

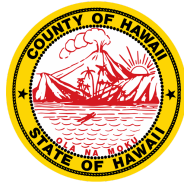
COUNTY OF HAWAII

**NONPROFIT  
GRANTS-IN-AID**

**WAIWAI  
GRANT PROGRAM**

***FY 2022-2023  
NOTICE TO APPLICANTS &  
APPLICATION INSTRUCTIONS***

**Mitch Roth**  
Mayor



**Deanna Sako**  
Director

**Steven A. Hunt**  
Deputy

**COUNTY OF HAWAII**  
**Finance Department**

25 Aupuni Street, Suite 2103 • Hilo, Hawai'i 96720  
(808) 961-8234 • Fax (808) 961-8569

November 29, 2021

TO: Nonprofit Grant Applicant

FROM: Deanna S. Sako, Finance Director

SUBJECT: Grant-in-Aid Application and Procedures

Thank you for your interest in applying for a County of Hawai'i nonprofit grant. We strongly advise that you carefully review the contents of this packet to ensure all requirements are met for FY 2022-23. **It is your responsibility to be in full compliance. Failure to do so will result in the disqualification of your application.** Be aware that you will be required to enroll with Hawai'i Compliance Express and be compliant prior to receiving any payment. To register, go to <http://vendors.ehawaii.gov>, complete the easy step-by-step process, and pay the annual registration fee online using a credit card.

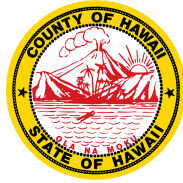
Pursuant to Chapter 2, Article 25, of the Hawai'i County Code relating to appropriation of funds to nonprofit organizations, the County of Hawai'i is soliciting grant applications from qualified nonprofit organizations (501(c)3), for fiscal year 2022-23 (July 1, 2022 - June 30, 2023). For more specific information about the County's nonprofit organization grant program, please refer to Chapter 2, Article 25 of the Hawai'i County Code, which is available on the County of Hawai'i's website at <http://www.hawaiicounty.gov/lb-countycode/#countycode>.

This grant application is based upon performance measurement systems used throughout the nation and in local government. By using performance indicators, the County will be able to examine how well programs are meeting the purposes they intended to fulfill, and determine whether continuous improvement is being made in terms of efficiency and effectiveness.

**This application cycle, we are piloting online submissions of nonprofit grant applications.** The deadline to submit your application, along with **all** required supporting documentation is Monday, January 31, 2022 at 4:30p.m. You may submit via [tinyurl.com/CoHGI2223](http://tinyurl.com/CoHGI2223). If you are unable to submit your application online, you may deliver a hardcopy of your application and all required supporting documents to the Department of Finance's Administration at 25 Aupuni Street, Suite 2103 in Hilo, Hawai'i 96720 no later than 4:30p.m. on Monday, January 31, 2022. **Absolutely no exceptions or extensions will be granted.**

Contact Lisa Tada, Budget Specialist at (808) 961-8489 for questions regarding required organizational materials, or Council Member Sue Lee Loy's office at (808) 961-8396 regarding completion of the application at any time prior to submission. Please allow yourself sufficient time to submit a complete application, as incomplete applications will be disqualified.

*Hawai'i County is an Equal Opportunity Employer and Provider*



**TABLE OF CONTENTS**  
**County of Hawai'i**  
**Nonprofit Grants-in-Aid: Waiwai Grant Program**

|    |  |
|----|--|
| 1  | Notice to Applicants   |
| 2  | Timeline of Nonprofit Grants Program   |
| 3  | Application Instructions: Policies & General Requirements  |
| 4  | Application Preparation and Organization Preparation   |
| 5  | Program Information  |
| 6  | Tracking CHANGE and Ripple Effect  |
| 8  | Program Details  |
| 9  | Program Objectives & Performance Measures  |
| 10 | Program Budget <ul style="list-style-type: none"><li>● Program Income Template</li><li>● Program Expenses Template</li></ul>   |
| 13 | Forms to Review & Sign <ul style="list-style-type: none"><li>● Organization Conflict Disclosure Form</li><li>● Certification of Understanding</li></ul>  |
| 17 | Required Organizational Materials <ul style="list-style-type: none"><li>● Proof of Authorization</li><li>● Annual Financial Statements</li><li>● IRS Form</li><li>● Tax Status</li><li>● Articles of Incorporation</li><li>● By-laws</li><li>● Nepotism &amp; Conflict</li></ul> |
| 18 | Acknowledgements   |
| 19 | Submission Details and County Contacts   |

# WAIWAI

**IN HAWAIIAN, WAI MEANS WATER;  
WAIWAI MEANS ASSETS, VALUE, AND WEALTH.**

*To have an abundance of fresh water is the highest form of wealth and well-being, as water is life.*

The COVID-19 pandemic exposed major socio-economic needs across our island. It also showcased the power of community as a variety of nonprofit organizations and grassroots groups stepped up in a big way to support keiki, kupuna, and 'ohana in need; and they continue to do so.

Inspired by the amazing work of our community partners, the Hawai'i County Council will refer to the Nonprofit Grants-in-Aid as the Waiwai Grant Program.

We see our island's nonprofits as assets, bringing incredible value to residents through their programs, and creating rippling effects of positive change throughout the community.

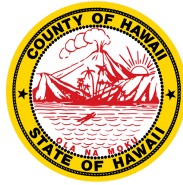
To make that ripple spread further, we're tracking how nonprofits will bring about that change through the CHANGE framework, which identifies six essential, interconnected sectors that contribute to overall well-being of the island and its people. CHANGE stands for:

- C: Community & Economy
- H: Health & Wellness
- A: Arts & Culture
- N: Natural Environment
- G: Government & Civics
- E: Education

By collecting this data, the County will better understand the impact of all grant recipients, identify gaps in community programming, and identify where additional resources are needed.

**ALOHA FROM THE COUNTY COUNCIL'S  
HUMAN SERVICES & SOCIAL SERVICES COMMITTEE**





## County of Hawai'i Nonprofit Grants-in-Aid: Waiwai Grant Program

### NOTICE TO APPLICANTS

#### **Key Items:**

1. You will be required to enter into a written contract to accept an award.
2. Awards cannot provide funds for Capital Improvements (Costs of Construction, materials, insurance or securities) on private properties unless otherwise authorized by law.
3. You will be required to provide proof of authorization of binding signature(s).
4. Council will be able to specify changes to your grant allocation(s) of program expenditures and program measures, and to provide additional directives regarding your award.
5. You will be required to enroll with Hawai'i Compliance Express and be compliant prior to receiving any payment(s) (to register, go to: <http://vendors.ehawaii.gov>).
6. You will be required to provide and maintain a current general liability insurance certificate (\$1,000,000 general liability and \$50,000 for each occurrence) specifically listing the County of Hawai'i as an additional insured before receiving your first payment.
7. Please do not request lump-sum full-payment up-front. Final payment will not be granted prior to January 1 of the contractual year as indicated in SECTION 3 of the grant agreement.

1. **Submissions will be accepted online** via [tinyurl.com/CoHGIA2223](http://tinyurl.com/CoHGIA2223). Your application, along with **all** required supporting documentation, is due Monday, January 31, 2022 at 4:30p.m.
2. **If you are unable to submit your application online**, you may deliver your application and all required supporting documents to the Department of Finance no later than 4:30p.m. on Monday, January 31, 2022. Finance is located at 25 Aupuni Street, Suite 2103, in Hilo, Hawai'i, 96720, on the second floor of the County Building.
3. **Applicants are responsible to ensure that their application(s) are submitted by the deadline.**
4. **Applicants have full responsibility to ensure that all documents are complete and accurate prior to submission.** Please be sure to carefully read the application instructions and to submit all of the requested supporting documentation. Failure to do so will result in the disqualification of your application.
5. To familiarize yourself with the County's Nonprofit Grant Program, we suggest you take a look at Chapter 2, Article 25 of the Hawai'i County Code, available on the County of Hawai'i's website: <http://www.hawaiicounty.gov/lb-countycode/#countycode>.
6. Contact Lisa Tada, Budget Specialist, at (808) 961-8489 for questions regarding required organizational materials, or Council Member Sue Lee Loy's office, at (808) 961-8396 regarding completion of the application at any time prior to submission. Please allow yourself sufficient time to submit a complete application, as incomplete applications will be disqualified.

### **Timeline of nonprofit grants program**

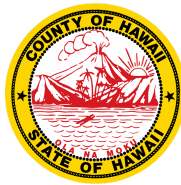
- January 31, 2022, 4:30PM – cut-off for receipt of application.
- February-March 2022 – Council reviews applications.
- March-June 2022 – the awards determination process is being conducted and the fiscal year budget is being determined.
- August 31, 2022 – a contract and award letter is sent to those nonprofits receiving an award no later than this date.
- January 31, 2023 – six month progress report is necessary for an organization to access the remaining grant award.
- August 31, 2023 – final report is due (within 60 days of the contractual year). No late or incomplete report will be accepted; unspent grant funds must be returned with the final report.

For questions regarding documents required to be submitted with your application, contact:

- Lisa Tada, Budget Specialist, at (808) 961-8489.

For questions regarding the preparation and submission of the application or concerning the overall grant process, contact:

- Council Member Sue Lee Loy's office, at (808) 961-8396.



## **APPLICATION INSTRUCTIONS**

### **County of Hawai'i**

### **Nonprofit Grants-in-Aid: Waiwai Grant Program**

**\* NOTICE! \***

**You are strongly advised to carefully review the Application Submittal Checklist for FY 2022-23 and the Application itself. It is your responsibility to be in full compliance.**

**Failure to do so will result in the disqualification of your application and/or in penalties applied to you which may require your organization to return funds awarded and be ineligible for future County grant awards.**

#### **Policies**

1. **Only one (1) application will be accepted per program.** An organization may submit applications for multiple programs but NOT for the same program serving multiple communities. For example, ABC Nonprofit runs an after-school program in Hilo and Kona as well as a weekly feeding program in Hilo, Puna, and Ka'ū.
  - ABC Nonprofit will submit one application for the after-school program and note in the application all communities served by this program (Hilo and Kona).
  - ABC Nonprofit will submit a second application for the weekly feeding program and note in the application all the communities served (Hilo, Puna, and Ka'ū).
2. Organizations applying for multiple programs must submit a grant application for each program. Service descriptions and budget tables must reflect the full scope of each program's operations.
3. Applications must be for projects/programs which occur during the fiscal year of the grant award, and all awarded funds must be spent within that same Fiscal Year.
4. Awards cannot provide funds for capital improvements (cost of construction, materials, insurance or securities) on private properties unless otherwise authorized by law.

#### **General Requirements**

1. The Grant Application Packet can be downloaded from the Finance - Nonprofit Grant Forms on the County of Hawai'i's website: <http://www.hawaiicounty.gov/fn-nonprofit-grant-forms/>
2. County Code specifies that you must use the application form **provided by the County**. The application is to be submitted online via [tinyurl.com/CoHGIA2223](http://tinyurl.com/CoHGIA2223). The full list of questions can be found in the next section (Application Preparation). Use this to prepare your responses and to ensure all supporting documents are gathered before completing the online application.
3. Use spell check, edit/proofread and recheck the addition for budget tables. Double check your work before submitting.
4. **Do NOT** email the County your completed application form; submit via [tinyurl.com/CoHGIA2223](http://tinyurl.com/CoHGIA2223).
5. **Do NOT** email the County, or attach to your submission, any of the following items: brochures, flyers, photos, letters of support, testimonials, maps, menus, evaluation tools, graphs/tables/charts, etc. Only submit what is being requested.

## **Application Preparation**

Items appear in the order they are listed in the Application.

Be sure to submit your responses via the online application which can be accessed at [tinyurl.com/CoHGIA2223](http://tinyurl.com/CoHGIA2223).

## **Organization Information**

Organization Name

- *as it appears on IRS forms*

Organization Director

Contact Person

- *This person will be the primary point of contact for communication related to this grant proposal and award.*

Phone Number for Contact Person

- *Include area code*

Email address for Contact Person

Accountant/CPA

- *If applicable, please indicate your accountant/CPA's firm.*

Organization Mailing Address

## Program Information

Program Name

Number of years the program you are applying for has been in operation

Do you currently have or anticipate having any other contracts/agreements with the County of Hawai'i during the fiscal year of this grant cycle?

- Yes/No
- If yes, please briefly summarize the contract/agreement deliverables.

Have you previously applied for and received a County Nonprofit Grant Award?

- Yes/No

Select all areas of Hawai'i Island where the program will be administered:

- 'Āhualoa, 'Āinaloa, Captain Cook, Eden Roc, Fern Acres, Fern Forest, Discovery Harbor, Hakalau, Hala'ula, Hawi, Hawaiian Acres, Hawaiian Beaches, Hawaiian Paradise Park, Hilo, Holualoa, Honalo, Hōnaunau-Nāpō'opo'o, Honomu, Honoka'a, Kahalu'u, Keauhou, Kailua-Kona, Kalaoa, Kalapana, Kanaihiku Village, Kapa'au, Kapoho, Kaueleau, Kea'au, Kealakekua, Kēōkea, Kūki'o, Kukuihaele, Kurtistown, Laupāhoehoe, Leilani Estates, Miloli'i, Mountain View, Nā'alehu, Nānāwale Estates, Nīnole, Ocean View, 'Ō'ōkala, Orchidlands Estates, Pā'auhau, Pa'auilo, Pāhala, Pāhoa, Pāpa'aloa, Pāpa'ikou, Pauka'a, Pepe'ekeo, Pohoiki, Puakō, Pualaa, 'Umikoa, Volcano, Waikōloa Village, Waimea, Wainaku, Wai'ōhinu, Welokā.
- Other (name community if it is not listed here)

Identify the age group of the target audience(s) the program will serve:

- Infancy (0-3), Play Age (3-5), School Age (6-11), Adolescence (12-17), Young Adulthood (18-39), Middle Adulthood (4-59), Kupuna (60+).

Identify the services or activities to be provided. Select all that apply:

- Educational concerns, Culture and the arts, Needs of the poor, Public health and welfare of the people and the environment, Youth, Aged, Physical/Emotional Disabilities, Victims of Crimes, Victims of Health or Social Crises

Identify the amount of funds you are applying for:

- *In years past, applicants were asked to provide the County with an amount that was needed to advance their program or service. The County receives more than 200 applications for grants-in-aid each year, resulting in nearly every applicant getting a "slice" of what they requested and some not being able to advance on their proposal. We recognize that this grant is a small piece of your larger operation. That said, please identify a realistic amount that accurately reflects your need to administer your program or service. Be thoughtful in what you need as the County will make a yes/no determination on the amount you are applying for.*
- \$2,500, \$5,000, \$7,500, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000.

## Tracking CHANGE and Ripple Effect

This is a new section in this application, and it is for data purposes only.

The number of areas you select does not influence decisions to grant funds, but we ask that you carefully review and mark all that apply to the program you are applying for.

By collecting this data, the County will better understand the impact of all grant recipients, identify gaps in community programming, and identify where additional resources are needed.

Does your program advance any of the following? Only select what applies to the program you are requesting funds for.

Community & Economy: Your program works to build a diverse and growing economy that allows people to earn incomes and build assets while also affording opportunities for quality of life.

- Diversify economy
- Build income, wealth, assets
- Increase housing security/affordability
- Reduce or address the cost of living
- Builds community network
- Increases community safety
- Increases community capacity to adapt and/or be self-sufficient

Health & Wellness: Your program works to provide access to care that improves the quality of life on Hawai'i Island and keeps 'ohana safe and thriving.

- Addresses physician shortages
- Reduces healthcare costs
- Increases access to nutrition
- Provides resources for kupuna care
- Addresses childhood poverty
- Provides services for at-risk youth
- Improves access to mental/behavioral health services

Arts & Culture: Your program cultivates Hawai'i's rich culture and arts, which enriches the social, economic, and physical elements of community.

- Supports arts education for youth
- Promotes Native Hawaiian Culture
- Provides access and opportunities to participate and practice arts and culture
- Supports economic opportunities in the arts

Natural Environment: Your program works to protect and preserve our natural resources and to keep Hawai'i, Hawai'i.

- Builds resilience to climate change
- Promote renewable resources
- Reduce dependency on fossil fuels
- Protect water resources
- Promotes local food resources and security
- Protects biodiversity
- Protects watersheds and important natural environments
- Protects reef and ocean health

Government & Civics: Your program works to position Hawai'i as a model for local and global civic responsibility and collaborative policy development.

- Builds community volunteerism
- Helps to develop community leaders
- Increase voter participation
- Increases civic engagement
- Promotes government transparency
- Builds trust in government
- Promotes community investment

Education: Your program works to educate the next generation properly so we can hope to find solutions to our most persistent and disruptive challenges.

- Increases quality and access to early childhood education
- Reduces truancy
- Increases high school graduation rate
- Increases literacy
- Increases access to STEAM education
- Improves access to post-secondary education
- Increases earning potential
- Provides workforce development

## **Program Details**

In 500 characters, share your organization's mission.

- *A brief narrative about your organization's experience, knowledge, and capacity.*
- *Note: it is required that the organization have at least one year's experience with the proposed service/activity OR can demonstrate sufficient expertise.*

In 1,000 characters, describe the program you are seeking grant funds for.

- *Briefly describe the program your organization is applying for.*

In 1,500 characters, describe how your program advances the CHANGE objective and creates a Ripple Effect of positive impact.

- *Describe the impact your program is anticipated to have through the lens of the CHANGE Framework.*

## **Program Objectives & Performance Measures**

The next set of questions will provide grant application reviewers a clear sense of what your proposal is designed to accomplish and what is needed to get there. The examples below relate to a fictional feeding program.

In 1,000 characters, list what resources are needed to carry out your program, effort, or initiative.

- *For example, volunteers, staff, farmers, technology, money, resilience hubs.*

In 1,000 characters, list the major activities to be completed.

- *For example, farmers grow food, volunteers pack and distribute food, staff coordinates.*

In 1,000 characters, list the outputs to be completed.

- *For example, 12 farmers supported, 12 volunteers + 324 hours served, 1,000 families supported.*

In 1,000 characters, list the outcomes to the public and your program participants based on your program's actions.

- *For example, a sustainable food system, more food secure families, engaged communities.*

**Program Budget**

Your budget clearly identifies how your organization will utilize the grant funds being sought.

Use the Budget Template on the following page to showcase your proposed budget including income and expenses.

You will need to upload a completed budget via [tinyurl.com/CoHGIA2223](https://tinyurl.com/CoHGIA2223).

Please name your budget file in the following way: Organization Name - Program - Budget

- For example, *ABC Nonprofit - A+ Program - Budget*

## Program Budget Form: Income

County of Hawai'i • Nonprofit Grant-in-Aid (Waiwai Grant) – Fiscal Year 2022-2023

Organization Name:

Program Name:

| <b>CASH</b>                                  | <b>Anticipated</b> | <b>Committed</b> | <b>Total</b> |
|--|--------------------|------------------|--------------|
| County Nonprofit Grant-in-Aid (Waiwai Grant) |                    |                  |              |
| Applicant organizational budget:             |                    |                  |              |
| Individual contributions                     |                    |                  |              |
| Membership fees                              |                    |                  |              |
| Earned income                                |                    |                  |              |
| Current cash assets                          |                    |                  |              |
| Other funding sources (list below):          |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
| <b>Total Cash Income</b>                     |                    |                  |              |
| <b>IN-KIND CONTRIBUTION</b>                  | <b>Anticipated</b> | <b>Committed</b> | <b>Total</b> |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
|  |                    |                  |              |
| <b>Total In-Kind Contributions</b>           |                    |                  |              |
| <b>TOTAL PROGRAM INCOME</b>                  |                    |                  |              |



## **Forms to Review and Sign**

### **Organization Conflict Disclosure Form**

*Complete and submit a signed copy.*

- The “Name” and “Position” section at top refers to the organization’s member who may have a Conflict of Interest. Leave blank if no member of the organization has a potential Conflict of Interest.
- Signature of Authorized member of organization. Must be signed regardless of whether or not a conflict exists.

### **Certification of Understanding**

*Complete and submit a signed copy.*

- Signature of Authorized member of organization.

Agency Name:

Program Name:

---

## ORGANIZATION CONFLICT DISCLOSURE FORM

Please disclose any conflicts or potential conflicts of interest that any board member, officer, director, or administrator of your organization may have with the County of Hawai'i. Only those listed below need to be disclosed. One form per person with a conflict is needed. If no conflicts exist, one form for the organization, with the "No conflicts exist" option checked needs to be submitted. Please duplicate as needed to fully disclose. All disclosure forms must be signed, regardless of whether a conflict exists.

NAME:

POSITION:

May have a conflict or potential conflict of interest, including any familial relationship, with any of the following (check all that apply):

- Member or members of the Council
- Staff appointed by a member of the Council
- The Mayor
- The Managing Director
- The Director of Finance
- The Corporation Counsel, the Assistant Corporation Counsel, or a Deputy Corporation Counsel

**Conflict of Interest** is defined as: *a substantial probability that action taken by an individual will result in measurable direct benefits accruing to the individual as opposed to benefits accruing in general to an industry.*

Please specify any and all mitigation measures to avoid, in fact or appearance, any conflicts or potential conflicts of interest:

If no conflicts exist, check here.

---

Signature of **Authorized Person** (specify title)

---

Date

Agency Name:  
Program Name:

---

**Certification of Understanding (Page 1 of 2)**

I (we) have read and understood all of the eligibility requirements; grant conditions; award procedures; and records, reporting, and fiscal accountability requirements as mandated in Article 25, Sections 2-135 – 2-142.1, Hawai‘i County Code, relating to Appropriation of Funds to Nonprofit Organizations.

I (we) agree to allow the County (the Legislative Auditor, the Department of Finance, designated Council representative, or expending/oversight agency) full, free, and unrestricted access and authority to examine and inspect any facility, equipment, property, or records pertinent to the grant, contract, or program for which funds were used.

I (we) hereby certify that information supplied herein, including all supporting documents, is correct and that I (we) have the authority and ability to fully administer the program(s) pursuant to law.

I (we) understand that information supplied herein shall be made public according to Chapter 92F, Hawai‘i Revised Statutes.

I (we) understand that applications will not be reviewed by County personnel receiving our County Nonprofit Grant submittal, and that we have full responsibility to ensure that all documents are complete and accurate prior to submittal.

I (we) understand that all documents requiring a current signature must be the ORIGINAL, SIGNED document. Unsigned documents will be disqualified. Faxed or copied documents will not be accepted as original documents.

If awarded a grant from the County of Hawai‘i, I (we) understand and will comply with the requirement to enroll with Hawai‘i Compliance Express and be compliant prior to receiving payment(s). To register, go to <http://vendors.ehawaii.gov>, complete the easy step-by-step process, and pay the annual registration fee online using a credit card.

If awarded a grant from the County of Hawai‘i, I (we) understand and will comply with the requirement to submit a year-end report to the County Council within 60 days after June 30 of the contractual year for which the grant was awarded. The report, using the template provided, shall include an explanation of the public benefits derived from the awarding of the grant (focusing on specific, measurable outcomes), a complete accounting of all expenditures supported by County of Hawai‘i grant funds, and a listing of other funding sources and amounts obtained during the award period. Failure to submit a timely, complete, and accurate year-end report, using the template provided, will impact the evaluation of your program’s or agency’s future funding requests.

Agency Name:  
Program Name:

---

**Certification of Understanding (Page 2 of 2)**

If awarded a grant from the County of Hawai'i, I (we) understand that a current Certificate of Liability (\$1,000,000 general liability, \$50,000 each occurrence) must be provided to the County of Hawai'i Finance Department, which specifically and explicitly indicates that the County of Hawai'i is an additional insured prior to receiving any payment(s).

I (we) understand that failure to submit the final report within 60 days of June 30<sup>th</sup> **shall result in loss of all grant funds received during the grant period (must be refunded to County) and exclusion from future grant participation for a minimum of one year or until a written report is submitted to, and accepted by, the council.**

**I (we) understand there is no provision for further notification to submit the final report.** Information and instructions are available at <http://www.hawaiicounty.gov/fn-nonprofit-grant-forms/> on or about May 30 of the year the final report is due.

As part of this application, you acknowledge that any funds awarded will be restricted for the purposes stated in the application, except for a maximum ten percent (10%) for administrative and overhead costs. Any funds unused by June 30, 2023 must be returned to the County of Hawai'i with the final report. Failure to return these funds in a timely manner will impact the evaluation of your agency's future funding request and may result in actions taken to recover these funds.

**Awards cannot provide funds for Capital Improvements (Cost of Construction, materials, insurance or securities) on private properties unless otherwise authorized by law.**

By signing below, you are acknowledging that you have read and understood these requirements.

---

Signature of Authorized Person

---

Date

---

Title/Position of Authorized Person

## **Required Organizational Materials**

*Upload the following documents.*

### Proof of Authorization

(As indicated in bylaws, resolution, etc.) which indicates the member of your who is authorized to enter into binding agreements or contracts on behalf of the organization. Please highlight applicable information within the document.

### Annual Financial Statements

Two most recent years required. These statements must reflect finances within the last three-year period. The preparer's name, title, address and signature must appear on the financial statements. The Executive Director or authorized member of the organization – see item “d” above (title must be indicated, with explanation to certify accuracy) must approve and sign those financial statements that are not prepared by a CPA to certify accuracy. As a minimum, a comprehensive Profit and Loss statement is required and up to (if available) an Independently Audited Financial Statement. Note: if the organization has been incorporated for less than two years, a waiver may be granted to provide one year's information.

### IRS Form

Page 1 and 2 of IRS Form 990. If you file electronically, it is your responsibility to obtain a printout of these pages. If you file a Form 990N (e-Postcard), you must provide a receipt of submission.

### Tax Status

IRS letter verifying agency's tax-exempt status (IRS 501(c)(3)).

### Articles of Incorporation

This must have a signature of the Executive Director or highest-ranking member of the organization (title must be indicated, with explanation to certify validity). This signature may be from the initial documents of incorporation or by the current Executive in charge if these are not available.

### By-laws

This must have a signature of the Executive Director or highest ranking member of the organization (title must be indicated, with explanation to certify validity). This signature may be from the initial documents of bylaw adoption or by the current Executive in charge if these are not available.

### Nepotism & Conflict

Document Page(s) containing nepotism and conflict of interest clauses. If your NEPOTISM and CONFLICT OF INTEREST clauses do not appear in your by-laws, but in some other document(s), please identify the document and submit a copy of the page(s) in which they appear. Highlight the appropriate clause(s). There must be specific reference indicating that your organization does not allow Nepotism or Conflicts of Interest as defined below.

- \*NOTE: The Conflict of Interest form required to be completed in the application does NOT take the place of the requirement that your organization have these clauses within the organization's published rules.
  - “Nepotism” means appointing persons to positions on the basis of their blood or marital relationship to the appointing authority, rather than on merit or ability.
  - “Conflict of interest” means a substantial probability that action taken by an individual will result in measurable direct benefits accruing to the individual as opposed to benefits accruing in general to an industry.

**Acknowledgements**

Do you certify that the contents of this application are true and correct to the best of your knowledge?

- Yes/No

Do you give the County permission to share information contained in your application with other County Departments and with philanthropic groups, with the goal of increasing possible funding opportunities for your organization?

- Yes/No

### **Submission Details**

No applications will be accepted or can be modified/corrected after 4:30 PM HST on January 31, 2023. What you submit electronically is what the County Council will receive. Errors, missing documents and/or other areas of noncompliance will result in the immediate disqualification of your application. We urge you to review your submission with extreme care.

For questions regarding documents required to be submitted with your application, contact:

- Lisa Tada, Budget Specialist, at (808) 961-8489.

For questions regarding the preparation and submission of the application or concerning the overall grant process, contact:

- Council Member Sue Lee Loy's office, at (808) 961-8396.

*\* It is your responsibility to ensure that the application is submitted on or before January 31. No exceptions will be made for late submissions. Be sure you take the time to complete all sections of the application, sign all required forms, and submit required supporting materials. Submissions are being accepted electronically via [tinyurl.com/CoHGIA2223](https://tinyurl.com/CoHGIA2223); do not email any part of your application to the County.\**