

This document includes minimum content to be included in the Community Capacity Grant Application developed by QI Health Plans. The minimum content described below is intended to gather key information on applicant eligibility, organizational background, and rationale for proposed expenditures.

QI Health Plans may determine the application format and method of submission. QI Health Plans may also modify or include additional questions, so long as the final application content does not meaningfully differ from the minimum content described below.

Section	Questions (minimum required content)
Identifying Information	1. Organization name
	2. MQD Provider ID (<i>if applicable</i>)
	3. Point of contact name
	4. Contact information
	5. Organization type
	6. Organization mailing address
Applicant Eligibility <i>Check-List Attestation</i>	7. To be eligible to apply for and receive Community Capacity Grants, organizations must meet the following eligibility criteria. Please attest that your organization meets each of the following criteria: ☐ Your organization is enrolled in or intends to enroll in the HOKU system as an eligible HRSN provider type. ☐ If your organization is not yet enrolled in the HOKU system, your organization does not appear on applicable federal or state exclusion lists, including: • Hawaii Provider Exclusions/Reinstatement List¹ • U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) Sanctions Lists • Social Security Administration Death Master File (SSADMF) • System of Award Management (SAM) Exclusions Database • U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) List of Excluded Individuals and Entities (LEIE) ☐ Your organization intends to serve as an HRSN provider for at least one HRSN service². ☐ Your organization has demonstrated capability to provide one or more HRSN services delivered to Medicaid beneficiaries in Hawaii. For the purposes of this requirement, capability is defined as having either: • One (1) or more years of relevant experience providing HRSN, similar, or related services in Hawai'i; <u>OR</u> • Demonstrated experience operating in Hawai'i for at least one (1) or more years and capacity to participate in the delivery of one (1) or more HRSN services. ☐ Your organization has demonstrated capacity to deliver culturally and linguistically appropriate services by: • Demonstrating a willingness and ability to draw on community-based values, traditions, and customs to devise strategies to better meet culturally diverse member needs, and to work with knowledgeable people of and from the community in developing focused interactions, communications, and other supports. • Demonstrating a willingness to provide services to people of all cultures, races, ethnic backgrounds, and religions, including those with limited English proficiency and/or disabilities, and regardless of gender, sexual orientation, or

	gender identity, in a manner that recognizes, affirms, and respects the worth of the individual member and protects and preserves the dignity of each. ☐ Your organization is financially stable with a current external audit indicating no material weakness or significant deficiencies that would impede responsible management of public funds.³ ☐ If awarded, Community Capacity Grant funding will not duplicate other federal, state, and local funding for the same purpose. ☐ If awarded, your organization will participate in federal and state required reporting, monitoring, and external evaluation activities.
Organizational Background	8. Which types of HRSN services does your organization currently deliver or plan to deliver to Medicaid beneficiaries in Hawaii? 9. Please describe your organization's experience providing HRSN or similar services. 10. How many Hawaii-based staff does your organization currently employ? 11. Which island(s) is your organization currently serving? 12. <i>(If different from the above)</i> Which islands does your organization plan to serve as an enrolled HRSN provider? 13. Please describe your organization's role in the community and experience providing services in a culturally and linguistically appropriate manner. 14. Please identify any other federal, state, local, or private funding sources currently supporting, or expected to support, the same or similar activities included in this application.
Explanation of Funding Need	15. For providers not yet enrolled in HOKU, please describe how funds will support readiness for participation in Medicaid HRSN program activities and your plans for HOKU enrollment. 16. Describe how the expenditures and activities listed in your budget will help develop your organization's capacity to implement and continue to deliver HRSN services. 17. If awarded funding, what is your anticipated timeline for fund expenditure?
Co-Applicant Information <i>As Applicable</i>	18. If applying jointly with other eligible organizations, please provide the following information for each organization on whose behalf you are applying as the lead applicant⁴: • Organization name, type, and primary address • Point of contact name(s) and contact information • Attestation to applicant eligibility criteria 19. Please briefly describe how the requested funding will be utilized and shared among all co-applicants and how activities will be coordinated between the partner organizations.
Required Attachments	• Budget Template • Organizational Chart • Viable Financial Plan (as applicable) • Documentation for co-applicants (as applicable)

¹ Additional information on Hawai'i's Provider Exclusion/Reinstatement List is available at <https://medquest.hawaii.gov/en/plans-providers/provider-exclusion-reinstatement-list.html>

² HRSN services include both current and forthcoming CIS+ and Nutrition Supports program services approved under Hawai'i's Section 1115 Demonstration: [hi-quest-int-dmnstn-aprvl-01082025.pdf](https://medquest.hawaii.gov/en/plans-providers/provider-exclusion-reinstatement-list.html).

³ Note: Applicants providing this attestation are not required to submit current external audit findings. In instances where an organization cannot provide attestation (e.g., newly established organizations without a current external audit), applicants may attach a viable financial plan, as defined by QI Health Plans.

⁴ All co-applicants must independently meet applicable eligibility requirements. The lead applicant remains responsible for the accuracy of the application and compliance with grant requirements.