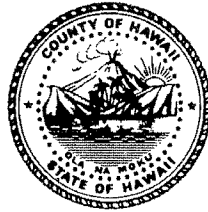


Susan L.K. Lee Loy  
Council Member  
District 3



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

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

MEMORANDUM

DATE: October 8, 2019  
TO: Aaron S.Y. Chung, Council Chair  
and Members of the Hawai'i County Council  
FROM: *for* Sue Lee Loy, Council Member  
SUBJECT: Contingency Relief Funds (Council District 3)

2019 OCT 10 AM 10:18  
COUNTY CLERK  
COUNTY OF HAWAII

Contingency Relief funds from Council District 3 will be appropriated to the Department of Research and Development to provide a grant to the Hawai'i Alliance for Community-Based Economic Development for a reimbursement of expenses relating to the Vibrant Hawai'i Island summit.

Attached is a resolution authorizing the transfer of \$7,500 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 (Hawai'i Alliance for Community-Based Economic Development – Vibrant Hawai'i Island)	\$7,500

SL:ps  
Att.

<Res. 358-19>

Comm. No. 538  
Ref. To: Council  
Ref. Date OCT 10 2019

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

**TO:** Research and Development  
Department

**DATE:** September 9, 2018

**FROM:** Sue Lee Loy  
Council Member

**PHONE/FAX:** 961-8396

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

1. AMOUNT: \$7,500      2. TO ACCOUNT # (i.e., 010.500.5503.02): 010.161.5163.20.115

3. TO ACCOUNT NAME (i.e., P&R Admin. OCE): Business Development R&D Misc. Contract Svs.

4. PURPOSE(S) OF TRANSFER: Reimbursement of expenses related the Vibrant Hawai'i Island initiative to reduce poverty.

5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION: Hawai'i Alliance for Community Based Economic Development  
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

7. COUNTY-RELATED PROGRAM(S) OR ACTIVITY(IES) TO BE FUNDED: Business Development

8. DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED: Improve household financial self-sufficiency and mobility.


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: Households enjoy economic self-sufficiency, and residents have a diversity of income Sources in close proximity to residential areas.

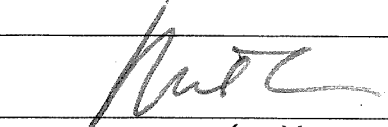
  
Department Head

DATE: 9/25/19  
del

**C. MAYOR'S ACTION**

APPROVED       DENIED       DEFERRED:

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

  
Managing Director for Mayor

DATE: 8/26/19