

County of Hawai'i Nonprofit Grant Application FY2019-20

Agency Name:

Program Name:

Agency Director:

Phone No.: () –

Contact Person:

Phone No.: () –

Mailing Address:

Address:

Address:

City, ST, Zip

Facility Address:

Address:

Address:

City, ST, Zip

Email Address:

Fax No.: () –

Accountant/CPA:

Phone No.: () –

Firm (if applicable):

Mailing Address:

Address:

Address:

City, ST, Zip

**YOU ARE RESPONSIBLE TO KEEP THE ABOVE INFORMATION CURRENT AND TO
PROMPTLY NOTIFY THE FINANCE DEPARTMENT AND COUNCIL OF ANY CHANGES**

Amount of Request for County Nonprofit Grant Program Funds:

Geographical Areas To Be Served: (One or more can be checked)

☐ Puna

☐ Hāmākua

☐ North Kona

☐ South Hilo

☐ North Kohala

☐ South Kona

☐ North Hilo

☐ South Kohala

☐ Ka'ū

Services or Activities To Be Provided: (One or more can be checked)

☐ Educational concerns

☐ Youth

☐ Victims of Crimes

☐ Culture and the arts

☐ Aged

☐ Victims of Health or Social Crises

☐ Needs of the poor

☐ Physical/Emotional Disabilities

☐ Public Health and Welfare of the People and the Environment

EXHIBIT A

County of Hawai‘i Nonprofit Grant Application FY2019-20

Agency Name:

Program Name:

1. Prior Year Award of County Nonprofit Grant Program Funds:

FY 16-17	FY 17-18	FY 18-19

2. Agency Mission Statement:

3. Program Description:

4. Total Budget & Position Count:

Total Program Budget:		Total Program Position Count:	
Total Agency Budget:		Total Agency Position Count:	

EXHIBIT A

Agency Name:

Program Name:

5. Program Funding Sources (identify all sources of funding applied to this program):

Revenue Source	FY19-20 Estimate
TOTAL:	

Attach additional pages, if needed.

6. Explain what plans your agency or program has to increase revenues to support this program:

7. Program Objectives Using County Nonprofit Grant Program Funds:

County of Hawai‘i Nonprofit Grant Application FY2019-20

Agency Name:
Program Name:

8. TABLE I:

What are the intended measurable outputs or outcomes that would be achieved with this funding?

PROGRAM PERFORMANCE MEASURES <i>(i.e.: Number of clients served, workshops or events held, volunteer hours, etc. Describe, be specific.)</i>	Applicant Projected Results

Attach additional pages as necessary.

9. TABLE II:

PROGRAM EXPENDITURES	FY 18-19 Actual*	FY 19-20 Total Budget	FY 19-20 Grant Req
Salary and Wages			
Professional Fees			
Operations			
Supplies			
Equipment			
Other:			
Other:			
Other:			
Other:			
Other:			
TOTAL			

*If applicable

Agency Name:

Program Name:

10. ORGANIZATION CONFLICT DISCLOSURE FORM

Please disclose any conflicts or potential conflicts of interest that any board member, officer, director, or administrator of your organization may have with the County of Hawai‘i. Only those listed below need to be disclosed. One form per person with a conflict is needed. If no conflicts exist, one form for the organization, with the “No conflicts exist” option checked needs to be submitted. Please duplicate as needed to fully disclose. All disclosure forms must be signed, regardless of whether a conflict exists.

NAME:

POSITION:

May have a conflict or potential conflict of interest, including any familial relationship, with any of the following (check all that apply):

- ☐ Member or members of the Council
- ☐ Staff appointed by a member of the Council
- ☐ The Mayor
- ☐ The Managing Director
- ☐ The Director of Finance
- ☐ The Corporation Counsel, the Assistant Corporation Counsel, or a Deputy Corporation Counsel

Conflict of Interest is defined as: *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.*

Please specify any and all mitigation measures to avoid, in fact or appearance, any conflicts or potential conflicts of interest:

☐ If no conflicts exist, check here.

Signature of **Authorized Person** (specify title)

Date

EXHIBIT A

Agency Name:

Program Name:

11. Certification of Understanding (Page 1 of 2)

I (we) have read and understood all of the eligibility requirements; grant conditions; award procedures; and records, reporting, and fiscal accountability requirements as mandated in Article 25, Sections 2-135 – 2-142.1, Hawai‘i County Code, relating to Appropriation of Funds to Nonprofit Organizations.

I (we) agree to allow the County (the Legislative Auditor, the Department of Finance, designated Council representative, or expending/oversight agency) full, free, and unrestricted access and authority to examine and inspect any facility, equipment, property, or records pertinent to the grant, contract, or program for which funds were used.

I (we) hereby certify that information supplied herein, including all supporting documents, is correct and that I (we) have the authority and ability to fully administer the program(s) pursuant to law.

I (we) understand that information supplied herein shall be made public according to Chapter 92F, Hawai‘i Revised Statutes.

I (we) understand that applications will not be reviewed by County personnel receiving our County Nonprofit Grant submittal, and that we have full responsibility to ensure that all documents are complete and accurate prior to submittal.

I (we) understand that 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.

If awarded a grant from the County of Hawai‘i, I (we) understand and will comply with the requirement to enroll with Hawai‘i Compliance Express, and be compliant prior to receiving payment(s). To register, go to <http://vendors.ehawaii.gov>, complete the easy step-by-step process, and pay the annual registration fee online using a credit card.

If awarded a grant from the County of Hawai‘i, I (we) understand and will comply with the requirement to submit a year-end report to the County Council within 60 days after June 30 of the contractual year for which the grant was awarded. The report, using the template provided, shall include an explanation of the public benefits derived from the awarding of the grant (focusing on specific, measurable outcomes), a complete accounting of all expenditures supported by County of Hawai‘i grant funds, and a listing of other funding sources and amounts obtained during the award period. Failure to submit a timely, complete, and accurate year-end report, using the template provided, will impact the evaluation of your program’s or agency’s future funding requests.

EXHIBIT A

Agency Name:
Program Name:

11. Certification of Understanding (Page 2 of 2)

If awarded a grant from the County of Hawai'i, I (we) understand that a current Certificate of Liability (\$1,000,000 general liability, \$50,000 each occurrence) must be provided to the County of Hawai'i Finance Department, which specifically and explicitly indicates that the County of Hawai'i is an additional insured prior to receiving any payment(s).

I (we) understand that failure to submit the final report within 60 days of June 30th **shall result in loss of all grant funds received during the grant period (must be refunded to County) and exclusion from future grant participation for a minimum of one year or until a written report is submitted to, and accepted by, the council.**

I (we) understand there is no provision for further notification to submit the final report. Information and instructions are available at <http://www.hawaiicounty.gov/fn-nonprofit-grant-forms/> on or about May 30 of the year the final report is due.

As part of this application, you acknowledge that any funds awarded will be restricted for the purposes stated in the application, except for a maximum ten percent (10%) for administrative and overhead costs. Any funds unused by June 30, 2019 must be returned to the County of Hawai'i with the final report. **Failure to return these funds in a timely manner will impact the evaluation of your agency's future funding request and may result in actions taken to recover these funds.**

Awards cannot provide funds for Capital Improvements (Cost of Construction, materials, insurance or securities) on private properties unless otherwise authorized by law.

By signing below, you are acknowledging that you have read and understood these requirements.

Signature of Authorized Person (see checklist, 2nd item)

Date

Title/Position of Authorized Person

EXHIBIT A

Agency Name:
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12. COUNCIL AWARD WORKSHEET

TABLE I:

PROGRAM PERFORMANCE MEASURES	Applicant Projected Results	Council Proposed Projected Result

TABLE II:

PROGRAM EXPENDITURES	FY 19-20 Grant Request	Council Award
Salary and Wages		
Professional Fees		
Operations		
Supplies		
Equipment		
Other:		
Other:		
Other:		
Other:		
Other:		
TOTAL		

Additional Council directives regarding award: