

**APPLICATION INSTRUCTIONS**  
**County of Hawai‘i**  
**Nonprofit Grants-in-Aid: Waiwai Grant Program**

**\* NOTICE! \***

**You are strongly advised to carefully review these instructions and the Notice to Applicants for FY 2024-25 Nonprofit Grants-in-Aid: Waiwai Grant Program. It is your responsibility to be in full compliance. Failure to do so will result in the disqualification of your application and/or in penalties applied to you which may require your organization to return funds awarded and be ineligible for future County grant awards.**

**Policies**

1. **Each organization is permitted to submit a total of two (2) applications. Each application is limited to a request of up to \$50,000.** Applications submitted through a nonprofit fiscal sponsor are not counted towards the sponsoring organization’s two limit application limit. An organization may submit applications for multiple programs/services but NOT for the same program/service serving multiple communities. For example, ABC Nonprofit runs an after-school program/service in Hilo and Kona as well as a weekly feeding program/service in Hilo, Puna, and Ka‘ū.
  - ABC Nonprofit will submit one application for the after-school program and note in the application all communities served by this program (Hilo and Kona).
  - ABC Nonprofit will submit a second application for the weekly feeding program and note in the application all the communities served (Hilo, Puna, and Ka‘ū).
  - ABC Nonprofit could still serve as a fiscal sponsor for another organization’s application to provide programs/services.
2. Any application shall be disqualified if:
  - a. Travel funding for training/conferences is requested.
  - b. The total score of the application is less than 70%.
  - c. Administrative and overhead costs exceed 10% of the total application request. (Administrative and overhead costs are those expenses incurred by grant recipients or sub-recipients in support of the day-to-day operations of their organization. These overhead costs are the expenses that are not directly tied to a specific program purpose.)
3. Organizations applying for multiple programs/services must submit a grant application for each program/service. Program/service descriptions and budget tables must reflect the full scope of each program/service’s operations.
4. Applications must be for programs/services which occur during the fiscal year of the grant award, and all awarded funds must be spent within that same Fiscal Year.
5. Awards cannot provide funds for capital improvements (cost of construction, materials, insurance or securities) on private properties unless otherwise authorized by law.

**General Requirements**

1. The Grant Application Packet can be found on the Finance - Nonprofit Grant Forms page of the County of Hawai‘i’s website:  
<http://www.hawaiicounty.gov/fn-nonprofit-grant-forms/>
2. County Code specifies that you must use the application form **provided by the County**. The application must be submitted online. The full list of questions can be found in the next section (Application

Preparation). Use this to prepare your responses and to ensure all supporting documents are gathered before completing the online application.

3. Use spell check, edit/proofread and recheck all answers and documents. Double check your work before submitting.
4. **Do NOT** email the County your completed application form; submit via the link provided in the application.
5. **Do NOT** enclose or attach any of the following items to the application:  
Brochures, flyers, photos, letters of support client testimonies, maps, menus, evaluation tools, graphs/tables/charts, etc.

## **Application Preparation**

### **IMPORTANT NOTICE:**

Please ensure that you are providing the correct email address to save your application progress prior to submittal. Upon saving your application progress (prior to submittal), you will receive an email containing a link to take you back to your application. Do not lose or delete that email. The link that is provided is specific to your application and cannot be retrieved or duplicated by our system. If your application is in progress and your link is lost, you will have to start the application process over.

Items appear in the order they are listed in the Application.

Be sure to submit your responses via the online application which can be accessed at:

<http://www.hawaiicounty.gov/fn-nonprofit-grant-forms/>

### **Organization/Contact Information**

1. Organization Name
  - As It Appears on IRS Forms
2. Organization Director
3. Are you serving as a fiscal sponsor for this application?
  - Yes/No
4. If you answered no, skip to number 5.  
If you answered "yes", provide the following information:
  - a. Sponsor Organization Mailing Address
  - b. Sponsor Organization Email Address
  - c. Sponsor Organization Phone Number
    - Include Area Code
5. Contact Person.
  - This person will be the primary point of contact for all communication related to this grant proposal and award.
6. Organization Mailing Address
  - This is the address that will be utilized for all grant correspondence.
7. Email Address for Contact Person
8. Phone Number for Contact Person
  - Include Area Code

**Program/Service Information**

1. Program Name
2. Number of years the program you are applying for has been in operation.
3. Do you currently have or anticipate having any other contracts/agreements with the County of Hawai'i during the fiscal year of this grant cycle for the program you are applying for?
  - Yes/No
4. If you answered "Yes" to the previous question, please tell us with what department and briefly describe the contract/agreement deliverables.
  - To be completed if you answered "Yes" to question number 3.
5. Have you previously applied for and received a County Nonprofit Grant Award?
  - Yes/No
  - If "Yes", complete this table:

	<b>FY 21-22</b>	<b>FY 22-23</b>	<b>FY 23-24</b>
Program Name			
Amount of Grant Award			

6. Select all areas of Hawai'i Island where the program will be administered, delivered, and implemented.
  - Puna, South Hilo, North Hilo, Hāmākua, North Kohala, South Kohala, North Kona, South Kona, Ka'ū.
  - Select all that apply.
7. If multiple boxes were checked in the previous question, please briefly describe your capacity and plan to outreach to those geographic areas.
8. Identify the age group of the target audience(s) the program will serve.
  - Infancy (0-3), Play Age (3-5), School Age (6-11), Adolescence (12-17), Young Adulthood (18-39), Middle Adulthood (40-59), Kupuna (60+).
  - Select all that apply.
9. Identify the primary services or activities to be provided.
  - Educational concerns, Needs of the poor, Youth, Victims of Crimes, Public health and welfare of the people and the environment, Culture and the arts, Victims of Health or Social Crises, Aged, Physical/Emotional Disabilities.
  - Select all that apply.

10. Identify the amount of funds you are applying for. Must be equivalent or less than your estimated expenditures.
- In years past, applicants were asked to provide the County with an amount needed to advance their program or service. The County receives more than 200 applications for grants-in-aid each year, resulting in nearly every applicant getting a “slice” of what they requested and some not being able to advance on their proposal. We recognize this grant is a small piece of your larger operation. So, please identify a realistic amount that accurately reflects your need to carry out your program or service. Be thoughtful in what you need as the County will make a yes/no determination on the amount you are applying for.
  - \$2,500, \$5,000, \$7,500, \$10,000, \$15,000, \$20,000, \$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000.
    - The amount selected must be equivalent to or less than your estimated expenditures.

### **Tracking CHANGE and Ripple Effect**

Does your program advance any of the following?

**CHANGE Framework Sections:** Please select indicators from only **ONE** sector of the CHANGE framework that best applies to the program you are requesting funds for (Community & Economy, Health & Wellness, Arts & Culture, Natural Environment, Government & Civics or Education). Do not select indicators from more than one sector.

#### Community & Economy Sector

Your program works to build a diverse and growing economy that allows people to earn incomes and build assets while also affording opportunities for quality of life.

- Select all that apply.

#### Health & Wellness Sector

Your program works to provide access to care that improves the quality of life on Hawai‘i Island and keeps ‘ohana safe and thriving.

- Select all that apply.

#### Arts & Culture Sector

Your program cultivates Hawai‘i’s rich culture and arts, which enriches the social, economic, and physical elements of community.

- Select all that apply.

#### Natural Environment Sector

Your program works to protect and preserve our natural resources and to keep Hawai‘i, Hawai‘i.

- Select all that apply.

#### Government & Civics Sector

Your program works to position Hawai‘i as a model for local and global civic responsibility and collaborative policy development.

- Select all that apply.

#### Education Sector

Your program works to educate the next generation properly so we can hope to find solutions to our most persistent and disruptive challenges.

- Select all that apply.

## **Program/Service Details**

Please keep in mind that character counts include punctuation and spaces. Note: organizations are required to have at least one year of experience with the proposed program/service OR can demonstrate sufficient expertise.

1. Provide your organization's mission statement.
2. In 500 characters, share your organization's mission. Provide a brief narrative about your organization's experience, knowledge, and capacity. The organization is required to have at least one year of experience with the proposed program/service OR can demonstrate sufficient expertise.
3. In 1,000 characters, briefly describe the program you are seeking grant funds for.

## **Program/Service Objectives & Performance**

The next set of questions will provide grant application reviewers a clear sense of what your proposal is designed to accomplish and what is needed to get there. Please keep in mind that character counts include punctuation and spaces.

1. In 1,000 characters, explain the community need the program/service intends to fulfill.
  - Evidence (data/citations) documenting the need must be provided.
2. In bullet form, describe the ways your program/service advances the CHANGE category you selected? (500-character limit)
3. Complete the fillable logic model template.
4. In bullet form, describe a sustainability plan to support the proposed program beyond the grant period to include:
  - a. One or more strategies to be implemented,
  - b. If any, who the sustainability partner(s) is/are (and their roles/responsibilities),
  - c. Any other business planning efforts to be undertaken, and
  - d. Major challenges and/or barriers you anticipate encountering (or are encountering) and how the program will address those challenges/barriers.

## **Program/Service Budget**

1. Complete the program budget, which clearly identifies how your organization will utilize the grant funds being sought.
  - Program Income
  - Program Expenses
  - Budget Narrative

## **Forms to Review and Sign**

When uploading your file, please be sure that all fields are complete and that it is the correct and final document.

1. Review and upload a signed copy of the Certificate of Understanding.
  - Ensure that the Program/Service Name is correct on the form being uploaded. Do not use the same form for multiple applications.
2. Review and upload a signed copy of the County of Hawai'i Disclosure Form.
  - Ensure that the Program/Service Name is correct on the form being uploaded. Do not use the same form for multiple applications.

## Required Organizational Documents

When uploading your files, please be sure that it is the correct and final document. All required documents must be in the current organization name or supporting documents provided with name the change(s) filed with the with the Department of Commerce & Consumer Affairs (DCCA).

1. Upload your Proof of Authorization (Bylaws, Resolution, etc.) for binding signature. Must be authorized by Board to sign contracts.
2. Upload copies of your Annual Financial Statements for the two most recent years. You are required to provide Financial Statements (Comprehensive Profit & Loss Statement or better required; Audited Statements if available) from the two most recent years. They must reflect financial operations within the past three-year period (1/1/2021 – 12/31/2023). Name, title, address, and signature of preparer must appear on statement. If not prepared by a licensed CPA, must be signed by the Executive Director or authorized member of your organization (title must be indicated, with explanation to certify accuracy.)  
A waiver may be granted to provide (a minimum of) one year's information if organization's date of incorporation is after January 1, 2022.
3. Upload a copy of pages 1 and 2 of your IRS Form 990. If you filed electronic (e-Postcard) version (990N) provide receipt of filing. Must be for a period within the past 24 months (1/1/2022 – 12/31/2023, FY 2022-23 or later, CY 2022 or later).
4. Upload a copy of your organization's IRS letter of determination verifying agency's IRS 501(c)(3) tax exempt status.
5. Upload a copy of your Articles of Incorporation. This must have a signature of the Executive Director or highest-ranking member of the organization (title must be indicated, with explanation to certify validity). This signature may be from the initial documents of incorporation or by the current Executive in charge if these are not available.
6. Upload a copy of your organization's By-laws. This must have a signature of the Executive Director or highest-ranking member of the organization (title must be indicated, with explanation to certify validity). This signature may be from the initial documents of by-law adoption or by the current Executive in charge if these are not available.
7. Upload a copy of your organization's nepotism clauses (either contained in By-laws or organization policies).
8. Upload a copy of your organization's conflict of interest clauses (either contained in By-laws or organization policies).

## Acknowledgements

1. Do you give the County permission to share information contained in your application with other County Departments and with philanthropic groups, with the goal of increasing possible funding opportunities for your organization?
  - Yes/No