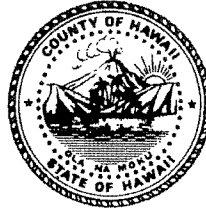


Susan L.K. Lee Loy
Council Member
District 3



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

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

2019 DEC 13 AM 11:04
COUNTY CLERK
COUNTY OF HAWAII

MEMORANDUM

DATE: December 5, 2019
TO: Aaron S.Y. Chung, Council Chair
and Members of the Hawai'i County Council
FROM: *ps for* Sue Lee Loy, Council Member *SL*
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 assist with the cost of replacing damaged pool chair lifts at Charles "Sparky" Kawamoto Pool and at NAS Pool.

Attached is a resolution authorizing the transfer of \$7,250 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 Aquatics Pools Eqpt 010.500.5513.66 480 Misc. Equipment (Pool chair lifts)	\$7,250

SL:ps
Att.

<Res. 442-20>

Comm. No. 669
Ref. To: COUNCIL
Ref. Date DEC 13 2019

**COUNTY OF HAWAII
CONTINGENCY RELIEF FUNDS REQUEST**

TO: Parks and Recreation **DATE:** November 29, 2019
Department

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

A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

1. AMOUNT: \$7,250 2. TO ACCOUNT # (i.e., 010.500.5503.02): 010.500.5513.66.480

3. TO ACCOUNT NAME (i.e., P&R Admin. OCE): Aquatics Pools Eqpt, Misc. Equipment

4. PURPOSE(S) OF TRANSFER: Replacement of vandalized pool chair lift at Kawamoto Swim Stadium
and replacement of pool chair lift at NAS Pool.

5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION:
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: Replacement of vandalized
County equipment.

8. DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED: Provide safe, accessible facilities.


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: _____

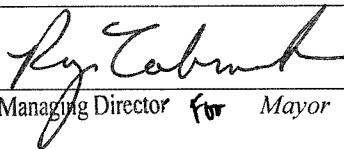
RATIONALE: _____

 **DATE:** 11-29-19
Department Head

C. MAYOR'S ACTION

APPROVED DENIED DEFERRED: _____

COMMENTS: _____

 **DATE:** 12/12/19
Managing Director for Mayor