

NEIL ABERCROMBIE  
GOVERNOR  
STATE OF HAWAII



RECEIVED  
LAND MANAGEMENT  
DIVISION

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JOHIE M. K. MASAGATANI  
CHAIRMAN DESIGNATE  
HAWAIIAN HOME LANDS COMMISSION  
MICHELLE K. KAUMANE  
DEPUTY TO THE CHAIRMAN

STATE OF HAWAII  
DEPARTMENT OF HAWAIIAN HOME LANDS  
P. O. BOX 1879  
HONOLULU, HAWAII 96805

REQUEST FORM FOR NON-HOMESTEADING LAND USE PURPOSES

**PART I: APPLICANT INFORMATION**

Name: Malulani  
Address: P.O. Box 2135, KIHEI, HI 96753  
Phone No.: (808) 572-8040 Cell: (808) 283-6336 email: \_\_\_\_\_

**If Corporation/Organization/Company/LLC/Non-Profit:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

**Requesting Organization is a Non-Profit**

- Type of Non-Profit:  Private Nonprofit – governed by self appointed board  
 Member Nonprofit – governed by voting members  
 Homestead Organization – governed by HHCA beneficiary members

**Requesting Organization is For Profit - Individual or Business**

- Individual  Sole Proprietorship  Partnership  
 Corporation  Limited Liability Corporation  Other

Is an Individual HHCA Beneficiary or is Owned by an HHCA Beneficiary  Yes  No

**Requesting Organization is a Government Agency**

- Federal  State  County

Officers and/or Principal Representatives: DONALD SHERIDAN, PRESIDENT; JAN SHIELDS, VICE-PRESIDENT; KARIN TAYLOR, TREASURER; SUSIE SAUNDERS, SECRETARY.

Mission of Organization: To provide unsurpassed healthcare to all full and part-time residents and island visitors by blending the best of all medical technologies incorporating Hawaiian medicine, traditional medicine and engaging in the exploration of new medical frontiers and technologies.

Date Incorporated: 2/24/09 State of Incorporation: HI (2-24-09)

Federal Tax ID#: 26-4380604 State Tax ID#: \_\_\_\_\_

**PART 2: NON-HOMESTEADING LAND USE REQUEST**

Describe proposed non-homesteading land use envisioned under this request as submitted HOSPITAL COMPLEX

\*Please attach additional information if necessary

Land Area requested: Acreage/Sq.Ft. 80,000 SQ. FT Term: 65 YEARS  
Island: MAUI Tax Map Key No.: Kulahehuni (2) 3-8-08 034(P) 008(P)

Indicate Character of Use:

- Agricultural       Commercial       Church       Other  
 Pastoral       Industrial       Community Facility

Does applicant have any existing land disposition issued by Hawaiian home lands for non-homesteading use purposes?  Yes  No

If yes, under what type of use and disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how proposed land use request will have direct or significant indirect benefit to the Trust and/or its Beneficiaries (Applicants & Lessees): TO IMPROVE HEALTH ACCESS TO THE HAWAIIAN COMMUNITY AS WELL AS MAUI RESIDENTS AND VISITORS IN NEED OF HEALTH CARE.  
\_\_\_\_\_  
\_\_\_\_\_

The following authorized representative submits this request for use of Hawaiian home lands under non-homesteading purposes and acknowledges that:

1. This is an application process that will be subject to further review, evaluation and consideration by DHHL and may require additional information to be submitted;
2. This request does not constitute any form of DHHL approval to this non-homesteading land use request as submitted;
3. In the best interest of the trust, DHHL reserves the right to exercise its prudent authority pursuant to and in accordance with the Hawaiian Homes Commission Act (Section III, Section 204(a)(2), Section 220.5, Section 207(c), Hawaii Revised Statutes, Chapter 171, as amended and the Hawaii Administrative Rules, Title 10;
4. Once the application is deemed complete, the non-homesteading land use request will be posted for a 30 day review period on the DHHL website for beneficiary and public comment;
5. Additional Island or Regional Specific Beneficiary Consultation will be required per the DHHL Beneficiary Consultation Policy;
6. All input/comments received will be provided to the Hawaiian Homes Commission if/when approval for disposition is considered by the HHC;
7. Associated non-refundable processing and documentation fees shall be assessed for each respective disposition request as follows:

Revocable Permit - \$100.00    License - \$200.00    General Lease - Cost    Documentation (all)...\$75.00

MALULANI FOUNDATION  
Print Individual or Organization Name

JANUARY 28, 2013  
Date

DONALD A. SHERIDAN, PRESIDENT  
Authorized Representative Name & Title

Donald A. Sheridan  
Signature



**MAULULANI**  
**FOUNDATION**  
501 (C) 3 Non-Profit



## *Health & Wellness Center on Hawaiian Home Lands at Pulehunui*

### *Our Mission:*

To provide unsurpassed healthcare to all full and part-time residents and island visitors by blending the best of all medical technologies incorporating Hawaiian medicine, traditional medicine and engaging in the exploration of new medical frontiers and technologies.

### *Our Vision*

To create a new, world class, state-of-the-art, full-service, teaching hospital and medical center to be located on Maui's Pulehunui Hawaiian lands. A long term land lease would be finalized.

To actualize a patient centered health care facility treating the whole patient-body, mind, soul and spirit. Provide training in all health care disciplines blending the world's best well being approaches to healthcare here on Maui. Collaborative Hawaiian Practitioners and M.D.'s will provide Medical treatment here on Maui.

Create a new economic engine for Maui by generating medical tourism to our island Paradise.

### *Our Focus*

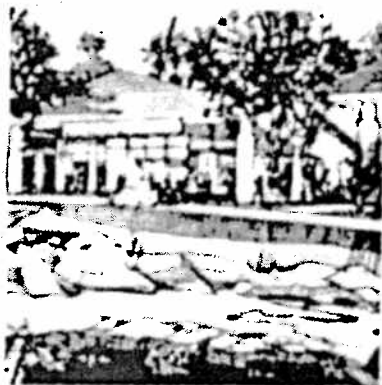
A Full Medical Treatment and teaching facility on Maui.

Our wellness center Project will be developed in 3 phases and ultimately will utilize 80 acres of land including the hospital, herbal and floral gardens, along with laboratories and residences for staff and patient family stays during treatment of their loved ones.

Provide economic and educational opportunities for all while creating new jobs and economic growth for all Mauians. Minimize travel time and expense needed for care off-island.

Malulani will provide a global model for the Pacific Rim region.

*Maululani Foundation is a 501 (C) 3 Non-profit organization*





**FOUNDATION**  
501 (C) 3 Non-Profit



O C T O B E R 2 0 1 2

## *Maui's Need:*

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Keep our family members, loved ones and visitors here on our island for their needed medical care

Shorten the critical time necessary for utilization of life-saving medical treatment on Maui

Provide the latest and best medical procedures and personnel available anywhere, here on Maui

Provide training in all health care disciplines blending the world's best well-being approaches to health care here on Maui

## *Our Vision:*

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A new, world class, state of the art full-service teaching hospital and medical center on Maui

Develop a community-based non-profit organization in partnership with an outstanding Hospital partner

Provide Healthcare for all Maui County residents and visitors ... regardless of their ability to pay

Create new jobs and economic growth in our Community

Create a new economic engine for Maui by generating medical tourism to the island we call Paradise because of the outstanding treatment available through Malulani

## *You can help:*

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*Volunteer* in one or more of the many needed facets of our efforts on our journey to make *Malulani* a reality

*Donate, tax-deductible* to our 501 (c) 3 non-profit foundation to help us with the necessary costs of our new hospital campaign

Please join hands with your community to bring together all Mauians to help actualize our vision for our Maui Ohana's future

*Please send in the Donation and Volunteer form on the back of this flyer, Mahalo!*

