



Opportunity Details

Opportunity Information

Title

County of Kauai Innovation Grant - FY 2021-2022

Description

Awarding Agency Name

Office of Economic Development

Agency Contact Name

Sandy Kaauiwai

Agency Contact Phone

808-241-4953

Agency Contact Email

oedgrants@kauai.gov

Fund Activity Category

Business and Commerce

Category Explanation

Opportunity Manager

Sandy Kaauiwai

Opportunity Posted Date

Opportunity Archive Date

Announcement Type

Initial Announcement

Funding Opportunity Number

Fiscal Year 2022 - Economic Development - Grant in Aid

Agency Opportunity Number

Assistance Listings Number

None

Public Link

<https://www.gotomygrants.com/Public/Opportunities/Details/6409432d-aa8a-4c48-a676-b6d0a311a499>

Is Published

Yes

Funding Information

Total Program Funding

\$500,000.00



Funding Sources

Private / Other Funding

Funding Source Description

County of Kauai GIA - Innovation Grant

Funding Restrictions

Per County Grant Requirements

Award Information

Award Range

\$25,000.00 - \$50,000.00

Award Period

04/01/2022 - 03/31/2023

Award Announcement Date

3/15/2021

Award Type

Competitive

Capital Grant

No

Expected Number of Awards

10.00

Indirect Costs Allowed

No

Matching Requirement

No

Submission Information

Submission Window

12/05/2021 8:00 AM - 01/19/2022 4:30 PM

Submission Timeline Type

One Time

Submission Timeline Additional Information

Submission by Amplifund System only. Incomplete applications will be rejected.

Allow Multiple Applications

Yes

Application Review Start Date / Pre-Qualification Deadline

01/19/2022 12:00 AM

Other Submission Requirements

Per RFP

Question Submission Information

Question Submission Open Date



12/05/2021 8:00 AM

Question Submission Close Date

12/19/2021 4:30 PM

Question Submission Email Address

oedgrants@kauai.gov

Question Submission Additional Information

Each Question must contain:

- 1) Name and email address of person asking the Question.
- 2) The specific Section of the RFP that you have a question on.
- 3) Question.

Attachments

Technical Assistance Session

Technical Assistance Session

No

Eligibility Information

Eligibility Type

Public

Eligible Applicants

- Nonprofits with 501(c)(3) status (excludes institutions of higher education)
- Others

Additional Eligibility Information

Educational and Government Entities are not eligible for this opportunity.

Additional Information

Additional Information URL

<https://www.kauaiforward.com>

Additional Information URL Description

Award Administration Information

Reporting

You will be required to provide quarterly progress reports on your project and project budget. A final report and final expense report will be due no later than sixty (60) days following 1) the end of the Contract Period or 2) the end of the project, whichever occurs first.



Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement

\$0.00

Cash Match Contributions

\$0.00

In-Kind Match Requirement

\$0.00

In-Kind Match Contributions

\$0.00

Total Award Budget

\$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number



Project Description

County of Kauai Innovation Grant 21-22 Application

APPLICATION INSTRUCTIONS

1. Please download and read the ENTIRE RFP prior to submitting your application. It will go over requirements for qualification of funding.

RFP Innovation Grant 21-22 FINAL.pdf

2. Your grant proposal should CLEARLY state how your project will benefit the people of Kauai and/or Niihau.

3. You must comply with the requirements set by the granting County of Kauai's Department Project Manager and/or the Finance Director.

4. You will be required to turn in both FISCAL and PROGRAM reporting on a Quarterly basis. Project FINAL report will be due no later than thirty (30) days after completion of project. Failure to turn in any reports will disqualify you from obtaining any future County of Kauai grants. Program Reports consists of 1) Program Status Summary; 2) Program Data Summary 3) Summary of participant characteristics; 4) Financial Status Report (FSR) of how funds were used (expenditures) and 5) Final Report. Please use the designated forms described as Exhibits B, C and D. .

NON-PROFIT ORGANIZATION INFORMATION

1. LEGAL NAME OF NON-PROFIT APPLYING FOR GRANT

2. IS THIS NON-PROFIT ORGANIZATION A FISCAL SPONSOR ONLY ON THIS PROJECT (PROVIDING GRANT MANAGEMENT ONLY) ?

- Yes
- No

3. LEGAL MAILING ADDRESS OF NON-PROFIT ORGANIZATION

4. ORGANIZATION CITY

5. ORGANIZATION STATE

6. ORGANIZATION ZIP CODE

7. PHONE NUMBER OF ORGANIZATION (ENTER NUMBERS ONLY)

8. TYPE OF ORGANIZATION

- 501(c)(3)
- 501(c)(6)
- Other

8A. IF YOU CHOSE "OTHER" ABOVE, PLEASE FILL IN YOUR TYPE OF ORGANIZATION (PLEASE NOTE THAT EDUCATIONAL AND GOVERNMENT ENTITIES ARE NOT ELIGIBLE FOR THIS OPPORTUNITY)

9. ORGANIZATION EIN/TIN (ENTER NUMBERS ONLY)

10. NAME OF CONTACT PERSON (Someone who can answer questions relating to this Grant Request)

11. TITLE OF CONTACT PERSON

12. EMAIL OF CONTACT PERSON

13. PHONE NUMBER OF CONTACT PERSON (ENTER NUMBERS ONLY)

14. IS THE CONTACT PERSON AUTHORIZED BY THE BOARD (VIA SIGNED BY-LAWS OR SIGNED AUTHORIZED



RESOLUTION) TO APPLY FOR THIS GRANT?

- Yes
- No

15. ATTACH THE SIGNED CORPORATE RESOLUTION OR SIGNED BY-LAWS SHOWING THE CONTACT PERSON SUBMITTING THIS APPLICATION IS AUTHORIZED TO APPLY FOR THIS GRANT ON BEHALF OF THE ORGANIZATION.

16. DESCRIBE YOUR NON-PROFIT ORGANIZATION AND IT'S MISSION

17. PLEASE ATTACH A LIST OF THE CURRENT BOARD OF DIRECTORS INCLUDING NAMES, TITLES AND ANY AFFILIATIONS.

18. PLEASE ATTACH YOUR SIGNED ORGANIZATION BY-LAWS.

19. PLEASE ATTACH A RECENTLY DATED CERTIFICATE OF GOOD STANDING WITH THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

20. PLEASE ATTACH A RECENTLY DATED COPY OF YOUR HCE COMPLIANCE CERTIFICATE. PLEASE NOTE THAT IT IS NOT REQUIRED TO HAVE DURING APPLICATION, HOWEVER, PRIOR TO FUNDING OF ANY GRANT, YOU MUST BE IN HCE COMPLIANCE.

21. ATTACH A COPY OF A SIGNED W-9.

22. EXPLAIN THE DEPTH AND BREADTH OF EXPERIENCE OF THE ORGANIZATION IN THE PERFORMANCE OF SIMILAR PROJECT WORK AND/OR GRANT MANAGEMENT.

23. PROVIDE INFORMATION ON ALL STAFF WHO WILL BE RESPONSIBLE FOR GRANT AND PROJECT REPORTING FOR THE PROPOSED PROJECT.

24. IS YOUR GROUP A REGISTERED NON-PROFIT CORPORATION INCORPORATED UNDER THE LAWS OF THE STATE OF HAWAII OR A NON-PROFIT ORGANIZATION EXEMPT FROM THE FEDERAL INCOME TAX BY THE INTERNAL REVENUE SERVICE, AND WHERE MEMBERS OF THE GOVERNING BOARD HAVE SERVED WITHOUT COMPENSATION AND HAVE NO MATERIAL CONFLICT OF INTEREST?

- Yes
- No

25. IS THE NON-PROFIT ORGANIZATION'S PURPOSE TO PROVIDE BENEFITS TO THE PEOPLE OF THE COUNTY OF KAUAI AND/OR NIIHAU?

- Yes
- No

26. IS THE THE NON-PROFIT ORGANIZATION'S PURPOSE TO PROVIDE SERVICES OR ACTIVITIES TO MEET A DISTINCTIVE CULTURAL, SOCIAL OR ECONOMIC NEED WHICH ADEQUATE FEDERAL AND/OR STATE FUNDING CANNOT BE SECURED?

- Yes
- No

27. HAS YOUR NON-PROFIT ORGANIZATION RECEIVED A GRANT IN THE PAST FROM THE COUNTY OF KAUAI?

- Yes
- No

28. IF YOU ANSWERED YES ON QUESTION 27 ABOVE, DID YOU COMPLY WITH ALL REPORTING REQUIREMENTS?

- Yes
- No

29. DO YOU HAVE AT LEAST ONE YEAR OF EXPERIENCE WITH THE PROJECT OR IN THE PROGRAM AREA BEING PROPOSED OR AT LEAST ONE YEAR OF GRANT MANAGEMENT?(THE DIRECTOR MAY GRANT AN EXEMPTION FROM THIS REQUIREMENT IF THE PROPOSER HAS DEMONSTRATED THE NECESSARY



EXPERIENCE IN THE PROJECT AREA)

- Yes
- No

BUSINESS/COMPANY INFORMATION (This section will only apply the Non-Profit Organization listed above is NOT proposing the project (you answered YES to 2a above).

1-1. LEGAL NAME OF THE BUSINESS/COMPANY WHO IS PROPOSING THIS PROJECT.

1-2. LEGAL MAILING ADDRESS OF BUSINESS/COMPANY

1-3. BUSINESS/COMPANY CITY*

1-4. BUSINESS/COMPANY STATE

1-5. BUSINESS/COMPANY ZIPCODE (5 DIGIT ONLY)

1-6. BUSINESS/COMPANY CONTACT PERSON:

1-7. BUSINESS/COMPANY CONTACT PERSON PHONE NUMBER (USE NUMBERS ONLY)

1-8. BUSINESS/COMPANY CONTACT PERSON EMAIL:

1-9. BUSINESS/COMPANY EIN NUMBER (USE NUMBERS ONLY - NO DASHES):

1-10. LIST TYPE OF BUSINESS (LLC, LIMITED PARTNERSHIP, ETC.)

1-11. HOW LONG HAS YOUR BUSINESS/COMPANY BEEN IN BUSINESS?

1.12 PLEASE DESCRIBE YOUR BUSINESS AND ITS MISSION.

1.13. PLEASE LIST THE OFFICERS OF YOUR COMPANY AND BRIEF DESCRIPTIONS OF EACH.

1-14. EXPLAIN THE DEPTH AND BREADTH OF EXPERIENCE OF THE ORGANIZATION IN THE PERFORMANCE OF SIMILAR PROJECT WORK.

1.15 PROVIDE INFORMATION ON ALL STAFF WHO WILL BE RESPONSIBLE FOR GRANT AND PROJECT REPORTING FOR THE PROPOSED PROJECT.

1.16. ARE YOU LICENSED TO DO BUSINESS IN THE STATE OF HAWAII?

- YES
- NO

1.16-1. PLEASE ATTACH A COPY OF YOUR HAWAII STATE GENERAL EXCISE TAX LICENSE.

1.17. Have you collaborated before with your fiscal sponsor (non-profit)?

- Yes
- No

1.17-1. If you answered yes above, please describe how long you have worked together and on what projects?

A. PROJECT - EXECUTIVE SUMMARY. PLEASE NOTE: THIS SECTION IS FOR A "BRIEF" SUMMARY OF THE COMPANY OR ORGANIZATION'S PROJECT. A MORE DETAILED DESCRIPTION WILL BE REQUIRED IN THE FOLLOWING SECTIONS.

A1. PROVIDE A BRIEF ELEVATOR PITCH AND BRIEFLY DESCRIBE YOUR COMPANY OR ORGANIZATION.

A2. PROVIDE A SUMMARY OF THE RESEARCH YOU HAVE DONE TO DETERMINE THE PROBLEM AND THE SOLUTION:



A3. PROVIDE A DESCRIPTION OF THE PROBLEM YOU ARE AIMING TO SOLVE AND THE DEMOGRAPHICS OF THE GROUPS THAT WILL BE IMPACTED:

A4. PROVIDE A DESCRIPTION OF HOW YOUR PROJECT OR SERVICE SOLVES THE PROBLEM:

A5. PROVIDE A DESCRIPTION OF THE KEY PLAYERS IN YOUR PROJECT.

A6. UPLOAD A BRIEF FINANCIAL PLAN OR BUDGET

A7. DESCRIBE HOW YOU WILL SUSTAIN THIS PROJECT BEYOND THE GRANT PERIOD.

B. PROJECT - DESCRIPTIVE PARAGRAPH FOR PUBLIC COMMENT:

B1. PROVIDE A DESCRIPTION OF YOUR PROJECT IN TWO PARAGRAPHS. THIS PARAGRAPH DESCRIPTION SHOULD BE WRITTEN IN SUCH A WAY THAT WILL ENTICE YOUR READER TO WANT TO KNOW MORE ABOUT YOUR PROJECT. A LINK WILL BE PROVIDED IN PHASE THREE OF THE SCORING (PER THE RFP) AND WILL ALLOW THE PUBLIC TO CLICK ON A LINK TO SEE ADDITIONAL DETAILS ABOUT YOUR PROJECT. (NOTE: THIS PARAGRAPH WILL BE DISPLAYED ON THE CONSIDER.IT WEBSITE FOR PUBLIC COMMENT.)

C. PROJECT PLAN - ORGANIZATION BACKGROUND OF THE COMPANY OR ORGANIZATION THAT IS PROPOSING THE PROJECT.

C1. DESCRIBE YOUR COMPANY OR ORGANIZATION'S BACKGROUND AND ORGANIZATIONAL STRUCTURE:

C2. DESCRIBE THE COMPANY OR ORGANIZATION LEADERSHIP TEAM

C3. DESCRIBE THE COMPANY OR ORGANIZATION GENERAL GOALS AND OBJECTIVES FOR THE NEXT THREE TO FIVE YEARS:

C4. DESCRIBE THE COMPANY OR ORGANIZATION EQUITY PLAN:

C5. DESCRIBE WHAT ASSESSMENT OR RESEARCH YOUR COMPANY DID TO COME UP WITH YOUR EQUITY PLAN:

D. PROJECT PLAN - THE NEED/PROBLEM:

D1. DESCRIBE THE NEED OR PROBLEM THAT YOUR PROJECT WILL SOLVE:

D2. DESCRIBE THE TYPE OF RESEARCH YOU HAVE CONDUCTED TO DETERMINE THE NEED FOR YOUR PROJECT:

D3. DESCRIBE HOW YOU BELIEVE THIS NEED AROSE AND WHY YOU THINK IT HAS NOT BEEN FILLED YET:

E. PROJECT PLAN - GOALS & OBJECTIVES

E1. WHAT IS YOUR PROJECT'S DESIRED OUTCOME?

E2. HOW WILL THE SUCCESS OF YOUR PROJECT BE MEASURED?

E3. WHO DOES THIS PROJECT BENEFIT?

E4. HOW WILL YOU TRACK YOUR PROJECT BENEFICIARY DEMOGRAPHICS?

F. PROJECT PLAN - THE SOLUTION:

F1. DESCRIBE THE PROPOSED PROJECT. BE SURE TO INCLUDE THE PROJECT LOCATION/FACILITIES, IMPLEMENTATION PLAN AND ALL PROJECT ACTIVITIES..

F2. PROVIDE A TIMELINE OF THE PROJECT, FROM START TO FINISH DURING THE CONTRACT PERIOD OF APRIL 1, 2022 TO MARCH 31, 2023. YOUR PROJECT MUST BE COMPLETED BY MARCH 31, 2023.



F3. DESCRIBE WHAT IS NEW, DIFFERENT AND/OR INNOVATIVE ABOUT YOUR PROPOSED PROJECT COMPARED TO PAST OR CURRENT PROJECTS, INCLUDING SIMILAR PROJECTS SPONSORED BY OTHER GRANTORS.

F4. DESCRIBE HOW YOUR PROPOSED PROJECT ALIGNS WITH THE ADOPTED COUNTY GOALS AND/OR POLICIES SET FORTH IN DIFFERENT COUNTY PLANS. ALTHOUGH PROJECT RELATION TO A CURRENT COUNTY GOAL AND/OR PROBLEM DEFINED IN THE COUNTY PLANS ARE NOT REQUIRED, EXTRA POINTS WILL BE GIVEN TO PROJECTS THAT CAN DIRECTLY CORRELATE TO THEIR PROJECT TO SOMETHING LISTED IN THE PLANS THAT ARE LISTED IN THE RFP.

F5. DESCRIBE HOW YOUR PROJECT PERSONNEL. EXPLAIN THE ROLES AND RESPONSIBILITIES OF EACH PERSON AND HOW THEY ARE QUALIFIED TO FILL THESE PROJECT ROLES.

F6. DESCRIBE HOW YOU WILL TRACK YOUR PROJECT'S PROGRESS? PROVIDE DETAILS ON HOW YOU WILL EVALUATE YOUR PROJECT AND HOW OFTEN. THIS SHOULD BE INCLUDED IN YOUR PROJECT TIMELINE ABOVE.

F7. EXPLAIN THE PROJECT OUTPUTS (I.E., WHAT THE PROJECT AND PROJECT ACTIVITIES WILL PRODUCE OR ACCOMPLISH). DESCRIBE THE SPECIFIC MEASURES THAT WILL BE USED TO EVALUATE PROJECT OUTPUTS AND SPECIFY THE PERFORMANCE TARGETS FOR EACH MEASURE (I.E., HOW MUCH OF THE MEASURE IS EXPECTED). THESE MEASURES SHOULD BE SPECIFIC, RESULTS-ORIENTED, AND ACHIEVABLE. (EXAMPLE 1 - FOR A BIKE SHARE PILOT PROGRAM, OUTPUT MEASURES COULD INCLUDE THE NUMBER OF BIKES, BIKE STATIONS, RIDERS, TRIPS, ETC. EXAMPLE 2: FOR AN EDUCATIONAL CAMPAIGN, OUTPUT MEASURES COULD INCLUDE THE NUMBER OF BROCHURES PRINTED, WORKSHOP ATTENDEES, MOBILE APPS DOWNLOADED, WEBSITE "HITS", ETC.

F8. PROVIDE DETAILS IF YOUR PROJECT WILL REQUIRE OUTSIDE ASSISTANCE (SUCH AS OUTSIDE CONTRACTORS, GOVERNMENT AGENCIES OR OTHER ENTITIES THAT PROVIDE SPECIAL PERMISSIONS TO USE PROPERTY, EQUIPMENT, SPECIAL LICENSES, ETC. NAME AND DESCRIBE THOSE OTHERS AND WHAT ROLE THEY WILL PLAY IN YOUR PROJECT. ALSO PROVIDE INFORMATION ON CONTACT AND WORK ALREADY DONE WITH THESE PERSONS (SUCH AS SECURING PERMITS OR CONTRACTS) SPECIFIC TO THIS PROJECT.

F9. DESCRIBE ANY MATCHING FUNDS YOU HAVE ALREADY SECURED FOR THIS PROJECT.

G. PROJECT - OTHER SOURCES OF FUNDING & SUSTAINABILITY

G1. DESCRIBE OTHER FUNDING YOU HAVE PROCURED FOR THIS PROJECT. INCLUDE THE NAME OF THE FUNDER AND THE AMOUNT FUNDED.

G2. DESCRIBE HOW YOUR PROJECT WILL SUSTAIN ITSELF ONCE THIS GRANT OR OTHER FUNDING RUNS OUT.

G3. PROVIDE A THREE -YEAR ONGOING BUDGET

H. PROJECT - EQUITY RUBRIC QUESTIONS

H1. DOES YOUR PROJECT LEVERAGE CLEAR OUTCOME MEASURES AND DIVERSE DATA POINTS BY IDENTIFYING AND TARGETING SUPPORT FOR SPECIFIC GROUPS DISPROPORTIONATELY IMPACTED BY THE PANDEMIC?

- YES
- NO

H2. DOES YOUR PROJECT ANALYZE SPECIFIC FACTORS UNDERLYING INEQUITY BY CONSIDERING THE ROOT CAUSES OR FACTORS CREATING ANY SOCIAL INEQUITIES DIRECTLY OR INDIRECTLY ASSOCIATED WITH THE ORGANIZATION OR PROJECT?

- YES
- NO

H3. DOES YOUR PROJECT INCLUDE VOICES OF COMMUNITY REPRESENTATIVES BY IDENTIFYING, ENGAGING, AND INCORPORATING INPUT FROM REPRESENTATIVES OR INDIVIDUALS FROM THE DISPROPORTIONATELY AFFECTED GROUPS?



- YES
- NO

H4. DOES YOUR PROJECT TARGET RESOURCE AND STRATEGIES TO MINIMIZE BURDEN & MAXIMIZE ACCESS BY IDENTIFYING OPPORTUNITIES TO ADVANCE EQUITY WHEN POSSIBLE?

- YES
- NO

H5. DOES YOUR PROJECT EVALUATE PERFORMANCE THROUGH DEFINED EQUITY METRICS AND REFLECTION?

- YES
- NO

H6. DOES YOUR PROJECT INTEND TO PUBLISH TRANSPARENT PROJECT RESULTS?

- YES
- NO

I. PROJECT - EQUITY REFLECTION QUESTIONS

I1. HOW DOES YOUR PROJECT LEVERAGE CLEAR OUTCOME MEASURES AND DIVERSE DATA POINTS FROM BEGINNING TO END TO IDENTIFY INEQUITY AND ENSURE THAT YOUR PROJECT WILL PRIORITIZE DISPROPORTIONATELY IMPACTED GROUPS?

I2. WHAT INEQUITIES ARE OBSERVABLE ACROSS IMPACTED POPULATIONS BY GEOGRAPHY, RACE/ETHNICITY, INCOME/ALICE, HOME-OWNERSHIP STATUS, HEALTH STATUS, ENGLISH PROFICIENCY ETC.?

I3. WHAT IS THE HISTORICAL, CULTURAL, POLITICAL AND SOCIAL CONTEXT OF THE PEOPLES AND PLACES IMPACTED BY YOUR PROJECT? HOW HAVE PAST ACTIONS (BY COUNTY OR OTHERWISE) IMPACTED THESE COMMUNITIES? HOW DOES THIS PROJECT CONSIDER THESE HISTORICAL DISPARITIES/IMPACTS?

I4. HOW DOES YOUR PROJECT INCLUDE VOICES FROM DISPROPORTIONATELY IMPACTED GROUPS? HOW HAVE COMMUNITY MEMBERS BEEN ENGAGED IN PROJECT DEVELOPMENT AND/OR EVALUATION.

I5. HOW WILL PROJECT BENEFITS AND BURDENS BE DISTRIBUTED? ARE THERE POTENTIAL DISPROPORTIONATE IMPACTS ON UNDERSERVED GROUPS BY THE PROJECT? IDENTIFY OPPORTUNITIES TO ADVANCE EQUITY, WHEN POSSIBLE, I.E. CONTRACTING, SUBCONTRACTING REQUIREMENTS, HIRING, MATERIAL SOURCING, ETC.

To complete your application, please answer the following questions. Please note that answering NO to any of these questions will disqualify you from this opportunity.

1. I have carefully read and understand the RFP and the eligibility criteria for this program and I confirm that the organization I represent meets this criteria.

- Yes
- No

2. I confirm that to the best of my knowledge, the statements in this application are complete and accurate.

- Yes
- No

3. I agree that the organization I represent will return a portion or all of the funding if the project is not carried out as described in the application.

- Yes
- No

4. I agree that this project will be completed by March 31, 2023.

- Yes
- No

5. I agree that a completed Final Report including financial verification of how your grant funds were spent will be



provided to the County of Kauai within 30 days of completion of the project or the end of the contract, whichever is sooner..

- Yes
- No



Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
ACCOUNTING			
Subtotal	\$0.00	\$0.00	\$0.00
ADMINISTRATION			
Subtotal	\$0.00	\$0.00	\$0.00
ADVERTISING			
Subtotal	\$0.00	\$0.00	\$0.00
CONSULTANT SERVICES			
Subtotal	\$0.00	\$0.00	\$0.00
COVID-OTHER			
Subtotal	\$0.00	\$0.00	\$0.00
COVID-PPE			
Subtotal	\$0.00	\$0.00	\$0.00
EMPLOYEE BENEFITS			
Subtotal	\$0.00	\$0.00	\$0.00
EQUIPMENT			
Subtotal	\$0.00	\$0.00	\$0.00
EQUIPMENT RENTAL			
Subtotal	\$0.00	\$0.00	\$0.00
FUELS			
Subtotal	\$0.00	\$0.00	\$0.00
GRANT ADMINISTRATION			
Subtotal	\$0.00	\$0.00	\$0.00
MARKETING/ADVERTISING			
Subtotal	\$0.00	\$0.00	\$0.00
OFFICE EQUIPMENT			
Subtotal	\$0.00	\$0.00	\$0.00
OFFICE SUPPLIES			
Subtotal	\$0.00	\$0.00	\$0.00



	Grant Funded	Non-Grant Funded	Total Budgeted
OPERATIONS			
Subtotal	\$0.00	\$0.00	\$0.00
OTHER COMMODITIES			
Subtotal	\$0.00	\$0.00	\$0.00
OTHER EXPENSES			
Subtotal	\$0.00	\$0.00	\$0.00
OVERTIME			
Subtotal	\$0.00	\$0.00	\$0.00
PHOTOGRAPHY - STILL			
Subtotal	\$0.00	\$0.00	\$0.00
PRINTING			
Subtotal	\$0.00	\$0.00	\$0.00
PUBLIC RELATIONS			
Subtotal	\$0.00	\$0.00	\$0.00
RENTAL			
Subtotal	\$0.00	\$0.00	\$0.00
REPAIR AND MAINTENANCE			
Subtotal	\$0.00	\$0.00	\$0.00
SALARIES AND WAGES			
Subtotal	\$0.00	\$0.00	\$0.00
SALARY & WAGES			
Subtotal	\$0.00	\$0.00	\$0.00
SECURITY			
Subtotal	\$0.00	\$0.00	\$0.00
SHIPPING			
Subtotal	\$0.00	\$0.00	\$0.00
SMALL EQUIPMENT			
Subtotal	\$0.00	\$0.00	\$0.00
SOCIAL MEDIA			
Subtotal	\$0.00	\$0.00	\$0.00
SUBSCRIPTIONS			
Subtotal	\$0.00	\$0.00	\$0.00



	Grant Funded	Non-Grant Funded	Total Budgeted
SUPPLIES			
Subtotal	\$0.00	\$0.00	\$0.00
SUPPLIES & MATERIALS			
Subtotal	\$0.00	\$0.00	\$0.00
TRAVEL			
Subtotal	\$0.00	\$0.00	\$0.00
UTILITIES			
Subtotal	\$0.00	\$0.00	\$0.00
VEHICLES			
Subtotal	\$0.00	\$0.00	\$0.00
VIDEO PRODUCTION			
Subtotal	\$0.00	\$0.00	\$0.00
WEBSITE DEVELOPMENT OR ENHANCEMENT			
Subtotal	\$0.00	\$0.00	\$0.00
WEBSITE EXPENSES			
Subtotal	\$0.00	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding			
Award Requested	\$0.00		\$0.00
Subtotal	\$0.00		\$0.00
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
In-Kind Match		\$0.00	\$0.00
Subtotal		\$0.00	\$0.00
Total Proposed Revenue	\$0.00	\$0.00	\$0.00

Proposed Budget Detail

Proposed Budget Narrative



ACCOUNTING

ADMINISTRATION

ADVERTISING

CONSULTANT SERVICES

COVID-OTHER

COVID-PPE

EMPLOYEE BENEFITS

EQUIPMENT

EQUIPMENT RENTAL

FUELS

GRANT ADMINISTRATION

MARKETING/ADVERTISING

OFFICE EQUIPMENT

OFFICE SUPPLIES

OPERATIONS

OTHER COMMODITIES

OTHER EXPENSES



OVERTIME

PHOTOGRAPHY - STILL

PRINTING

PUBLIC RELATIONS

RENTAL

REPAIR AND MAINTENANCE

SALARIES AND WAGES

SALARY & WAGES

SECURITY

SHIPPING

SMALL EQUIPMENT

SOCIAL MEDIA

SUBSCRIPTIONS

SUPPLIES

SUPPLIES & MATERIALS

TRAVEL

UTILITIES



VEHICLES

VIDEO PRODUCTION

WEBSITE DEVELOPMENT OR ENHANCEMENT

WEBSITE EXPENSES