

County of Kauai Innovation-Community Grant 23-24 Application

Applicant

Reviewer

APPLICATION INSTRUCTIONS

1. Please read through this application and the Request For Proposals (RFP) before starting your application. All terms and conditions as stated in the related RFP will apply to any awarded grant funds. [2023-2024 RFP Innovation Grant RFP FINAL.pdf](#)
2. In addition to this application, the Organization may submit a separate cover letter describing the background of their organization, the events leading to this request for funds, and any other relevant information not required in this application. Cover letter may not exceed two pages. Document must be in pdf or Microsoft Word format .
3. Do not omit answering any questions. Applications with unanswered questions may not be considered. If an Applicant believes a question isn't applicable please mark "N/A."
4. All costs associated with the application preparation are the responsibility of the Organization.
5. All applications become the property of the County and are subject to the Uniform Information Practices Act, Hawaii Revised Statute 92F. Any proprietary information should be clearly marked.
6. Submission of an application does not guarantee funding.
7. The County reserves the right to request additional information from the Organization.
8. The proposed Program must benefit residents of the County of Kauai and/or Niihau and take place 100% on the Island of Kauai and/or Niihau.

APPLICANT INFORMATION

1. Applicant Name (Legal Organization Name) *

1000

2. Applicant Legal Address *

500

3. Applicant City, State, Zip *

100

4. Organization Phone Number (Enter Numbers Only) *

10

5. Organization Type *

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

5A. If you chose "other" above, please describe Organization Type *

100

6. Organization Tax ID # (Enter numbers only) *

9

7. Grant Contact Name *

100

8. Grant Contact Title *

100

9. Grant Contact Email *

100

10. Grant Contact Phone Number *

10

11. Complete Name and Title of the person authorized to execute agreements on behalf of the applicant as described in by-laws and/or corporate resolution *

17 200

12. Email of authorized signatory listed above. *

100

14. Attach a list of the current Board of Directors including names, titles, addresses, occupations and terms of office for all officers and members of the Board of Directors and affiliations *

15. Attach SIGNED Articles of Incorporation or Organization By Laws *

16. Attach a Certificate of Good Standing from the Department of Commerce and Consumer Affairs. Must be dated within the past thirty days. *

17. Attach your current HCE Compliance Certificate (if any). Note, while this is not required for application, it is required for funding.

18. Attach your SIGNED Organization W-9. *

19. Attach your most recent Financial Statement (Profit and Loss) *

20. Attach your current Fiscal Year Operating Budget.

21. Attach your IRS 501(c)(3) determination letter *

22. List all grants received by your organization for the CY2021. A grant list can be uploaded at the end of this contract if the space provided is insufficient.

	Name of Grantor	Name of Project Funded	Amount Funded
CY2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2021	<input type="text"/>	<input type="text"/>	<input type="text"/>


23. List all grants received by your organization for the CY2022. A grant list can be uploaded at the end of this contract if the space provided is insufficient.

	Name of Grantor	Name of Project Funded	Amount Funded
CY2022	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2022	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2022	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2022	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2022	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. List all grants received by your organization so far in CY2023. A grant list can be uploaded at the end of this contract if the space provided is insufficient.

	Name of Grantor	Project Funded	Amount Funded
CY2023	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2023	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2023	<input type="text"/>	<input type="text"/>	<input type="text"/>
CY2023	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Project Activities (i.e., complete preliminary site layout/operations plan)	Who will complete this task? Include any partners and or consultants	Grant Quarter (Q1, Q2, Q3, Q4)
16			

A10. EVALUATION OF PROJECT IMPACTS. Project Impact is how your project affects the matters which it comes in contact with. By giving a project impact appraisal you define effects, both positive and negative, which the project is expected to produce upon environment, organization, community, people, etc.? (Maximum 3000 characters)  *

Formats ▾
B
I














<>

p 

A11. Dependencies and External Factors. Explain the external key factors that will influence whether this project is successful and how you intend to address them. For each, indicate whether the activity/task/approval/etc has been completed, or if not, your plan for completing it . . Example: Securing all required permits/authorizations/approvals; staff or contractor availability, shipping issues, etc. (maximum 3000 characters)  *

Formats ▾
B
I














<>

p 

A12. PROJECT ALIGNMENT WITH COUNTY GOALS: Describe how your project aligns with county goals listed in the RFP. This is not necessary, but could add extra points to your project score. (Maximum 3000 characters). If it does not apply, please put NA in the box.  *

Formats ▾
B
I















<>

p 


A13. PROJECT MATCHING FUNDS: A 15% cash match and a 15% in-kind match is required for this Grant. Describe the required matching/in-kind funds you have secured for this project.  *

Formats ▾
B
I










<>

Empty text area with a small 'p' at the bottom left and a grid icon at the bottom right.

C4. PROCEDURAL EQUITY: How does your project ensure the participation of groups that are disproportionately affected? How have community members been involved in the development and evaluation of the project? How will your organization communicate information about the project to effectively reach people from groups that are disproportionately affected?(Maximum 3000 characters) ✎ *

Rich text editor toolbar with icons for Bold (B), Italic (I), Bulleted List, Numbered List, Decrease Indent, Increase Indent, Link, and Image. Below the toolbar is a large empty text area with a small 'p' at the bottom left and a grid icon at the bottom right.

C5. DISTRIBUTIONAL EQUITY: How will the project distribute its benefits and responsibilities? Are there potential unequal effects on underserved groups? Identify opportunities to promote equity, such as requirements for contracting, subcontracting, hiring material sourcing, etc.(Maximum 3000 characters) ✎ *

Empty text area with a small '3000' at the bottom left and a grid icon at the bottom right.

C6. STRUCTURAL EQUITY: What methods and various data points will your project use to identify inequity and ensure that it prioritizes groups that are disproportionately affected? Share equity data indicators (i.e., groups that have been contacted) to track in grant reports. How will your project assess its performance using specific metrics and provide opportunities for reflection on equity?(Maximum 3000 characters) ✎ *

Empty text area with a small '3000' at the bottom left and a grid icon at the bottom right.

D. SUPPORTING DOCUMENTATION (Letters of Support, Additional Details not included above, secured contracts, project plan, etc.)

- ✎ D1. ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION HERE ✎
- ✎ D2. ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION HERE ✎
- ✎ D3. ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION HERE. ✎
- ✎ D4. ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION HERE. ✎

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.