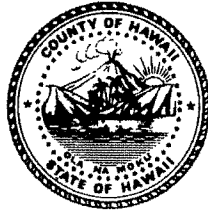


Susan L.K. Lee Loy  
Council Member  
District 3



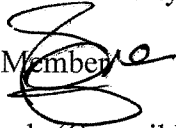
Office: (808) 961-8396  
Fax: (808) 961-8912  
Email: sue.leeloy@hawaiicounty.gov

**HAWAI'I COUNTY COUNCIL**

25 Aupuni Street, Hilo, Hawai'i 96720

2021 OCT 27 PM 3:58  
COUNTY CLERK  
COUNTY OF HAWAII

MEMORANDUM

DATE: October 19, 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)

Contingency Relief funds from Council District 3 will be appropriated to the Department of Parks and Recreation to provide a grant to The Autism Society of Hawai'i for the 13<sup>th</sup> Annual Surfers Healing Hawai'i event.

Attached is a resolution authorizing the transfer of \$500 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 Parks and Recreation P&R Admin OCE 010.500.5503.02 115 Misc. Contract Services (The Autism Society of Hawai'i – 13 <sup>th</sup> Annual Surfers Healing Hawai'i Event)	\$500

SL:so  
Att.

< Res. 258-21 >

Comm. No. 483  
Ref. To: Council  
Ref. Date OCT 28 2021

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

**TO:** Parks and Recreation **DATE:** October 19, 2021  
*Department*

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

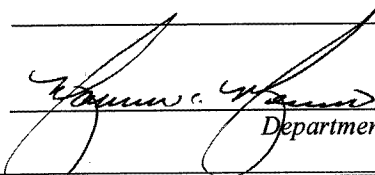
**A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)**

- 1. AMOUNT: \$500      2. TO ACCOUNT # (i.e., 010.500.5503.02): 010.500.5503.02
- 3. TO ACCOUNT NAME (i.e., P&R Admin. OCE): P&R Admin. OCE, Misc. Contract Services
- 4. PURPOSE(S) OF TRANSFER: Assist with expenses relating to the Surfers Healing event at Richardson Ocean Park on December 4, 2021.
- 5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION: The Autism Society of Hawai'i  
 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: Surfers Healing equipment, life vests, awards, tents, food, and refreshments for participants and volunteers.
- 8. DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED: Provide/facilitate a wide array of services and opportunity that meet the needs of the Big Island community.
- 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: \_\_\_\_\_

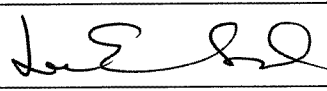
RATIONALE: \_\_\_\_\_

 **DATE:** 10/22/2021  
*Department Head*

**C. MAYOR'S ACTION**

APPROVED       DENIED       DEFERRED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

 **DATE:** 10/26/21  
*Managing Director for Mayor*