

Proposal # _____

Vendor ID # _____

Confirmation _____

Review _____

Disbursed _____

County of Kaua'i –Private Organization GRANT PROPOSAL

A. APPLICANT INFORMATION (20 Points)

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 Code

Has your group or organization received a Grant in the past from COK? 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

\$ _____

Amount Requested

Date (s) of 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/EVENT 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):
-

D. 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.

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
_____	_____

BUDGET WORKSHEET ATTACHMENT

This Budget form is intended to serve as a guide to help you plan your project. You do not have to complete every line BUT be sure that you describe ALL your expenses. For the quarterly and end of fiscal year reports you will have to submit original receipts that match this budget. Any changes will have to be approved in advance through a written budget modification request.

This section is for **ALL funds** received for this project. This section is for **COUNTY funds** you are applying for ONLY.

Sources of Income For Project	Amount	Project Expenses <i>Alcohol, Equipment Purchases and Personnel costs & Admin fees are NOT allowed</i>	Amount
Other Grants		Airfare-Interisland ONLY	
Fees / Admission		Insurance	
Fund Raising		Equipment Rental	
Cash Donations		Postage, Freight, etc.	
Membership Fees		Publication and Printing	
		Staff Training	
		Stipend	
		Supplies	
		Transportation	
		Other Expenses (please list)	
		•	
		•	
		•	
		•	
Total Cash For Project	\$	Total Project Expenses	\$

VALUE OF IN-KIND DONATIONS

In-Kind	Description and number	Value per item/hour	Total Value
Volunteer Hours	Number of hours	\$	\$
Donated Goods/Services		\$	\$

Wow--The total dollar value of our project is \$ _____
 (Total Cash for Project + In-Kind Total Value)

E. MISCELLANEOUS (10 Points)

1. Are you in compliance and up to date with all of your reports from the last grant you received from the County of Kaua'i's Life's Choice's Kauai Program?

Yes

No

This is our first grant from the County of Kauai.

2. Is any member of your organization a participant in the Life's Choices Kauai Committees?

Yes

No

If you answered yes, please indicate which group:

Advisory Committees:

Prevention

Enforcement

Treatment and Community Integration

Other _____

3. Please reference what strategy that your project or event is aligned with?

Prevention

Enforcement

Treatment and Recovery

Community Integration

4. Were ALL of your fundraisers for this project Drug and Alcohol Free?

Yes No

If you answered no, please explain:
