

FY 2022-23 APPLICATION FORM

The purpose of the County of Hawai'i Nonprofit Grants-in-Aid (Waiwai Grants) is to support qualified nonprofit organizations carry out work that improves the quality of life on Hawai'i Island.

This County grant is coordinated by the Hawai'i County Council, in partnership with the Department of Finance.

A total of \$2.5 million is available on an annual basis through this grant program.

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. To resolve any technical problems you might encounter, we encourage you to begin the application process as soon as you can.

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.

ORGANIZATION INFORMATION

Email

Organization Name as it appears on IRS forms

Organization Director

Contact Person

Phone Number for Contact Person (Include area code)

Email address for Contact Person

Accountant/CPA

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

Mailing Address

City

State

Zip Code

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 Hawaii during the fiscal year of this grant cycle? *

Yes

No (please skip to the next question)

If you answered "yes" to the previous question, please briefly describe 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	Kahalu'u-Keauhou	Ocean View
'Āinaloa	Kailua-Kona	'Ō'ōkala
Captain Cook	Kalaoa	Orchidlands Estates
Eden Roc	Kalapana	Pā'auhau
Fern Acres	Kanaihiku Village	Pa'auilo
Fern Forest	Kapa'au	Pāhala
Discovery Harbor	Kapoho	Pāhoa
Hakalau	Kaueleau	Pāpa'aloa
Hala'ula	Kea'au	Pāpa'ikou
Hawi	Kealakekua	Pauka'a
Hawaiian Acres	Kēōkea	Pepe'ekeo
Hawaiian Beaches	Kūki'o	Pohoiki
Hawaiian Paradise Park	Kukuihaele	Puakō
HiloHolualoa	Kurtistown	Pualaa
Honalo	Laupāhoehoe	'Umikoa
Hōnaunau-Nāpō'opo'o	Leilani Estates	Volcano
Honomu	Miloli'i	Waikōloa Village
Honoka'a	Mountain View	Waimea
	Nā'alehu	Wainaku
	Nānāwale Estates	Wai'ōhinu
	Nīnole	Welokā
		Other:

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 (40-59)

Kupuna (60+)

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 & 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

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

IN 500 CHARACTERS, SHARE YOUR ORGANIZATION'S MISSION.

IN 1,000 CHARACTERS, DESCRIBE THE PROGRAM YOU ARE SEEKING GRANT FUNDS FOR.

IN 1,500 CHARACTERS, DESCRIBE HOW YOUR PROGRAM ADVANCES THE CHANGE OBJECTIVE AND CREATES A RIPPLE EFFECT OF POSITIVE IMPACT.

PROGRAM OBJECTIVES & PERFORMANCE

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

Attach your program budget, which clearly identifies how your organization will utilize the grant funds being sought. Use the budget template provided.

Use the budget template provided.

FORMS TO REVIEW AND SIGN

Please review and attach a signed copy of the Certificate of Understanding.

Please review and attach a signed copy of the Organization Conflict Disclosure Form.

REQUIRED ORGANIZATIONAL MATERIALS

Attach your Proof of Authorization.

Attach a copy of your Annual Financial Statements.

Attach a copy of your IRS 990 Form (pages 1-2).

Attach a copy verifying your tax exempt status as a 501(c)(3).

Attach a copy of your Articles of Incorporation.

Attach a copy of your organization's By-laws.

Attach a copy of your organization's nepotism and conflict disclosure clauses (either contained in By-laws or organization policies).

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