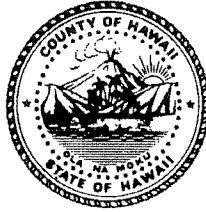


Susan L.K. Lee Loy
Council Member
District 3



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

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

MEMORANDUM

DATE: March 2, 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)

2020 MAR -6 AM 11:43
COUNTY CLERK
COUNTY OF HAWAII

Contingency Relief funds from Council District 3 will be appropriated to the Department of Parks and Recreation to provide a grant to Hospice of Hilo, doing business as Hawai'i Care Choices, to assist with expenses relating to the Celebration of Life event on May 24, 2020, at Reeds Bay Beach Park.

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	Department of Parks and Recreation P&R Admin OCE 010.500.5503.02 115 Misc. Contract Services (Hospice of Hilo – Celebration of Life)	\$2,500

SL:ps
Att.

< Res. 543-20 >

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

TO: Parks and Recreation
Department

DATE: February 25, 2020

FROM: Sue Lee Loy
Council Member

PHONE/FAX: 961-8396

A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

1. AMOUNT: \$2,500 **2. TO ACCOUNT # (i.e., 010.500.5503.02):** 010.500.5503.02.115

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

4. PURPOSE(S) OF TRANSFER: Grant to Hawai'i Care Choices for the 16th anniversary Celebration of Life at Reeds Bay – shuttle transport costs, equipment rental, marketing, security.

5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION:
Hospice of Hilo dba Hawai'i Care Choices

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 remembrance and celebration of life event at a County beach park for those who have passed on.

8. DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED: Provide and/or facilitate a wide array of services and opportunities that meet the needs of the Big Island community while maintaining cultural uniqueness of our rich heritage, diversity, and the aloha spirit.

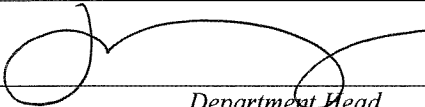
9. FUNDING TO BENEFIT THE PUBLIC-AT-LARGE (AS OPPOSED TO PRIVATE BENEFIT)? YES NO

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: 3-3-2020

C. MAYOR'S ACTION

APPROVED DENIED DEFERRED: _____

COMMENTS: _____


Managing Director

DATE: MAR 05 2020

303044