii;
- **Mental health** – while 8.5% of residents statewide reported they had bad mental health in the past 30 days (≥14 days), 16.1% on Lāna‘i made the same report.
- **General health status** – 17.8% of residents on Lāna‘i reported ‘Excellent’ general health status compared to 19.3% statewide.

Important Cultural Factors and Barriers Limiting Access to Care

- **Cultural Diversity** – data from American Community Survey 5-year estimates 2011-2015 – multiple languages (25.4% (2017) speak a language other than English, 24% of residents are foreign-born, and 16.8% (2017) say they speak English less than “very well”), differing traditional approaches to health care, and other factors such as distinct ways that families participate in a patient’s care;
- **Geographic Barriers** – off-island distance and cost of travel require residents to depend on air (only one airline flying into the island and only flying to Oahu; 4-5 flights a day depending upon the season) or ferry transportation to access specialty care;
- **Social, economic, and health disparities** – the ethnic/race mix results in high prevalence of various chronic disease, high rates of smoking and drinking, low

income, lack of education, insufficient safe and affordable housing, etc. result in a population at high risk;

- **Lack of local governance** – since Lāna‘i depends on neighbor islands for most of its resources, health services are variable and resources are subject to budget cuts controlled by off island entities;
- **Scarcity of Goods and Services and Maintenance** – with no on-island distributor of durable medical equipment, and other health supplies, these goods must be secured individually from Maui, Oahu, and mainland companies with substantial shipping costs. Also, installation and maintenance usually require skilled labor from off-island, whose costs are increased by travel time and housing. All are barriers to care, delaying a patient’s transition home or compromising on-island care.

5. Describe the geographic coverage.

LCHC’s geographic coverage is the island of Lāna‘i.

LCHC is located on the island of Lāna‘i, the smallest of the major Hawaiian Islands with a land area of 140 square miles. The island’s history is one of transition as the island was purchased by different owners. Each transition throughout this island’s history has forced a change in economic focus and lifestyle produced results that directly affected the island’s residents (and still affects all today). These changes have created the community as we know it today, which consist of an eclectic mix of ethnicities and cultures. This broad mix of ethnicities makes Lāna‘i unusual and different from other rural communities in the U.S. In addition, immigrants continue to relocate to Lāna‘i, because family members are able to sponsor their arrival — especially individuals from the Philippines — with 24% of our population foreign born and 16.8% of our households facing linguistic isolation. (American Community Survey 5-year estimates 2011-2015).

III. Service Summary and Outcomes

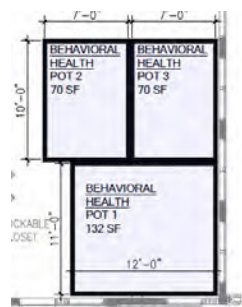
The Service Summary shall include a detailed discussion of the applicant’s approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

LCHC will alter/renovate its current 6,800 SF, as follows:

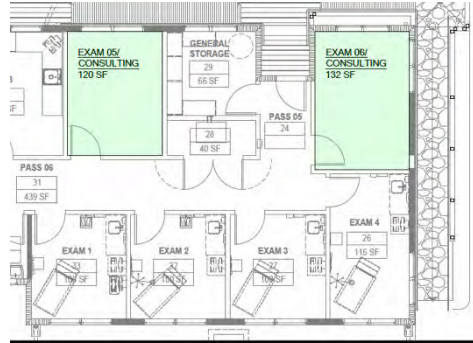
Multipurpose room to accommodate three (3) Behavioral Health Rooms, of which two (2) behavioral health rooms will be relocated from the makai (ocean) wing.

- Behavioral Health POT 1 = 132 SF
- Behavioral Health POT 2 = 70 SF
- Behavioral Health POT 3 = 70 SF

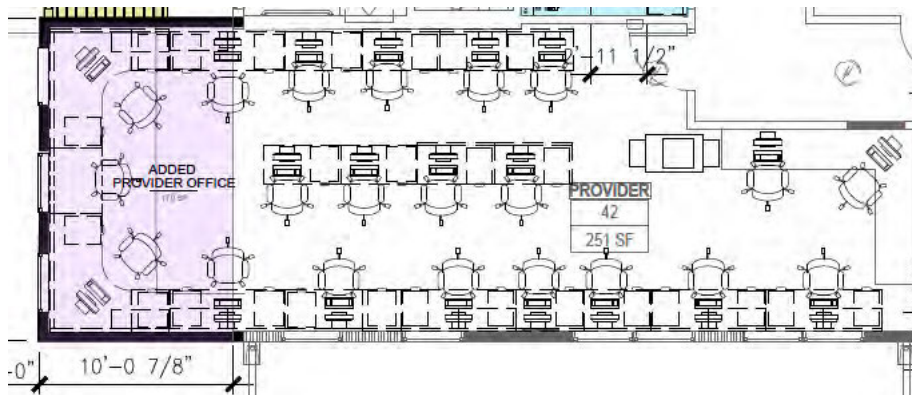


The two (2) relocated behavioral health rooms will be altered/renovated to two (2) Medical/Exam Consulting Rooms, bringing the total medical/exam consulting rooms to six (6).

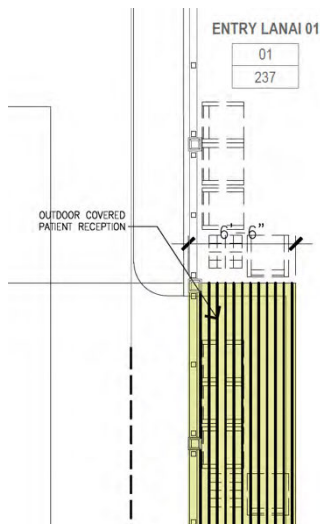
Exam 05/Consulting = 120 SF
Exam 06/Consulting = 132 SF



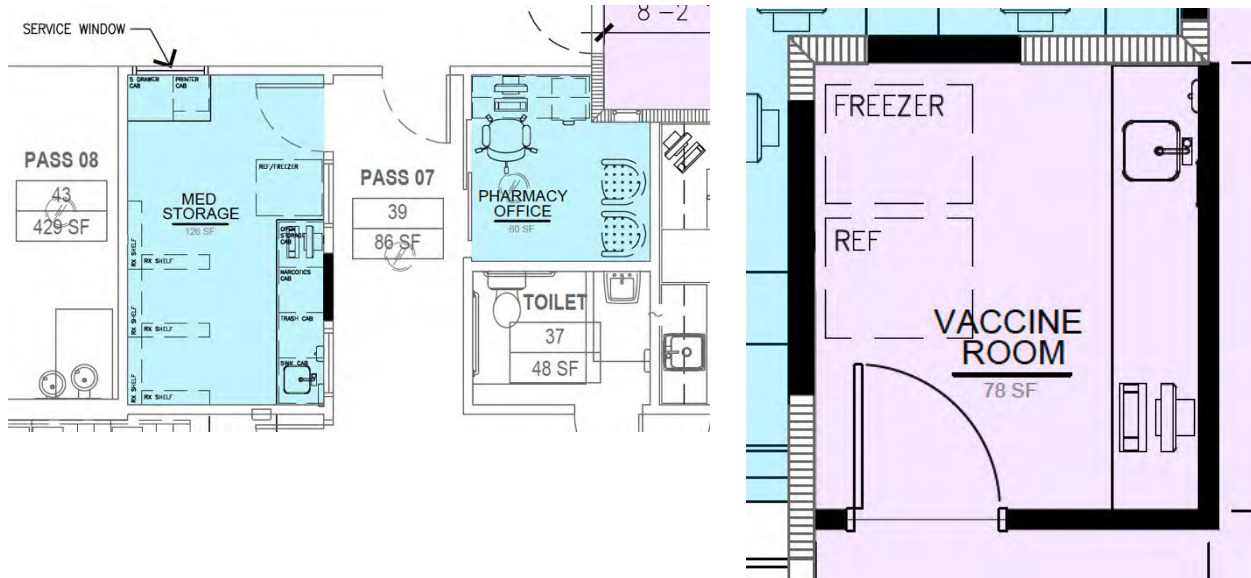
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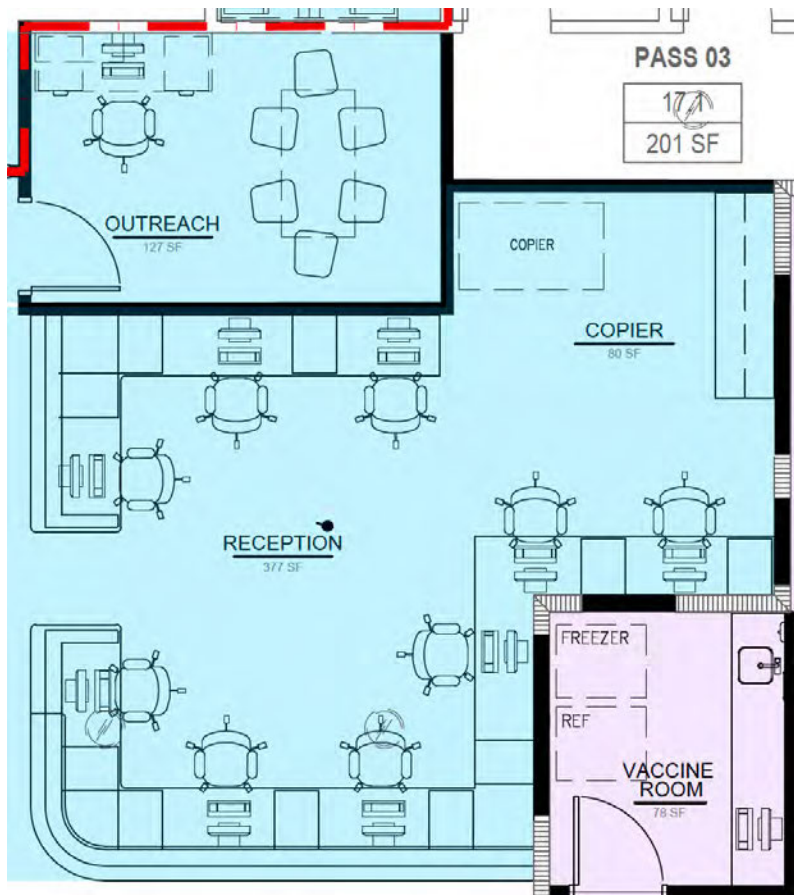
Expand the Front Exterior Lanai by 168 SF to create an outdoor covered patient reception to further conform to COVID-19 safety measures.



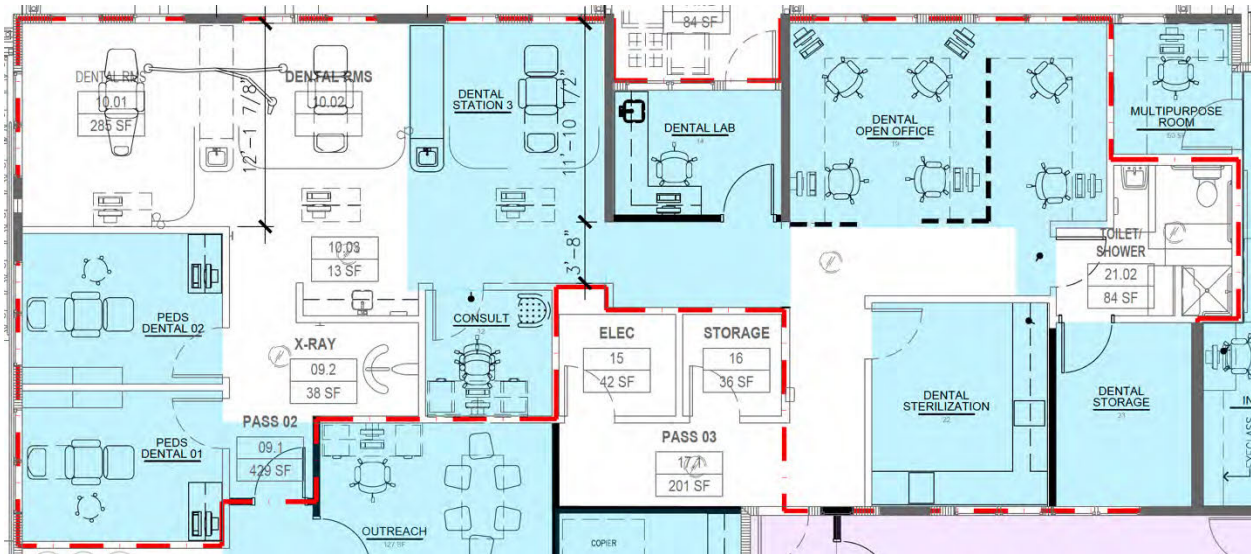
The Medical Storage Room to 126 SF, Pharmacy Office to 60 SF, and enclose the rear lanai to create a Vaccine Room totaling 78 SF, as LCHC has become a main COVID-19 testing and vaccination site.



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The Dental Space that includes two (2) pediatric dental operatives and one (1) dental station that brings the total to three (3) dental stations, along with the consult room, dental lab, dental open office, dental sterilization, and dental storage.



A combination of factors listed below makes this project an urgent priority, as it will allow LCHC to bring in and house behavioral, medical, dental, and optometry service providers who will care for those who are unable to access much needed care.

- COVID-19. See Section II. 2. Goals and Objectives.
- Increased uninsured numbers due to poor economic conditions, with 41% of the residents employed in low-paying jobs in various service and hotel accommodation services. 11.2% of LCHC patients are uninsured (percentage pertains to patients who had a medical visit and excludes those who came in for COVID-19 testing and/or vaccination) – many immigrants do not qualify for insurance, and many are “underinsured” with health plans that don’t cover all necessary services.
- Geography. The geographic isolation of Lāna‘i makes medical services expensive for both residents and providers. Residents must travel by ferry to Maui or air to other islands for medical care. A round trip ticket from Lāna‘i to O‘ahu costs \$200 or more, assuming the patient travels alone. Accommodations, food, and ground travel can involve additional expense, with hotel rooms typically costing more than \$175 per night and taxi costs of \$70. Emergency air transport to an O‘ahu health facility costs upward of \$10,000.
- Low-income with high cost of living. Lāna‘i’s median household income is \$55,714, while Hawaii’s median household income is \$81,275 (added that Hawaii is the most expensive state to live in with a 2021 Cost of Living Score: 2 out of 75 points). Lāna‘i’s residents suffer a double whammy, because Lāna‘i’s cost of living is greater than those residing on other islands, while the per capita **family** income is 52% of the per capita **personal** income of Hawaii residents. This makes the need for LCHC services (via medical and dental providers

who are flown in and providing housing) for the underinsured and uninsured imperative, especially nearly 29% of the island’s population, or 1,254 individuals live below 200% of the federal poverty level. In 2020, 41.7% of LCHC patients were at or below 200% of the federal poverty level.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

Planning/Design	Months 1 – 3
Permit	Months 4 – 7
Alteration/Renovation	Months 8 – 12

Note: Planned activities do not require permits and/or variances. LCHC received a Finding of No Significant Impact (FONSI) on April 19, 2012. The FONSI was issued prior to the construction of 333 Sixth Street, Hawaii 96763, United States. Construction of a 6,800 SF certified health care facility with exam/consult rooms, a procedure room, dental x-ray, dental operatories and CLIA waived lab facilities, conference and administrative office facilities, and a multipurpose room was completed on February 11, 2016 with the issuance of a Certificate of Occupancy.

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

Executive Director Diana Shaw will lead the CIP team and supervise the work related to any necessary entitlements (e.g. permitting), exterior and interior design, building signage, and FF&E (furniture, fixture and equipment) selection. Ms. Marni Murdock, KYA Principal, will design the proposed renovation (including schematic design, design development, construction documents and permitting). A project manager will be selected and charged with the responsibility of executing the day-to-day project and construction oversight. The project manager will work closely with Executive Director Shaw and her staff to deliver all services aforementioned through regular CIP meetings.

The renovated facility, by design, will be developed to not only meet the needs of our community but will also ensure the visual consistency with existing architecture styles in our community and cultural sensitivity to our target population.

As and Federally Qualified Health Center (FQHC), LCHC has a sophisticated reporting system and extensive familiarity with setting goals, collecting data and reporting progress on goals. Our health informatics system and data collection strategy has three primary applications, the electronic health record (EHR), eClinicalWorks (eCW) version 10, data warehouse (BridgeIT) and, care management system (Comprehensive Disease Management System, CDMP). All three systems are interfaced with nightly data dumps from eCW to BridgeIT and in turn to CDMP. LCHC is fully automated with eCW at Stage 2 of Meaningful Use. BridgeIT provides extensive support for both clinical and financial reporting including fully automated UDS reporting. In addition, LCHC can easily develop customized reports for special projects, such as those needed for the Dental Home for Children Program. All three systems are powerful and well-developed: CDMP is a cloud-based application developed with leadership from the Joslin Diabetes Center

funded by the Department of Defense and initially focused on comprehensive diabetes care. eCW is also cloud-based, and ONC 2014 Edition criteria and was certified as a Complete EHR on July 24th, 2013 by the Certification Commission for Health Information Technology (CCHIT®).

We routinely report goals, results, and progress to federal, state and county governments, as well as private foundations that provide funds for special programs. LCHC has an appropriate accounting system with complete capacity to provide appropriate account for all funding awards. LCHC does not have any conditions and is compliant with all federal regulations and rules. LCHC utilizes QuickBooks for its financial information system. The accounting system provides the ability to track, analyze, and report key performance data related to the organization's financial status. The LCHC electronic medical record and practice management system, eClinicalWorks, provides billing and collection data, and an automated process for collecting and analyzing clinical performance data. This data is incorporated into financial performance data providing LCHC with an expanded capability to manage its operations and performance. This system is sufficient for its size. LCHC maintains accounting and internal control systems appropriate to the size and complexity of the organization, which permit tracking of the financial health of LCHC, including identification of trends or conditions that may warrant action by the organization to maintain financial stability. Systems reflect Generally Accepted Accounting Principles (GAAP). LCHC's financial management system can account for all funding awards in order to identify the source (receipt) and application (expenditure) of funds for activities in whole or in part. LCHC's financial records include information and related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income and interest under all funding awards. Non-grant funds generated from health center program activities, in excess of what is necessary to support the HRSA approved total health center budget, are utilized to further the objectives of LCHC by benefitting the patient population on Lāna‘i and are not used for any purpose that is prohibited.

Health Center expenditures are monitored to keep them consistent with the HRSA approved total budget and any additional applicable HRSA approvals that have been requested and received and to maintain effective control over, and accountability for, all funds, property, and other assets associated with the health center. All assets are safeguarded to assure that they are used solely for authorized purposes in accordance with the terms and conditions of the health center.

LCHC maintains a separation of functions appropriate to its small size to safeguard assets and maintain financial stability. LCHC has an annual independent financial audit which is performed in accordance with Federal audit requirements. Subsequent audits must demonstrate corrective actions have been taken to address all findings, questioned costs, reportable conditions, and material weaknesses cited in the previous audit report, if applicable. Provisions are in place at all levels, and include requirements and restrictions to ensure accountability and control – all checks must have two signatures, regardless of amount. Signature authority is vested only with the Executive Director, and several selected board members, including the Board President, Vice President, Secretary and Treasurer. Checks of \$10,001 or more must be signed by two Board members, plus the Executive Director. An annual independent financial audit is performed.

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

Measure of Effectiveness	Outcome Timeline
Architectural Plans (permit set)	Months 1 – 3
Contractor Selection	Months 4 – 7
Permitting	Months 4 – 7
Alteration/Renovation	Months 8 – 12
Notice of Completion	Month 12

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds (Link)
 - b. Personnel salaries and wages (Link)
 - c. Equipment and motor vehicles (Link)
 - d. Capital project details (Link)
 - e. Government contracts, grants, and grants in aid (Link)
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2023.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$750,000	\$450,000	\$150,000	\$150,000	\$1,500,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2023.

Hawaii Dental Services Foundation; Atherton Foundation; Cooke Foundation; Aloha Care; First Hawaiian Bank Foundation; Bank of Hawaii Foundation; Chalmers Foundation; HRSA 330 Grant; HRSA Supplement Grant; HRSA QI Grant; SOH Judiciary; County of Maui; WIC Grant; Family Planning Grant; Primary Care Grant; Weinberg Foundation; Hawaii Community Foundation; HMSA Foundation; Perinatal Grant.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

Not Applicable.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2023 for program funding.

See Attachment D.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2021.

We have calculated our balance of unrestricted current assets as of December 31, 2021, by “cash less deferred revenue” and “cash less current liabilities”. See below.

Cash less Deferred Revenue	\$991,981.51
Cash less Current Liabilities (A/P, Payroll & PTO accruals, Deferred Revenue)	\$579,713.51

V. Experience and Capability

1. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

LCHC has significant experience and expertise in working with the Lāna‘i Community that originates prior to the award of our current Federal 330 status and funding.

LCHC was the brainchild of Ms. Jackie Woolsey and Ms. Phyllis McOmbler, both long time Lāna‘i residents. Starting as Lāna‘i Women's Center (LWC), the organization was envisioned to fill the health care gaps for Lāna‘i women who faced the burden of leaving the island for preventive screenings. Additionally the organization was seen as the hope of raising the level of health and education services taken for granted in most communities in Hawaii and elsewhere. Incorporated in 2004, they conducted needs assessments and focus groups to identify community concerns. The organization opened its doors for business in March of 2006 utilizing the services of Molokai midwives who provided GYN services to LWC patients.

With a medically underserved population, it was quickly seen that not only the women of Lāna‘i needed a health care alternative, but so did the men and children. In October 2007 the organization, doing business as the Lāna‘i Community Health Center, received its first Federal 330e grant and its designation as a Federally Qualified Health Center (FQHC), and hired its own

providers. In August 2009, the organization legally changed its name to Lāna‘i Community Health Center to better reflect its mission—to take care of the whole community of Lāna‘i—men, women, and children. As a 501(c)3 nonprofit organization, LCHC takes care of the community with a focus on physical, mental, emotional, intellectual and spiritual welfare and by enriching and empowering lives to help build healthy families in a supportive environment.

LCHC carries out its mission in three ways:

- By directly providing health services (including but not limited to primary care, dental, and behavioral health) to the community;
- By providing activities and services through partnerships with local organizations as well as the many off-island organizations reaching out to Lāna‘i by serving as coordinator, advocate, resource, initiator, and convener; and
- By working collaboratively to provide space for partners who can provide needed services for Lāna‘i.

LCHC successfully constructed a 6,800SF certified health care facility in 2016 configured to provide the community with a patient centered medical home (see services provided below). The facility includes 9 exam/consult rooms, a procedure room, dental x-ray, 2 dental operatories and CLIA waived lab facilities, conference and administrative office facilities, and a community activity room. Upon completing our new home in 2015, we were able to consolidate all our activities under one roof, increasing efficiency and cost effectiveness, while providing our patients with improved care through their ability to utilize medical, behavioral health, OBGYN, telemedicine, PT, dental, and cardiology services in one location, and even set up back-to-back appointments.

Demonstrated Experience in Serving Rural Underserved Populations. The saying is that people ‘vote with their feet’. LCHC feels that the best way to demonstrate our experience in serving rural underserved populations is with **Table 7** below.

LCHC Patient and Encounter Growth				
Calendar Year	Patients		Encounters	
	Actual and Projections	% inc	Actual and Projections	% inc
2008	52		94	
2009	576	1008%	1,635	1639%
2010	867	51%	2,210	35%
2011	837	-3%	3,528	60%
2012	911	9%	3,548	1%
2013	1,190	31%	4,715	33%
2014	1,402	18%	5,533	17%
2015	1,459	4%	6,028	9%
2016	1,844	26%	7,948	32%
2017	2,010	9%	9,335	17%

LCHC Patient and Encounter Growth				
	Patients		Encounters	
Calendar Year	Actual and Projections	% inc	Actual and Projections	% inc
2018	1,986	-1%	9,905	6%
2019	2,159	9%	12,291	24%
2020	2,305	1%	11,250	-1%
2021	3,013	7.6%	15,263	27%
Projection 2022	2,328	-1.3%	14,190	-1%

LCHC has seen growth of 4,477% since starting services in 2008. LCHC is located in a rural community where per capita family income is \$29,347; 11.2% of LCHC patients are uninsured (percentage pertains to patients who had a medical visit and excludes those who came in for COVID-19 testing and/or vaccination); our community is classified as a medical underserved population; and LCHC hires Low Income People (LIP), providing workforce development and training, our current LIP percent at hire is 58.1% of employees (were LIP at the time of hire) – **this is who we serve, this is who we are.**

See Attachment E for Services Provided.

See Attachment F for the listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

LCHC currently own and operates a 6,800SF certified health care facility. The health care facility provides LCHC with the capability to provide patients and the community with a patient centered medical home. The facility currently has 9 exam/consult rooms, a procedure room, dental x-ray, 2 dental operatories and CLIA waived lab facilities, conference and administrative office facilities, and a community activity room. LCHC facilities provides LCHC patients with improved care through their ability to utilize medical, behavioral health, OBGYN, telemedicine, PT, dental, and cardiology services in one location, and even set up back-to-back appointments.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Diana V. Shaw, PhD, MBA, MPH, FACMPE. Appointed as Executive Director on October 12, 2008, Diana represents the Health Center in its interactions with the community, legislature, executive branches of government, federal government officials and other leaders in the healthcare community. She is also responsible for managing the overall operations, finances, and facilities of the Center in accordance with Board-approved policies, plans, decisions and directives.

Dr. Shaw brings to the small community of Lāna‘i over 25 years of progressively responsible positions in health care and program development. Originally from Upstate New York, she relocated to Kauai in September 2003, and then to Lāna‘i in October 2008. She received her PhD in Social Policy from Brandeis University in Waltham, Massachusetts; her Masters of Business Administration from St. John Fisher College; and her Masters in Public Health from the University of Rochester; both colleges are located in Rochester, New York. Dr. Shaw is a 2007 Malcolm Baldrige Quality Award of Excellence Examiner, a board member of the Hawai‘i Primary Care Association, a member of the National Association for Community Health Centers, and is a member of the Nā Hoaloha o Lāna‘i.

Prior to joining LCHC, she was the Kauai Center Director of Small Business Development Center (SBDC) where she provided counseling, training, education, and other specialized services for SBDC Clients. The SBDC is a partnership program between the University of Hawai‘i at Hilo and the U. S. Small Business Administration that provides small businesses with free counseling and training to start a new business or expand an existing one.

Seiji Yamada, MD, MPH, Medical Director. Dr. Seiji Yamada was born in Hiroshima and grew up in a suburb of Chicago. He obtained his M.D. from the University of Illinois at Chicago in 1987 and completed a residency in family medicine at the Cook County Hospital in Chicago in 1990. He obtained a Masters in Public Health from the University of Hawai‘i in 1996. He practiced in the Commonwealth of the Northern Mariana Islands from 1990 to 1993. He has practiced in Hawaii since 1994. As Professor in the University of Hawai‘i Department of Family Medicine & Community Health, he teaches medical students and trains family medicine residents. His clinical interests include mental health, hepatitis B, Hansen’s disease, and tuberculosis. His academic interests include social medicine, Pacific Islander health, militarism, community health, access to health care for the underserved, disaster relief, and climate change. Most of his writings can be found at https://www.researchgate.net/profile/Seiji_Yamada.

Jared Medeiros, APRN, Associate Medical Director and Medical Provider. Born and raised in Wahiawa on the island of Oahu, Jared attended ASSETS High School and then completed his Undergraduate Degree in History and Hawaiian Studies at BYU-Hawaii. While at BYU-Hawaii, Jared had the opportunity to sail on the Hawaiian voyaging canoe, Iosepa, and learned the values of team work and communication. He then completed his Nursing Degree at UH-Manoa in the Master’s Entry Program into Nursing and the Master’s Program in the Family Nurse Practitioner Program. He joined Lāna‘i Community Health Center in 2014. Jared currently provides primary care services for our patients and also serves as the Associate Medical Director overseeing the day-to-day operations of the medical care delivered at the health center.

Dr. Randall YM Kam, DDS, FAGD, FICD, Dental Director. Dr. Kam, who joined LCHC in February 2016 as Dental Director, also provides dental services in the Health Center. A graduate of Punahou School, Dr. Kam earned his degree in Biochemistry in UCLA and his dental degree from UCSF in 1985. After completing his Residency in Hospital Dentistry at San Francisco General Hospital the following year, he practiced dentistry in Honolulu from 1986 until 2015. In 1988, he earned his Fellowship in the Academy of General Dentistry and was inducted as a Fellow of the International College of Dentists in 2011. Dr. Kam is also a Lua and La‘au Lapa‘au practitioner. He has studied the Hawaiian language since November of 2014 in the Kealaleo Hawaiian Language Immersion Program. Born and raised in Honolulu, Dr. Kam is an avid hunter and fisherman and enjoys preparing (and eating) Hawaiian Food. He and his wife Lesley have two grown children, a Dalmatian, and a red and white Irish Setter.

Dr. Cori Takesue, PsyD, Behavioral Health Director. Dr. Cori Takesue, Psy.D., CTTS is a Licensed Clinical Psychologist and Certified Tobacco Treatment Specialist. She joined Lāna‘i Community Health Center in February 2014 and in August 2020, became the health center’s Director of Behavioral Health. Dr. Takesue received her Master’s Degree in Professional Counseling: Marriage and Family Therapy emphasis at Argosy University-Honolulu and her Doctoral Degree in Clinical Psychology at the California School of Professional Psychology at Alliant International University –San Francisco Campus. She was born and raised on the island of Oahu.

Dr. Takesue’s clinical training was primarily spent in the San Francisco Bay area providing individual psychotherapy and psycho educational groups while working in a variety of treatment settings: partial to inpatient hospitalization, outpatient, schools, community mental health, and in forensic and correctional settings. Her interests include: health psychology and helping individuals with chronic health conditions focus on making lifestyle changes, serious mental illness, tobacco cessation, and working with at-risk adolescent youth. In her leisure time, Dr. Takesue enjoys being in the outdoors, whether it is hiking, biking, climbing, or some beach activity.

Cindylou Figuerres, MBA, Financial and Program Coordinator. Starting in 2011 as an Accounting Clerk/Front Desk Supervisor, she quickly rose through the ranks with her strong background in Finance and Accounting as well as Information Technology. Cindylou was promoted to Chief Financial Officer/IT Director in September 2012. She earned her Associates Degree in Accounting from Heald Business College, her Bachelors Degree in Accounting from Hawai‘i Pacific University and graduated in 2015 from the University of Phoenix with her Master’s in Business Administration. She was then promoted to Associate Executive Director in August 2018. A Lāna‘i native, Cindylou is dedicated to moving LCHC forward in providing health and wellness classes, plus education and workforce development training classes for the community.

Olivia Pascual, RN, BSN, Risk Management Privacy and Safety Officer. In June 2016, Olivia Pascual assumed the role of Clinical Operations Officer, allowing her to serve her beloved community of Lāna‘i where she was raised. Olivia received her Bachelors of Science in Nursing Degree at the University of Northern Colorado (UNC) in August 2002. Since graduating college, Olivia moved back to Hawaii and worked for Queens Medical Center (QMC) for 13 years as a

registered nurse with a focus on urology, pediatrics, trauma, and wound care. In her spare time, Olivia enjoys spending time with her family and friends. She also loves family gatherings, traveling, and outdoor activities such as hiking and going to the beach.

Nina (Riel) Medeiros, Chief Financial Officer. Nina Riel Medeiros joined the Finance Team in May 2016. Nina graduated from Chaminade University of Honolulu with a Bachelors of Science in Computer Information System (CIS), with a minor in Business Administration. She brings nine years of Accounting/Finance background experience from the Four Seasons Resorts Lāna‘i. Currently assisting the Lāna‘i High School Women’s Volleyball team as the Assistant Coach, Nina looks forward to being more involved with the Lāna‘i Community. When not working, she enjoys volleyball, basketball, hunting and spending time with her family.

2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

See Attachment G.

LCHC is **structured** as a 501c3, nonprofit organization, and a federally qualified health center (FQHC). As is true of all FQHC’s, LCHC **leadership** is carried out by a Board of Directors (BOD), of whom at least 51% must be users of our health center. The BOD is responsible for setting direction and vision for the health center. The Executive Director, Diana V. Shaw, PhD, MPH, MBA, FACMPE, is responsible for carrying out the BOD vision and development of programs and operations to meet patient and community needs. The Medical Director, Seiji Yamada, MD, reports to the Executive Director, and is our highest clinical executive management position. We are a small organization in **size** – 37 full time employees and 25 part-time employees. **Staffing** is consistent to meet the needs of our community of our size. Our team is a mix of male and female, Filipino, Hawaiian, Micronesian, and Caucasian who are culturally sensitive and multilingual. We have state-of-art IT capabilities having purchased and implemented an electronic medical record system in September 2010, and are able to access our files and records from anywhere in the world. We also utilize video teleconferencing for workforce development and administrative and educational meetings, as well as for clinical services.

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

Title	Annual Salary Range
Associate Medical Director and Medical Provider	\$200,000 – \$205,000
Executive Director	\$185,000 – \$190,000

Title	Annual Salary Range
Director of Behavioral Health	\$120,000 – \$125,000

VII. Other

1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Not Applicable.

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

CLIA; FQHC; PCMH; Radiation Facility License.

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see [Article X, Section 1, of the State Constitution](#) for the relevance of this question.

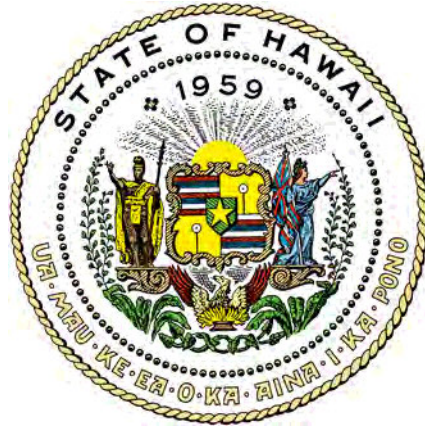
Not Applicable.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2022-23 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2022-23, but
- (b) Not received by the applicant thereafter.

LCHC continues to adjust to the rising needs created by the COVID-19 pandemic, while working to keep routine services available to patients and making a strong effort to keep in touch with patients living with COVID-19, from giving tips for self-care to providing pulse oximeters. COVID-19 further highlighted the need for LCHC to alter/renovate its current 6,800 SF to meet the current behavioral, medical, and dental health needs on Lāna‘i via expanded services directly related to this Capital Improvement Project which is expected to generate LCHC the additional revenue towards its overall sustainability.



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

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

LANA'I COMMUNITY HEALTH CENTER

was incorporated under the laws of Hawaii on 11/29/2004 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 20, 2022

Director of Commerce and Consumer Affairs



Section 42F-103
Declaration Statement Affirming Compliance

The undersigned hereby, acknowledges, declares, and confirms Lāna‘i Community Health Center (LCHC) compliance with §42F-103.

§42F-103 Standards for the award of grants. (a) Grants shall be awarded only to individuals who, and organizations that:

- (1) Are licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.

(b) In addition, a grant may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.

(c) Further, a grant may be awarded to a nonprofit organization only if the organization:

- (1) Has been determined and designated to be a nonprofit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

(d) If a grant is used by an organization for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land. This restriction shall be registered, recorded, and indexed in the bureau of conveyances or with the assistant registrar of the

land court as an encumbrance on the property. Amounts received from the repayment of a grant under this subsection shall be deposited into the general fund. [L 1997, c 190, pt of §3; am L 2007, c 184, §1; am L 2014, c 96, §7]

Lāna‘i Community Health Center (LCHC), a Hawaii non-profit corporation

By:  _____ Date: _____
Diana M V Shaw, Executive Director

**Section 42F-102
Statement of Acknowledgement**

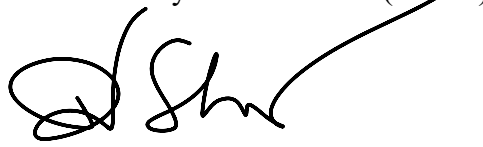
The undersigned hereby confirms and acknowledges that Lāna‘i Community Health Center (LCHC) will utilize any and all grant funds received under §42F-102 for a public purpose pursuant to:

§42F-102 Applications for grants. Requests for grants shall be submitted to the appropriate standing committees of the legislature at the start of each regular session of the legislature. Each request shall state:

- (1) The name of the requesting organization or individual;
- (2) The public purpose for the grant;
- (3) The services to be supported by the grant;
- (4) The target group; and
- (5) The cost of the grant and the budget. [L 1997, c 190, pt of §3; am L 2014, c 96, §6]

Lāna‘i Community Health Center (LCHC), a Hawaii non-profit corporation

By: _____



Diana M V Shaw, Executive Director

Date: _____

**Lanai Community Health Center
Grant Revenue Breakdown
January 2018 - December 2021**

	UNAUDITED				
	Jan - Dec 2018	Jan - Dec 2019	Jan - Dec 2020	Jan - Dec 2021	Total
Paycheck Protection Program			506,600.00	554,654.00	1,061,254.00
Direct Relief Grant Revenue			50,000.00		50,000.00
HRSA 330 Grant Revenue	1,634,026.16	1,657,469.18	1,274,697.01	2,045,996.12	6,612,188.47
HRSA Supplemental Grants	262,964.37	566,317.15	399,174.94	260,625.05	1,489,081.51
HRSA QI Grant	51,671.34	66,673.32	13,464.00	46,064.00	177,872.66
HRSA COVID Funding					0.00
HRSA COVID 1			44,833.44	7,433.56	52,267.00
HRSA CARES Act			350,015.21	192,494.79	542,510.00
HRSA ECT			79,741.46	50,972.54	130,714.00
HRSA ARP Act				277,500.00	277,500.00
HRSA ARA Capital				50,000.00	50,000.00
Medicare Provider Relief Fund			131,465.45		131,465.45
Medicaid Meaningful Use Incent	42,500.00	25,500.00			68,000.00
SOH Judiciary		7,500.00	15,000.00	15,000.00	37,500.00
County of Maui Line Item	87,986.75	65,691.77	90,912.20	83,052.38	327,643.10
WIC Grant Revenue	31,362.74	36,670.07	26,690.26	27,420.40	122,143.47
FP Grant Revenue	116,782.54	151,249.71	45,352.79	24,478.31	337,863.35
Primary Care Grant Revenue	25,080.00	12,875.00	2,610.00	129,968.00	170,533.00
DOH Telehealth			20,000.00		20,000.00
Perinatal Grant Revenue		13,066.58	10,182.98	6,796.33	30,045.89
State Grant Revenue - Other				65,225.00	65,225.00

Lanai Community Health Center
Services Provided

Children 0 – 18 Services	Family Practice	Community Outreach	TeleHealth
General Check Up Acute Care Well Baby Exams 0-2 years Well Child Exams 3-17 Sports Physicals School Physicals TB Clearance Immunizations	Routine Check Up Chronic Illness Abdominal/Pelvic Ultrasound Blood Draws and Labs Blood Pressure Management Diabetes Management, including PILI Program Family Planning Home Visits Immunizations Nutrition Education Primary Medical Care Referrals and Care Coordination Screenings Test, including TB, Hep B, STD, HIV, etc. Life Insurance Physical DOT Physicals	Translation in Ilocano and Tagalog Quest Enrollment Assistance Care Coordination and Referrals Case Management Insurance Assistance SNAP Assistance	Tele-Optical Imaging Tele-Psych OB Ultrasound Abdominal Ultrasound Tele Derm Optometry Specialty Consultation Cardiology
Women’s Health	Behavioral Health	WIC (Women, Infant, Children)	Wellness Program
Preconception Care Pregnancy Care Annual Exams STD Screening Birth Control and Family Planning Prenatal Care Mammogram Referrals OB Ultrasound and Non-Stress Testing OB/Pregnancy/Prenatal Care, with Coordinated OB Care Management Screening Tests Family Planning	Integrated Behavioral Health Interventions Chemical Dependency Treatment Mental Health Therapy Tobacco Cessation Behavioral Health Case Management	Nutrition Education Distribution of Food Checks Breastfeeding Education Hemoglobin Checks	Taichi Boxing (Adult and Youth) Pilates Zumba Total Body Conditioning Spinal Health Yoga Cardio Circuit Restorative Yoga Core Strength Yoga Whole Body Stretch Gymnastics (Youth) Soccer (Youth) Lion Dance Practice

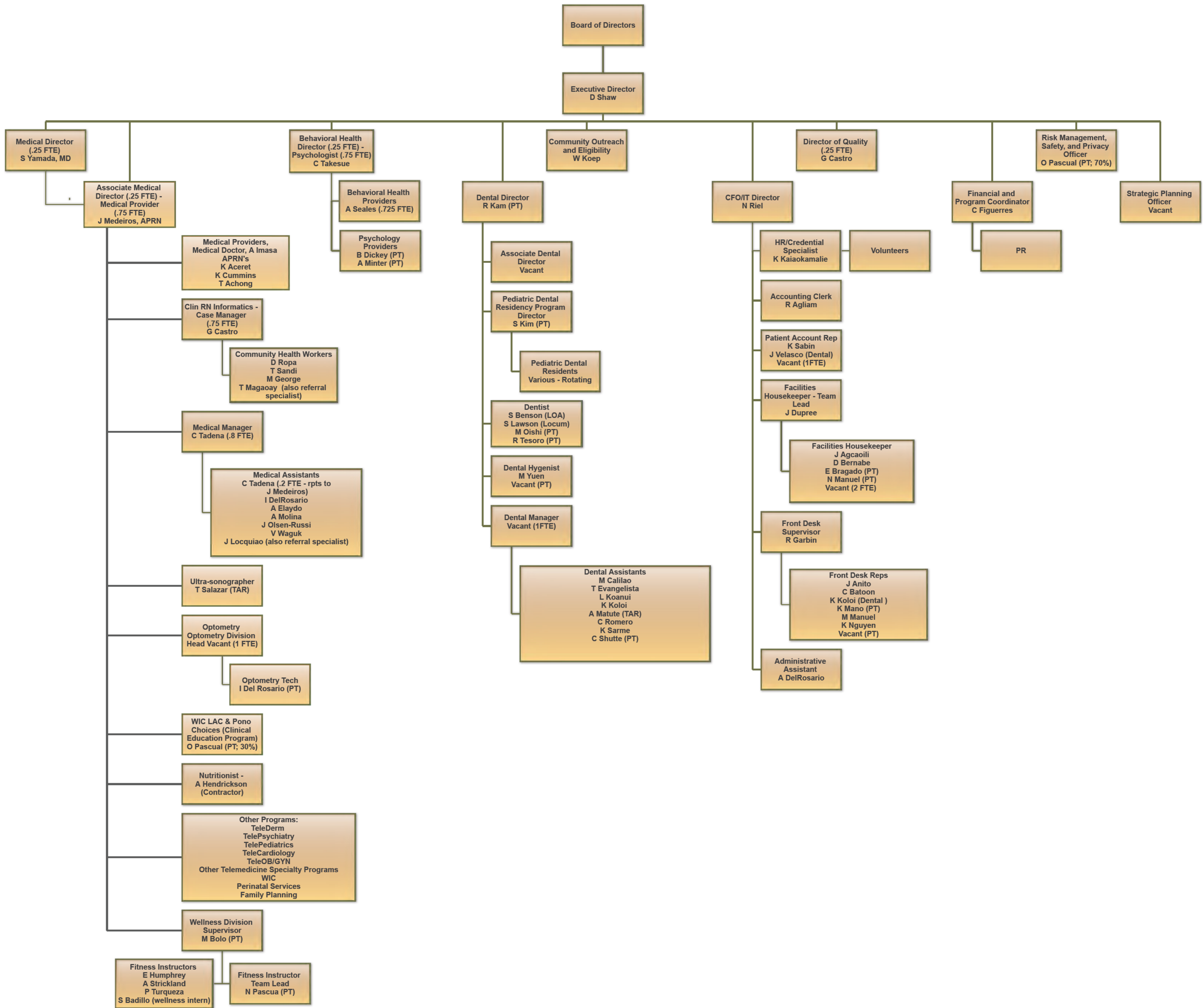
Other Services	Dental	Drug Screen
Health Education at Lāna’i High and Elementary School Health Education, General Community Patient Transportation Low-Cost Prescription Program	Pediatric Dentistry Adult Dentistry Routine Cleaning and X-rays Sealants Fillings Crowns Extractions Bridges and Dentures Emergency Care Integrated Behavioral Health Case Management Referrals Community Outreach Low-Cost Prescription	Escreen DOT Escreen Non-DOT NON-DOT/DOT (Employee Account) Random Pre-employment Post-Accident
Services		
Abdominal/Pelvic Ultrasound Behavioral Health Blood Draws and Labs Blood Pressure Management Case Management Community Outreach and Education Dental (Pediatric and Adult) Diabetes Management, including PILI program Drug Screening Family Planning Home Visits Health Education at Lāna’i High and Elementary School Health Education, General Community Immunizations Insurance Assistance Low-Cost Prescription Program Nutrition		OB/Pregnancy/Prenatal Care, with Coordinated OB Care Management OB Ultrasound and Non-Stress Testing Optometry, including Diabetes Retinal testing Patient Transportation Primary Medical Care Referrals and Care Coordination School and Sports PE Screenings, including TB, Hep B, STD, HIV, etc. Smoking Cessation Tele-Dermatology Tele-Psychiatry Tele-Cardiology and Echocardiograms (in progress) Well Child Checks Wellness and Fitness Classes WIC Women’s Health Exams Workforce Development

**Lanai Community Health Center
Verifiable Experience
January 2018 - December 2021**

	Jan - Dec 2018	Jan - Dec 2019	Jan - Dec 2020	UNAUDITED Jan - Dec 2021
HRSA ARA Capital				50,000.00
HRSA Health Center Infrastructure Support				523,749.00



LCHC Organization Chart - Board Approved 9-21-2021; Minor Revisions 10-4-2021



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

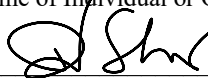
- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Lāna‘i Community Health Center (LCHC)

(Typed Name of Individual or Organization)



(Signature) (Date)

Diana M V Shaw

(Typed Name)


Executive Director

(Title)

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2022 to June 30, 2023

Applicant: Lānaʻi Community Health Center (LCHC)

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9. Consultants	200,000	198,160		
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	200,000		0	0
C. EQUIPMENT PURCHASES		107,681	0	0
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	1,300,000	217,908		
TOTAL (A+B+C+D+E)	1,500,000	523,749	0	0
SOURCES OF FUNDING				
(a) Total State Funds Requested	1,500,000	Diana M V Shaw		(808) 565-6919
(b) Total Federal Funds Requested	523,749	Name (Please type or print)		Phone
(c) Total County Funds Requested	0			
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official		Date
TOTAL BUDGET	2,023,749	Diana M V Shaw, Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2022 to June 30, 2023

Applicant: Lānaʻi Community Health Center (LCHC)

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not Applicable				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				\$ -
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2022 to June 30, 2023

Applicant: Lānaʻi Community Health Center (LCHC)

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2022 to June 30, 2023

Applicant: Lānaʻi Community Health Center (LCHC)

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2020-2021	FY: 2021-2022	FY:2022-2023	FY:2022-2023	FY:2023-2024	FY:2024-2025
PLANS	0	\$ 69,846.00	\$ -	0	0	0
LAND ACQUISITION	0	\$ -	\$ -	0	0	0
DESIGN	0	\$ 75,940.00	\$ -	0	0	0
CONSTRUCTION	0	\$ 217,908.00	\$ 1,300,000.00	0	0	0
EQUIPMENT	0	\$ 107,681.00	\$ -	0	0	0
TOTAL:	0	\$ 471,375.00	\$ 1,300,000.00	0	0	0
JUSTIFICATION/COMMENTS						
FY: 2021-2022 Funds Received = HRSA Health Center Infrastructure						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Lānaʻi Community Health Center (LCHC)

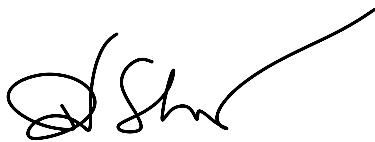
Contracts Total: 11,365,944

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Paycheck Protection Program	01/20 - 12/21	SBA	Federal	1,061,254
3	HRSA 330 Grant Revenue	01/20 - 12/20	HRSA	Federal	6,612,188
4	HRSA Supplemental Grants	01/18 - 12/21	HRSA	Federal	1,489,082
5	HRSA QI Grant	01/18 - 12/21	HRSA	Federal	177,873
6	HRSA COVID Funding	01/18 - 12/21	HRSA	Federal	-
7	HRSA COVID 1	01/20 - 12/21	HRSA	Federal	52,267
8	HRSA CARES Act	01/20 - 12/21	HRSA	Federal	542,510
9	HRSA ECT	01/20 - 12/21	HRSA	Federal	130,714
10	HRSA ARP Act	01/21 - 12/21	HRSA	Federal	277,500
11	HRSA ARA Capital	01/21 - 12/21	HRSA	Federal	50,000
12	Medicare Provider Relief Fund	01/20 - 12/21	HRSA	Federal	131,465
13	Medicaid Meaningful Use Incent	01/18 - 12/19	CMS	Federal	68,000
14	SOH Judiciary	01/19 - 12/21	Judiciary	State	37,500
15	County of Maui Line Item	01/18 - 12/21	County	County of Maui	327,643
16	WIC Grant Revenue	01/18 - 12/21	USDA	Federal	122,143
18	Primary Care Grant Revenue	01/18 - 12/21	HRSA	Federal	170,533
19	DOH Telehealth	01/20 - 12/20	DOH	State	20,000
20	Perinatal Grant Revenue	01/19 - 12/21	HRSA	Federal	30,046
21	State Grant Revenue - Other	01/21 - 12/21	DOH	State	65,225

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



DIANA M V SHAW, EXECUTIVE DIRECTOR

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE