

County of Kauai Innovation-Community Grant 22-23 Application

Applicant

Reviewer

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 and font must be at least 12pt. Cover letter must be in pdf or Microsoft Word format (cover letters in other formats will be discarded).
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.
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.

NON-PROFIT ORGANIZATION INFORMATION

1. LEGAL NAME OF NON-PROFIT ORGANIZATION APPLYING FOR AND RESPONSIBLE FOR THIS GRANT *

1000

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

- Yes
 No

2a. If you answered "yes" to Question 2, please list the name of the organization that will be running the project.

5000

2b. If you answered "yes" to Question 2 above, please attach documents relating to the organization that will be running the project including Organizational Information, project management experience and the most recent financials of the organization. They should be scanned together and uploaded as one document.

Choose File

3. LEGAL MAILING ADDRESS OF NON-PROFIT ORGANIZATION *

500

4. ORGANIZATION CITY *

100

5. ORGANIZATION STATE *

25

6. ORGANIZATION ZIP CODE *

5

7. PHONE NUMBER OF ORGANIZATION (ENTER NUMBERS ONLY) *

10

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 GOVERNMENT ENTITIES ARE NOT ELIGIBLE FOR THIS OPPORTUNITY) *

10000

9. ORGANIZATION EIN/TIN (ENTER NUMBERS ONLY) *

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10. NAME OF CONTACT PERSON RESPONSIBLE FOR THIS GRANT *

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11. TITLE OF CONTACT PERSON *

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

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14. NAME OF THE PERSON WHO WILL BE SIGNING THE GRANT CONTRACT SHOULD YOU BE AWARDED FUNDING *

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15. TITLE OF THE PERSON WHO WILL BE SIGNING THE GRANT CONTRACT SHOULD YOU BE AWARDED FUNDING *

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16. ATTACH A CORPORATE RESOLUTION THAT SPECIFICALLY STATES THAT THE PERSON LISTED ABOVE IS AUTHORIZED TO SIGN THE GRANT. *

Choose File

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

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18. PLEASE ATTACH YOUR SIGNED ORGANIZATION BY-LAWS. *

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

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

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

Formats ▾ **B** *I* [List Bullets] [List Squares] [List Circles] [List Triangles] [List Diamonds] [List Stars] [List Hearts] [List Spades] [List Clubs] [List Pentagons] [List Hexagons] [List Heptagons] [List Octagons] [List Nonagons] [List Decagons] [List Underscore] [List Hash] [List Dollar] [List Percent] [List At] [List Asterisk] [List Hash] [List Less Than] [List Greater Than]

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

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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

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- Yes
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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? *

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- Yes
- No

A. PROJECT INFORMATION

A1. WHAT IS YOUR PROJECT TITLE? *

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- AGRICULTURE
- CREATIVE INDUSTRIES
- NEW INDUSTRY & BUSINESS INNOVATION
- TOURISM-DESTINATION MANAGEMENT
- ENERGY AND SUSTAINABILITY

A3. WHAT GRANT AMOUNT ARE YOU REQUESTING? *

A4. PROVIDE A DESCRIPTION OF YOUR PROJECT. *

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A5. PROVIDE PROJECT JUSTIFICATION. EXPLAIN THE PROBLEM OR OPPORTUNITY AND WHY THE PROJECT IS NECESSARY. *

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A8. PROVIDE THE PROJECT OBJECTIVES *

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- YES
- NO

A18. THE MAXIMUM AMOUNT FOR GRANT ADMINISTRATION FEES IS 15% OF THE GRANT REQUEST AMOUNT. DOES YOUR BUDGET INCLUDE A GRANT ADMINISTRATIVE FEE THAT IS 15% OR LESS OF YOUR GRANT REQUEST AMOUNT? *

- Yes
- No

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.) *

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C6. WHAT OUTCOME MEASURES AND DIVERSE DATA POINTS WILL YOUR PROJECT LEVERAGE TO IDENTIFY INEQUITY AND ENSURE THAT YOUR PROJECT WILL PRIORITIZE DISPROPORTIONATELY IMPACTED GROUPS? *

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D2. ATTACH ANY ADDITIONAL SUPPORTING DOCUMENTATION HERE

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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
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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 October 31, 2023. *

- Yes
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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.. *

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A8. PROVIDE THE PROJECT OBJECTIVES *

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A9. PROVIDE THE DETAILED WORK TO BE COMPLETED BY QUARTER (Q1, Q2, Q3 and Q4.) *

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A11. PROVIDE THE PROJECT TIMELINE. OUTLINE THE TIMELINE FOR EACH PHASE, INCLUDING THE BASIC TASKS YOU WILL ACCOMPLISH, WITH START AND END DATES *

Formats ▾

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A12. WILL YOUR PROJECT REQUIRE OUTSIDE ASSISTANCE (SUCH AS OUTSIDE CONTRACTORS, GOVERNMENT AGENCIES OR OTHER ENTITIES THAT PROVIDE SPECIAL PERMISSIONS TO USE PROPERTY, EQUIPMENT, SPECIAL LICENSES, ETC. *

YES

NO

A12(a) IF YES, HAVE YOU SECURED THIS ASSISTANCE PRIOR TO APPLYING FOR THIS GRANT? *

YES

NO

A12(b). If you answered "yes" to 12, describe the outside assistance required.

Formats ▾

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A13. 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 GOALAND/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.

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A14. DESCRIBE ANY MATCHING FUNDS YOU HAVE ALREADY SECURED FOR THIS PROJECT.

Formats ▾

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A15. DESCRIBE HOW YOU WILL SUSTAIN THIS PROJECT BEYOND THE GRANT PERIOD. *

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