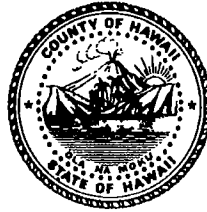


Susan L.K. Lee Loy  
Council Member  
District 3



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

**HAWAI'I COUNTY COUNCIL**

25 Aupuni Street, Hilo, Hawai'i 96720

2019 JUL -2 PM 1:05  
COUNTY CLERK  
COUNTY OF HAWAII

MEMORANDUM

DATE: July 2, 2019  
TO: Aaron S.Y. Chung, Council Chair  
and Members of the Hawai'i County Council  
FROM: *SL* 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 First Assembly of God d/b/a Convoy of Hope Hawai'i, to assist with expenses relating to the Convoy of Hope Big Island Community Event, which will be held in Hilo on August 24, 2019.

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 (First Assembly of God – Convoy of Hope Big Island Community Event)	\$2,000

SL:ps  
Att.

<Res. 211-19>

Comm. No. 349  
Ref. To: Council  
Ref. Date JUL 02 2019

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

**TO:** Parks and Recreation **DATE:** June 21, 2019  
*Department*

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

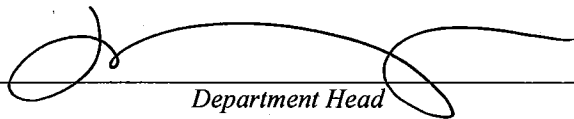
**A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)**

- 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:** Provide funds to assist with the Convoy of Hope Big Island Community Event on 8/24/19 at the Afook-Chinen Civic Auditorium. Assist with cost of backpacks and supplies.
- 5. **IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION:**  
First Assembly of God dba Convoy of Hope Hawaii
- 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:** Community outreach event
- 8. **DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED:** Community outreach and to provide a safe environment for 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:** 6.26.19

**C. MAYOR'S ACTION**

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

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

  
\_\_\_\_\_  
*Managing Director*

  
*Mayor*

**DATE:** 6/28/19