

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

THE WAHIAWA CENTER FOR COMMUNITY HEALTH

was incorporated under the laws of Hawaii on 01/25/2012 ; 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 15, 2026

Director of Commerce and Consumer Affairs



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 WAHIAWA CENTER FOR COMMUNITY HEALTH

DBA/Trade Name: WAHIAWA HEALTH

Issue Date: 01/09/2026

Status: **Compliant**

Hawaii Tax#: [REDACTED]

New Hawaii Tax#:

FEIN/SSN#: [REDACTED]

UI#: XXXXXX0740

DCCA FILE#: 235150

Status of Compliance for this Vendor on issue date:

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

Status Legend:

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

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

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

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

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

The Wahiawa Center for Community Health

(Typed Name of Individual or Organization)


Rev Harbin (Jan 19, 2026 12:41:20 HST)

01/19/26

(Signature)

(Date)

Beverly Harbin

CEO

(Typed Name)

(Title)



January 19, 2026

Wahiawa Health confirms and verifies that this grant application will be used for a public purpose.

A handwritten signature in black ink, appearing to read "B. Harbin", is positioned above a horizontal blue line.

Bev Harbin (Jan 19, 2026 12:41:20 HST)

Beverly Harbin, CEO
Wahiawa Health

Application for Grants

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

I. Certification – Please attach immediately after cover page

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

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

2. Declaration Statement

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

3. Public Purpose

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

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;

Wahiawā Health is a 501(c)(3) Federally Qualified Health Center Look-Alike (FQHC-LAL), established in 2012 and is one of Senator Daniel K. Inouye’s legacy projects. Wahiawā Health serves the medically underserved communities of Central O’ahu, including Wahiawā, Mililani, and Waiialua—areas designated by HRSA as both a Medically Underserved Population (MUP) and a Health Professional Shortage Area (HPSA). As a safety-net provider meeting all federal FQHC standards without Section 330 grant funding, Wahiawā Health delivers a comprehensive, integrated continuum of medical, dental, behavioral health, and enabling services that address both clinical needs and social determinants of health, ensuring access regardless of ability to pay. Through multidisciplinary, culturally responsive care and innovative community-based programs—including school-based health services, mobile health and dental clinics, and outreach across Central O’ahu—Wahiawā Health has made a measurable impact by reducing barriers to care, improving health equity, and strengthening the long-term

health and well-being of children, families, and underserved populations in the Wahiawa, Waialua and Mililani.

2. The goals and objectives related to the request;

Overall Goal

To reduce childhood obesity and nutrition-related chronic disease risk among children in Central O’ahu by integrating nutrition care, behavioral health, and social determinants of health (SDOH) interventions into Wahiawā Health’s pediatric clinical services, aligned with the 2025–2030 Dietary Guidelines for Americans and the MyPlate nutrition framework. The program will operationalize national Food as Medicine guidance by connecting families to fresh, locally sourced farm food boxes through community partnerships, while delivering culturally responsive, clinic-based prevention and early intervention.

Objectives

1. **Integrate a multidisciplinary Pediatric Wellness Team**—consisting of a Registered Dietitian (RD), Licensed Clinical Social Worker (LCSW), Community Health Worker (CHW), Nutrition Coordinator, and Patient Service Representative (PSR)—into Wahiawā Health’s pediatric department to deliver coordinated, whole-child care aligned with the 2025–2030 Dietary Guidelines for Americans’ life-course approach.
This model integrates nutrition counseling with *behavioral health and SDOH support*, recognizing that sustainable dietary change and obesity prevention require addressing psychosocial stressors, family context, and access barriers.
2. **Screen at least 200 pediatric patients annually** for BMI, nutrition risk, food insecurity, and psychosocial stressors using standardized, evidence-based tools consistent with federal preventive care, Medicaid, and nutrition guidelines.
3. **Provide individualized nutrition counseling, behavioral health counseling/therapy, and SDOH navigation** to at least 75% of pediatric patients identified as at-risk, using the MyPlate framework and healthy dietary pattern guidance, and reinforcing nutrition education with access to fresh, local foods.
4. **Prescribe wellness interventions**—including nutrition prescriptions informed by the Dietary Guidelines, behavioral health support, and referrals to food, housing, and family support resources—and *connect families to fresh farm food boxes through community and agricultural partnerships* to reduce food insecurity and improve access to whole foods.
5. **Establish a sustainable, clinic-based model** that embeds Food as Medicine and the 2025–2030 Dietary Guidelines into routine pediatric services, including ongoing collaboration with local farms and food distribution partners to support long-term reductions in obesity risk and nutrition-related chronic disease.

3. The public purpose and need to be served;

The public purpose of this grant application is to address the alarming growth in childhood obesity in the Central O‘ahu communities of Wahiawā, Waialua, and Mililani by strengthening pediatric primary care through an integrated, multidisciplinary model. Children and families in these communities are at higher risk for obesity and nutrition-related chronic disease due to the combined effects of food insecurity, economic hardship, limited access to preventive services, and unaddressed behavioral health and social stressors.

Wahiawā Health will strengthen pediatric primary care through a coordinated Pediatric Wellness Team model that supports children across all points of pediatric access, including clinic-based services, school-based health care sites, and mobile outreach. School-based and mobile services extend the reach of pediatric care by offering additional, opportunities for screening, early identification, and follow-up, while remaining closely connected to Wahiawā Health’s pediatric clinics. This integrated approach reduces common barriers such as transportation challenges, missed school or work, and limited access to preventive services, while ensuring continuity and consistency in care. By aligning nutrition, behavioral health, and social determinants of health interventions within pediatric services—and reinforcing them in school and community settings—Wahiawā Health promotes early prevention, timely intervention, and patient centered care for children and families in Central O‘ahu.

4. Describe the target population to be served; and

The target population for this project is children and their families residing in the Wahiawā Health service area, including Wahiawā, Waialua, and Mililani, who are at risk for childhood obesity and related health challenges. These communities are home to working-class families, gig workers, and multigenerational households who experience economic instability, food insecurity, and barriers to accessing consistent, preventive pediatric care.

Wahiawā Health’s main health center in Wahiawā and its extended clinic in Waialua provide comprehensive medical, behavioral health, and pharmacy services to families across the region. Building on this foundation, the Mobile Wellness Bus operates as an extension of Wahiawā Health’s school-based health services, reaching children, adolescents, and their caregivers throughout the Leilehua–Mililani–Waialua complex area. This mobile model plays a critical role in reducing access barriers by delivering preventive, primary, dental, social, pharmacy, behavioral health and nutrition services directly in school and community settings where families live, learn, and gather.

Nearly half of Wahiawā Health’s patients are Medicaid beneficiaries, and many families are uninsured, underinsured, or living near the federal poverty level. Parents and caregivers often work multiple part-time or gig jobs with irregular hours, making it difficult to secure affordable employer-sponsored insurance or consistently attend clinic appointments. Even families with coverage may face high premiums, copays, and deductibles that limit access to nutrition counseling, behavioral health services, and follow-up care. Multigenerational households are common, with shared caregiving, housing, and financial responsibilities. Ongoing economic pressures, Medicaid redeterminations, rising living costs, and transportation barriers further compound these challenges.

Many children in our community face food insecurity, ongoing stress, and limited access to healthy foods and preventive care, increasing their risk for obesity, nutrition-related chronic diseases, and mental health challenges.

The program prioritizes children and families because early, family-centered intervention is essential to preventing childhood obesity and improving health outcomes. By integrating nutrition care, behavioral health support, and social determinants of health services within pediatric care, Wahiawa Health will meet families where they are and support healthier growth, development.

5. Describe the geographic coverage.

The geographic focus of this project is the Wahiawā Health’s service area- Wahiawā, Waialua, and Mililani, with services specifically designed to reach children and their families living in Wahiawā who face elevated risk for childhood obesity, food insecurity, behavioral health challenges, and unmet preventive care needs. Wahiawā is a historically rural Central O’ahu community that experiences persistent socioeconomic and health disparities that directly affect child and family well-being. According to the U.S. Census Bureau’s 2019–2023 American Community Survey, 17.2% of Wahiawā residents live below the federal poverty level, with many families facing housing instability, food access challenges, and transportation barriers. These conditions disproportionately impact children’s nutrition, physical activity, stress levels, and access to consistent pediatric care. Wahiawā’s designation as a rural community under USDA Rural-Urban Commuting Area (RUCA) codes further underscores the need for targeted, community-based pediatric health interventions.

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;

Wahiawā Health will implement a Pediatric Wellness Team model to reduce childhood obesity and nutrition-related chronic disease risk among children in Central O‘ahu by integrating nutrition care, behavioral health, and social determinants of health (SDOH) interventions into routine pediatric services. The program strengthens pediatric primary care by embedding evidence-based prevention, early identification, and coordinated follow-up into clinic-based pediatric visits, with additional access through school-based health care sites and mobile outreach. Services are aligned with the 2025–2030 Dietary Guidelines for Americans, the MyPlate nutrition framework, and national Food as Medicine guidance, and emphasize culturally responsive, family-centered care.

Screening and Assessment

- Pediatric patients will be screened for BMI, nutrition risk, food insecurity, and psychosocial stressors using standardized, evidence-based tools during pediatric visits, school-based encounters, and mobile services.
- Screening results will be documented in the electronic health record (EHR) and used to guide care planning and referrals.

Clinical and Support Services

- The RD will provide individualized nutrition assessment and counseling using the MyPlate framework and Dietary Guidelines.
- The LCSW will deliver behavioral health counseling, brief interventions, and referrals to address stress, family dynamics, and mental health concerns affecting nutrition and weight.
- The LCSW and CHW will support SDOH navigation, including referrals to food, housing, transportation, and family support resources.
- The Nutrition Coordinator will coordinate Food as Medicine partnerships and coordinate distribution of fresh, locally sourced farm food boxes.
- The PSR will support scheduling, follow-up, referrals and care coordination to promote continuity of pediatric care.

Food as Medicine Integration

- Families will receive nutrition prescriptions and be connected to fresh food boxes through local farm and food distribution partners.
- Nutrition education will be reinforced with practical food access support to reduce food insecurity and improve dietary quality.

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

Quarter 1

- Finalize staffing and workflows for the Pediatric Wellness Team
- Train staff on screening tools, Dietary Guidelines, MyPlate, and Food as Medicine protocols
- Formalize community and agricultural partnerships

Quarter 2

- Begin routine pediatric screening across clinics, school-based sites, and mobile services
- Initiate nutrition counseling, behavioral health services, and SDOH navigation
- Launch food box distribution for families.

Quarter 3

- Continue service delivery and care coordination.
- Review mid-year screening and outcome data.
- Conduct quality improvement adjustments to workflows and outreach.

Quarter 4

- Maintain full service delivery.
- Evaluate annual outcomes and measures of effectiveness.
- Refine program model for sustainability and scaling within pediatric services.

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

Wahiawā Health will use a continuous quality improvement (CQI) approach to monitor, evaluate, and improve program performance. Clinical and Administrative leadership will conduct regular reviews of EHR data, service utilization, and outcome measures to assess fidelity to program objectives and identify gaps in care. Multidisciplinary team meetings will be held to review progress, address barriers, and refine workflows.

Quality assurance activities include:

- Ongoing monitoring of screening completion rates and follow-up services

- Review of referral completion and food box distribution data
- Patient and caregiver feedback to assess satisfaction and perceived benefit
- Periodic review of clinical outcomes, including BMI trends and nutrition risk indicators

Findings will inform program adjustments to improve access, coordination, and effectiveness while maintaining alignment with pediatric preventive care standards.

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 of effectiveness will be reported annually:

- Number of pediatric patients screened for BMI, nutrition risk, food insecurity, and psychosocial stressors
- Percentage of at-risk pediatric patients receiving nutrition counseling, behavioral health services, and/or SDOH navigation
- Number of families receiving Food as Medicine interventions, including fresh farm food boxes
- Percentage of patients with documented follow-up or referral completion
- Changes in BMI percentile or stabilization among participating children, where clinically appropriate
- Patient and Family-reported improvements in food access and nutrition knowledge

These measures provide objective, standardized indicators of program reach, quality, and impact, allowing the State to assess the program's effectiveness in reducing childhood obesity risk and strengthening pediatric preventive care.

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
\$ 186,382.50	\$ 186,382.50	\$ 186,382.50	\$ 186,382.50	\$ 745,530.00

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

FY 2027 City and County Grants in Aid: \$150,000.00

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

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

Wahiawā Health has successfully secured a range of government contracts, grants, and grants-in-aid to support its operational programs over the past three years. For further details, please refer to the attached document titled "Government Contracts, Grants, and Grants-in-Aid."

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

Wahiawā Health's unrestricted current assets as of December 31, 2025, are \$2,323,167.86.

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.

Wahiawā Health has the skills, experience, and organizational capacity necessary to successfully implement and sustain the services proposed in this application. Established in 2012 as a 501(c)(3) Federally Qualified Health Center Look-Alike (FQHC-LAL) and one of Senator Daniel K. Inouye’s legacy projects, Wahiawā Health has a decade of experience delivering comprehensive, integrated health care to medically underserved communities in Central O’ahu, including Wahiawā, Mililani, and Waialua. These communities are federally designated by the Health Resources and Services Administration (HRSA) as Medically Underserved Populations (MUP) and Health Professional Shortage Areas (HPSA), requiring providers with deep operational knowledge of safety-net care, access barriers, and community-based service delivery.

As an FQHC-LAL, Wahiawā Health meets all federal standards for comprehensive, integrated care without reliance on Section 330 grant funding, demonstrating strong fiscal management, operational readiness, and sustainability. The organization delivers a full continuum of medical, dental, behavioral health, pharmacy, and enabling services, with established systems for care coordination, outreach, social determinants of health screening, and culturally responsive care. Wahiawā Health has extensive experience operating school-based health programs, mobile medical and dental clinics, and community outreach initiatives that reduce transportation, cost, and access barriers—core elements of the services proposed in this application.

Wahiawā Health’s multidisciplinary workforce, experienced executive leadership, and established clinical and administrative infrastructure position the organization to effectively supervise staff, ensure quality and compliance, manage grant requirements, and deliver services at scale. The organization has a proven track record of partnering with schools, families, community organizations, and public agencies to deliver preventive, primary, and behavioral health services where children and families live, learn, and gather. Through these efforts, Wahiawā Health has demonstrated measurable impact in improving access to care, advancing health equity, and strengthening the long-term health and well-being of underserved children and families across Central O’ahu.

Based on its history, expertise, and demonstrated outcomes, Wahiawā Health is well qualified and appropriately positioned to provide the services proposed in this application and to ensure their effective implementation, accountability, and sustainability.

List of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request:

FY 2025-2026 State Grants in Aid (GIA): \$400,000.00

Project Title: Pediatric Clinic Renovation and Integrated Care Implementation – Wahiawā Health

Project Description: This project involves a full renovation of Wahiawā Health’s pediatric clinic to transform it into an integrated care facility combining both pediatric and psychiatric services. The renovated space will provide a healing environment tailored to the mental and physical health needs of children and adolescents. The work includes comprehensive interior and limited exterior renovations, courtyard enhancements, therapeutic design features, and the implementation of a collaborative care model for pediatric and behavioral health services. The renovation will ensure better functionality, privacy, and comfort for families, while improving coordination among healthcare providers. The redesign will feature calming indoor and outdoor elements, private consultation spaces, upgraded infrastructure, and collaborative areas to support integrated care delivery.

Community Project Funding/Congressionally Directed Spending - Non-Construction

Project Title: Mobile School Health Expansion for Keiki (M-SHEEK)

Award Number: 6 GE1HS53284-01-02

Total Amount of Federal Funds: \$1,500,000.00

Project Period: 08/01/2024 - 07/31/2026

Department of Health and Human Services

Health Resources and Services Administration

Project Description: Wahiawa Health’s pilot project “Mobile School Health Expansion for Keiki (M-SHEEK)” provides an innovative mobile model of school health-based care to addresses health disparities among underserved children and adolescents in Wahiawa, Mililani, Waialua and Kunia on the island of Oahu. This mobile pilot program brings needed medical, behavioral health, dental and social services to school aged youth utilizing a mobile medical and dental bus that will serve the Leilehua- Mililani- Waialua School Complex. This complex area educates approximately 14,000 students who come from a unique and underserved community - comprised of Indigenous Peoples- Kanaka Maoli (Native Hawaiian), multi-generational plantation workers and farmers (majority identify as Japanese, Chinese, Portuguese, and Filipino), and more recently migrated groups of Pacific Islanders, identified by some as "Micronesians", who are more respectfully known in the in the community as Chuukese, Pohnpeian, Marshallese, and Yapese. This pilot project aims to serve as a model for promoting health equity in underserved communities.

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.

Wahiawā Health has expanded and strengthened its service delivery infrastructure to support comprehensive, school-based, mobile, and community-based care across Central O‘ahu. Wahiawā Health’s main headquarters and primary clinical site is located at 302 California Avenue, Suites 105, 106, 107, 208, 214, 216 and 217, which serves as the central hub for pediatric, primary care, behavioral health, specialty services. This site is currently being enhanced through a grant-supported pediatric clinic renovation designed to support integrated pediatric and behavioral health services within a family-centered, trauma-informed care environment.

Building on this foundation, Wahiawā Health has added the Waialua Community Clinic, located at 67-292 Goodale Avenue, Suites which has been recently acquired and is in the process of being renovated. The Waialua Clinic will provide family medicine, primary care, women’s health, mental health services, case management, and care coordination, expanding access to fixed-site services for students and families in Waialua and surrounding communities.

To support outreach and school-based service delivery, Wahiawā Health operates a two-operatory mobile medical and mental health bus and a two-operatory mobile dental clinic bus, allowing services to be delivered directly on school campuses and within the community. Wahiawā Health provides a hybrid model of care designed to meet the diverse needs of the community, with services delivered through face-to-face clinic visits, telehealth appointments, on-campus school-based services, and mobile outreach. An outreach van is utilized for school-based visits, community health fairs, outreach to individuals experiencing homelessness and encampments, and home visits, extending care beyond traditional clinic walls.

In addition, Wahiawā Health has established a dedicated on-campus clinical space at Ka‘ala Elementary School, where medical, behavioral health, and social services are provided in a private and accessible setting. This integrated infrastructure enables Wahiawā Health to deliver timely, coordinated care across clinic, school-based, and mobile settings while maintaining flexibility, accessibility, and continuity for students and families.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

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

Proposed Staffing Pattern and Service Capacity

The proposed program will operate as an extension of existing clinical operations at Wahiawā Health, leveraging the organization’s established leadership, clinical infrastructure, and administrative systems to ensure program viability, quality, and sustainability. Grant funding will support a multidisciplinary staffing model designed to deliver comprehensive pediatric, nutrition, behavioral health, and enabling services across clinic-based, school-based, and mobile settings. This staffing pattern supports the program’s service capacity for preventive care, nutrition counseling, behavioral health screening and intervention, care coordination, and follow-up services for children and families.

Proposed Staffing and Staff Qualifications

Registered Dietitian (RD)

The Registered Dietitian will lead nutrition assessment, counseling, and education for pediatric patients and families, including nutrition prescriptions and Food as Medicine interventions aligned with the 2025–2030 Dietary Guidelines for Americans and the MyPlate framework.

Qualifications: Licensed Registered Dietitian with experience in pediatric nutrition, obesity prevention, and culturally responsive care; community or school-based experience preferred.

Nutrition Coordinator

The Nutrition Coordinator will manage nutrition program operations, including coordination with community partners, food distribution, scheduling, and data tracking to ensure continuity of nutrition services.

Qualifications: Associate’s degree in a health-related field or at least three years of experience in a community health setting; experience in outreach or food access initiatives preferred.

Medical Assistant (MA)

Medical Assistants will support clinical workflows by conducting patient intake, vital signs, BMI measurements, screenings, documentation, and coordination across care

settings.

Qualifications: Certified Medical Assistant with pediatric or primary care experience preferred.

Licensed Clinical Social Worker (LCSW)

The LCSW will provide behavioral health screening, brief counseling, care coordination, and referrals for pediatric patients and families experiencing psychosocial stressors.

Qualifications: Licensed Clinical Social Worker with experience in pediatric or family behavioral health and trauma-informed care.

Community Health Worker (CHW)

The Community Health Worker will assist families with navigation of social determinants of health, outreach, and follow-up to support continuity of care.

Qualifications: Trained CHW with experience working with underserved families and strong community knowledge.

Patient Service Representative (PSR)

The PSR will support scheduling, referrals, follow-up communication, and patient navigation across clinic, school-based, and mobile services.

Qualifications: Experience in patient registration and scheduling; familiarity with Medicaid preferred.

Provider Champion

Provider Champion is clinical leader that will support the implementation of this program in the pediatric clinic by promoting interdisciplinary collaboration ensuring that all services are fully embedded into routine pediatric care services

Qualifications: Family Medicine or Pediatric Physician or APRN

Project Manager

Project Manager provides executive oversight for grant management, compliance, quality assurance, and performance monitoring. Oversees grant deliverables, reporting, and fiscal accountability in alignment with Federal and State requirements

Qualifications: Bachelor's degree in health or any health-related field and 10 years of project management

Director of Clinical Operations

Director of Clinical Operations provides day-to-day operational oversight for clinical, school-based, and mobile services, including workflow management, staffing coordination, and supervision of clinic support staff.

Qualifications: Bachelor's or Master's degree in healthcare administration, nursing, or a related field or 10 years managerial experience in clinical health care operations

Director of School Based Health Care

Director of School Based oversees implementation and coordination of school-based services, ensuring integration with pediatric and behavioral health care, management of school partnerships, and continuity of care.

Qualifications: Master of Science in Nursing (MSN); APRN-Rx; board-certified as FNP-C and PMHNP-BC; experience leading school-based health programs and integrated pediatric care.

Supervision, Administrative Oversight, and Organizational Capacity

Wahiawā Health has an established leadership structure with the experience and capacity to supervise, train, and provide administrative direction for all grant-funded staff.

- **Chief Executive Officer (CEO), Bev Harbin**, provides organizational leadership, strategic direction, and overall accountability for program alignment with Wahiawā Health’s mission and sustainability goals.
- **Chief Medical Officer (CMO), William “Paul” Berg, MD**, provides clinical oversight and supervision for all medical and behavioral health services, ensuring quality, safety, and evidence-based care across clinic-based, school-based, mobile, and telehealth settings.
- **Chief Operating Officer (COO) and Grant Project Manager, Dr. Pua Akana, PharmD, BC-ACP**, provides executive oversight for grant management, compliance, quality assurance, and performance monitoring. She oversees grant deliverables, reporting, and fiscal accountability in alignment with Federal and State requirements.
- **Director of Clinical Operations, Joy Baker, CMA**, provides day-to-day operational oversight for clinical, school-based, and mobile services, including workflow management, staffing coordination, and supervision of clinic support staff.
- **Director of School-Based Health Care, Haunani Louis, MSN, APRN-Rx, FNP-C, PMHNP-BC**, oversees implementation and coordination of school-based services, ensuring integration with pediatric and behavioral health care, management of school partnerships, and continuity of care.
- **Grant Accounting Support, Shekinah Tolentino**, provides financial administration, budget monitoring, reconciliation, and compliance support for grant-funded activities in coordination with executive leadership.

Training and Staff Development

All program staff will receive initial and ongoing training to ensure high-quality, consistent service delivery. Training includes pediatric nutrition and obesity prevention, Food as Medicine implementation, trauma-informed and culturally responsive care, standardized screening tools, EHR documentation, and coordination across clinic-based, school-based, and mobile settings. Ongoing professional development, team meetings, and quality improvement activities support continuous learning and program refinement.

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.

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.

Chief Executive Officer: \$228,000

Chief Operating Officer and Director of Pharmacy: \$240,000

Physician: \$355,000

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. NONE

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. NONE

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. NONE

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.

Wahiawā Health has established sustainable clinical, reimbursement, and operational models that support the continuation of the Pediatric Wellness Team and integrated pediatric wellness services beyond Fiscal Year 2027, regardless of the availability of future grant funding. The proposed program is embedded within Wahiawā Health's pediatric primary care infrastructure and is not dependent on a single funding source.

Wahiawā Health operates under established payer contracts and reimbursement structures, including Med-QUEST (Medicaid), Medicare, and commercial insurance. Pediatric services delivered through fixed-site clinics, school-based health care sites, and mobile health units are billable for allowable encounters, including preventive well-child visits, BMI screening, nutrition counseling, behavioral health services, chronic disease risk assessment and primary care visits. These reimbursement mechanisms provide a stable foundation for sustaining core pediatric wellness services beyond the grant period.

The organization is actively advancing its care delivery model toward quality-based reimbursement and value-based care, aligning pediatric services with performance measures related to preventive care, behavioral health screening, chronic disease prevention, care coordination, and reductions in avoidable emergency department utilization. The Pediatric Wellness Team directly supports these value-based objectives by emphasizing early intervention, family-centered care, and continuity across clinical, school-based, and mobile settings.

In addition to fee-for-service and value-based reimbursement, Wahiawā Health will continue to leverage diversified funding sources, including federal and state grants, private foundation funding, and strategic community partnerships, to support program enhancements, workforce development, and innovation. Grant funding is used strategically to expand access, pilot evidence-based interventions such as Food as Medicine, and strengthen care coordination infrastructure, while ongoing clinical operations are sustained through payer reimbursement.

The integration of pediatric wellness services across Wahiawā Health's fixed-site clinics, school-based health care sites, mobile medical and mental health units, and the Waiialua Clinic further strengthens sustainability by promoting efficient use of staff and resources, seamless continuity of care, and long-term patient engagement within the health center system.

Through established reimbursement pathways, continued movement toward value-based care, strong payer and community partnerships, and full integration within a comprehensive safety-net pediatric care model, Wahiawā Health is well positioned to sustain the Pediatric Wellness Team and its impact on childhood obesity prevention and nutrition-related chronic disease risk beyond the grant period.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: The Wahiawa Center for Community Health

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	745,530			
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST	745,530			
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.				
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TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	745,530			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested		Shekinah Tolentino	808-622-1618	
(b) Total Federal Funds Requested		Name (Please type or print)	Phone	
(c) Total County Funds Requested			Jan 19, 2026	
(d) Total Private/Other Funds Requested		Signature of Authorized Official	Date	
TOTAL BUDGET		Beverly Harbin, CEO		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2026 to June 30, 2027

Applicant: The Wahiawa Center for Community Health

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Registered Dietician	1	\$100,000.00	100.00%	\$ 100,000.00
Patient Nutrition Service Coordinator	1	\$50,000.00	100.00%	\$ 50,000.00
Medical Assistant	2	\$55,000.00	100.00%	\$ 110,000.00
Community Health Worker	2	\$47,840.00	100.00%	\$ 95,680.00
Patient Service Representative	2	\$46,800.00	100.00%	\$ 93,600.00
Provider Champion	1	\$220,000.00	50.00%	\$ 110,000.00
LCSW	1	\$115,000.00	50.00%	\$ 57,500.00
Director of Clinical Operations	1	\$100,000.00	25.00%	\$ 25,000.00
Director of School Based Health Care	1	\$175,000.00	25.00%	\$ 43,750.00
Project Manager	1	\$240,000.00	25.00%	\$ 60,000.00
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				745,530.00
JUSTIFICATION/COMMENTS: Grant funds will support a multidisciplinary pediatric care team essential to delivering integrated nutrition, behavioral health, and social determinants of health services across clinic, school-based, and mobile settings at Wahiawā Health.				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: The Wahiawa Center for Community Health

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
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: The Wahiawa Center for Community

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						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

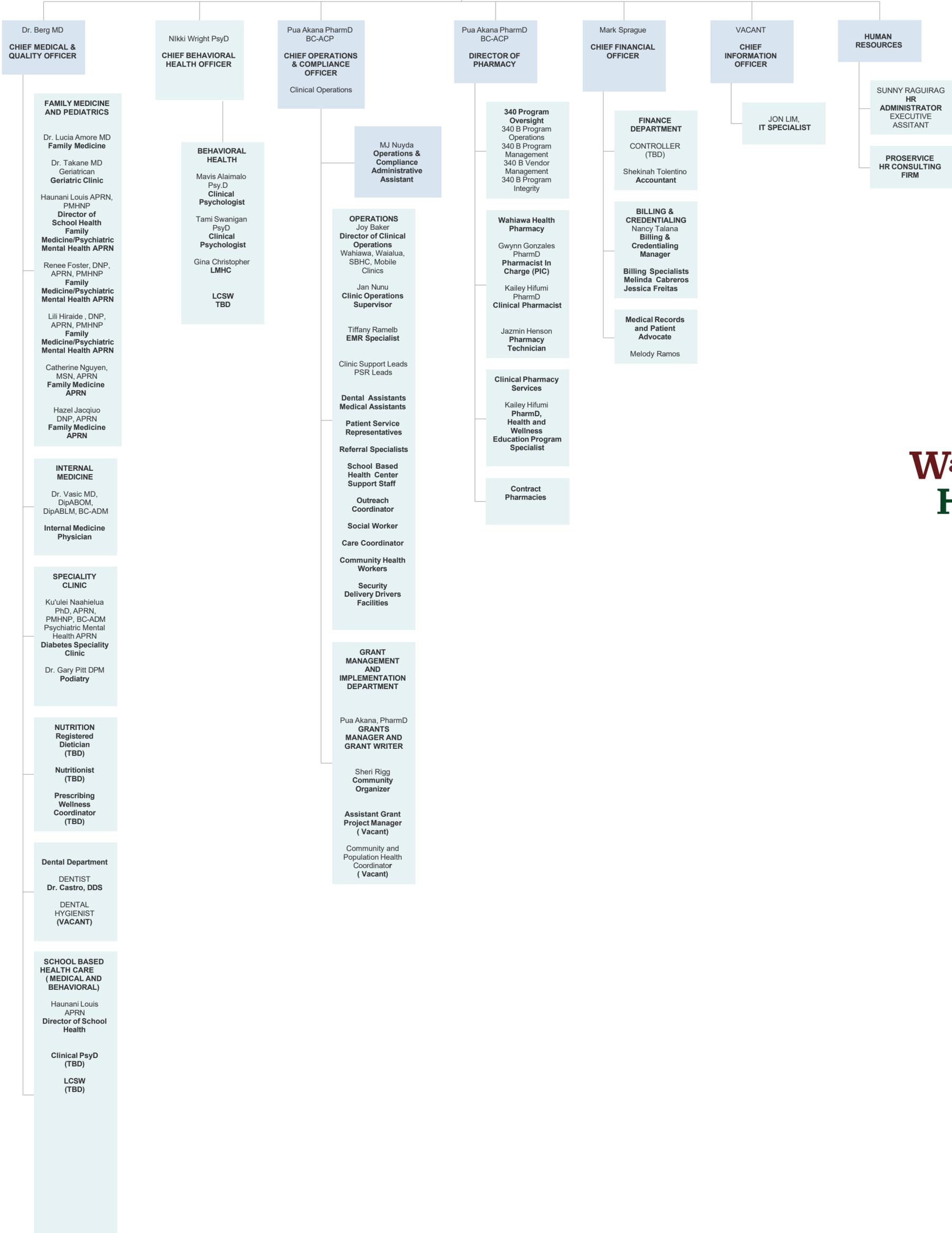
Applicant: The Wahiawa Center for Community Health

Contracts Total: 3,349,984

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	City and County Grants-in-Aid (GIA)	10/01/2022 - 03/31/2024	City & County of Honolulu	Honolulu County	199,984
2	State Grants-in-Aid: Cost Related to Covid-19 Programs in Wahiawa/Mililani/Wailua Complex	04/01/2023 - 03/31/2024	Department of Labor and Industrial Relations	State	400,000
3	State Grants-in-Aid (GIA) 2023-2024 School Health Partnership Program Expansion	07/01/2023 - 06/30/2025	Department of Health	State	500,000
4	State Grants-in-Aid (GIA) 2025-2026	TBA	Department of Health	State	200,000
5	State Grants-in-Aid (GIA) 2025-2026 Capital Improvement project (Pediatric Renovation)	TBA	Department of Accounting and General Services	State	400,000
6	City and County Grants-in-Aid (GIA): Waialua Mental Health and Substance Use Disorder Services	11/01/2025 - 10/31/2026	City & County of Honolulu	Honolulu County	150,000
7	State Grants-in-Aid (GIA) 2024-2025 Community Partnership Model of Care Expansion	07/01/2024 - 06/30/2026	Department of Health	State	250,000
8	ACT 310 Aloha United Way	12/01/2025 - 11/30/2025	Hawaii State Legislature	State	1,250,000
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Board of Directors

BEV HARBIN
CHIEF EXECUTIVE OFFICER



WahiawaHealth_OP Nutrition

Final Audit Report

2026-01-19

Created:	2026-01-19
By:	Shekinah Tolentino (stolentino@wahiawahealth.org)
Status:	Signed
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-  Document created by Shekinah Tolentino (stolentino@wahiawahealth.org)
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