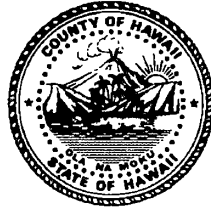


Susan L.K. Lee Loy  
Council Member  
District 3



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

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

2018 FEB 22 PM 1:10  
COUNTY CLERK  
COUNTY OF HAWAII

MEMORANDUM

DATE: February 22, 2018  
TO: Valerie T. Poindexter, Council Chair  
and Members of the Hawai'i County Council  
FROM: *for* 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 Research and Development to provide a grant to Community First Inc. to assist with transportation expenses relating to Tropic Care 2018.

Attached is a resolution authorizing the transfer of \$3,500 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	Dept. of Research and Development Business Development – R&D 010.161.5163.20 115 Misc. Contract Services (Community First Inc. – Tropic Care 2018)	\$3,500

SL:ps  
Att.

<Res. 516-18>

Comm. No. 776  
Ref. To: Council  
Ref. Date: FEB 22 2018

**COUNTY OF HAWAII  
CONTINGENCY RELIEF FUNDS REQUEST**

**TO:** Research and Development  
Department

**DATE:** February 14, 2018

**FROM:** Sue Lee Loy  
Council Member

**PHONE/FAX:** 961-8396

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

1. **AMOUNT:** \$3,500      2. **TO ACCOUNT # (i.e., 010.500.5503.02):** 010.161.5163.20.115

3. **TO ACCOUNT NAME (i.e., P&R Admin. OCE):** Hi Cty Business Development, Misc. Contract Svc.

4. **PURPOSE(S) OF TRANSFER:** Ground transportation for Tropic Care 2018 for military personnel, equipment, and supplies.

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

Community Firs, Inc.t

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:** Business Development

8. **DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED:** Support a healthy workforce and workforce development & training initiatives in collaboration with the community to sustain a skilled and healthy workforce

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:** This project fits within this department's mission to facilitate innovative public-private

Partnerships to create opportunities for a resilient workforce for Hawaii County.

*Sue Lee Loy*  
Department Head

**DATE:** 2/20/2018

**C. MAYOR'S ACTION**

APPROVED       DENIED       DEFERRED:

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

*Mig R*  
Mayor  
Managing Director

**DATE:** 2/21/18