

APPLICATION INSTRUCTIONS
County of Hawai'i
Kīlauea Recovery Grant Program

*** NOTICE***

You are strongly advised to carefully review the Kīlauea Recovery Grant Program Application and the Grant Application Submittal Checklist. It is your responsibility to be in full compliance. Failure to do so may result in the disqualification of your application and/or a requirement for your organization to return funds awarded and potentially be ineligible for future County grant awards.

Policies

1. Only one (1) application will be accepted per project or program. However, an eligible organization may submit applications for multiple projects however, subject to the maximum grant award cap of \$500,000 per eligible organization.
2. Eligible organizations administering multiple projects and/or programs must submit a separate grant application for each. Service descriptions and budget tables must reflect the full scope of each project's or program's operations.
3. Applications must be for projects/programs which are compliant with the requirements set forth in Chapter 2, Article 47 of the Hawai'i County Code 1983 (2016 Edition, as amended).

General Requirements

1. The County of Hawai'i's Kīlauea Recovery Grant Program Application, Kīlauea Recovery Grant Program Submittal Checklist for FY 2020-21, and these instructions can be downloaded from the County of Hawaii Recovery website at this URL: <http://recovery.hawaiicounty.gov/resources/recovery-grants>
2. Eligible organizations must use the application form **provided by the County**. If you obtain the application form from the County of Hawai'i Recovery 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 Recovery Team office at 25 Aupuni St, Room 1301, in Hilo, which you can manually complete.
3. Use spell check, edit/proofread the application narrative, and double check the addition for budget tables. Review your work before submitting.
4. The Kīlauea Recovery **Grant Program Application Submittal Checklist must be returned with your application packet.**
5. **Do NOT** place the completed application in a binder or folder of any kind.
6. Only attach additional materials to your application that are necessary to substantiate that your organization should be eligible to receive disaster relief funds in accordance with Chapter 2, Article 47 of the Hawai'i County Code 1983 (2016 Edition, as amended), which may include documents, studies, and photographs.

County of Hawai'i's Kīlauea Recovery Grant Program Application Preparation (Beginning on page 3 of the Application, the #s in this section correspond to the #s in the Application)

**** Enter your Organization Name (as it appears on your Articles of Incorporation and IRS Form 990) and Program Name on the top of every page. ****

1. History of Receiving County Nonprofit Grants
 - a. Identify the amounts of grant awards received in prior fiscal years.
2. Organization Mission Statement
 - a. A brief narrative describing your Agency's mission.
3. Project Description
 - a. Briefly describe the project for which you are seeking funds.
4. Total Budget and Position Count
 - a. Total Project Budget applies to the project or program County grant funding is being sought.
 - b. Total Organization Budget applies to the entire organization.
5. Project Funding Sources
 - a. List all sources of funds the nonprofit anticipates will fund the project or program budget, including state and/or federal grants, other specific grants, fundraising events, etc.
6. Project Objectives Using Kīlauea Recovery Grant Program Funds
 - a. Summary of the objectives the project is designed to accomplish specific to the use of Kīlauea Recovery Grant Program funds. Attach additional pages, if needed.
7. Project Performance Measures
 - a. Quantifiable indicators of public and client benefits from your project's or program's actions, and/or the number of goods or services your project or program produces.
8. Project Expenditures
 - a. If organization costs are attributable to more than one project, please estimate the amount allocated to the project to which you are seeking funds. For example, if personnel (Salary and Wage cost) utilized by this project or program are also used by your organization in other functions, report only the portion allocated to the project or program to which you are seeking funds.
 - b. For columns 1 and 2 (FY 19-20 Actual & FY 20-21 Total Budget), reflect your project's total budget, including all revenue sources.
 - c. For column 3 (FY 20-21 Grant Request), report only the portion of your budget for which you expect to be funded by County grant funds.
9. 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.
10. Certification of Understanding
 - a. Signature of Authorized member of organization.

Submission Format

Please complete, sign, and date the Kīlauea Recovery Grant 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:

1. Kīlauea Recovery Grant Program Submittal Checklist
2. One (1) **original** grant application – completed with appropriate signatures affixed and dated.
3. **Three (3) copies** of the signed, completed grant application **SINGLE SIDED**. We are requesting hardcopies of the application. This document should not be submitted electronically.
4. 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 the supporting documents set forth below needs to be provided.

5. 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.

6. Page 1 and 2 of IRS Form 990. If you file electronically, it is your responsibility to obtain a printout of these pages. If you file a Form 990N (e-Postcard), you must provide a receipt of submission.
7. IRS letter verifying agency's tax-exempt status (IRS 501(c)(3).
8. 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.

9. 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.
10. Proof of general liability insurance.
11. 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 July 24, 2020 deadline, no modifications or corrections can be made towards your application. What you submit is what the Recovery Team 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 Patti Pinto at patti.pinto@hawaiicounty.gov if you have any questions regarding award criteria, the selection process or application submission process.

Applications will not be reviewed by the County personnel who intakes your Kīlauea Recovery Grant Program Application and supporting documents. 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.

* It is your responsibility to ensure that the application **is delivered to** the Recovery Team Office by 4:30 PM on or before July 24, 2020. **Postmark date will not be accepted as proof of on-time delivery.**

The Kīlauea Recovery Team Office Address: 25 Aupuni Street, Suite 1301
Hilo, Hawai'i 96720

The County Council Puna District Office*: 15-2879 Pāhoa Village Road
Pāhoa, Hawai'i 96778

** Drop-off at the Puna District Office is only available on Fridays, June 26, July 10 and 17 from 2:00 to 4:00 pm.*

DISCLAIMER: Hawai'i County is committed to the full inclusion of all qualified applicants for consideration of this grant without regard to disability or any other classification protected by state or federal law. As part of this commitment, the County of Hawai'i will ensure that persons with disabilities are provided reasonable accommodations as it pertains to the completion of the application or materials. If you are unable to access or complete any portion of the Kīlauea Recovery Grants Program Application or materials online, and would like to request a hard copy, please contact Patti Pinto at patti.pinto@hawaiicounty.gov or 961-8500.

Kīlauea Recovery Grant Program Application Submittal Checklist for FY 2020-21

Please go through each item on this checklist and place an "x" in the box for items that you are submitting. Fill in the remaining blank fields and ensure that it meets the listed requirements. Include comment(s) if you are unable to submit requested documentation or to explain special circumstances, financial cycle, etc. Sign and date the bottom and return this checklist along with your application.

*** The failure to either include this completed and signed checklist with your application packet, or to provide required supporting documents, or to provide acceptable explanations of exceptions will result in the disqualification of your application.**

Application (Signed original and three (3) additional copies): ***Only applications which utilize the current official County of Hawai'i application form will be accepted. You may not alter the content or format of this application form other than to complete each section. Additional pages may, however, be attached.**
Comments: _____

Proof of Authorization (Bylaws, Resolution, etc.) for binding signature. Must be authorized by Board to sign contracts.

Supporting Documentation: One (1) copy of each of the following required documents:

Annual Financial Statements: **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 (1/1/2017 – 12/31/19).** (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, 2018. Please indicate date of incorporation: _____

Indicate below the periods reported in your Financial Statements. Explain any exceptions.

- 1. For Period: _____ Comments: _____
- 2. For Period: _____ Comments: _____

Pages 1 & 2 of your most recent 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 (1/1/18 – 12/31/19).
Period: _____ Comments: _____

IRS letter verifying agency's tax-exempt status (IRS 501(c)(3)).
Dated: _____ Comments: _____

Certificate of Insurance for General Liability Coverage

Articles of Incorporation. Signed Copy Comments: _____

By-laws. Signed Copy Comments: _____

Submitted by: _____ **Date:** _____
(Authorized Signature)

***** If grant awarded, Grantee will be required to provide a Certificate of Liability Insurance (\$1,000,000 general liability, \$50,000 each occurrence), specifically and explicitly stating the County of Hawai'i is an additional insured.**

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County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

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Organization Name:

Project Name:

Organization

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 OF ANY CHANGES**

Geographical Areas To Be Served: (Address, if appropriate, community or area)

County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

2018 Kilauea Recovery Activities or Services To Be Provided: (One or more can be checked)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Youth | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Cultural Resources | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Natural Environment | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Public Health and Welfare of the People | | |
-

County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

Organization Name:

Project Name:

1. Has this organization previously received County nonprofit grants? If so, please indicate the amount during the fiscal years below.

FY 17-18	FY 18-19	FY 19 - 20

2. Organization Mission Statement (Include what your organization does and who it serves):

3. Project Description (Describe how the organization plans to utilize the disaster relief funds including what it seeks to achieve and note any partnerships being leveraged):

4. Total Budget & Position Count:

Total Project Budget:		Total Project Position Count:	
Total Organization Budget:		Total Organization Position Count:	

County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

Organization Name:

Project Name:

5. Project Funding Sources (identify all sources of funding applied to this project):

Revenue Source	FY20-21 Estimate
TOTAL:	

Attach additional pages, if needed.

6. Project Objectives Using 2018 Kilauea Recovery Grant Program Funds (Describe actions being taken to meet the project/program goal):

7. TABLE I:

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

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

Attach additional pages as necessary.

County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

8. TABLE II:

PROJECT EXPENDITURES	FY 19-20 Actual*	FY 20-21 Total Budget	FY 20-21 Grant Req
Salary and Wages			
Professional Fees			
Operations			
Supplies			
Equipment			
Other:			
Other:			
Other:			
Other:			
Other:			
TOTAL			

*If applicable

County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

Organization Name:

Project Name:

9. 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.

I/we affirm that this organization has bylaws or policies that describe the manner in which business is conducted, including but not limited to, management, fiscal policies and procedures, policies on nepotism, and the management of potential and actual conflicts of interest.

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

Date

County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

Organization Name:

Project Name:

10. 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; and Article 47, Sections 2-246 – 2-258, Hawai'i County Code 1983 (2016 Edition, as amended), 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 may be made public in accordance with Chapter 92F, Hawai'i Revised Statutes, as amended, and federal law.

I (we) understand that applications and materials may not be reviewed by those County personnel who physically intake and receive the applications and materials. I (we) understand 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 Finance Director within 60 days after the final expenditure of the amount of disaster relief funds that 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

County of Hawai'i Kīlauea Recovery Grant Program Application FY 2020-21

Organization Name:

Project Name:

11. Certification of Understanding (Page 2 of 2)

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.

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 after the final expenditure of the amount of disaster relief funds that was awarded **may 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 <https://recovery.hawaiiicounty.gov>.

As part of this application, I (we) 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, 2021 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.

The grant award may be used for capital improvement purposes compliant with the conditions laid out in Chapter 2, Article 47 of the Hawai'i County Code 1983 (2016 Edition, as amended).

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

Signature of Authorized Person

Date

Title/Position of Authorized Person
