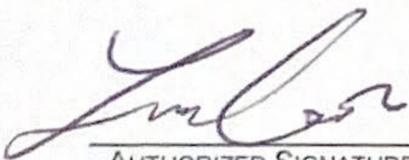


Application Submittal Checklist

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

Lawrence Castillo, Manager QCIPN Operations

PRINT NAME AND TITLE

1/23/2026

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: THE QUEEN'S HEALTH SYSTEMS*

DBA/Trade Name: The Queen's Health Systems

Issue Date: 09/30/2025

Status: **Compliant**

Hawaii Tax#: [REDACTED]
New Hawaii Tax#: [REDACTED]
FEIN/SSN#: [REDACTED]
UI#: XXXXXX1182
DCCA FILE#: 60522

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	Compliant
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

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.

Please see attached.

2. Declaration Statement

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

The Queen's Clinically Integrated Physician Network, under The Queen's Medical Center – Manamana, part of The Queen's Health Systems, affirms that it complies with the elements contained in 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 Queen's Clinically Integrated Physician Network, under The Queen's Medical Center – Manamana, part of The Queen's Health Systems, affirms the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

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;

The Queen's Clinically Integrated Physician Network (QCIPN) is the value-based care and population health arm of The Queen's Health System and has been operating since 2014 to improve quality, outcomes, and care coordination across a broad network in Hawaii. Our network encompasses over 1,400 providers, including both Queen's

employed and independent/private practice providers. 178 are primary care providers (PCPs), of which 77 are in private practice. Nearly 50 of those PCPs are located on Hawaii Island. Queen's Molokai General Hospital also has a primary care clinic.

QCIPN delivers comprehensive clinical, social, and behavioral health programs supported by a multidisciplinary team of more than 50 clinical professionals, including pharmacists, nurses, social workers, social work associates, patient navigators (community health workers), and dietitians. In 2025 alone, our programs received more than 8,500 referrals, and we successfully engaged nearly 80% of those patients. Through team-based care, we enhance the services provided by PCPs and systematically address social determinants of health. Our staff connects patients to resources that address financial hardship, transportation barriers, housing instability, and food insecurity.

These services have historically been funded by multiple, payer-driven value-based contracts, which have enabled QCIPN to compliantly offer these services at no cost to patients. These contracts ensure QCIPN assumes care coordination responsibility, in place of the patient's respective health plan, therefore minimizing duplication of care coordination resources.

Our largest payer funding stream, representing the majority of QCIPN's revenue, has ended for 2026 and potentially beyond. This sudden loss threatens both our financial stability and the essential services our patients rely on, especially kūpuna and high-risk patients. Sustaining this support is critical for our network, especially for independent private-practice PCPs and those serving neighbor-island communities.

QCIPN is requesting \$450,000 to help maintain our multidisciplinary care team. These funds will allow us to continue essential services for patients supported by our independent providers, particularly those practicing on the neighbor islands who often face the greatest access challenges.

See below QCIPN's specific programs and services. Throughout all programs, the patient navigators ensure patients are screened for social determinants of health challenges and connect them appropriately to resources.

- Clinical Care Coordination
- Transitional Case Management Program
- Advance Care Planning
- Caregiver Burnout
- Cognitive Assessment Pathway
- Integrated Medication Management
- Integrated Medical Nutrition
- Integrated Diabetes Management
- Patient Self-Monitoring Blood Pressure Program
- Ola Hou I Ka Hula: Restore Health Through Hula (hypertension management)
- A Matter of Balance (falls prevention)
- Chronic Kidney Disease management

- Chronic Obstructive Pulmonary Disease (COPD) Program
- Smoking Cessation Program
- Psychosocial Support for Behavioral/Mental Health
- Behavioral Health Collaborative Care Model (CoCM)
- Adult Congenital Heart Disease CoCM
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) - Early identification and intervention for patients with patterns of alcohol/drug use
- ED Caring Calls for patients presenting with suicidal ideation

2. The goals and objectives related to the request;

Goals:

- Obtain funding to continue equitable provision of services with minimal disruption to care delivery, especially for the independent PCPs in our network and those located on the neighbor islands.
- Maintain and stabilize access to care coordination, chronic disease management, behavioral health support, and SDOH assistance for high-risk and medically complex patients.
- Improve healthcare access by leveraging our team-based model of care in which our interdisciplinary team can extend the support and management of PCPs
- Support care continuity for patients who may experience fluctuations in health coverage and access due to federal uncertainties and recent market challenges in the state

Objectives

- Achieve a 50% engagement rate for proactive outreach amongst high-risk patients
- Track percentage of SDOH positive screens receiving resources to address barriers (housing, financial, transportation, mental health, etc.)
- Achieve a hospital readmission rate of less than 10% for patients engaged by QCIPN's Transitional Case Management team (follows patients after hospital discharge)
- Improve performance in quality measures for Diabetes Control and Hypertension Control by 5% each

3. **The public purpose and need to be served;**

Funding for QCIPN will address two areas of public purpose for the state: 1) Provider shortage and access and 2) Social safety net preservation

- 1) According to the latest Hawaii Physician Workforce Report, Hawaii is short 178 primary care physicians statewide. This demand for access is only intensified by the state's rapidly growing older adult population. Further, a well-known [study](#) estimated

PCPs without additional support require up to 26.7 hours per day to conduct preventive care, chronic disease management, acute care, and administrative work for their patient population. QCIPN's team-based model of care directly addresses this impossibility, not by replacing but rather enhancing a provider's care delivery. To illustrate, our pharmacists target medication adherence and management and nurses develop comprehensive chronic disease monitoring plans. Our social workers discuss goals of care and advance health care directives, helping transition to next level of care and connect to resources for caregiver support. QCIPN's behavioral health team, consisting of social workers and social work associates, together with consulting psychiatrists, provide behavioral health support for PCPs to better manage behavioral health needs in their own practice via the Collaborative Care Model of integrated behavioral health. In essence, the behavioral health team works alongside the treating provider to manage the behavioral health plan of care without having to refer the patient out of the primary care practice.

- 2) QCIPN's programs address all aspects of social determinants of health, supplementing the state's social safety net. Our existing workflows ensure engaged patients are appropriately screened for barriers related to social determinants of health. Our social workers, social work associates, and community health workers address barriers related to transportation, housing instability, food insecurity, and financial insecurity. They leverage resources within Queen's as well as community-based organizations, ensuring access and sustainability of the healthcare ecosystem beyond our health system.

4. Describe the target population to be served; and

This funding will partially help sustain QCIPN's services, that are no longer reimbursed by health insurance, for the patient populations of our independent, community-based PCPs, including those located on neighbor islands. As a health system, we believe our private practice providers are vital to the community, particularly ensuring adequate access in rural areas and culturally competent care for high-risk patients. QCIPN is well positioned to represent and advocate for both our Queen's employed and private practice providers in our network, especially considering recent emerging and potentially harmful market dynamics and partnerships in our state. We want to ensure choice and access for patients relying on the independent providers in our network.

This patient population will include those appropriate for referral to QCIPN's services, which include but are not limited to: complex clinical needs, behavioral health needs, social determinants of health challenges, medication adherence, caregiver burnout, and chronic disease management (hypertension, diabetes, COPD, etc.).

5. Describe the geographic coverage.

Our services are tied to the patient populations of our providers, primarily on Oahu, Molokai, and Hawaii Island. There will be an added emphasis on Hawaii Island, which covers over a third of our PCPs, as well as Molokai to encompass Molokai General

Hospital. Our team is physically on Oahu and Hawaii Island and also utilizes virtual means to reach patients (telehealth, telephonic outreach, EMR portal engagement, etc.), reducing barriers related to geographic access.

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;

QCIPN's multidisciplinary care team will continue providing coordinated clinical, behavioral, and social-needs support for our provider network. Scope of work will vary depending on the type of staff member (i.e. pharmacist, RN, social worker, social work associates, and navigator) and our current workflows ensure that staff members function at the top of their respective license or qualification.

Patient navigators, who are Community Health Workers by background, screen all patients for social determinants of health, including but not limited to financial instability, housing insecurity, food insecurity, and transportation access. They then connect patients to various community-based resources that are most suitable for their needs. Patient Navigators are fundamentally rooted in providing culturally competent care. Navigators also support patients with Med-QUEST enrollment. This is especially important given the federal uncertainties regarding coverage and access.

Social Workers and Social Work Associates notably facilitate goals-of-care conversations and advance care planning to promote "wanted" versus "unwanted" care. This is particularly relevant for our older adult population in Hawaii. Relatedly, this team supports transitions of care and addresses caregiver burnout. In addition, staff provide behavioral health integration support through the Collaborative Care Model (CoCM), assisting PCPs in managing behavioral health conditions, including substance use disorders, within the primary care setting.

Pharmacists deliver disease-specific medication management for high-risk conditions such as diabetes, gestational diabetes, hypertension, among others. They focus on medication optimization and adherence support to improve clinical outcomes and reduce medication-related risks. This team also supports providers in submitting prior authorizations to ensure timely approval and review by health insurance, as well as advising providers and patients on the most cost-efficient medication options for treatment.

Registered Nurses (RN), in coordination with PCPs, develop and implement disease-specific, patient-centered care plans based on comprehensive assessments, conducted either in the home or through virtual modalities. They monitor clinical status, support

self-management, and coordinate with the interdisciplinary team to adjust care plans as needed. RNs play a key role in proactive outreach and early intervention to prevent disease progression and acute care utilization.

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

Quarter 1 (Months 1–3)

- Month 1
 - Determine baseline data for metrics to be reported
 - Ensure workflows are optimized to facilitate data collection
 - Generate reports of targeted patients potentially eligible for QCIPN referral and distribute to PCPs
- Month 2
 - QCIPN quality and provider relations team to visit neighbor islands to further engage PCPs and encourage referral for identified patients
- Month 3
 - Collect quarterly data

Quarters 2 and 3 (Months 4–9)

- At months 4 and 7, generate reports of targeted patients potentially eligible for QCIPN referral and distribute to PCPs
- At month 6 and month 9, collect respective quarterly data and conduct plan-do-study-act (PDSA) evaluation for quality and process improvement
 - As a result of PDSA cycles, incorporate feedback and observations into workflows as needed
- By month 9, QCIPN quality and provider relations team to visit neighbor islands to further engage PCPs and encourage referral for identified patients

Quarter 4 (Months 10–12)

- At month 12, conduct year-end review of all metrics
- Finalize report and provide to state as instructed by GIA grant
- Conduct final evaluation for quality and process improvement

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

QCIPN has a Quality and Performance Improvement team, co-led by QCIPN's Manager of Quality and Medical Director. Data from QCIPN's clinical programs as it relates to quality outcomes will be shared with this team on a quarterly basis. Data will be collected through the electronic medical record system, payer-based data platforms, and manual tracking as needed. All other data and information will be analyzed and assessed by QCIPN's Executive Director, Medical Director, and relevant management

team. We will use a Plan-Do-Study-Act (PDSA) framework to rapidly evaluate and assess outcomes in this initiative, given the projected one-year timeline.

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.

The following measures align with the objectives previously listed in Section II.

Engagement & Access

- Achieve a 50% engagement rate for proactive outreach amongst high-risk patients
- Track percentage of SDOH positive screens receiving resources to address barriers (housing, financial, transportation, food insecurity, etc.)

Care Transitions

- Achieve <10% hospital readmission rate among patients followed by QCIPN's Transitional Case Management team

Clinical Outcomes

- 5% improvement in Diabetes Control performance
- 5% improvement in Hypertension Control performance

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](#)) – See attached
 - b. Personnel salaries and wages ([Link](#)) – See attached
 - c. Equipment and motor vehicles ([Link](#)) – Not applicable
 - d. Capital project details ([Link](#)) – Not applicable
 - e. Government contracts, grants, and grants in aid ([Link](#)) – Not applicable
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
\$112,500	\$112,500	\$112,500	\$112,500	\$450,000

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

Future funding will be through with The Queen's Health Systems and health plans as applicable.

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

Not applicable

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2027 for program funding.

2023 Congressionally directed spending - \$300,000 (Patient navigator program, distributed throughout The Queen's Health Systems, not solely QCIPN)

2024 State GIA Grant – \$80,000 (QCIPN RN Support)

2025 Congressionally directed spending - \$1.015 million (Molokai General Hospital CIP, distributed throughout The Queen's Health Systems, not solely QCIPN)

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

QCIPN has no unrestricted assets because all revenue is contract-based and dedicated exclusively to activities related to care coordination, quality improvement, and management of the provider network.

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.

QCIPN has been operating for over a decade. Our programs have grown to more than 15 clinical programs, ranging from chronic disease management to social needs support. Our network supports nearly 1,400 providers, including both Queen's employed and independent/private practice providers, which includes 178 PCPs. In 2025 alone, our programs received more than 8,500 referrals directly from our provider network.

Please see "Section IV. Personnel: Project Organization and Staffing" for additional team qualifications.

In the last three years, QCIPN has had value-based contracts with the following plans: HMSA, UnitedHealthcare Medicare and Medicaid, AlohaCare, Ohana Health Plan, Humana, Devoted Health, CMS (Medicare Shared Savings Program), and UHA. By nature, these value-based contracts entail care coordination services for their respective patient populations.

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.

QCIPN sits under The Queen's Medical Center – Manamana. QCIPN currently has a dedicated office space. Team members work both in-office and remote, including travel to meet with patients. No plans to secure additional facilities.

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.

Hermina "Mia" Taylor MSN, FNP-BC, APRN-RX is a Family Nurse Practitioner with 40 years of nursing and leadership experience in both inpatient and outpatient settings including oncology, critical care, infectious diseases, care management, hospice and palliative care. Her time at The Queens Health Systems has been devoted to development of community based clinical programs as part of The Queens Clinically Integrated Physician Network and Queens MSSP ACO. Her current role as Director of The Queen's Physician Network and MSSP ACO including Community & Post-Acute Care Services has allowed her to be involved in the redesign of The Queen's primary care delivery system to a team-based care model of care including integrated behavioral health. She is developing a post-acute strategy that emphasizes an ambulatory continuum of care that fosters community partnerships to improve patient access to high quality care and resources to allow for the Quadruple Aim in a value-based environment.

Jamie Fukui-Chiang, LCSW is the Manager of Clinical Programs at QCIPN. She is responsible for leading the clinical teams at QCIPN. She is a licensed clinical social worker with over 20 years of experience in a number of settings, including coordination

of early intervention services, case management with the chronically ill, health insurance counseling to seniors, hospice care, and grief support. She holds a bachelor's degree in psychology and a master's degree in social work with a focus in gerontology from the University of Hawaii at Manoa.

Thanh-Thanh Young, BSN is the Operations Manager for QCIPN's Transitional Case Management Program, where she leads the program in ensuring safe disposition to next level of care and appropriate follow-up for patients transitioning from hospitalization and ED visits. She has over 10 years of experience across case management, occupational health, infusions, and primary care in various settings. She holds a BSN from the Denver School of Nursing.

Lawrence Castillo is the Manager of QCIPN Operations and oversees matters related value-based contract performance, network development, and data analytics. He has over 7 years related to population health, value-based care, and quality improvement across payer, consulting, health system, and clinic-based settings. He earned his Master of Public Health in Health Policy from Yale University and Bachelor's in Health Promotion and Disease Prevention and Master's in Global Medicine from the University of Southern California.

QCIPN pharmacists are all ambulatory-residency trained, equipped to manage chronic and acute diseases in clinic-based and outpatient settings. Across the pharmacist team, additional certifications and qualifications include Board Certified Ambulatory Care Pharmacist and Certified Diabetes Care and Education Specialist. Registered Nurses and Social Workers are licensed professionals and expected to maintain licensure requirements. Additional certifications for Social Workers include Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Early Childhood Mental Health (ECMH-E) and Certified Substance Abuse Counselor. Patient Navigators have at least two years of relevant healthcare/social services experience or one year of healthcare/social services experience with a Community Health Worker certificate.

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.

Please see attached organization chart for The Queen's Health System.

Regarding the personnel tied to the requested funding, the pharmacist reports to Hermina "Mia" Taylor (Executive Director of QCIPN and Director of Community & Post-Acute Care Service).

The remaining positions – Social Worker, Social Work Associate, Registered Nurse, and Patient Navigator – report to Jamie Fukui-Chiang (Manager of QCIPN Clinical Programs).

Fukui-Chiang reports to Taylor.

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.

At QCIPN specifically, the highest paid personnel range from ambulatory pharmacist to senior management, ranging from \$170,000 to \$300,000.

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.

Albert et al v. American Society of Health-System Pharmacists, Inc. et al. Class action lawsuit against multiple pharmacy residency programs nationwide.

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.

Please reference Section VI. Personnel: Project Organization and Staffing.

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.

Future funding will be through with The Queen's Health Systems and health plans as applicable.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: The Queen's Clinically Integrated Physician Network

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	318,000			
2. Payroll Taxes & Assessments	31,800			
3. Fringe Benefits	89,040			
TOTAL PERSONNEL COST	438,840			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	2,500			
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9. Mileage	8,660			
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	11,160			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	450,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	450,000	Lawrence Castillo (Manager QCIPN Operation: 808-691-5964)		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested		<i>Hermina Taylor</i>		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
TOTAL BUDGET	450,000	Hermina Taylor, QCIPN Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2026 to June 30, 2027

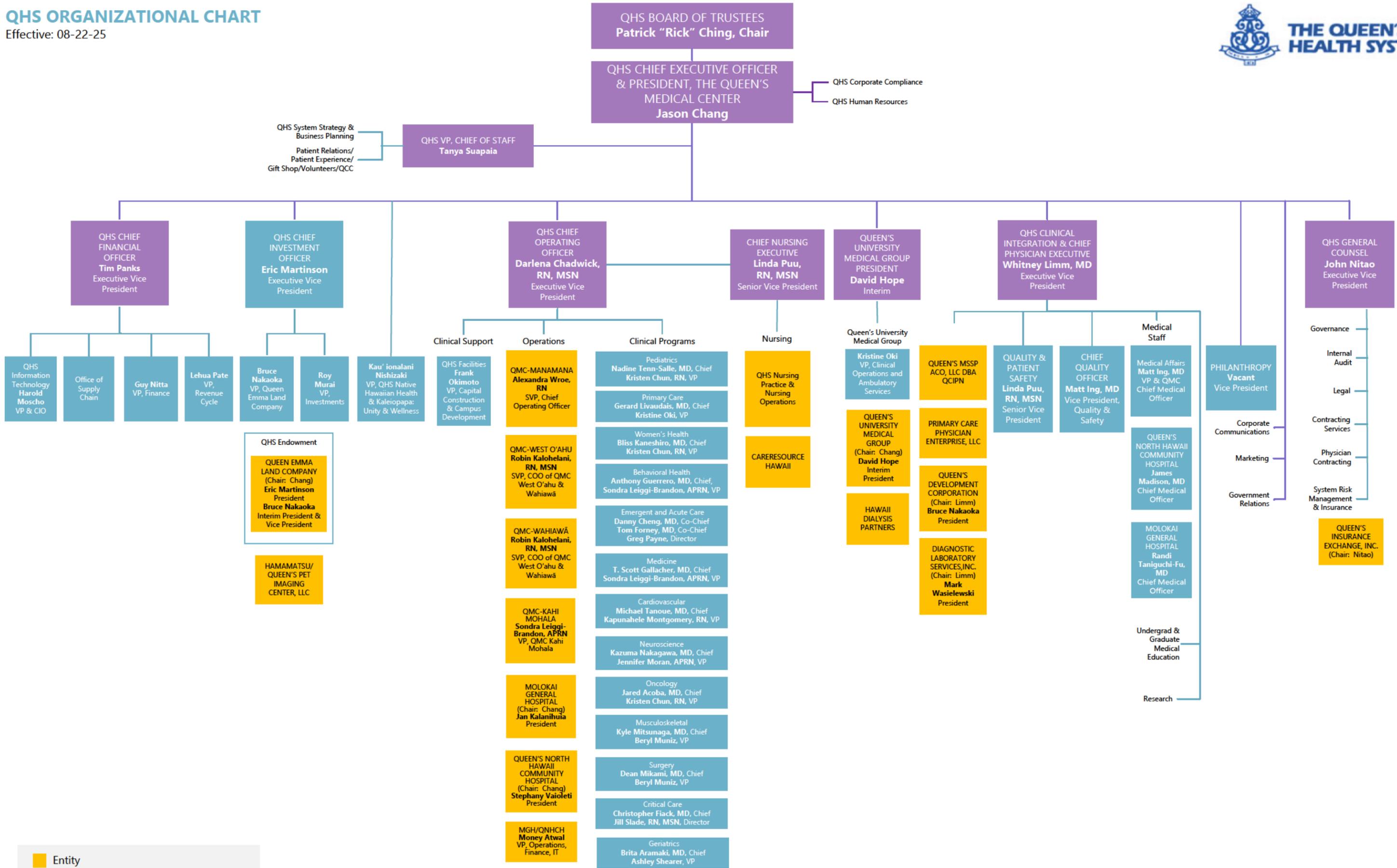
Applicant: The Queen's Clinically Integrated Physician Network

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Ambulatory Pharmacist	1	\$170,000.00	25.00%	\$ 42,500.00
Registered Nurse	1	\$150,000.00	25.00%	\$ 37,500.00
Social Worker	1	\$98,000.00	100.00%	\$ 98,000.00
Social Work Associate	1	\$74,000.00	100.00%	\$ 74,000.00
Patient Navigator (Community Health Worker)	1	\$66,000.00	100.00%	\$ 66,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				318,000.00

JUSTIFICATION/COMMENTS:

QHS ORGANIZATIONAL CHART

Effective: 08-22-25



Entity
Executive Leadership