

# COUNTY OF KAUA'I

## Nonprofit Organization GRANT PROPOSAL APPLICATION

If additional space is needed, please attached a separate page for your complete response.  
Please label each attachment with the corresponding section and question number.

### A. APPLICANT INFORMATION

FOR COK USE ONLY

Proposal # \_\_\_\_\_

Vendor ID # \_\_\_\_\_

Confirmation \_\_\_\_\_

Review \_\_\_\_\_

Disbursed \_\_\_\_\_

\_\_\_\_\_  
Name of your group/organization

\_\_\_\_\_  
Organizations Mission Statement

\_\_\_\_\_  
Project or Event Title

### CONTACT INFORMATION

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Contact's Telephone Number and email address

\_\_\_\_\_  
Contact's Mailing Address: Number / Street or PO Box / Town/ HI / Zip Code

\_\_\_\_\_  
Name of Second Contact

\_\_\_\_\_  
Contact's Telephone Number and email address

\_\_\_\_\_  
Contact's Mailing Address: Number / Street or PO Box / Town / HI / Zip

### FUNDING HISTORY (10 points)

Has your group or organization received a grant in the past from the County of Kauai?  Yes  No  
If you answered "yes" Please check one of the two choices below:

This proposal is for the same project/event  This proposal is for a new project/event

\$ \_\_\_\_\_  
Previous Award Amount

\_\_\_\_\_  
Date(s) of Previous Project/Event

### COLLABORATIVE PARTNER CONTACT INFORMATION

\_\_\_\_\_  
Name of Collaborating Group

\_\_\_\_\_  
Name of Contact in Collaborative Group

\_\_\_\_\_  
Contact's Telephone Number and email address

\_\_\_\_\_  
Contact's Mailing Address: Number / Street or PO Box / Town / HI / Zip Code

**B. PROJECT/POPULATION CATEGORIES (20 Points)**

1. Check the description(s) that best fits the population your project serves:

- Families
  - Youth, 0 - 5
  - Youth, 6 – 11
  - Youth, 12 – 18
  - Community-at-large
  - Visitors to the island
  - Adults
  - Other (please describe):
- 

2. In which region is the population you serve located? Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Haena                             | <input type="checkbox"/> Lihue/Puhi      |
| <input type="checkbox"/> Hanalei                           | <input type="checkbox"/> Koloa/Poipu     |
| <input type="checkbox"/> Kilauea/Waipake                   | <input type="checkbox"/> Lawai/Kalaheo   |
| <input type="checkbox"/> Anahola                           | <input type="checkbox"/> Eleele/Hanapepe |
| <input type="checkbox"/> Kapa'a                            | <input type="checkbox"/> Waimea/Kekaha   |
| <input type="checkbox"/> Wailua                            | <input type="checkbox"/> PMRF            |
| <input type="checkbox"/> Specific Community (please list): |  |
- 

3. How many Kaua'i citizens do you expect / estimate to benefit from this project?

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> 0 – 10  | <input type="checkbox"/> 50 – 100  |
| <input type="checkbox"/> 10 – 25 | <input type="checkbox"/> 100 – 200 |
| <input type="checkbox"/> 25 – 50 | <input type="checkbox"/> Over 200  |
- 

4. Your proposed project/event is (Please select one):

- A one-time event
  - A semi-annual event
  - A weekly event
  - A monthly event
  - An annual event (once every year)
  - An ongoing project
  - Other (please explain):
- 

5. Which categories best describe your project/event? Please check all that apply:

- Arts
  - Faith-based activities
  - Family activities
  - Parenting
  - Economic Need
  - Sports/recreation
  - Youth activities other than sports
  - Training / education
  - Cultural
  - Social
  - Other (please explain):
- 

6. Describe the community need your project will address, how the proposed activities respond to that need, and any existing gaps in services. Include relevant data or information to support your response, if available.

### ***C. APPLICANT READINESS (10 Points)***

Please provide examples of your planning and management experience that demonstrate your ability to ensure the success of this project.

1. How does your organization demonstrate financial viability to ensure the successful completion of the project within the grant period?
2. Can you provide details about your organization's mission? Is it clearly defined and achievable? Who are the members of the board of directors and senior leadership responsible for advancing this mission? Additionally, how does your organizational structure and programs align with your mission?
3. What experience does your staff and organization have that is relevant to the duties required for this project?

### ***D. PROJECT/EVENT DESCRIPTION (30 Points)***

This section is the “**what, when, where, why and how**” of your project. Clearly identify the project's goals and intended outcomes, explain the activities you plan to implement, and describe how the project will benefit the people of Kauai. Please also explain how success will be measured, including the data, indicators, or benchmarks that will be used. The information provided in this section will form the basis for required quarterly and final reports, including program status updates, data summaries, and narrative reporting. Please include:

1. Describe the activities, services or events you will implement?
2. Where and when will your project take place?
3. How will your project benefit the people of Kaua'i? What are your expected outcomes?
4. How will success be measured? How will you track and measure progress towards your project's goals?

### ***E. PRIORITY FOCUS (10 Points)***

In this section, elaborate on how your program will positively impact the youth and young adults on Kaua'i. While this focus is not required for eligibility, projects that demonstrate strong a prevention and prosocial activities may receive priority consideration.

1. Describe the prosocial activities or initiatives your project proposes for adolescents and young adults.
2. Explain how your project emphasizes the promotion of positive behavioral health and supportive principles.
3. Identify Specify the Evidence-Based Practices that will be implemented.

**F. PROJECT BUDGET (20 Points)**

Make sure that you list all uses of grant funds. Two unrelated members of your group must sign this section signifying acceptance of financial responsibility for your group's project.

*Please complete the budget worksheet on the next page.*

\$ \_\_\_\_\_  
Grant Amount Requested                      Project Name/ Event

1. How will this grant money be spent? *Please explain in detail the expenses you will list on the attached budget worksheet.*

2. What other sources of money will you use to finance your project/event?

Donations                       Fund raising                       Fees/admission charges

None                       Other (please describe): \_\_\_\_\_

3. Who in your group accepts Fiscal Responsibility for this project? Please list the names, titles, and addresses of

**TWO UNRELATED PEOPLE IN YOUR GROUP** who will oversee your project's money management and cash handling tasks. They also agree to the special conditions on page 6 Both people must sign and date below.

① \_\_\_\_\_  
Name (type or print clearly)                      Position in Group

\_\_\_\_\_  
Signature                      Date Signed

\_\_\_\_\_  
Mailing Address                      Email Address

② \_\_\_\_\_  
Name (type or print clearly)                      Position in Group

\_\_\_\_\_  
Signature                      Date Signed

\_\_\_\_\_  
Mailing Address                      Email Address



**G. ACCESS AND COMMUNITY IMPACT (10 Points)**

Equity and diversity are fundamental to ensure inclusive environments where all citizens have equal access, and opportunities to thrive, regardless of background.

1. Please describe your organization's leadership and staffing structure, including board members, and staff where applicable. Share examples of how your organization engages with or serves diverse or historically underserved populations within the community.
2. Please describe any workplace practices, program approaches, or community efforts that reflect your organization's consideration of equity. If applicable, identity any actions or strategies that organization plans to strengthen its capacity.
3. How does your program ensure that services or activities are accessible and inclusive to the population it intends to serve (eg outreach methods, partnerships, language access, or cost considerations)?

**H. CONFLICT OF INTEREST AND DISCLOSURE INFORMATION**

1. To support transparency, please indicate whether any member of your organization's Board of Directors, officers, or key personnel has a close familial or personal relationship with an officer or evaluation committee partner with the Office of the Prosecuting Attorney (OPA) or Life's Choices Kauai. *Disclosure of such a relationship does not, by itself, affect eligibility for funding.*

No known familial or close personal relationships.

Yes, the applicant organization has the following relationship(s) to disclose:

This is our first grant from Life's Choices Kauai.

2. Is any member of your organization a participant of any of the following task force or committees:

Advisory	Enforcement	Fentanyl	Community Integration
Prevention	Treatment	Other:	

3. Please indicate which strategy that your project or event is aligned with?

Prevention	Enforcement	Treatment	Recovery	Community Integration
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Other:

4. Were all your fundraisers for this project drug and alcohol free?

Yes                      No

If no, please explain:

5. Is there anything else you would like to add to your application?