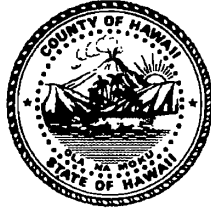


Susan L.K. Lee Loy
Council Member
District 3



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

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

2017 SEP 29 AM 11:19
COUNTY CLERK
COUNTY OF HAWAII

MEMORANDUM

DATE: September 29, 2017
TO: Valerie T. Poindexter, 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 Keaukaha School Foundation for Keaukaha Elementary School's preschool excursions.

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 Parks and Recreation P&R Admin OCE 010.500.5503.02 115 Misc. Contract Services (Keaukaha School Foundation – Keaukaha Elementary School's Preschool Excursions)	\$2,000

SLL:ps
Att.

<Res. 348-177>

Comm. No. 512
Ref. To: Council
Ref. Date: SEP 29 2017

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

TO: Department of Parks and Recreation **DATE:** September 25, 2017
Department

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

A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

1. **AMOUNT:** \$2,000 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:** For Keaukaha Elementary School Preschool enrichment activities.

5. **IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION:**
Keaukaha School Foundation

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:** Transportation and program expenses for "Hands-On, Mind-On" learning.

8. **DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED:** Community outreach and provides a healthy and safe environment for youth in the community.

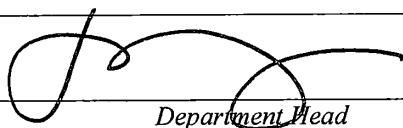
9. **FUNDING TO BENEFIT THE PUBLIC-AT-LARGE (AS OPPOSED TO PRIVATE BENEFIT)?** YES NO

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: _____



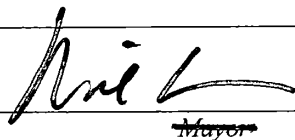
Department Head

DATE: 9-26-17

C. MAYOR'S ACTION

APPROVED DENIED DEFERRED: _____

COMMENTS: _____



Mayor

DATE: 9/26/17

Managing Director