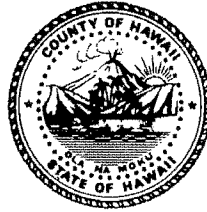


Susan L.K. Lee Loy
Council Member
District 3




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 OCT 18 AM 9:48
COUNTY CLERK
COUNTY OF HAWAII

MEMORANDUM

DATE: October 18, 2019
TO: Aaron S.Y. Chung, 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 to assist with expenses relating to the 11th Annual Surfers Healing Hawai'i event at Richardson Ocean Park.

Attached is a resolution authorizing the transfer of \$600 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 – 11th Annual Surfers Healing Hawai'i)	\$600

SL:ps
Att.

<Res. 368-19>

Comm. No. 565
Ref. To: Council
Ref. Date OCT 22 2019

COUNTY OF HAWAI'I
CONTINGENCY RELIEF FUNDS REQUEST

TO: Parks and Recreation DATE: October 9, 2019
Department
FROM: Sue Lee Loy PHONE/FAX: 961-8396
Council Member

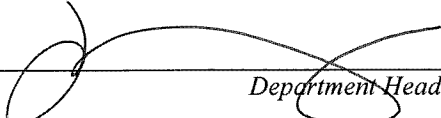
A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

- 1. AMOUNT: \$600 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 November 30, 2019.
- 5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION:
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 gear, life vests, awards for participants, pop-up tents, food and drinks 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: _____

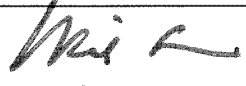

RATIONALE: _____

 _____ DATE: 10-10-19
Department Head

C. MAYOR'S ACTION

APPROVED DENIED DEFERRED: _____

COMMENTS: _____

 _____ DATE: 10/16/19
Managing Director  Mayor