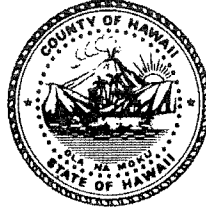


Susan L.K. Lee Loy  
Council Member  
District 3



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

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

2022 OCT 17 AM 9:46  
COUNTY CLERK  
COUNTY OF HAWAII

MEMORANDUM

DATE: October 6, 2022  
TO: Maile David, Council Chair  
and Members of the Hawai'i County Council  
FROM: Sue Lee Loy, Council Member *[Signature]*  
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 Keli'i William Ioane Legacy Foundation to assist with expenses in preparation of the 2022 Makahiki community celebration.

Attached is a resolution authorizing the transfer of \$3,100 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 (Keli'i William Ioane Legacy Foundation – 2022 Makahiki)	\$3,100

SL:so  
Att.

*<Res. 596-22>*

Comm. No. 1075  
Ref. To: Council  
Ref. Date OCT 18 2022

COUNTY OF HAWAI'I  
CONTINGENCY RELIEF FUNDS REQUEST

TO: Parks and Recreation  
Department

DATE: October 3, 2022

FROM: Sue Lee Loy  
Council Member

PHONE/FAX: 961-8396

RECEIVED

OCT 10 2022

A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

MAYOR - HILO

1. AMOUNT: \$3,100 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 2022 Keaukaha Makahiki Community Celebration at Kulapae, Keaukaha Park.

5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION: Kelii William Ioane Legacy Foundation  
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: Meal & kitchen supplies for prep, serving, & cleanup, game equipment, community workshops and area maintenance

8. DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED: Provide/facilitate a wide variety of services that maintain needs of community while maintaining cultural uniqueness of our rich, heritage, diversity, and 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: \_\_\_\_\_

[Signature]  
Department Head

DATE: 10/06/22

C. MAYOR'S ACTION

APPROVED  DENIED  DEFERRED: \_\_\_\_\_

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

[Signature]  
For Mayor

DATE: 10/12/22