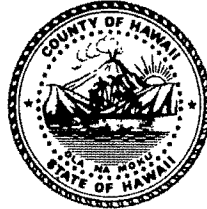


Susan L.K. Lee Loy
Council Member
District 3



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

HAWAI'I COUNTY COUNCIL

25 Aupuni Street, Hilo, Hawai'i 96720

2020 JAN 30 AM 10:21
COUNTY CLERK
COUNTY OF HAWAII

MEMORANDUM

DATE: January 30, 2020
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 Hawai'i Fire Department to provide a grant to Community First Inc. to assist with expenses relating to the "Know Your Numbers" blood pressure awareness campaign.

Attached is a resolution authorizing the transfer of \$2,500 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	Hawai'i Fire Department Fire Protection OCE 010.221.5221.02 115 Misc. Contract Services (Community First Inc. – "Know Your Numbers" Campaign)	\$2,500

SL:ps
Att.

<Res. 498-20>

Comm. No. 752
Ref. To: Council
Ref. Date JAN 30 2020

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

TO: Fire **DATE:** 1/24/20
Department

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

A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

1. **AMOUNT:** \$2,500 2. **TO ACCOUNT # (i.e., 010.500.5503.02):** 010.221.5221.02.115

3. **TO ACCOUNT NAME (i.e., P&R Admin. OCE):** Fire Protection OCE – Misc Contract Services

4. **PURPOSE(S) OF TRANSFER:** Assist with expenses relating to the "Know Your Numbers" blood pressure awareness campaign.

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

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:** Print, radio, Internet advertising

8. **DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED:** Prevention and public education programs focused on taking proactive steps to preventing incidents.

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: _____



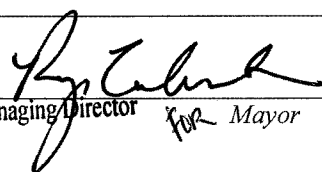
Department Head

DATE: JAN 27 2020

C. MAYOR'S ACTION

APPROVED **DENIED** **DEFERRED:** _____

COMMENTS: _____



Managing Director for Mayor

DATE: JAN 30 2020