

APPLICATION INSTRUCTIONS

County of Hawai‘i Nonprofit Grants Program

*** NOTICE! ***

You are strongly advised to carefully review the Application Submittal Checklist for FY 2016-17 and the Application itself. It is your responsibility to be in full compliance. Failure to do so may 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. Only one (1) application will be accepted per program. An agency may submit applications for multiple programs, however.
2. Agencies administering multiple programs must submit a separate grant application for each individual program. Service descriptions and budget tables must reflect the full scope of each program’s operations.
3. **Applications must be for projects/programs which occur during the fiscal year of the grant award, and all awarded funds must be spent within that same Fiscal Year.**

General Requirements

1. The application, nonprofit grants program submittal checklist, and instructions can be downloaded from the Finance - Nonprofit Grant Forms on 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. If you obtain the application form from the County of Hawai‘i website, it will be in PDF format. If you do not have Adobe Acrobat installed on your computer, please note that the free version (Adobe Reader) is available at the Adobe site. If you are unable to access PDF documents, you may pick up an application packet from the Finance Department, which you may manually complete.
3. Use spell check, edit/proof read and recheck the addition for budget tables. Double check your work before submitting.
4. **The Submittal Checklist must be returned with your application packet.**
5. **Do NOT** place the completed proposal in a binder or folder of any kind.
6. **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.

Exhibit “A” – Application Preparation (#s in this section correspond to the #s in the Application)

**** Enter your Agency Name and Program Name to the top of every page. ****

1. Prior Year(s) Award(s)
 - a. Report previous year(s) nonprofit grant award(s) received
2. Agency Mission Statement
 - a. A brief narrative describing your Agency’s mission.

3. Program Description
 - a. Briefly describe the program for which you are seeking funds.
4. Total Budget and Position Count
 - a. Total Program Budget applies to the program seeking County grant funding.
 - b. Total Agency Budget applies to the entire agency.
 - c. Total Program Position Count means number of positions that are in the program for which you are seeking funds.
 - d. Total Agency Position Count means positions in the entire agency.
5. Program Funding Sources
 - a. List all sources of funds that you anticipate will fund your program budget, including state and/or federal grants, other specific grants, fundraising events, etc.
6. Explain what plans your agency or program has to increase revenues to support this program.
7. Program Objectives Using County Grant Program Funds
 - a. Summary of the objectives the program is designed to accomplish which are specific to the use of County grant funds.
8. Program Performance Measures
 - a. Quantifiable indicators of public and client benefits from your program's actions, and/or the number of goods or services your program produces.
9. Program Expenditures
 - a. If agency costs are attributable to more than one program, please estimate the amount allocated to the program to which you are seeking funds. For example, if personnel (Salary and Wage cost) utilized by this program are also used by your organization in other functions or programs, report only the portion allocated to the program to which you are seeking funds.
 - b. For columns 1 and 2 (FY 15-16 Actual & FY 16-17 Total Budget), reflect your program's total budget, including all revenue sources.
 - c. For column 3 (FY 16-17 Grant Request), report only the portion of your budget for which you expect to be funded by County grant funds.
10. Complete the Organization Conflict Disclosure Form.
 - a. The "Name" and "Position" section at top refers to the organization's member who may have a Conflict of Interest. Leave blank if no member of organization has a potential Conflict of Interest.
 - b. Signature of Authorized member of organization. Must be signed regardless of whether or not a conflict exists. Proof of Authorization (as indicated in bylaws, resolution, etc.) to sign must be provided.
11. Certification of Understanding
 - a. Signature required. Proof of Authorization (as indicated in bylaws, resolution, etc.) to sign must be provided.
12. Exhibit "B" – Council Award Worksheet
 - a. Complete the applicant section of Table I and Table II in Exhibit "B". (do not complete the "Council Award" column). This should be identical to the information provided in Table I and Table II in Exhibit "A" (Page 3) of the application.

Submission Format

Please complete, sign, and date the Nonprofit Grants Program Submittal Checklist and include this with your application packet. The checklist refers to specific requirements that should be accompanied with supporting documentation. Your application packet should be submitted in the following order:

- a. Submittal Checklist
- b. One **(1) original** grant application – completed with appropriate signatures affixed and dated.
- c. **Three (3) copies** of the signed, completed grant application **SINGLE SIDED**. We are requesting hardcopies of the application. The electronic version of your document should not be submitted to us.
- d. Proof of Authorization (as indicated in bylaws, resolution, etc.) which indicates that the member of your organization whose signature appears within the application and contract is authorized to do so, is required.

**** Note: Only one (1) set of supporting documents needs to be provided. ****

- e. Annual Financial Statements – Two most recent years required. These statements must reflect finances within the last three year period. The preparer's name, title, address and signature must appear on the financial statements. The Executive Director or authorized member of the organization – see item “d” above (title must be indicated, with explanation) must approve and sign those financial statements that are not prepared by a CPA to certify accuracy. As a minimum, a comprehensive Profit and Loss statement is required and up to (if available) an Independently Audited Financial Statement.
Note: if the organization has been incorporated for less than two years, a waiver may be granted to provide one year's information.
- f. Page 1 and 2 of IRS Form 990. If you file electronically, it is your responsibility to obtain a print out of these pages. If you file a Form 990N (e-Postcard), you must provide a receipt of submission.
- g. IRS letter verifying agency's tax-exempt status (IRS 501(c)(3)).
- h. 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). This signature may be from the initial documents of incorporation or by the current Executive in charge if these are not available.
- i. By-laws. This must have a signature of the Executive Director or highest ranking member of the organization (title must be indicated, with explanation). This signature may be from the initial documents of bylaw adoption or by the current Executive in charge if these are not available.

- j. Document Page(s) containing nepotism and conflict of interest clauses. **If your NEPOTISM and CONFLICT OF INTEREST clauses do not appear in your by-laws, but in some other document(s), please identify the document and submit a copy of the page(s) in which they appear.** Highlight the appropriate clause(s). There must be specific reference indicating that your organization does not allow Nepotism or Conflicts of Interest as defined below.

***NOTE: the Conflict of Interest form required to be completed in the application does NOT take the place of the requirement that your organization have these clauses within the organization's published rules.**

- “Nepotism” means appointing persons to positions on the basis of their blood or marital relationship to the appointing authority, rather than on merit or ability.
- “Conflict of interest” means a substantial probability that action taken by an individual will result in measurable direct benefits accruing to the individual as opposed to benefits accruing in general to an industry.

After the January 30th deadline, no modifications or corrections can be made towards your application. What you submit is what the County Council will receive. Errors, missing documents and/or other areas of noncompliance may result in the disqualification of your application. We urge you to review your packet with extreme care Contact Dawn Manago Legislative Assistant, at 326-4276 if you have any questions regarding award criteria, the selection process or application content. Contact Ted Schrey, Budget Specialist, at 961-8489 if you have any questions regarding the documents required to be submitted with your application and/or about the application submission process.

Applications will not be reviewed by County personnel receiving your County Nonprofit Grant submittal. Applicants have full responsibility to ensure that all documents are complete and accurate prior to submittal.

All documents requiring a current signature must be the ORIGINAL, SIGNED document.

Unsigned documents will be disqualified. Faxed or copied documents will not be accepted as original documents.