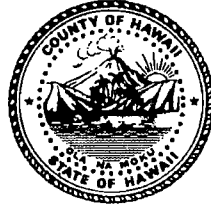


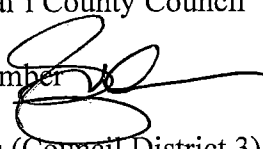
Susan L.K. Lee Loy
Council Member
District 3



Office: (808) 961-8396
Fax: (808) 961-8912
Email: sue.leeloy@hawaiicounty.gov

HAWAI'I COUNTY COUNCIL
25 Aupuni Street, Hilo, Hawai'i 96720

MEMORANDUM

DATE: April 5, 2021
TO: Maile David, Council Chair
and Members of the Hawai'i County Council
FROM: Sue Lee Loy, Council Member 
SUBJECT: Contingency Relief Funds (Council District 3)

2021 APR - 6 PM 1:29
COUNTY CLERK
COUNTY OF HAWAII

Contingency Relief funds from Council District 3 will be appropriated to the Department of Liquor Control to provide a grant to Hawai'i Public Health Institute to assist with expenses for its community outreach efforts to educate and raise awareness of the youth vaping epidemic.

Attached is a resolution authorizing the transfer of \$2,000 from the Clerk-Council Services – Contingency Relief account to the following account and project:

FROM:	TO:	FUNDING AMOUNT:
Clerk-Council SVC Contingency Relief 010.101.5101.91	Department of Liquor Control Public Programs 010.251.5251.39 115 Misc. Contract Services (Hawai'i Public Health Institute – Community Outreach)	\$2,000

SL:so
Att.

< Res. 99-21 >

Comm. No. 210
Ref. To: Council
Ref. Date APR 14 2021

**COUNTY OF HAWAI'I
CONTINGENCY RELIEF FUNDS REQUEST**

TO: Liquor Control **DATE:** March 16, 2021
Department

FROM: Sue Lee Loy **PHONE/FAX:** 961-8396
Council Member

A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

OFFICE OF THE CLERK
COUNTY OF HAWAI'I
201 MAR 21 AM 10:30
RECEIVED

1. AMOUNT: \$2,000 2. TO ACCOUNT # (i.e., 010.500.5503.02): 010.251.5257.39.115

3. TO ACCOUNT NAME (i.e., P&R Admin. OCE): Liquor Control Public Programs, Misc. Contract Svcs

4. PURPOSE(S) OF TRANSFER: Assist with expenses of printing and lamination of posters for education
And awareness campaign on youth vaping

5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION:
Hawai'i Public Health Institute
6. IS IT A 501(C)(3)? YES NO
*If YES, the IRS determination letter and the Nonprofit Conflict Disclosure Form must be attached to this request form.

7. COUNTY-RELATED PROGRAM(S) OR ACTIVITY(IES) TO BE FUNDED: Printing and laminating of
Posters for community outreach (island-wide) for awareness and education on vaping

8. DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED: Provide/facilitate a wide variety of services
that maintain needs of community and promote healthy and safe habits.

9. FUNDING TO BENEFIT THE PUBLIC-AT-LARGE (AS OPPOSED TO PRIVATE BENEFIT)? YES NO

10. IS THE PROGRAM OR ACTIVITY FUNDED ESTABLISHED BY CHARTER, ORDINANCE, OR DIRECTION
OF THE MAYOR? YES NO

B. DEPARTMENT'S RECOMMENDATION:

APPROVE DENY DEFER:

RATIONALE: The Department of Liquor Control supports organizations that bring awareness and
education to our youth and community to live a healthy, alcohol-free, and drug-free lifestyle.

[Signature]
Department Head

DATE: MAR 23 2021

C. MAYOR'S ACTION

APPROVED DENIED DEFERRED:

COMMENTS:

[Signature]
Managing Director For Mayor

DATE: 3/24/21