

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) Hawaii Compliance Express Certificate (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

 Dr. Annie Anderson (Jan 22, 2026 17:19:11 HST)

AUTHORIZED SIGNATURE

Dr. Annie Anderson, Executive Director

PRINT NAME AND TITLE

01/18/2026

DATE



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: DYNAMIC HEALING CENTER

Issue Date: 01/16/2026

Status: Compliant

Hawaii Tax#:

New Hawaii Tax#:

FEIN/SSN#:

UI#: XXXXXX0641

DCCA FILE#: 309497

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	A status determination has not yet been made
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED 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, Hawaii 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, Hawaii 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; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii 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.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawaii 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.

Dynamic Healing Center

(Typed Name of Individual or Organization)

Dr. Annie Anderson (Jan 22, 2026 17:19:11 HST)

(Signature)

Dr. Annie Anderson

(Typed Name)

1/16/2026

(Date)

Executive Director

(Title)

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. Hawaii Compliance Express Certificate (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2025.

2. Declaration Statement

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

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.

The grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. It directly supports the public by: improving access to essential services; facilitating community development; ensuring inclusivity and equity; and strengthening local nonprofit organizations' capacity to serve. These outcomes align with the broader goal of enhancing the well-being, quality of life, and sustainability of Hawaii's communities.

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;

Dynamic Healing Center (DHC), a non-profit human services' organization, was established in August of 2019, to provide additional housing and supportive services for the people of Hawaii. It provides individuals that are homeless – and those at risk of becoming homeless -- a bridge from homelessness to permanent housing. Its emergency shelters provide quality, safe and effective services designed to help homeless individuals and couples access permanent housing solutions.

The mission of DHC is to instill hope and healing to individuals, children and families by providing a variety of supportive services to increase self-esteem and personal development. Focused on a community approach, it is a hub for professionals to provide various therapeutic services to individuals and families within the community.

This center of healing provides immediate support to these individuals that are in crisis by working together with community partnerships to provide accessible and affordable services.

With the aid of this State GIA, DHC will be able to expand its capacity to house homeless individuals from 30 to 50.

To provide these services effectively and efficiently, DHC partners with local agencies and volunteers willing to share their talents with individuals enrolled in the program. Goals also include involving homeless participants in leading activities that focus on their strengths to increase self-esteem and ownership of their own treatment.

The DHC executive director has been providing individuals and families emergency housing and supportive services in conjunction with other agencies for approximately ten years. DHC uses the nationally acclaimed "Housing First" approach that is low entry barrier and works closely with the County's Coordinated Entry System team to provide immediate housing to chronically homeless individuals and families.

2. The goals and objectives related to the request;

Project Goal - Stability, Skills, and Sustainability: To expand DHC's capacity to serve as a comprehensive launchpad for Hawaii's homeless population. With the support of this State GIA, we will increase our operational capacity from 30 to 50 individuals while simultaneously launching a new Workforce Development Initiative.

Holistic Vision: We plan to move clients from *crisis* to *contribution*. By combining immediate "Housing First" stability with specialized workforce partnerships, we equip our clients -- many of whom are exiting incarceration or facing generational poverty -- with the dignity of a paycheck and the pride of self-reliance. We are building a pathway where housing stabilizes the individual, and employment sustains the family.

- **Outcome:** A scalable, integrated model of care where 50 individuals annually bridge the gap between dependency and self-sufficiency, reducing the long-term strain on state social services and correctional facilities.

Key Objectives: To achieve this goal, DHC has established three distinct, measurable objectives.

Objective 1: Immediate Sanctuary & Capacity Expansion:

- **Metric:** Increase residential capacity to fully accommodate 50 participants (an expansion of 20 beds) across our transition homes in Ewa Beach and Kalihi.

- **Impact:** Before an individual can hold down a job, they need a safe place to sleep. This objective provides the physical foundation for recovery, allowing us to say "yes" to 20 more individuals in crisis and moving them out of survival mode so they can focus on the future.
- **Outcome - Increased Service Volume.** Immediate removal of 20 additional individuals from homelessness, creating a larger, stable cohort ready to engage in clinical stabilization and rehabilitation services.

Objective 2: Economic Empowerment via Community Partnerships:

- **Metric:** Enroll eligible participants in a new workforce track through formal collaboration with local agencies specializing in job training and placement.
- **Strategy:** DHC focuses on what we do best—housing and clinical stabilization—while partnering with workforce experts to handle skills training.
 - **Partnership Ecosystem:** We have established pipelines with the Building Industry Association of Hawaii (Pre-Apprenticeship Construction Training), the Oahu Workforce Development Board, and the American Job Center (City & County of Honolulu).
 - **Justice-Involved Support:** To support "second chance" populations, we coordinate with the Women's Community Correctional Center, Oahu Community Correctional Center, and Partners In Care to ensure a seamless handoff from incarceration to employment.
 - **Employer Network:** Direct placement opportunities with partners such as Gyotaku Japanese Restaurants, KOROMO's Curry Bistro, and Wet'n'Wild Hawaii.
- **Outcome - Financial Independence & Recidivism Reduction.** Clients secure sustainable income sources that exceed government subsistence levels, drastically reducing the likelihood of returning to homelessness or incarceration.

Objective 3: Family Reunification & Permanent Housing:

- **Metric:** Transition at least 30% of enrolled participants into permanent, stable housing by the end of the grant period.
- **Impact:** We treat housing as a tool for family healing. By securing permanent housing, we remove the primary barrier preventing many of our clients from reuniting with their children. This creates safe environments where families can reunite, breaking the cycle of intergenerational trauma.
- **Outcome - Long-Term Retention & Family Restoration:** Successful reintegration of families into the community, resulting in reduced reliance on state intervention (CPS/foster care) and high rates of long-term housing retention (non-return to homelessness).

3. The public purpose and need to be served;

The Critical Need - Bridging the Gap Between Crisis and Self-Sufficiency: Hawaii is currently facing a dual crisis: a severe shortage of affordable housing and a critical gap in supportive services for our most vulnerable populations -- specifically those exiting incarceration (like OCCC) and those battling serious mental illness.

The "Need" this project serves goes beyond simple shelter. Currently, individuals exiting correctional facilities or acute medical care often face a "cliff": they are released with no fixed address, limited family support, and no immediate employment prospects. Without a bridge, these individuals frequently cycle back into homelessness, emergency rooms, or the justice system.

- **Reentry Gap:** There is a specific, urgent need for stable housing for individuals like our client "BT," who are motivated to rebuild their lives post-incarceration but are blocked by rental barriers and stigma.
- **Economic Gap:** Housing alone is not enough. Our clients need a pathway to financial independence. There is a pressing need for programs that combine housing stability with *active* workforce development to prevent a slide back into poverty.

Public Purpose: DHC serves a distinct public purpose by converting this cycle of dependency into a cycle of contribution. By using our 28 beds and integrating a new Workforce Development Initiative, we serve the public interest in three specific ways:

1. **Reducing Recidivism and Public Costs:** By providing immediate "Housing First" stability and wraparound clinical support to high-risk populations (including those exiting OCCC), we directly reduce the burden on the State's emergency services, judicial system, and hospitals. Every individual we stabilize in a DHC transition home is one less person relying on expensive emergency public resources.
2. **Economic Reintegration (Workforce Development):** This project serves the public by turning "recipients of aid" into active contributors to Hawaii's economy. Through our new partnerships with local workforce agencies, we are not just warehousing the homeless; we are preparing them for the labor market. As demonstrated by our clients securing employment at local businesses (e.g., Foodland), our purpose is to help individuals regain the dignity of a paycheck and the ability to pay rent.
3. **Family Stabilization and Prevention:** Homelessness is a traumatic event that fractures families. DHC serves the public purpose of family preservation. Whether it is intervening early to keep a daughter and her elderly mother together or providing the stable home base required for a mother to reunify with her son, our services protect the next generation from the trauma of displacement. We build resilient families that are less likely to need government intervention in the future.

4. Describe the target population to be served; and

Target Population to be Served - Our Neighbors in Transition: DHC serves homeless and at-risk individuals and families on O‘ahu. However, we do not view our target population merely as "the homeless." We view them as neighbors in transition.

These are individuals who possess the desire for self-sufficiency but lack the stable foundation to achieve it. Our expansion to 50 beds will specifically target three underserved sub-populations that often fall through the cracks of the standard social safety net:

1. **Justice-Involved Individuals Seeking Reentry ("Second Chance" Group):**
 - **Who They Are:** Individuals recently released from correctional facilities, such as the O‘ahu Community Correctional Center (OCCC), who have paid their debt to society but face immediate housing rejection due to their record.
 - **Their Specific Need:** Like our client "BT," these individuals are often motivated to work and reunify with children but are at high risk of recidivism without immediate, structured housing. We provide the "landing pad" that allows them to transition from inmate to employee.
2. **Individuals Navigating Mental Health & Substance Challenges**
 - **Who They Are:** Men and women struggling with serious mental illness (SMI) or recovering from substance abuse who require more than just a bed—they need a therapeutic environment.
 - **Their Specific Need:** These individuals often cycle between emergency rooms and the streets. DHC targets those who are ready to engage in our wraparound services, utilizing our clean and sober housing as a platform to manage their health and regain control of their lives.
3. **"Hidden Homeless" & At-Risk Families (Prevention Group)**
 - **Who They Are:** Multi-generational families (like the daughter and elderly mother mentioned in our success stories) or individuals currently "couch surfing" who are one paycheck away from the streets.
 - **Their Specific Need:** This group requires rapid intervention. By targeting those *at risk* of homelessness, we prevent the trauma of displacement before it begins, keeping families intact and preventing them from entering the chronic shelter system.

5. Describe the geographic coverage.

Anchored in Community, Serving the Island: While our residential transition homes are physically anchored in the vital communities of Ewa Beach and Kalihi, DHC’s service scope encompasses the entire island of O‘ahu. We serve as a centralized resource for the county, accepting intakes from across the island to ensure no community is left unsupported.

From Referral to Resilience: Our intake process is designed to balance *vulnerability* with *viability*:

1. Identifying the Need: DHC integrates directly with the Coordinated Entry System (CES) to identify individuals with the highest acuity of need -- ensuring we are reaching those most at risk of falling through the cracks.
2. Investing in Commitment: We prioritize placement for individuals who demonstrate a readiness to be active partners in their own recovery. By focusing on candidates willing to engage in our high-touch case management and our new Workforce Development Initiative, we ensure that State resources are directed toward those fully committed to the hard work of building a path to permanent independence.

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;

The scope of this project is to operationalize and manage the expansion of DHC transitional housing capacity from 30 to 50 beds. DHC will assume full responsibility for the programmatic, fiscal, and administrative management of these transition homes, ensuring they function not just as shelters, but as therapeutic environments that foster self-sufficiency.

Key Tasks and Activities:

1. Project Mobilization & Capacity Expansion:

- Staffing Up: Recruit, hire, and onboard additional residential staff and case managers to maintain a safe and effective staff-to-participant ratio for the expanded population.

2. Intake, Stabilization, & Assessment:

- Coordinated Entry: Receive referrals directly through the O'ahu Coordinated Entry System (CES), prioritizing high-vulnerability individuals (including those exiting OCCC).
- Immediate Stabilization: Upon intake, provide immediate "dignity essentials" (food, clothing, hygiene) to de-escalate crisis mode.
- Holistic Assessment: Within 7 days of entry, conduct comprehensive assessments covering mental health, substance use history, and employment readiness to co-create an Individual Service Plan (ISP) with the participant.

3. Clinical Support & "Whole Person" Care:

- Wraparound Services: Deliver regular onsite support, including relapse prevention groups, life skills workshops, and individual counseling.
- Family Reunification: Facilitate supervised family visits and family therapy sessions to rebuild support networks, specifically targeting parents separated from children due to incarceration or homelessness.

4. Workforce Development Implementation (New Initiative):

- Partnership Activation: Execute agreements with local workforce development agencies to create a seamless referral pipeline.
- Employment Tracking: Monitor participant progress in job training, assist with resume creation, and provide logistical support (transportation/clothing) for job interviews.

5. Housing Navigation & Transition:

- Landlord Engagement: Actively recruit and maintain relationships with private market landlords willing to rent to DHC graduates.
- "Warm Handoff": Assist participants with lease negotiations, security deposits, and the physical move into permanent housing. Provide 3-6 months of "aftercare" check-ins to prevent housing loss.

Staff Responsibilities: To ensure accountability, DHC assigns clear ownership of these tasks:

Role	Primary Responsibilities
Executive Director	Project Oversight & Compliance. Responsible for overall grant administration, fiscal management, and high-level partnership development (e.g., maintaining MOUs with workforce agencies and OCCC). Ensures the program meets all State GIA benchmarks.
Program Manager	Operations & Quality Assurance. Oversees day-to-day facility operations across all 5 homes. Supervises clinical staff, ensures data accuracy in the HMIS (Homeless Management Information System), and manages the staff schedule.
Case Managers	Client Advocacy & Navigation. The primary point of contact for participants. Responsible for developing ISPs, conducting weekly check-ins, facilitating family reunification, and navigating clients through the workforce and housing search process.
Residential Staff	Note on Staffing Allocation: This State GIA request specifically funds the clinical and managerial leadership (Clinical Director, Residential Manager) and the Case Management team required to implement the new ISP and Workforce protocols. The 24/7 support staff and line-workers required to maintain onsite supervision ratios are funded through DHC's matching County and Private funding sources, ensuring a fully staffed 24/7 operational model."

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

Quarter 1: Mobilization & Capacity Expansion (July 2026 – September 2026):

- Operational Scale-Up: Immediately purchase and install furnishings (beds, linens, storage) to activate the 20 new bed spaces in Ewa Beach and Kalihi, bringing total capacity to 50.
- Staffing & Training: Finalize hiring of additional case management and residential support staff. Conduct intensive onboarding focused on "Housing First" principles, trauma-informed care, and conflict resolution.
- Partnership Formalization: Finalize MOUs with local workforce development agencies to establish the referral pipeline for the new employment initiative.
- Intake Surge: Begin intake of new participants via the Coordinated Entry System (CES), prioritizing those exiting OCCC and high-risk families.

Quarter 2: Stabilization, Clinical Integration & Workforce Launch (October 2026 – December 2026)

- Full Enrollment: Reach 100% occupancy (50 participants) across all transition homes.
- Clinical Stabilization: All new participants complete their initial 90-day stabilization phase, including medical/mental health assessments and the creation of Individual Service Plans (ISPs).
- Workforce Activation: The first cohort of eligible participants enters the Workforce Development Track, attending job readiness workshops, resume clinics, and soft-skills training.
- Family Reconnection: Initiate family therapy and supervised visitation schedules for participants with reunification goals, specifically targeting the holidays as a motivation for rebuilding family bonds.

Quarter 3: Employment Outcomes & Housing Navigation (January 2027 – March 2027)

- Employment Milestones: Target goal: 50% of able-bodied participants secure part-time or full-time employment (e.g., retail, trade, service industry) to begin building rental savings.
- Housing Search Intensification: Case managers shift focus from stabilization to "exit planning." Active recruitment of landlord partners and application submissions for permanent housing vouchers.
- Mid-Year Review: Evaluate program data against GIA goals (recidivism rates, sobriety maintenance, bed utilization) and adjust case management strategies where necessary.

Quarter 4: Transition to Permanency & Sustainability (April 2027 – June 2027)

- **"Warm Handoff"**: Execute the transition of the targeted 30% of participants into permanent housing. Staff assist with lease signings, utility setup, and move-in logistics.
 - **Aftercare Launch**: Initiate follow-up protocols for graduated clients to ensure housing retention.
 - **Final Evaluation**: Compile comprehensive data on outcomes (e.g., total served, employment rates, housing stability) for the Final Report.
 - **Sustainability Planning**: Leverage Year 1 success stories (like the "Foodland" and "Family Reunification" examples) to secure renewal funding and community support for the next cycle.
3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

Philosophy - Data with a Pulse: At DHC, we believe that quality assurance is not merely about contract compliance; it is about moral accountability to the people we serve. Our evaluation plan is designed to measure two things: the efficiency of our operations (the numbers) and the quality of the human transformation (the stories).

1. **Monitoring Strategy (Data Collection)**: DHC utilizes a rigorous, multi-tiered approach to monitor program performance in real-time:
 - **HMIS Integration**: We maintain full compliance with the Homeless Management Information System (HMIS). All intake, service, and exit data is entered within 48 hours to ensure the State has an accurate, real-time view of our bed utilization and participant demographics.
 - **Weekly Case Conferences**: "Data" often misses the nuance of human struggle. Every week, our Executive Director leads a clinical case conference with case managers and residential staff. We review every participant's file—not just to check paperwork, but to discuss barriers, celebrate small wins (e.g., a reunified family visit), and adjust Individual Service Plans (ISPs) as needed.
 - **Fiscal Monitoring**: To ensure the responsible stewardship of State GIA funds, our administrative team conducts monthly budget-to-actual reviews, ensuring resources are flowing directly to participant care and facility maintenance.
2. **Evaluation Metrics**: We evaluate our success based on the specific objectives outlined in this proposal. We track both Quantitative (Hard Data) and Qualitative (Human Impact) outcomes:
 - **Hard Metrics**:
 - **Capacity**: Maintain 90%+ utilization of the expanded 50-bed capacity.
 - **Housing Exits**: Achieve a 30% transition rate to permanent housing.
 - **Workforce Outcomes**: Track the number of participants enrolled in the new Workforce Development track and the percentage securing employment.

- Recidivism: Track housing retention rates at 3 and 6 months post-exit.
 - Soft Metrics:
 - Self-Sufficiency Matrix: We utilize standard assessment tools to measure improvements in "soft" areas such as self-esteem, family relationship quality, and mental health stability from intake to exit.
 - Sobriety Milestones: We track clean time and participation in recovery activities as key indicators of lifestyle stabilization.
3. **Improvement & Feedback Loops**: We cannot improve without listening. DHC actively solicits feedback to optimize our results:
- Participant Feedback: We believe those closest to the problem are closest to the solution. We administer anonymous exit surveys and hold monthly "House Meetings" where residents can voice concerns regarding safety, food quality, or programming without fear of retaliation.
 - Stakeholder Reviews: We actively seek feedback from our partners -- including CES administrators, workforce agencies, and landlords—to identify friction points in our referral or housing placement processes.
 - "Plan-Do-Study-Act" Cycle: If data reveals we are missing a target (e.g., housing placements are slow), we do not wait for the year-end report. We analyze the bottleneck, retrain staff or adjust our strategy (e.g., bringing in a new landlord liaison), and re-evaluate the results the following month.
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.

Measures of Effectiveness: DHC will report on the following performance indicators to demonstrate the impact of State GIA funds. These measures are tracked daily in the Homeless Management Information System (HMIS) and reviewed monthly to ensure we are meeting our goals.

1. Housing Stability & Placement:

- Permanent Housing Exits: The percentage of participants who exit the program to a permanent housing destination (Goal: 30% or higher).
- Housing Retention: The percentage of placed participants who remain stably housed at the 6-month follow-up mark (Goal: 80% retention).
- Length of Stay: The average number of days from intake to permanent housing placement, demonstrating our efficiency in moving clients through the system.

2. Program Capacity & Reach:

- Unduplicated Individuals Served: The total number of unique individuals provided with shelter and services during the grant year (Projected: 75+ individuals based on turnover within the 50-bed capacity).
- Bed Utilization Rate: The average nightly occupancy rate, ensuring State resources are maximized (Goal: Maintain 90%+ occupancy).

3. Economic & Workforce Outcomes (The New Initiative):

- Workforce Enrollment: The number of eligible participants enrolled in the new Workforce Development track.
- Employment Placement: The percentage of able-bodied participants who secure part-time or full-time employment (e.g., retail, trade, service) during their stay.
- Income Growth: The percentage of participants who increase their total income (from employment or benefits) from admission to exit.

4. Clinical & Social Stabilization:

- Individual Service Plan (ISP) Achievement: The percentage of participants who meet the specific goals outlined in their ISP (e.g., obtaining ID, attending family reunification therapy, completing substance abuse classes).
- Recidivism Prevention: The number of participants exiting correctional facilities (e.g., OCCC) who do not return to incarceration or homelessness during the program period.

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 2027.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$87,500	\$87,500	\$87,500	\$87,500	\$350,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2027.
City & County of Honolulu GIA, State of Hawaii Alcohol Drug and Abuse Division (ADAD), other City and County grants, and state of Hawaii grants.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: Dynamic Healing Center

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	228,000		84,160	80,000
2. Payroll Taxes & Assessments	45,600		6,438	15,000
3. Fringe Benefits	24,000		12,000	
TOTAL PERSONNEL COST	297,600		102,598	95,000
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	52,400		47,402	
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				15,000
9. Program Activities				18,000
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	52,400		47,402	33,000
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	350,000		150,000	128,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	350,000	Dr. Annie Anderson (808) 489-2486		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested	150,000	Dr. Annie Anderson (Jan 22, 2026 17:19:11 HST) 1/14/2026		
(d) Total Private/Other Funds Requested	128,000	Signature of Authorized Official Date		
TOTAL BUDGET	628,000	Dr. Annie Anderson, Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: Dynamic Healing Center_____

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
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, 2026 to June 30, 2027

Applicant: Dynamic Healing Center _____

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:2024-2025	FY:2025-2026	FY:2026-2027	FY:2026-2027	FY:2027-2028	FY:2028-2029
PLANS	N/A					
LAND ACQUISITION	N/A					
DESIGN	N/A					
CONSTRUCTION	N/A					
EQUIPMENT	N/A					
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Dynamic Healing Center

Contracts Total: \$4,854,960

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Substance Use Disorder Treatment Services	10/1/2024 - 9/30/2027	ADAD	State of Hawaii	\$2,000,000
2	Substance Use Disorder Treatment Services	10/1/2021 - 9/30/2024	ADAD	State of Hawaii	\$2,012,500
3	Homeless Emergency Shelter for Seniors	7/1/2023 - 6/30/2025	Homeless Programs Office	State of Hawaii	\$339,000
4	Emergency Housing for Female Drug Court	7/1/2023 - 6/30/2026	Judiciary	State of Hawaii	\$12,960
5	DV Agri-Cultural Program	1/1/2023 - 9/30/2024	Department of Community Service	City and County of Honolulu	\$200,000
6	Provide Case Management Services for ACSB	11/17/25 - 6/30/2027	Judiciary	State of Hawaii	\$90,000
7	Provide Continuous Alcohol Monitoring Service	7/1/2025 - 6/30/2026	Judiciary	State of Hawaii	\$500
8	Housing for Mothers & their Children	7/1/2023 - 6/30/2025	Judiciary	State of Hawaii	\$200,000
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NOTE: The requested \$52,400 in Lease/Rental funds will specifically subsidize the expanded rental costs associated with the increased capacity in the Ewa Beach and Kalihi facilities. The remaining lease balance is covered by County contracts and participant program fees.

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. N/A
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 2027 for program funding.

State of Hawaii Alcohol and Drug Abuse Division 1/2024-9/2027

State of Hawaii Alcohol and Drug Abuse Division 10/2021-9/2024

State of Hawaii Homeless Programs Office 7/2023-6/2025

City and County of Honolulu GIA Department of Community Service 1/2023-9/2024

State of Hawaii Judiciary 11/2025-6/2027

State of Hawaii Judiciary 7/2025-6/2026

State of Hawaii Judiciary 7/2023-6/2025

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2025. \$4,226.13

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.

A Legacy of Healing - Ten Years of "Housing First" Success. Dynamic Healing Center (DHC) possesses not only the clinical credentials but the operational track record required to manage this expansion. For over a decade, DHC has successfully bridged the gap between crisis and stability for Hawaii's homeless population. We do not just "staff" a facility; we deploy a multidisciplinary team of experts who treat the "whole person"—medical, psychological, cultural, and economic.

Leadership Team: Expert Guidance for Vulnerable Populations

- **Executive Leadership & Reentry Expertise:** Our Executive Director, Dr. Annie Anderson, brings over two decades of experience to this project. A Psychologist

and Certified Substance Abuse Counselor, she is uniquely qualified to lead our expanded focus on reentry and prevention. Prior to DHC, she served as Clinical Director for the Women in Need agency, overseeing the PSD Transitional Housing project for women exiting incarceration. This specific experience is critical for our current proposal, as Dr. Anderson understands the precise regulatory and human challenges of helping individuals transition from prison to permanent housing.

- **Clinical Direction & Family Focus:** Dr. Kalei Arellano, a Licensed Mental Health Counselor (LMHC) and Clinical Psychologist, leads our clinical supervision. Crucially for this year's "Family Reunification" objective, Dr. Arellano holds a Master's with a focus on Marriage and Family Counseling. Her expertise ensures that DHC does not just treat the individual but actively works to heal the fractured family systems that often lead to homelessness, helping our clients reconnect with spouses and children.
- **Specialized Reentry & Medical Support:** Our team is fortified by Dr. Anthony Arellano, whose background as a Mental Health Specialist in correctional facilities is a direct asset to our target population. He bridges the gap between the justice system and community mental health, ensuring our clients exiting OCCC receive care that understands their specific trauma history. Additionally, Dr. Denis Mee-Lee, M.D., a renowned Hawaii-based Psychiatrist, provides the medical oversight necessary to treat the high acuity of mental illness often found in the chronically homeless population.

Cultural Fluency as a Clinical Tool: DHC believes that in Hawaii, cultural competence is not a "bonus" -- it is a prerequisite for trust. Our staff mirrors the rich diversity of the community we serve, removing the "us vs. them" barrier that often discourages homeless individuals from seeking help. Our team's diversity is an integral clinical strength:

- **Indigenous Connection:** Our Hawaiian/Chinese psychologists bring a deep understanding of *Ho'oponopono* and local family dynamics, essential for serving Native Hawaiian participants.
- **Pacific Islander Support:** Our Samoan and Filipino clinicians provide immediate cultural resonance and language accessibility for participants from these communities, who are often overrepresented in the homeless population but underserved by traditional clinics.
- **Hispanic Representation:** Our Hispanic psychologist offers specific insight into the challenges faced by Latinx individuals in Hawaii.

Operational Capability: Beyond clinical care, DHC has the administrative infrastructure to manage State funds responsibly. Our leadership team has successfully managed federal and state compliance requirements for ten years, including HMIS data collection, fiscal reporting, and community relations. We are ready on Day 1 to expand our services to 50 beds without a learning curve.

VERIFIABLE EXPERIENCE:

State of Hawaii Alcohol and Drug Abuse Division 1/2024-9/2027
State of Hawaii Alcohol and Drug Abuse Division 10/2021-9/2024
State of Hawaii Homeless Programs Office 7/2023-6/2025
City and County of Honolulu GIA Department of Community Service 1/2023-9/2024
State of Hawaii Judiciary 11/2025-6/2027
State of Hawaii Judiciary 7/2025-6/2026
State of Hawaii Judiciary 7/2023-6/2025

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.

The DHC provides high-quality facilities that fully support its range of proposed services. Most of the facilities are ADA-compliant, equipped with the necessary spaces and special equipment to meet client needs, and designed to promote a supportive, accessible environment for individuals with diverse requirements.

Primary Office Location: The DHC's primary office is situated at 200 N. Vineyard Blvd., Ste B130/B14, Honolulu, HI 96817. This facility is ADA-compliant, featuring elevator access to accommodate individuals using mobility aids such as wheelchairs and scooters. Inside, the facility includes:

- A large conference room for group classes.
- Seven private offices dedicated to client intakes, individual therapy sessions, and assessment services.
- A fully ADA-compliant bathroom for Urine Analysis (UA) testing as part of the substance abuse treatment program.

The facility is conveniently located near major bus lines and has ample parking for clients, maximizing accessibility. This location offers all support services, including health and wellness planning, substance abuse treatment and relapse prevention, domestic violence education and advocacy, case management, childcare, and outreach services.

Residential Facilities: DHC will use five residential homes for this project:

- **Four Ewa Beach, Honolulu Homes:**

- 91-1229 Laulaunui Lane - Unit A, Unit B & Unit C
- 91-1230 Laulaunui Lane

Each home is approximately 1300 square feet, three-bedrooms, two-bath homes are transitional homes for homeless individuals and their children. These homes are designed to provide housing for at least eight participants at a time. Each home is a separate dwelling with: multiple emergencies' entrances and exits; and separate

cooking and living rooms used as community areas. In addition, each home has a separate washer and dryer available 24/7 for laundry services.

Positioned behind the Queen’s Medical Center – West Oahu. These homes are ideal for emergency medical access and care. Both homes are newly constructed, clean, and spacious. They provide a secure, therapeutic environment conducive to client recovery and stability. The homes also have a separate studio area to be used for: community activities; group rooms; and private therapeutic sessions.

- **Kalihi Home: 1949 Naio Street, Honolulu**

The Kalihi home was leased to DHC as a transitional home for women and children in July 2023. With five bedrooms, two full bathrooms and 4,530 square feet, this home is adequate to provide housing for at least 10 participants at one time. This facility can also be used as two separate dwellings as it is a two story home, where single women reside upstairs and women with children downstairs. Both have separate entrances, exits, living rooms and kitchen areas. This home is centrally located near a bus line for easy accessibility.

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.

Proposed Staffing, Staff Qualifications, Supervision and Training: The DHC ensures that its staffing pattern, consumer-to-staff ratio, coverage, and caseload capacity are designed to deliver high-quality, effective services, adhering to the Division’s requirements for Homeless programs.

- (a) **Staffing Pattern, Consumer/Staff Ratio, and Caseload Capacity:** DHC maintains a typical caseload ratio of 1:8 per staff member, providing sufficient individual support for consumers. Each consumer receives weekly individual therapy sessions, group processes, and treatment planning, ensuring that every client’s needs are met comprehensively.

To optimize group settings, DHC adheres to best practice guidelines by maintaining group sizes between 6 and 12 members, supported by literature suggesting this range for effective client engagement (Sobell & Sobell, 2011; Velasquez et al., 2016).

Dr. Anthony Arellano, Program Director, oversees the structure of DHC's treatment programs, balancing client and staff needs to prevent burnout and foster a sustainable working environment. Group sessions are structured with daily support from two staff members to provide individualized attention and facilitate a complete understanding of treatment materials. This approach allows for effective management of group dynamics while ensuring that consumers receive the care and focus they need.

(b) Adequate Staffing for Program Administration and Service Delivery: DHC employs a dedicated team of professionals to administer, manage, and supervise its services effectively. The following key roles have been identified for the project, each fulfilling specific functions to support the Homeless Program:

- Program Director (Dr. Anthony Arellano): *[Funded by Separate Grant]* Oversees all program operations, structures treatment groups, supervises staff, and ensures that services align with client and DIVISION needs. Dr. Arellano provides strategic oversight without drawing salary from this specific GIA request.
- Clinical Director (Dr. Kalei Arellano): Manages Group Home services, maintains compliance with AMHD criteria, and ensures therapeutic support within residential settings.
- Residential Manager: Responsible for the 24/7 operational oversight of the housing facility. This role manages the physical safety of the environment, enforces house rules to maintain a sober living community, and oversees the scheduling of 24-hour support staff. The Residential Manager acts as the primary point of contact for facility logistics and safety drills.
- Case Managers: Each Case Manager brings specialized skills, such as Adventure Therapy or Mindfulness practices, enhancing client engagement through tailored group activities. They serve as the primary link between the client's daily needs and their long-term treatment goals.
- Support Staff and Mental Health Workers: Provide direct client support, including individual therapy, group facilitation, and housing plan development, ensuring a 1:8 ratio for structured group settings.

Note on Staffing Allocation: This State GIA request specifically funds the clinical and managerial leadership (Clinical Director, Residential Manager) and the Case Management team required to implement the new ISP and Workforce protocols. The 24/7 support staff and line-workers required to maintain onsite supervision ratios are funded through DHC's matching County and Private funding sources, ensuring a fully staffed 24/7 operational model.

Each staff member's position is designed to contribute uniquely to the overall service quality, ensuring that clients have access to diverse therapeutic approaches. DHC also

invests in staff well-being by offering ongoing professional development, task delegation that aligns with individual strengths, and opportunities for personal time off, which collectively support retention and morale.

Subcontractors and Volunteers: All necessary services are provided by in-house staff who meet the qualification standards outlined in the proposal. However, should subcontractors be considered in the future, DHC will select only those fully qualified to perform the specific tasks, ensuring alignment with the project's quality standards. Each subcontractor's performance would be carefully monitored, evaluated, and managed to maintain compliance with all State requirements.

Volunteers may be considered for auxiliary roles that enhance the program's reach but will undergo stringent screening to verify their qualifications and reliability. Each volunteer will be assigned roles suited to their skills and will operate under the supervision of experienced staff members to maintain program standards. DHC will oversee volunteer activities with robust management practices, ensuring their contributions align with program objectives.

Compliance and Operational Standards: DHC adheres to all Federal, State, and County regulations, including requirements outlined by 42 CFR, ensuring compliance with legal standards and administrative rules. DHC has developed comprehensive operational procedures for disaster preparedness, smoking policies, infectious disease prevention, record keeping, confidentiality, and responding to client grievances. These policies ensure that all services are provided in a safe, compliant, and client-centered manner.

DHC places a strong emphasis on communication and coordination with the State Adult Mental Health Division (AMHD), participating in regular meetings and coordinating closely with case managers and community partners to enhance service delivery. These organizational practices allow DHC to maintain high standards in care continuity, consumer engagement, and overall program effectiveness.

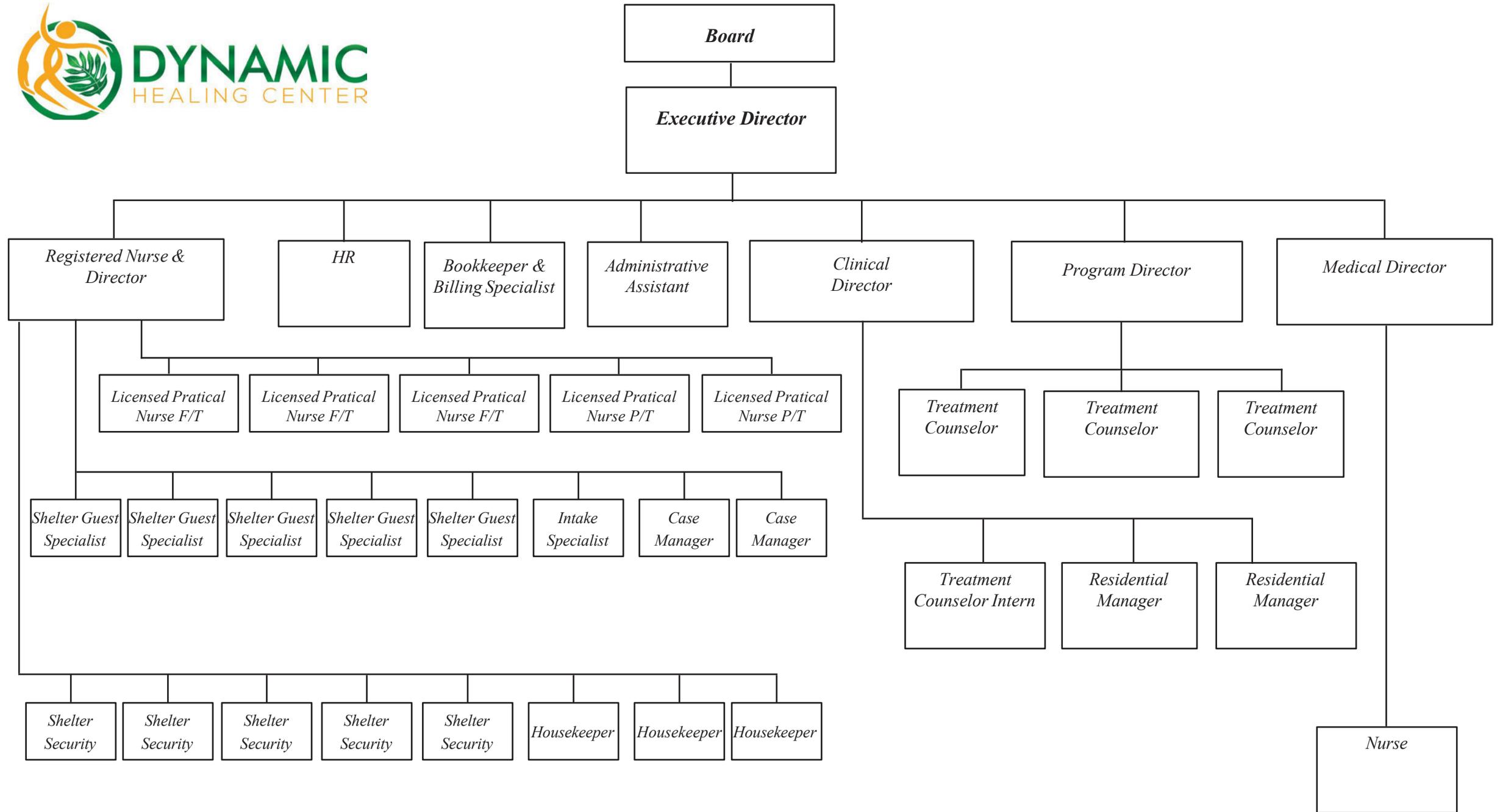
2. Organization Chart

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 Attached

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.

Executive Director \$120,000, Director of Operations \$84,000, Shelter Director \$70,000



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.

Not Applicable

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 2027 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2027, but
- (b) Not received by the applicant thereafter.

From Catalyst to Continuity: Dynamic Healing Center (DHC) views this State GIA not as a permanent subsidy, but as a strategic investment capital. If we receive funding for Fiscal Year 2027 but not thereafter, our plan is to use this 12-month period to build a "proof of concept" that unlocks long-term, diversified revenue streams.

Our strategy relies on leveraging the outcomes achieved in FY2027—specifically our expansion to 50 beds and our new Workforce Development success—to secure permanent federal funding, private investment, and earned income.

1. Leveraging "Success Data" for Long-Term Federal Funding: The most reliable path to sustainability is graduating from one-time State grants to renewable federal contracts.

- Strategy: During FY2027, we will rigorously track our recidivism reduction rates (for OCCC exits) and housing retention rates.
 - Sustainability Mechanism: By demonstrating a 30% permanent housing placement rate and reduced burden on State emergency services, DHC will position itself to compete for multi-year federal funding streams, such as HUD Continuum of Care (CoC) grants and SAMHSA (Substance Abuse and Mental Health Services Administration) awards, which require the exact data set we are building with this GIA.
2. Monetizing Clinical Expertise (Third-Party Billing)
- Strategy: DHC possesses a high-level clinical team (Psychologists, MDs, LMHCs). Currently, many services are absorbed by the organization.
 - Sustainability Mechanism: Moving forward, we are establishing the infrastructure to bill third-party insurance and Medicaid (Med-QUEST) for the clinical stabilization services we provide (therapy, substance abuse counseling, case management). Transitioning our clinical arm into a reimbursable service model ensures that the "healing" side
 - of our mission becomes self-sustaining, regardless of grant status.
3. "Workforce Partner" Model (Corporate Investment):
- Strategy: Instead of asking corporations for generic "charity," we are engaging them as workforce partners.
 - Sustainability Mechanism: Building on our Workforce Development Initiative, we will launch a "Corporate Ohana" program. Local businesses (like our partners in retail and trade) who hire our graduates will be encouraged to support the program that trained them. We shift the narrative from "donating to the homeless" to "investing in a reliable, drug-free, supported local workforce."
4. Program Income & Participant Investment:
- Strategy: As participants move from crisis to the workforce (Objective 2), they regain financial agency.
 - Sustainability Mechanism: As participants secure employment during their stay, DHC implements a sliding-scale program fee (rent contribution) model for our transition homes. This not only prepares residents for the reality of paying rent but generates unrestricted "earned income" that covers basic facility maintenance and utilities, insulating the physical homes from fluctuations in grant funding.

5. Community Stewardship & "Adopt-a-Bed":

- Strategy: Our new narrative focuses on "neighbors in transition" and "family reunification."
- Sustainability Mechanism: We will launch a targeted private donor campaign focused on tangible impact. Rather than a general fund, we will introduce an "Adopt-a-Bed" initiative. For a set monthly donation, a private donor or church group covers the cost of "dignity kits" (linens, hygiene, welcome basket) for one of our 50 beds. This creates a predictable, recurring revenue baseline that covers the tangible goods our clients need.

Resilience Mindset: If State funding ceases after 2027, DHC will not close its doors. We will have used this grant year to upgrade our clinical billing infrastructure, prove our value to federal funders through hard data, and establish a workforce pipeline that local businesses value. We are building a model where our *results*—restored lives, reunited families, and employed neighbors—become the currency that ensures our future.

Dynamic Healing Center _OP

Final Audit Report

2026-01-23

Created:	2026-01-23
By:	Marie Villa (marivia7@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2yMlxLJVdYkAQOY5A0wWqVuLSDw4h3nO

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-  Document created by Marie Villa (marivia7@gmail.com)
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-  Document emailed to Dr. Annie Anderson (drannie.andersondhc@gmail.com) for signature
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