

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



AUTHORIZED SIGNATURE

JACEY LABORTE, CHIEF EXECUTIVE OFFICER

PRINT NAME AND TITLE

01/22/26

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: **Lanai Community Health Center**

Issue Date: **01/20/2026**

Status: **Compliant**

Hawaii Tax#: ██████████

New Hawaii Tax#:

FEIN/SSN#: ██████████

UI#: No record

DCCA FILE#:

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

JOSH GREEN, M.D.
GOVERN cJI

SYLVIA LUKE
IJ GOVERN cJR



STATE OF HAWAII
DEPARTMENT OF TAXATION

Ka 'Oihana 'Auhau

P.O. BOX 259
HONOLULU, HAWAII 96809
PHONE NO: (808) 587-4242
FAX NO: (808) 587-587-1488

December 23, 2025

ATTACHMENT A

GARY S. SUGANUMA
DIRECTOR OF TAXATION

KRISTEN M.R. SAKAMOTO
DEPUTY DIRECTOR

**Agreement with LANAI COMMUNITY HEALTH CENTER
for HRS § 103-53 Waiver of the Internal Revenue Service Tax Clearance Requirement**

Below this line for State of Hawaii Department of Taxation Use Only

Select One:

By authority of HRS§ 103-53, I approve the waiver of the Internal Revenue Service tax clearance requirements as a condition of the above Agreement and final payment.

The waiver of the Internal Revenue Service tax clearance requirement is disapproved. Reason: _____

Select One:

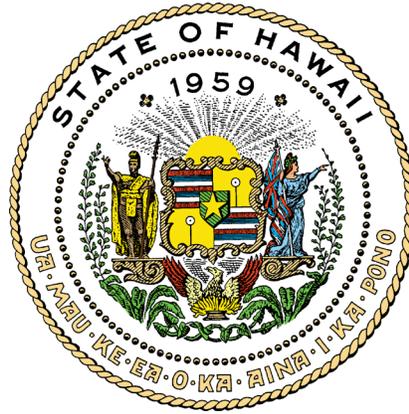
The vendor named in the above Agreement is deemed to be compliant with its Hawaii tax requirements for purposes of the above Agreement and final payment.

The vendor named in the above Agreement is **not** deemed to be compliant with its Hawaii tax requirements. Reason: _____

Ad:v)z

Gale D. Magee, Acting Taxation Services Administrator
State of Hawaii Department of Taxation

Date: ill 1st 3(?)



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, 2026

Director of Commerce and Consumer Affairs

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

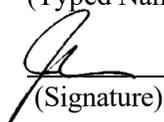
The undersigned authorized representative of the applicant certifies the following:

- 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; and
- 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.
- 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, 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
(Typed Name of Individual or Organization)


(Signature)

01/22/26
(Date)

Jacey Laborte, Chief Executive Officer
(Typed Name) (Title)

§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 either:
 - (A) Incorporated under the laws of the State; or
 - (B) Spends at least ninety per cent of its operating budget in the State; and
 - (C) Registered with the department of commerce and consumer affairs and in possession of a valid certificate of vendor compliance issued by the State that documents the organization's compliance and good standing with the United States Internal Revenue Service, department of taxation, department of labor and industrial relations, and department of commerce and consumer affairs; 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; am L 2022, c 26, §1]

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Lānaʻi Community Health Center affirms its compliance with Section 42F-103, Hawaii Revised Statutes, as stated above.

Lānaʻi Community Health Center



Jacey Laborte
Chief Executive Officer

01/22/26

Date

§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]

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Lānaʻi Community Health Center affirms that the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes, as stated above.

Lānaʻi Community Health Center



Jacey Laborte
Chief Executive Officer

01/22/26

Date

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.**

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 Hawai‘i-based, community-governed 501(c)(3) nonprofit Federally Qualified Health Center (FQHC) providing comprehensive, integrated health care for the residents of Lāna‘i, one of the state’s most geographically isolated rural communities. LCHC was established to ensure that people on Lāna‘i—especially those who are uninsured/underinsured, low-income, and medically underserved—can access essential care locally, without having to leave the island for routine services.

From its earliest years serving a small patient panel, LCHC has grown into a high-utilization, island-wide safety-net provider, delivering services not only in the clinic setting but also through community-based outreach in schools and other community arenas. LCHC’s approach is whole-person and team-based: primary care is coordinated with preventive care, chronic disease management, behavioral health support, oral health services, and access to specialty consultation through telehealth models when appropriate. LCHC also emphasizes patient education, culturally responsive care, and practical enabling supports so that cost, geography, language, or logistics do not prevent people from getting care.

Importantly for this request, LCHC solely owns its land and clinic facility and has consistently reinvested resources into strengthening facility infrastructure and care delivery systems. This request advances that long-term strategy by focusing specifically on renovating the clinic to improve capacity, patient flow, privacy, infection control readiness, and the ability to provide key services (especially oral health and optometry) on-island.

2. The goals and objectives related to the request;

Overall Goal: Renovate and reconfigure the LCHC Clinic at 333 Sixth Street, Lāna‘i City to strengthen on-island access to care, expand clinical functionality, improve patient experience and workflow, and ensure the facility is appropriately designed for modern, integrated health care delivery in a rural island setting.

Objectives – Clinic Renovation

1. Complete the permitted major alteration and renovation of the clinic (permit issued on June 2, 2023), including a footprint increase and interior reconfiguration to support expanded clinical services and improved operations.
2. Expand Dental capacity and functionality to meet demand and reduce barriers to oral health access by:
 - Increasing dental treatment rooms from two (2) to three (3).
 - Adding/strengthening supporting dental functions and clinical workflow spaces such as a consult room, dental lab, open dental office/work areas, sterilization, storage, and an improved restroom area designed to better serve patients and staff.
 - Increasing the overall dental suite area substantially (with plans reflecting an expansion that nearly doubles the functional dental footprint).
3. Create a dedicated Optometry Wing to address the current space limitations and expand vision services, including:
 - Building two (2) optometry exam rooms.
 - Adding an optometry intake and glasses/fitting area.
 - Adding a multipurpose room and appropriate support areas to enable a stable, privacy-protective patient flow.
 - Expanding optometry from a very small existing exam space into a purpose-built wing designed for significantly increased capacity and improved patient experience.
4. Modernize and reconfigure Reception and Outreach to improve patient access, privacy, and workflow efficiency by:
 - Expanding and redesigning the Reception area to better accommodate check-in/check-out, patient privacy, and safe/efficient circulation;

- Renovating the Outreach area to strengthen enabling services (e.g., navigation, eligibility support, resource coordination, and patient assistance functions) and create a more effective interface between clinical care and community supports;
 - Adding/expanding work support space (including a dedicated copier/work product room) to reduce congestion and support clinical and administrative throughput.
5. Add core operational support spaces that improve care delivery and compliance, including:
- A dedicated Medical Storage area sized to safely support supplies, equipment, and clinical inventory management;
 - A dedicated Pharmacy Office to support clinic operations and the tele-pharmacy model, improve coordination, and strengthen medication access workflows for patients.
6. Enhance safety, infection control readiness, and patient/staff experience through the renovation’s facility design features—improving space planning, reducing bottlenecks, and creating a more appropriate environment for primary care delivery in the context of ongoing infectious disease preparedness and community-wide service demand.

3. The public purpose and need to be served;

This request serves a clear and demonstrable public purpose: to protect and strengthen access of essential health care for the people of Lāna‘i by ensuring the island’s primary safety-net clinic is appropriately configured, adequately sized, and operationally capable of meeting real community demand.

Lāna‘i’s residents face structural barriers making local capacity vital: geographic isolation, limited transportation options, and the practical reality that off-island appointments often require extensive travel time, added cost, and—in many cases—overnight stays. These barriers often delay care, reduce preventive screening compliance, and worsen chronic disease outcomes. Within this context, the clinic facility is not just a building—it is the backbone of the island’s health system.

The need for this renovation is further demonstrated by documented service gaps and community health indicators reflecting common constraints in rural island settings, including limited access to women’s preventive screening services, limited on-island specialty services, and barriers to routine dental care. When routine services are delayed, the community experiences higher downstream costs (avoidable emergency care, advanced disease progression, and workforce disruption). Renovating the clinic directly addresses these needs by expanding key service areas (dental and optometry), strengthening enabling services (outreach/reception flow), and adding foundational operational space (pharmacy office and medical storage) that improves continuity and reliability of care.

In short, the renovation is a facility-based solution supporting statewide goals: equitable access, improved health outcomes, reduced preventable utilization, and resilient rural health infrastructure.

4. Describe the target population to be served; and

The target population is the entire resident community of Lāna‘i, with a concentrated focus on individuals and families who are low-income, uninsured/underinsured, and medically underserved, including kūpuna, working families, and children who rely on local services due to financial and transportation constraints.

LCHC’s service model is designed to reduce barriers for patients who may otherwise defer care—especially those at or below 200% of the federal poverty level—by using affordability mechanisms (including sliding fee structures) and practical supports such as outreach, patient navigation, eligibility assistance, and language-access practices. The renovation strengthens the clinic’s ability to serve this population by improving privacy at reception, expanding care capacity in high-demand clinical areas, and ensuring the clinic environment supports safe, efficient delivery of care for a diverse patient population.

5. Describe the geographic coverage.

The geographic coverage for this request is the island of Lāna‘i, approximately 140 square miles, encompassing a single, rural island community where access to care is shaped by isolation and limited on-island service availability. Because the island is self-contained geographically, the clinic functions as the central hub for healthcare access and coordination for residents across all communities on Lāna‘i.

The renovated clinic at 333 Sixth Street will continue to serve as the primary point of access for island residents seeking comprehensive care, enabling services, and coordinated referrals—improving the reliability of on-island services and reducing the need for residents to travel off-island for care that can and should be delivered locally.

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;

Overall Approach: The requested appropriation will support the renovation and reconfiguration of the Lāna‘i Community Health Center (LCHC) clinic facility at 333 Sixth Street, Lāna‘i City, with the singular purpose of strengthening on-island access to essential health care through improved infrastructure, expanded clinical capacity, and more efficient patient-centered operations. This is a capital-focused request.

Scope of Work and Major Tasks

A. Pre-Construction and Project Administration

1. Confirmation of Permitted Documents and Constructability Review. Final review, confirmation, and validation of the permitted construction documents and defined scope of work, including constructability review and alignment with the General Contractor's means, methods, and sequencing.
2. Pricing, Cost Validation, and Phasing Coordination. Coordination with the General Contractor to develop detailed pricing, cost controls, and a phased construction approach that allows the clinic to remain fully operational while ensuring patient and staff confidentiality and safety.
3. Interdisciplinary Coordination. Ongoing coordination with the architect, engineers, and General Contractor to address logistics, inspections, sequencing, and implementation throughout all phases of construction.
4. Project Administration and Schedule Oversight. Management of project schedules, cost tracking, reporting, and overall project administration, with continuous oversight to minimize disruption to ongoing clinic operations.

B. Clinic Renovation and Expansion Activities

1. Dental Suite Expansion and Renovation
 - Construction and outfitting of an expanded dental suites, increasing treatment rooms from two (2) to three (3).
 - Renovation and enlargement of dental support areas, including consultation space, dental lab, sterilization, storage, staff work areas, and patient restroom facilities.
 - Upgrades to layout and workflow to improve patient throughput, privacy, infection control readiness, and staff efficiency.
2. Optometry Wing Development
 - Construction of a dedicated optometry wing with two (2) exam rooms.
 - Creation of intake and eyewear/glasses fitting areas.
 - Addition of multipurpose and support spaces to allow optometry services to operate efficiently and at increased capacity.
3. Reception and Outreach Reconfiguration
 - Expansion and redesign of the reception area to improve patient flow, confidentiality, and accessibility.
 - Renovation of outreach and enabling-services work areas to better support patient navigation, eligibility assistance, and coordination functions.
 - Addition of support workspaces (e.g., copier/work product areas) to reduce congestion and operational bottlenecks.
4. Operational Support Improvements
 - Construction of a dedicated Medical Storage area to support proper inventory management, supply safety, and clinical readiness.

- Creation of a dedicated Pharmacy Office to strengthen medication coordination, pharmacy operations, and patient access workflows, increasing access to pharmaceutical consultation services and ancillary services by the clinical pharmacist and pharmacy team.

C. Project Completion and Close-Out

1. Final inspections, punch list completion, and acceptance.
 2. Documentation of completed work and certification of compliance.
 3. Transition of renovated spaces into full operational use.
- 2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;**

Projected Annual Timeline for Accomplishing Results and Outcomes

The renovation project is expected to be completed within one (1) project year following appropriation and release of funds, with the following general timeline:

Months 1–3: Project Initiation and Mobilization

1. Execute contract(s)/change order(s) and finalize project schedule.
2. Confirm construction phasing and site logistics.
3. Secure materials and begin mobilization.

Months 4–10: Construction and Renovation Phase

1. Sequential renovation of clinic areas to maintain continuity of care.
2. Completion of dental suite expansion and optometry wing construction.
3. Reconfiguration of reception, outreach, pharmacy office, and medical storage areas.
4. Ongoing inspections, progress monitoring, and quality control.

Months 11–12: Completion and Transition

1. Final inspections and punch list resolution.
2. Commissioning of renovated spaces and equipment.
3. Full transition of expanded clinic areas into operational use.

This phased approach ensures minimal disruption to patient care while maintaining accountability for schedule and budget adherence.

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

Quality Assurance and Evaluation Plans

Quality Assurance (QA): LCHC will apply established internal controls and external professional oversight to ensure the renovation meets all technical, regulatory, and performance standards. Quality assurance activities will include:

Project Management and Owner Representation: Project management services will coordinate all project participants—including the General Contractor, licensed architectural and engineering professionals, consultants, and vendors—to ensure alignment with the Owner’s priorities, operational needs, and approved scope. Project management will serve as the primary point of coordination and advocacy for the Owner, ensuring decisions, sequencing, and resolutions reflect the Owner’s intent and the realities of an active healthcare environment. This includes:

- Active coordination with licensed architectural and engineering professionals to facilitate timely review and response to submittals, RFIs, and field conditions.
- Oversight of contractor compliance with construction specifications, applicable building codes, and permitted construction documents.
- Facilitation of regular site meetings and structured progress reviews to proactively identify, address, and resolve issues.

Evaluation and Continuous Improvement: Evaluation will focus on facility performance and service capacity improvements, not clinical outcomes. LCHC will assess whether the renovation achieved its intended objectives by reviewing:

- Pre- and post-renovation space utilization and operational efficiency.
- Ability to expand service availability (e.g., increased dental and optometry appointment capacity).
- Improvements in patient flow, wait times, and privacy at reception and clinical areas.
- Staff feedback regarding workflow, safety, and usability of renovated spaces.

Findings will inform ongoing facility management practices and future capital planning, ensuring the funding investment delivers sustained public benefit.

- 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.**

LCHC will report objective, facility-based measures that allow the State agency to assess achievement of the project’s goals. Measures may be refined if the final appropriation amount differs from the request.

Proposed Measures of Effectiveness

1. Completion of Renovation Milestones

- Percentage of construction milestones completed on schedule and within budget.
2. Expanded Clinical Capacity
 - Number of dental treatment rooms increased (from 2 to 3).
 - Number of optometry exam rooms added (2 new rooms).
 - Square footage of clinic space renovated or newly constructed.
 3. Operational Readiness
 - Number of renovated clinic areas placed into active service.
 - Establishment of dedicated pharmacy office and medical storage space.
 4. Service Access Improvements (facility-based)
 - Increase in available appointment slots for dental and optometry services attributable to expanded space.
 - Reduction in space-related scheduling constraints or service delays.
 5. Compliance and Close-Out
 - Successful final inspection and acceptance of the project.
 - Submission of required completion and expenditure reports to the expending agency.

These measures provide a clear, verifiable, and non-programmatic framework for evaluating the effectiveness of the capital investment in LCHC’s clinic renovation.

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
\$300,000	\$300,000	\$250,000	\$150,000	\$1,000,000

3. **The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2027.**

The following is a list of grant funding sources that may be pursued in FY27 to support Lāna‘i Community Health Center’s operations. This list excludes federal, state, and county contracts

received by LCHC in its capacity as a Federally Qualified Health Center, including but not limited to HRSA Section 330(e), WIC, and Title X funding, which are reported separately in response to Question No. 5.

Funding Category	Funding Source
Public Sources	State of Hawai‘i, Department of Health – Vaccine Hesitancy
	County of Maui, Department of Housing and Human Concerns – Integrated Behavioral Health Direct Services
	County of Maui, Department of Housing and Human Concerns – Live Well Lāna‘i
Private and Philanthropic Sources	AlohaCare Imua Loa Grant
	American Cancer Society
	UnitedHealthcare
	G.N. Wilcox Trust
	Hawai‘i Community Foundation – Lāna‘i Community Benefit Fund
	Hawai‘i Community Foundation – Tobacco Prevention
	Hawai‘i Community Foundation – Youth ESD
	Hawai‘i Community Foundation – Health and Wellness
	HDS Foundation
	Atherton Family Foundation
	Cooke Foundation
	N2 Stone Foundation
	Stupski Foundation
	Women’s Fund

- 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.

- 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.**

Federal Funding Sources

Federal Program Contracts and Grants
DOE–DOH–HPCA – FY23

Federal Program Contracts and Grants
DOE–DOH–HPCA – FY24 (07/01/24–11/30/24)
DOH–HPCA
Essential Access Health – Telehealth
Essential Access Health – Title X
FCC Maternal Telehealth Network
HI QI Collaborative
HPCA–UH–GWEP
HRSA 330e
HRSA Expanded Hours
HRSA: UDS+
Substance Abuse Assessment and Monitoring (SAAMS)
Substance Use Assessment & Drug Screening Services (SUADS)
WIC

State Funding Sources

State Program Contracts and Grants
Adult Judiciary
Judiciary
Juvenile Judiciary
Hawai‘i Medicaid Fiscal Agent
Primary Care
RSS
SOH GIA 2023
SOH GIA 2024

County Funding Sources

County Program Contracts and Grants
COM: Live Well Lāna‘i
COM BH

- 6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2025.**

As of December 31, 2025, Lāna‘i Community Health Center reports unrestricted net assets of \$7,456,500.63, inclusive of unrestricted fixed assets.

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.

Lāna‘i Community Health Center (LCHC) has the necessary skills, abilities, knowledge, and demonstrated experience to successfully implement the clinic renovation proposed in this application. LCHC is supported by a qualified executive and leadership team with proven capacity in healthcare administration, fiscal management, compliance, quality assurance, clinical operations, and regulated service delivery, ensuring that a capital renovation project is executed responsibly, in compliance with funder requirements, and with clear accountability for performance and reporting.

A. Key Personnel and Relevant Expertise

Chief Executive Officer (Executive Oversight and Accountability). LCHC’s executive leadership provides overall accountability for contract execution, compliance with funder requirements, and alignment of construction decisions with operational continuity and patient safety. Importantly, LCHC’s compliance and risk leadership (see below) formally reports to the CEO, reinforcing strong executive oversight and clear lines of authority.

Compliance and Quality Officer (QA, Compliance, Risk Mitigation). LCHC’s Compliance and Quality Officer is responsible for leading quality and patient safety strategy, implementing and monitoring LCHC’s Quality Improvement and Risk Management Programs, chairing the Quality Assurance Committee, and overseeing the compliance program. This leadership role is directly aligned to a healthcare renovation project, where infection control readiness, safety protocols, privacy/confidentiality protections, and quality standards must be maintained while construction occurs.

Chief Financial Officer (Fiscal Controls, Grant Compliance, Audits, Capital Asset Tracking). LCHC’s CFO provides the internal financial infrastructure required to manage public funds, procure services, track expenditures, and report transparently. The CFO oversees GAAP financial reporting, grant reporting, audits, internal controls, and supervision of finance and facilities functions—core capabilities that ensure compliance with GIA/Act 310 requirements and responsible stewardship of capital investments.

Chief Clinical Officer / Associate Medical Director / Family Nurse Practitioner (Clinical Operations Leadership and Workflow Readiness). LCHC’s Chief Clinical Officer / Associate Medical Director provides leadership over clinical operations in the FQHC setting, including integrated primary care and behavioral health operations. This role is essential to ensuring that renovation phasing protects service continuity, that room configurations support real clinical

workflows, and that patient flow, privacy, and safety remain central throughout construction and transition into renovated space.

Chief Behavioral Health Officer / Licensed Clinical Psychologist (Integrated Care Experience + Space Functionality Needs). LCHC’s behavioral health clinical leadership brings direct experience delivering integrated services within the clinic environment and collaborating across disciplines. This perspective is important to ensuring renovated spaces support confidentiality, appropriate clinical environments, and safe patient flow for sensitive services delivered within an integrated primary care setting.

You can add the title of Chief Operations Officer and Sr. Director of Administration to this category. This represents Regina and Stephanie from 2/1/26 onward. Network / Operations / Quality Systems Expertise (External Support Capacity). LCHC’s broader capacity is strengthened by senior professionals with extensive experience in regulated healthcare environments, including managed care, provider network operations, regulatory compliance, and quality infrastructure. These competencies support operational planning, performance monitoring, and systems alignment during facility transitions and expansion. Examples reflected in resumes include:

- Provider network operations, compliance, and performance monitoring leadership, including regulatory alignment and operational integrity across large healthcare systems.
- Managed care provider relations, contracting, credentialing, and regulatory compliance experience supporting access standards and network accountability.
- Claims analysis, workflow development, documentation, and training expertise supporting operational process improvement and documentation discipline.

Note: Dr. Derek Ching’s CV confirms American Academy of Pediatrics professional affiliation and clinical background; this adds broader clinical credibility to the organization’s professional network, though the renovation itself is administered through LCHC’s executive/operations/finance/compliance structure.

B. Why this Team is Appropriate for the Proposed Clinic Renovation

This clinic renovation requires more than construction oversight; it requires the ability to coordinate a renovation in an active healthcare setting where safety, privacy, quality, and continuity of patient services must be maintained.

LCHC’s staffing structure demonstrates exactly that capacity:

- Executive oversight to ensure schedule, procurement, and funder compliance.
- Finance leadership to manage appropriated funds, audits, internal controls, and capital asset tracking.
- Quality/risk/privacy leadership to ensure patient safety, confidentiality, and compliance during construction phasing.
- Clinical operations leadership to ensure the renovated clinic functions effectively once transitioned into service.

- Operational and compliance-support capacity to implement structured monitoring and performance review.

Together, these roles provide LCHC with strong internal controls and a proven operational framework to execute the renovation, track outcomes, and report consistently to the expending agency.

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.

Lāna‘i Community Health Center (LCHC) operates from a centrally located, permanent healthcare facility designed to support comprehensive, integrated primary care services for the entire island of Lāna‘i. The facility is adequate, functional, and appropriately scaled to meet current service demand while supporting phased enhancements aligned with the funding request.

Existing Facilities. LCHC’s primary service site is located at 333 Sixth Street, Lāna‘i City, Hawai‘i 96763, within the island’s sole population and employment hub. The approximately 6,800-square-foot facility is owned by LCHC, including both the land and building—an uncommon and critically important asset on an island where nearly all land is otherwise privately held by one entity. This ownership ensures long-term stability, uninterrupted service delivery, and protection against displacement or redevelopment pressures.

The facility currently accommodates the following core functions:

- Integrated primary medical care, including family medicine, pediatrics, women’s health, and geriatrics.
- Behavioral health services, including therapy rooms suitable for individual and family counseling.
- Dental services, with dedicated operatories and sterilization space.
- Pharmacy services, including an on-site pharmacy for medication dispensation and consultation.
- Optometry and diagnostic services, including space for retinal imaging and ultrasound.
- Enabling services, including case management, eligibility assistance, care coordination, and community health worker operations.
- Telehealth infrastructure, supporting on-site and remote specialty consultations.

The clinic is within walking distance of Lāna‘i High & Elementary School, the senior center, and major employers, minimizing transportation barriers in a community without public transit. The layout supports efficient patient flow, team-based care, and co-location of services under one roof, consistent with the patient-centered medical home model.

Adequacy in Relation to the Request. The facility is fully operational and currently supports delivery of services to more than 2,600 unduplicated patients annually, representing over 86% of the island’s resident population. Existing infrastructure is adequate for current service levels; however, the funding request supports targeted facility improvements and phased

enhancements to ensure the space continues to meet evolving clinical, workforce, and community needs.

As documented in prior GIA and SAC submissions, planned improvements focus on:

- Optimizing clinical space to support expanded behavioral health, maternal health, and chronic disease management services.
- Enhancing diagnostic and treatment capacity, including upgrades to specialty exam rooms and equipment accommodation.
- Improving operational efficiency and patient flow while maintaining continuous clinic operations.
- Ensuring facilities meet current healthcare standards for safety, accessibility, and infection control.

All improvements are designed to be implemented through phased construction, allowing the clinic to remain open and fully operational throughout the project period.

Future Facility Planning. LCHC’s facility planning is informed by ongoing needs assessments, utilization data, and long-term capital planning. Findings from prior investments and planning processes support a strategy of targeted, incremental upgrades rather than expansion into new or speculative sites. Current and projected service demand will soon exceed existing capacity; however, LCHC’s ownership of its site provides the flexibility to reconfigure and expand within the existing footprint without disrupting care delivery. LCHC has approved renovation plans and holds all required permits, positioning the organization to proceed with implementation in a phased manner while maintaining continuous operations.

LCHC’s existing facility is permanent, centrally located, and fully adequate to support the services associated with this request. Prior public investments have established a strong physical foundation for healthcare delivery on Lāna‘i, and the requested funding builds upon that foundation through targeted, phased improvements that enhance service capacity, workforce effectiveness, and long-term sustainability—ensuring continued access to comprehensive primary care for the island’s rural, medically underserved population.

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.**

1. Proposed Staffing, Staff Qualifications, Supervision and Training

Lāna‘i Community Health Center (LCHC) is led by a seasoned executive, clinical, and administrative leadership team with extensive experience managing healthcare operations, facilities, and multidisciplinary service delivery in a rural island setting. The proposed staffing

pattern is appropriate to the scope and viability of the request and is supported by established supervisory systems, internal controls, and ongoing training practices.

Executive Leadership and Organizational Oversight

Chief Executive Officer (CEO). The Executive Director/CEO provides overall executive leadership and administrative direction for LCHC, with responsibility for organizational strategy, operational oversight, financial sustainability, facilities planning, and compliance. The CEO works closely with the Board of Directors and senior executive leadership to ensure that programs, personnel, and resources are aligned with organizational priorities and community needs. This role provides direct supervision to senior management and ensures coordination across clinical, administrative, and facilities functions. The CEO is ultimately responsible for implementation oversight of the request and for ensuring that activities are carried out efficiently, effectively, and in accordance with approved plans.

Administrative and Financial Management

Chief Financial Officer (CFO). The CFO provides comprehensive financial management and administrative oversight, including budgeting, accounting, internal controls, audit coordination, grant reporting, and facilities-related financial tracking. The CFO supervises finance, billing, front desk, and facilities staff and ensures that organizational resources are managed responsibly and in alignment with approved budgets. This role supports the request by ensuring fiscal accountability, monitoring expenditures, and providing regular financial reporting to leadership and the Board.

Change the title as indicated before. Operations, Quality, and Risk Management Leadership. Senior operational leadership oversees quality improvement, risk management, compliance, and organizational performance. These roles support staff supervision, policy implementation, and performance monitoring across departments. Leadership in this area ensures that clinical and administrative operations are coordinated, that staff receive appropriate training and guidance, and that systems are in place to support continuous improvement.

Clinical Leadership and Service Delivery

Chief Clinical Officer / Associate Medical Director / Advanced Practice Provider Leadership. Clinical operations are led by an experienced Chief Clinical Officer / Associate Medical Director and advanced practice providers who oversee primary care delivery, behavioral health integration, and clinical supervision. This leadership ensures adherence to evidence-based standards of care, supports interdisciplinary collaboration, and provides direct supervision and mentoring to clinical staff.

Medical and Pediatric Providers. LCHC’s medical team includes experienced providers with long-standing service in community-based and rural healthcare settings. Providers deliver comprehensive primary care services and collaborate closely with behavioral health and enabling services staff to support whole-person care.

Chief Behavioral Health Officer / Behavioral Health Services. Licensed behavioral health professionals provide a full range of services for children, adolescents, and adults as part of an integrated care team. Behavioral health staff receive structured clinical supervision and participate in ongoing training to maintain licensure, enhance skills, and support coordinated care delivery.

Administrative, Project, and Support Staff. Administrative and support staff provide essential functions including scheduling, patient services, billing, credentialing, project coordination, and executive support. These staff members are supervised through clearly defined management structures and receive training appropriate to their roles. Their work ensures continuity of operations and effective implementation of the request without disruption to existing services.

Supervision, Training, and Administrative Direction. LCHC maintains clear lines of supervision and accountability across all departments. Executive leadership provides organizational direction, while department heads and clinical leaders supervise day-to-day operations and staff performance. Training is integrated into regular operations and includes onboarding, role-specific instruction, continuing education, and performance evaluation. Cross-training and interdisciplinary collaboration are emphasized to support flexibility and resilience in a rural healthcare environment.

Staffing Capacity and Viability. The proposed staffing pattern leverages existing, experienced personnel and established organizational systems. No speculative hiring is required to support the request. LCHC’s leadership depth, clinical expertise, and administrative capacity ensure the organization’s ability to supervise, train, and direct staff effectively while sustaining high-quality service delivery throughout implementation.

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 D.

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.

The annual salary ranges paid by the applicant to the three highest-paid officers, directors, or employees of the organization are as follows:

Position Title	Annual Salary Range (USD)
Chief Clinical Officer	\$250,000 – \$270,000
Executive Director/CEO	\$210,000 – \$230,000
Chief Behavioral Health Officer	\$160,000 – \$180,000

Salaries are established based on organizational size, scope of responsibility, professional qualifications, and prevailing market conditions for rural and healthcare leadership positions.

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.**

Lāna‘i Community Health Center (LCHC) is a Federally Qualified Health Center (FQHC), a federally designated community-based healthcare organization authorized to provide comprehensive primary care services in a medically underserved area. As an FQHC, LCHC operates under federal requirements governing scope of services, governance, financial oversight, and access to care.

The FQHC designation establishes LCHC’s qualification to deliver primary medical care and integrated services through licensed healthcare professionals practicing within their respective scopes of practice. This designation reflects LCHC’s compliance with applicable federal standards required to operate as a community health center and to receive federal support for healthcare delivery.

Through its FQHC designation, LCHC demonstrates the organizational capacity, regulatory standing, and operational framework necessary to carry out the activities associated with this request and to provide accessible, community-based healthcare services to the residents of Lāna‘i.

- 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.**

Lāna‘i Community Health Center (LCHC) has a deliberate and realistic plan to sustain the activities supported by this request beyond FY27, regardless of whether additional funding under this specific grant is received. Sustainability is achieved through integration of the funded activity into core operations, long-term financial planning, and facility investments that reduce operating risk and increase efficiency.

(a) Sustainability if Grant Funding Is Received for FY27. If funding is received for FY27, LCHC will use the FY27 period to fully integrate the funded activity into its ongoing service delivery and operational framework. The activity will be aligned with LCHC’s strategic priorities, including integrated medical and behavioral health services, quality improvement, staff retention, community outreach, and facility improvements.

During FY27, LCHC will:

- Incorporate the funded activity into routine clinical and operational workflows rather than treating it as a stand-alone initiative.
- Use the funding period to stabilize staffing, refine processes, and improve efficiency so that ongoing costs are predictable and manageable.
- Leverage facility renovation and improvement efforts to reduce deferred maintenance, improve space utilization, and lower long-term operating costs associated with aging infrastructure.
- Strengthen internal systems related to revenue management, reporting, and service utilization to ensure the activity contributes to overall organizational sustainability.

The FY27 funding period will therefore function as a bridge from grant-supported implementation to full operational integration.

(b) Sustainability if Grant Funding Is Not Received After Fiscal Year 2027. If grant funding is not received beyond Fiscal Year 2027, LCHC will sustain the activity through a combination of operational integration, diversified revenue, and long-term financial planning already in place.

Key sustainability strategies include:

- **Integration into Core Services:** The activity will continue as part of LCHC’s established service lines rather than as a separately funded program. This approach allows costs to be absorbed into the organization’s overall operating budget and supported through existing reimbursement and revenue mechanisms.
- **Revenue and Reserve Strategy:** LCHC’s strategic planning emphasizes increasing revenues and building financial reserves to support long-term stability and growth. This approach allows the organization to continue essential activities even when time-limited funding ends.
- **Facility Investments and Cost Control:** Facility alterations, renovations, and expansion reduce long-term operational risk, improve efficiency, and support higher service capacity within the existing footprint. These capital improvements lower future costs and

strengthen the organization’s ability to sustain services without reliance on short-term funding.

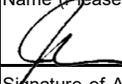
- **Workforce Stability and Training:** Ongoing investment in staff retention, training, and workforce development reduces turnover and associated recruitment costs, supporting continuity of services after grant funding concludes.
- **Organizational Mission Alignment:** The funded activity directly supports LCHC’s mission to provide integrated medical, behavioral health, and preventive services to the Lāna‘i community. Activities that are mission-critical are prioritized within annual operating and capital planning processes, ensuring continuity even when external funding ends.

Whether or not grant funding continues beyond FY27, LCHC has the organizational capacity, financial planning discipline, and facility infrastructure to sustain the activity supported by this request. The grant accelerates implementation and strengthens long-term viability, but the activity itself is designed to endure as part of LCHC’s core operations in service of the Lāna‘i community.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: Lāna'i 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
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST	0			
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.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	0			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	1,000,000			
TOTAL (A+B+C+D+E)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	1,000,000	NINA MEDEIROS	808-565-6919	
(b) Total Federal Funds Requested	0	Name (Please type or print) Phone		
(c) Total County Funds Requested	0	 1/22/26		
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official Date		
TOTAL BUDGET	1,000,000	JACEY LABORTE, CHIEF EXECUTIVE OFFICER		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2026 to June 30, 2027

Applicant: Lāna'i 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, 2026 to June 30, 2027

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, 2026 to June 30, 2027

Applicant: Lānaʻi Community Health Center (LCHC)

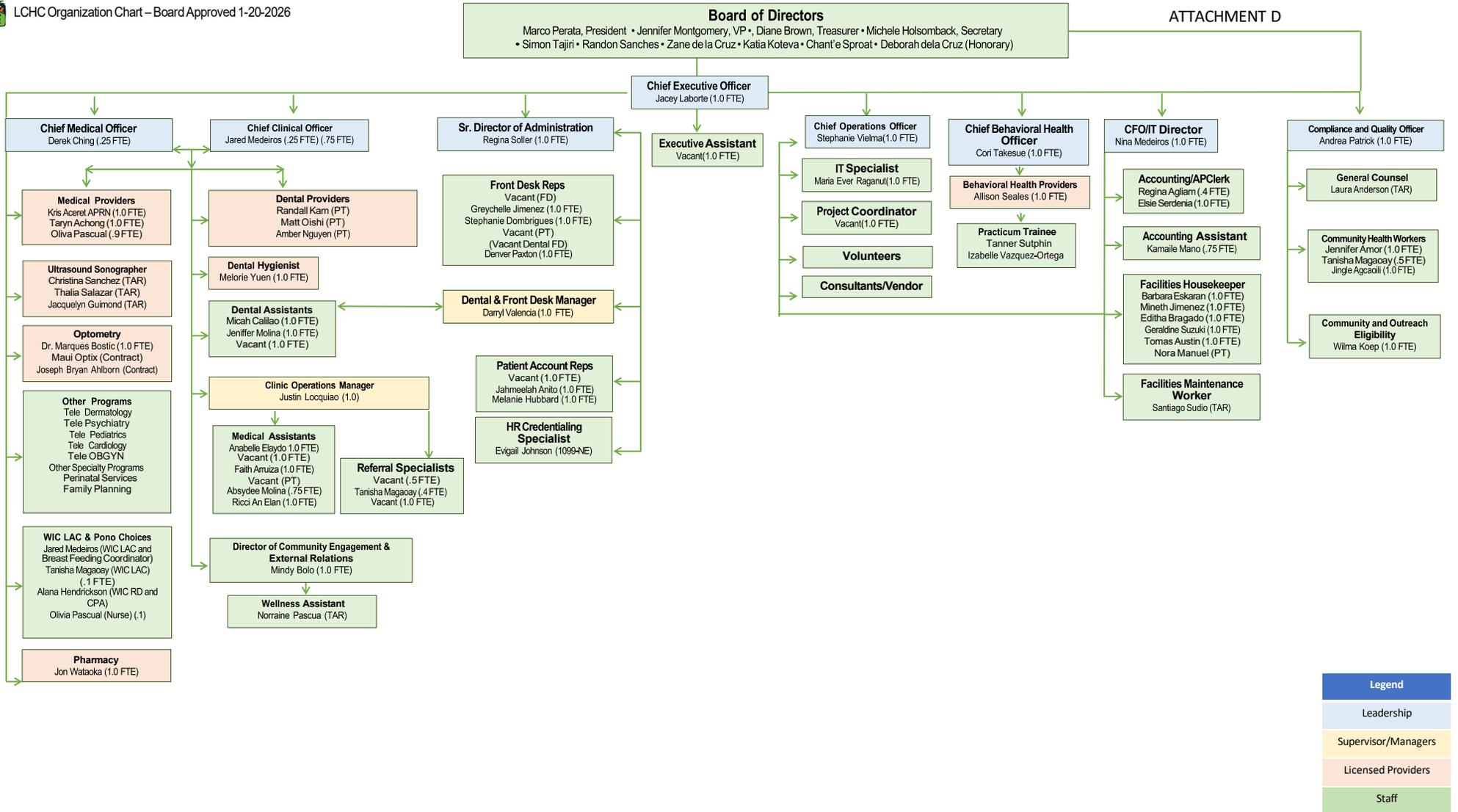
FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY:2024-2025	FY:2025-2026	FY:2026-2027	FY:2026-2027	FY:2027-2028	FY:2028-2029
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION	\$ 400,000.00	\$ 500,000.00	\$ 1,000,000.00			
EQUIPMENT						
TOTAL:	\$ 400,000.00	\$ 500,000.00	\$ 1,000,000.00			
JUSTIFICATION/COMMENTS: CLINIC RENOVATION						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Lāna‘i Community Health Center (LCHC)

Contracts Total: 7,011,326

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	DOE-DOH-HPCA - FY23	FY23	DOE DOH	U.S.	53,922
2	DOE-DOH-HPCA - FY24 (07/01/24-11/30/24)	FY24	DOE DOH	U.S.	53,470
3	DOH-HPCA 2320 - FY25	FY25	DOH	U.S.	36,000
4	DOH-HPCA 2320 - FY25 Y2	FY25	DOH	U.S.	36,000
5	DOH-HPCA 2320 - FY26 Y3	FY26	DOH	U.S.	16,880
6	Essential Access Health - Telehealth (FY24)	FY24	HHS	U.S.	25,000
7	Essential Access Health - Title X (FY24)	FY24	HHS	U.S.	75,000
8	Essential Access Health - Title X (FY25)	FY25	HHS	U.S.	75,000
9	Essential Access Health - Title X (FY26)	FY26	HHS	U.S.	45,928
10	HRSA 330e FY25 (03/01/24 - 02/28/25)	FY25	HHS	U.S.	1,946,959
11	HRSA 330e FY25 (03/01/25 - 02/28/26)	FY25	HHS	U.S.	1,569,995
12	HRSA 330e: 2022 BPR FY23	FY23	HHS	U.S.	322,658
13	HRSA 330e: 2023 SAC FY24	FY24	HHS	U.S.	1,946,959
14	HRSA QI FY25 (03/01/24 - 02/28/25)	FY25	HHS	U.S.	31,136
15	HRSA: Expanding Covid Vaccination (ECV) FY23	FY23	HHS	U.S.	92,835
16	HRSA: NCHI FY23	FY23	HHS	U.S.	26,716
17	Substance Use Assessment & Drug Screening Se	FY25	SAMHSA	U.S.	6,869
18	Substance Use Assessment & Drug Screening Se	FY26	SAMHSA	U.S.	3,000
19	WIC FY24 (10/01/23 - 09/30/24)	FY24	USDA	U.S.	35,276
20	WIC FY25 (10/01/24 - 09/30/25)	FY25	USDA	U.S.	56,343
21	WIC FY26 (10/01/25 - 09/30/26)	FY26	USDA	U.S.	14,148
22	Adult Judiciary: J24098 FY24	FY24	The Judiciary - SOH	State	20,400
23	Adult Judiciary: J24098 FY25	FY25	The Judiciary - SOH	State	20,400
24	Adult Judiciary: J24098 FY26	FY26	The Judiciary - SOH	State	10,200
25	Hawaii Medicaid Fiscal Agent (FY24)	FY24	DHS	State	32,768
26	Hawaii Medicaid Fiscal Agent (FY25)	FY25	DHS	State	34,404
27	Hawaii Medicaid Fiscal Agent (FY26)	FY26	DHS	State	36,125
28	Judiciary: J20-171 FY23	FY23	The Judiciary - SOH	State	7,500
29	Juvenile Judiciary: J24095 FY24	FY24	The Judiciary - SOH	State	9,000
30	Juvenile Judiciary: J24095 FY25	FY25	The Judiciary - SOH	State	9,000
31	Juvenile Judiciary: J24095 FY26	FY26	The Judiciary - SOH	State	4,500
32	Primary Care FY24	FY24	DOH	State	6,510
33	Primary Care FY25	FY25	DOH	State	11,200
34	Primary Care FY26	FY26	DOH	State	5,375
35	Primary Care: FY23	FY23	DOH	State	3,700
36	RSS: 22-016 FY24	FY24	DOH	State	16,943
37	RSS: 24-068 FY24 (Jan-Jun)	FY24	DOH	State	16,528
38	RSS: 24-068 FY25 (07/01/24-06/30/25)	FY25	DOH	State	33,470
39	RSS: 24-068 FY26 (07/01/25-06/30/26)	FY26	DOH	State	16,604
40	COM BH: FY23	FY23	DHC	County of Maui	40,083
41	COM BH: FY24	FY24	DHC	County of Maui	82,610
42	COM BH: FY25	FY25	DHC	County of Maui	82,610
43	COM BH: FY26	FY26	DHC	County of Maui	41,305



Legend
Leadership
Supervisor/Managers
Licensed Providers
Staff