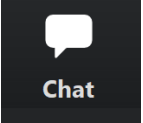


# **Kīlauea Recovery Grant Program FY 25-26**



**Grant Application Webinar – September 24, 2025**

# Meeting Expectations

- Participants will be muted throughout the meeting.
- If you have a comment or question, please enter it into the Chat Box by accessing this icon  at the bottom of your screen.
- Comments and questions will be discussed at the end of the presentation.
- Staff will moderate questions.

# Orientation Agenda

1. Process and Timeline
2. What's New for the Kīlauea Recovery Grant Program
3. Fiscal Year 2025-2026 Application Form
4. Grant Writing Workshop
5. Reminders
6. Questions & Answers

# Process and Timeline

- FY 2025-2026 Application Information posted September 15, 2025
- Visit: <https://bit.ly/KilaueaRecoveryGrant>
- **Application Deadline: November 14, at 4:00 PM HST**
- *No applications will be accepted after this deadline.*
- Notification of Grant Awards: December 2025
- Grant awards up to \$25,000 are authorized by Finance Director.
- Grant awards over \$25,000 are authorized by County Council by Resolution.
- Grants will be awarded through contracts anticipated in January-February 2026.

# What's New for FY 2025-2026

- Target \$6 million of grant funding to be awarded:
  - Capital Improvement Projects (approx. \$3 million)
  - Economic Revitalization (approx. \$2 million)
  - Recovery and Resilience Needs (approx. \$1 million)
- The application period has been extended from 30 days to 60 days. Application are due **Friday, November 14, 2025, at 4:00 PM.**
- If you are requesting funding for the first stage, planning or preparatory work for the project, you must attach documentation defining the organizational capacity and committed funding to complete the project.
- In addition to this Application Webinar, we are sponsoring a 3-session Grant Writing Workshop for interested applicants.
- More later in this webinar...

# Eligibility

- The grant award must be used for projects that will serve the Lower Puna communities which are defined as communities and populations that were **“directly impacted by the 2018 lower east rift zone eruption of Kīlauea or service to Lower Puna communities which is defined as extending from and inclusive of the Hawaiian Paradise Park subdivision to Kalapana, and including Orchidland Estates, 'Āinaloa, Hawaiian Beaches, Hawaiian Shores, Kapoho, Pāhoa, Nānāwale, Leilani Estates, and other communities proximate to the lower east rift zone.”**
- Only **501(c)(3) non-profit organizations** are eligible to apply for this grant program.
- Organizations that **are not** 501(c)(3) non-profit organizations may apply through a fiscal sponsor for their project to be considered.
- The **fiscal sponsor** must be a 501(c)(3) non-profit organization.
- The \$500,000 maximum grant award **does not apply** to 501(c)(3) non-profit organizations **in their role as fiscal sponsors** to other groups or associations for the purpose of administering this grant.

# Maximum Grant Awards

- The maximum grant award for a project is **\$500,000**.
- Disaster relief funds may be awarded to a nonprofit organization for a single project or multiple projects so long as the combined total is no more than **\$500,000 per project**, per application cycle under this article.
- The \$500,000 maximum grant award **does not apply** to 501(c)(3) non-profit organizations **in their role as fiscal sponsors** to other groups or associations for the purpose of administering this grant.
- Grants of **\$25,000 or less** may be authorized by the Finance Director with first installment payments of grant awards to follow thereafter.
- Grants in **excess of \$25,000** must proceed to approval by the County Council by resolution, a process that takes six to eight weeks.

# General Application Instructions

- You must use the application form provided by the County on the website.
- Download the form to your computer and be sure to save a copy of your work.
- Narrative sections: The text in the narrative boxes will scroll. We suggest a word count of 200 to 500 words.
- Point counts are indicated on the application for each question.
- Optional expanded forms for the Project Timeline and Project Budget pages are included with the application forms should you require more space to work.
- Some questions are for informational purposes and do not have a point allocation, **but** incomplete responses will reduce the points to be credited to the heading question. These are noted in the application instructions.
- In cases where you do not have data to enter, just say so. Example: if you had no previous County grant funding, just say “no previous funding.”
- Do not enter your signature until your form is proofed and ready to send. You will not be able to alter the form after it is signed.

**For applicants working with a Fiscal Sponsor:** Some parts of this application are for the Project Manager to complete, while other parts are for the sponsoring nonprofit organization. The completed application is to be submitted to the County by the nonprofit organization.

***In this workshop, we will note the portions to be completed by the Project Manager.*** ➔

**Application Instructions:** (Numbers in this section correspond to the numbers in the Application)

Enter your nonprofit organization's name (as it appears on your Articles of Incorporation and IRS Form 990. It will auto-populate on all succeeding pages.

Enter the Project Name on the top of the first page of the application. It will auto-populate on all succeeding pages.

**Page 1:** Enter organization and project names and contact information.



County of Hawai'i  
Kīlauea Recovery Grant Program  
FY 2025-2026 Application

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](mailto:patti.pinto@hawaiicounty.gov) or 808-961-8500.

Organization Name:

Project Name:

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Organization:

Director:  Phone:

Contact Person:  Phone:

Mailing Address:

Facility Address:

Email Address:

➔ Project Manager:  Phone:

Mailing Address:

Project Address:

TMK:  Email Address:

**Application Deadline: November 14, 2025, 4:00 PM**

**YOU ARE RESPONSIBLE FOR KEEPING THE ABOVE INFORMATION CURRENT AND TO PROMPTLY NOTIFY THE KĪLAUEA DISASTER RECOVERY DIVISION OF ANY CHANGES**

**Page 2:** Enter the geographical areas to be served, specific properties and specific populations. As appropriate: street address, TMK, subdivision, community, town, etc.

### 1. Kīlauea Resilience Areas for Activities or Services To Be Provided

(Select the best matching option)

Of the target \$6 million of grant funding to be awarded, half will be allocated to capital improvement projects (approximately \$3 million), with the remaining support to projects that focus on economic revitalization (approximately \$2 million) and other recovery and resilience needs (approximately \$1 million). The sub-categories below each funding priority are illustrative and are not exhaustive.

Organization Name:

Project Name:

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

➔ 1. **Kīlauea Resilience Areas for Activities or Services To Be Provided:**  
 (Select the best matching option)  
 Of the target \$6 million of grant funding to be awarded, half will be allocated to capital improvement projects (approx. \$3 million), with the remaining support to projects that focus on economic revitalization (approx. \$2 million) and other recovery and resilience needs (approx. \$1 million). The sub-categories below each funding priority are illustrative and are not exhaustive.

**Capital Improvement Projects (Approx. \$3 million)**  
 Road Restoration  
 Infrastructure updates  
 Drainage, wastewater  
 Facilities damaged by the eruption  
 Facility upgrades and improvements  
 Planning and permitting for capital improvements

**Economic Revitalization (Approx. \$2 million)**  
 Workforce development, job training and placement  
 Entrepreneurship development and technical assistance  
 Funding and technical assistance to small business  
 Support to agriculture through farm restoration, development of value added products, training, and technical assistance for commercial production.

**Additional Recovery & Resilience Needs (Approx. \$1 million)**  
 Emergency preparedness  
 Cultural revitalization and 'aina stewardship projects  
 Invasive species mitigation  
 Resilience Hubs  
 Environmental Stewardship

2. **How does your project support the vision and goals of the [Kīlauea Recovery and Resilience Plan](#)? Is there an unaddressed need that your project will address?**

Provide description or evidence. 10 Points

2. **Has this organization previously received County nonprofit grants?**

FY 22-23	FY 23-24	FY 24-25	FY 25-26

**Page 2:**

**2. How does your project support the vision and goals of the Kilauea Recovery and Resilience Plan? (10 Points)**

Is there an unaddressed need that your project will address? Provide a description or evidence.

**3. Has this organization previously received County nonprofit grants?**

Informational only, no points are allocated for this question.

Organization Name:

Project Name:

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

**1. Kilauea Resilience Areas for Activities or Services To Be Provided:**

(Select the best matching option)

Of the target \$6 million of grant funding to be awarded, half will be allocated to capital improvement projects (approx. \$3 million), with the remaining support to projects that focus on economic revitalization (approx. \$2 million) and other recovery and resilience needs (approx. \$1 million). The sub-categories below each funding priority are illustrative and are not exhaustive.

**Capital Improvement Projects (Approx. \$3 million)**

- Road Restoration
- Infrastructure updates
- Drainage, wastewater
- Facilities damaged by the eruption
- Facility upgrades and improvements
- Planning and permitting for capital improvements

**Economic Revitalization (Approx. \$2 million)**

- Workforce development, job training and placement
- Entrepreneurship development and technical assistance
- Funding and technical assistance to small business
- Support to agriculture through farm restoration, development of value added products, training, and technical assistance for commercial production.

**Additional Recovery & Resilience Needs (Approx. \$1 million)**

- Emergency preparedness
- Cultural revitalization and 'aina stewardship projects
- Invasive species mitigation
- Resilience Hubs
- Environmental Stewardship



**2. How does your project support the vision and goals of the [Kilauea Recovery and Resilience Plan](#)? Is there an unaddressed need that your project will address?**

Provide description or evidence. 10 Points



**2. Has this organization previously received County nonprofit grants?**

FY 22-23	FY 23-24	FY 24-25	FY 25-26

## Page 3:

### 4. Organization Mission Statement (5 Points)

Provide the organization mission statement.

The project should be consistent with the organization's mission.

### 5. Total Project Budget

(Informational, no points are allocated to this question)

- Total project budget applies to the project seeking County grant funding
- Total number of people who will be served by the project
- Total nonprofit organization budget applies to the entire nonprofit organization
- Total number of people served by the nonprofit organization

Organization Name:

Project Name:

#### 4. Organization Mission Statement: (Include what your organization does and who it serves) 5 Points

#### 5. Total Budget and number of people served:

Total Project Budget:		Total Project people served	
Total organization budget:		Total number of people served by organization	

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

Revenue Source	FY 25-26 Estimate
<b>TOTAL:</b>	\$ 0.00

*Attach additional pages, if needed.*

#### 7. Project partners/collaborators (list the individuals and organizations that will contribute to the project, if any) 5 Points

*Attach additional pages, if needed.*

## Page 3:

### 6. Project Funding Sources

List all sources of funds that you anticipate will fund your project budget, including state and/or federal grants, other specific grants, fundraising events, member contributions, in-kind donations, etc. (No points are allocated to this question.)

### 7. Project Partners/Collaborators (5 Points)

List the individuals and organizations that will contribute to the project, if any.

Organization Name:

Project Name:

4. **Organization Mission Statement:** (Include what your organization does and who it serves)  
5 Points

5. **Total Budget and number of people served:**

Total Project Budget:		Total Project people served	
Total organization budget:		Total number of people served by organization	



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

Revenue Source	FY 25-26 Estimate
<b>TOTAL:</b>	\$ 0.00

*Attach additional pages, if needed.*



7. **Project partners/collaborators** (list the individuals and organizations that will contribute to the project, if any) 5 Points

*Attach additional pages, if needed.*

## Page 4:

### 8. Organization and Project Team Capacity (15 Points)

- Outline your organization's capabilities, resources, and practices. Describe the project team's qualifications and skills.
- For projects working with a fiscal sponsor, this question requires input from both the nonprofit organization and the project team.

Organization Name:

Project Name:

- **8. Organization and Project Team Capacity:** Outline your organization's capabilities, resources, and practices. Describe the project team's qualifications and skills. 15 Points

## Page 5:

### 9. Project Description and Scope (15 Points)

- Describe how the organization plans to use the disaster relief funds including what it seeks to achieve. Describe the actions you will take to meet the project/program goal.
- For capital projects, identify the location and ownership/lease agreement. Please refer to instructions for compliance requirements.
- If you are requesting funding for the first stage, planning or preparatory work for the project, you must attach documentation defining the organizational capacity and committed funding to complete the project.

Organization Name:

Project Name:



**9. Project Description and Scope:** (Describe how the organization plans to use the disaster relief funds including what it seeks to achieve. Describe the actions you will take to meet the project/program goal, for capital projects, identify the location and ownership/lease agreement. 15 Points)

## Page 6:

### 10. Project Timeline (10 Points)

- There is an optional, larger Timeline Matrix form in the application packet if you need more space.
- Use the matrix to outline the stages of your project implementation, who will be performing the work, and estimates of the time needed (which quarters) to complete that stage.
- Column one: briefly describe the activity
- Column two: Who will be working on it?
- Columns three through six: place an X in each quarter where the activity will be ongoing.

Organization Name:

Project Name:

#### 10. Project Timeline (Optional template available in application packet) 10 Points



Activity	Who is Responsible	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6

Timeline narrative (provide details, reasoning, any needed explanation) :

11. Project Goals: What do you plan to achieve using Kīlauea Recovery Grant Program Funds? (Describe your finished project, what will you accomplish, who will be served).  
15 Points

## Page 6:

### 10. Timeline Narrative

Provide a brief narrative to better illustrate your timeline. If you have permitting requirements, staging your work, etc. (No point allocation for this question).

### 11. Project Goals (15 Points)

What do you plan to achieve using Kīlauea Recovery Grant Program Funds? (Describe your finished project, what will you accomplish, who will be served.)

Organization Name:

Project Name:

#### 10. Project Timeline (Optional template available in application packet) 10 Points

Activity	Who is Responsible	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6

➔ Timeline narrative (provide details, reasoning, any needed explanation) :

➔ 11. Project Goals: What do you plan to achieve using Kīlauea Recovery Grant Program Funds? (Describe your finished project, what will you accomplish, who will be served). 15 Points

## Page 7:

### 12. Project Budget (15 Points)

- Column One: List the categories of work to be performed, equipment to be purchased, consultants, permitting, etc.
- Column Two: Enter the total expense for each budget category, including all revenue sources.
- Column Three: Enter the amounts to be funded by other funding sources.
- Column Four: Enter the total amount of the expense proposed to be funded by the Kīlauea Recovery Grant. (This should be the amount in column 2 minus column 3.)

Organization Name:

Project Name:



#### 12. Project Budget:

Please attach estimates and/or other documentation to substantiate your budget items. (Optional budget table available in application packet) 15 Points

Line #	PROJECT EXPENDITURES	Total Budget	Other Funding Source	Grant Req
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL		\$ 0.00	\$ 0.00	\$ 0.00

**13. Flexible Budget Measures** If you do not receive a grant for the full amount requested, would you be able to scale your project to be effective with less funding? What options would you consider? If scaling is not an option, please explain. 5 Points

**14. Supporting Documents** Please attach copies of maps, photos, brochures, and other documentation or visual aids. Please do not attach letters of support. 5 Points

**Page 7:**

**13. Flexible Budget Measures (5 Points)**

- If you do not receive a grant for the full amount requested, would you be able to scale your project to be effective with less funding? What options would you consider?
- If your project is not scalable, please provide your reasoning.

**14. Supporting Documents (5 Points)**

- Please attach copies of maps, photos, brochures, and other documentation or visual aids.
- Capital projects must submit a map.
- If your project is for planning or preparatory work for a proposed or ongoing project, you must attach documentation to establish your organization’s capacity to complete the entire project and documentation of the commitment of funding to support that work.

Organization Name:

Project Name:

**12. Project Budget:**

Please attach estimates and/or other documentation to substantiate your budget items. (Optional budget table available in application packet) 15 Points

Line #	PROJECT EXPENDITURES	Total Budget	Other Funding Source	Grant Req
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL		\$ 0.00	\$ 0.00	\$ 0.00

- ➡ **13. Flexible Budget Measures** If you do not receive a grant for the full amount requested, would you be able to scale your project to be effective with less funding? What options would you consider? If scaling is not an option, please explain. 5 Points

- ➡ **14. Supporting Documents** Please attach copies of maps, photos, brochures, and other documentation or visual aids. Please do not attach letters of support. 5 Points

## Pages 8 - 10:

1. 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. If you are a nonprofit organization acting as a fiscal sponsor for a project entity, please have the Project Manager complete the Conflict Disclosure Form, if appropriate.
  - c. Signature of Authorized member of organization or entity is required, may be signed digitally.
2. Certification of Understanding.
  - a. Signature and title of nonprofit organization authorized official.
  - b. Date field has a drop-down calendar.

**Read carefully before entering the digital signature of the authorized member of the organization. After the signature is entered, you will not be able to alter the form after it is signed.**

Organization Name:

Project Name:

### 14. 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**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Organization Name:

Project Name::

**15. 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, Planning Department, 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 documents requiring a current signature must be the ORIGINAL, SIGNED document. Where a digital signature is acceptable, it will be indicated on the 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](http://hawaii.complianceexpress.com) 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).

Organization Name:

Project Name::

**15. Certification of Understanding (Page 2 of 2)**

If awarded a grant from the County of Hawai'i, I (we) understand that regular quarterly reports and a final report must be submitted to the Recovery Division. Quarterly reports with supporting documentation will be submitted at three month intervals using the provided templates. At the completion of the project, a final report must be submitted within 60 days of the completion of the project. Failure to submit the quarterly or final report within 60 days after the close of the quarter or completion of the project **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.**

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 there is no provision for further notification to submit the final report.** For more information and instructions contact [patti.pinto@hawaiiicounty.gov](mailto:patti.pinto@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 at the completion of the project 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

**The Submittal Checklist must be returned with your application packet.**

**Nonprofit organizations submitting multiple proposals** may provide one copy only of the following (do not include duplicates with each proposal).

- Proof of Authorization
- Annual Financial Statements
- Form 990
- IRS letter 501(c)(3)
- Articles of Incorporation
- Bylaws
- Nepotism and non-discrimination statements

Organizations acting as fiscal sponsors must include a Memorandum of Understanding (MOU) between the nonprofit and the project manager.

**Read carefully before entering the digital signature of the authorized member of the organization. After the signature is entered, you will not be able to alter the form.**

[How to submit your application](#)

**All applications and supporting documents must be submitted by email.** No hard copies will be accepted.

Please save a copy of your Application and Submittal Checklist. These and scanned copies of your supporting documents are to be emailed to:

[kilauearecovery@hawaiicounty.gov](mailto:kilauearecovery@hawaiicounty.gov)

**The application deadline is 4:00 PM on November 14, 2025.**

# Grant Writing Workshop Series

## Three Session Workshop

October 8, 15, & 22, 2025

3:30 - 5:30 PM HST

- Virtual over Zoom
- Registration is limited to 20 Organizations with 3 Participants per team, as spots are available.
- At least one participant from each team **must** attend all three sessions.
- Each team member must register by 4:00 PM October 3, 2025, at:

<https://formurl.com/to/Kilaueagrantworkshop>

## Topics include, but are not limited to:

- Developing a Grant Writing Team
- Understanding the “Notice to Applicants”
- The Importance of an Application Timeline
- Creating & How to Use a Logic Model
- Developing a Comprehensive & Balanced Budget
- Dissecting the Application Into Workable Parts
- Writing a Competitive Application Narrative

# Grant Writing Workshop Series

- This workshop offers a unique opportunity to enhance your grant writing skills.
- Throughout the sessions, you will actively engage in developing your skills and begin drafting your grant application.
- The workshop will be interactive, and we kindly ask that all participants be prepared for full engagement via both audio and visual participation on Zoom.
- For an optimal experience, it is important that you have access to a reliable internet connection and a computer or laptop for each session. Please note that cell phone participation will not be adequate.

## Workshop Facilitator

### Debbie Evans

Debbie has worked in the granting arena off and on since the 1970's; with a variety of experience with federal, Tribal, state, local, non-profit and private funding. She is the founding member of Kamiah Grants & Associates and since it's inception in 2006 she has been awarded and administered over \$1M in grants. She has participated as a grant peer reviewer at both the state and federal level; and has been sharing her grant writing knowledge since 2013.

# Reminders

- Visit <https://bit.ly/KilaueaRecoveryGrant> to access application materials.
- **Application Deadline: November 14, 2025 at 4:00 PM HST.**
- *No applications will be accepted after this deadline.*
- Applications must be submitted **by email** to [kilauearecovery@hawaiicounty.gov](mailto:kilauearecovery@hawaiicounty.gov).
- The Application Form and other application materials can be completed digitally as PDF files.
- Signatures will be accepted as a PDF file or a scan of the completed application documents.
- If you have questions, or need assistance with the application materials, please contact Patti Pinto at 961-8500 or [patti.pinto@hawaiicounty.gov](mailto:patti.pinto@hawaiicounty.gov).
- Register for the Grant Writing Workshop by 4:00 PM October 3, 2025, at: <https://formurl.com/to/Kilaueagrantworkshop>.