



County of Hawai'i
Department of Finance
Property Management Division
25 Aupuni Street, Suite 1101
Hilo, HI 96720
Telephone: (808) 961-8069

OFFICIAL USE ONLY:

STU.26-__

Rcv'd:

Approved:

PROJECT PERIOD: July 1, 2026 to June 30, 2027

**DEADLINE TO FILE IS August 15, 2025, BY 4:30 PM
as evidenced by the County of Hawai'i time clock (HST)**

- Management Planning (*see Instructions*)
- Maintenance Activities and Public Education (*see Instructions*)

STEWARDSHIP GRANT APPLICATION

Public Access, Open Space, and Natural Resources Preservation
Maintenance Fund

- Applications may be returned if instructions are not followed.
- Please use the tables provided. Do not substitute other formats or alter the application form.
- Fit responses in the fields provided and use additional pages, as needed.
- Attachments (i.e., maps, labeled photos illustrating your project activities, detailed budget narratives, consultant proposals, etc.) can be included in addition to the required documents.

A. NAME, EMAIL, AND ADDRESS OF ORGANIZATION:

B. PERSON TO CONTACT:

Are you available to attend an in-person interview on Sept. 8, 2025 between 10:00 am to 2:00 pm?

Yes No

If you checked no, please assign someone from your organization to attend with knowledge of the proposed projects, budget costs, and provide an email address above.

C. PROJECT NAME *(see Instructions):*

D. PROJECT LOCATION *(Use TMKs. See Instructions)*

E. PROJECT COST *(see Instructions):*

For Management Planning	For Maintenance Activities and Public Education
Amount Requested:	Amount Requested:
Applicant Share:	Applicant Share:
Other Resources:	Other Resources:

F. REQUIRED DOCUMENTS:

- Non-profit 501 (c)(3), IRS Letter of Determination
- Copy of Organization Bylaws and Mission Statement
- DCCA Certificate of Vendor Compliance
- Letter of Authorized Signer for Organization

G. CERTIFICATION:

The applicant shall secure all necessary approvals and permits from other affected federal, state, and county agencies as necessary to comply with all applicable laws and regulations. This may require permits from the Department of Land and Natural Resources (DLNR) if parcels are within the State Land Use Conservation District or contain historic sites, burials, and/or sensitive natural or cultural resources. The applicant certifies that the information contained in this application is true and correct to the best of his/her knowledge.

Name of Authorized Representative:

Title:

Signed: _____

Date:

PROJECT PLAN

A. PROJECT NAME (*see Instructions*):

B. PROJECT LOCATION (*Use TMKs. See Instructions*):

C. IDENTIFY PERSONS AND ORGANIZATIONS WHOM YOU EXPECT WILL PARTICIPATE IN THE PROPOSED PROJECT ACTIVITIES (*see Instructions*):

D. PROPOSAL AND PROJECT DESCRIPTION (*Briefly describe the long-range goal(s) for the property and the objectives of your proposal for stewardship grant funding. See example in Instructions.*)

What is the long-range goal or vision for the property?

What are the objectives of the proposed project? *Choose only one category and use additional pages as needed.*

Management Planning

Maintenance Activities and Public Education

What are the objectives of the proposed project? *Choose only one category and use additional pages as needed.*

Management Planning

Maintenance Activities and Public Education

E. PROJECT DESCRIPTION Use the table below for details on your proposed project. Check one box only and use additional pages as needed. See examples in Instructions.

Management Planning **Maintenance Activities and Public Education**

Objective(s)	Activities	Timeline	Consultants/Collaborators

E. PROJECT DESCRIPTION (cont.) Use the table below for details on your proposed project. Check one box only and use additional pages as needed. See examples in Instructions.

Management Planning **Maintenance Activities and Public Education**

Objective(s)	Activities	Timeline	Consultants/Collaborators

F. PERMITS/APPROVALS *(See Instructions for examples of permits/approvals. Remember that it is the applicant's responsibility to comply with and secure all necessary approvals and permits from federal, state, and county agencies as required.)*

Do any of the proposed stewardship activities require any federal, state, or county permits or approvals?

If yes, explain why. If not needed, explain why.

G. MANAGEMENT/PRESERVATION PLANS REVIEWED *(See Instructions. Use additional pages as needed.)*

1. Please elaborate on how the proposed project activities align with existing plans, if there are existing plans.

2. If you are proposing to produce a management and/or preservation plan, please explain why such additional planning is needed.

I. APPLICANT INFORMATION

1. Brief history of the applicant organization. Include the date of incorporation as a non-profit organization.

2. Other source(s) of financial support:

3. Please provide up to three examples of successfully completed projects or related experiences.

J. Please initial below that the applicant understands the following documents shall be required if awarded stewardship grant funds.

Initial	Documents
	Certificate of insurance with County of Hawai'i named as additional insured.
	Semi and annual reports, which shall include accomplishments, financial statements explaining expenditures, projects in process, community involvement, and overall status of projects.
	Organization shall immediately contact the Department of Finance, Property Management Division, upon dissolution of the organization or changes in the organization that may affect the Stewardship Grant Application or Agreements.
	Organization may be required to provide other documents as requested by the County of Hawai'i, Department of Finance.

Mahalo!

Should you have any questions, please contact the Property Management Division at (808) 961-8069 or by Email: PONC@hawaiicounty.gov.