

Proposal # _____

Vendor ID # _____

Confirmation _____

Review _____

Disbursed _____

County of Kaua'i –Private Organization GRANT PROPOSAL

Use a separate sheet of paper as needed to write your complete response. Please label it clearly with the section and question number.

A. APPLICANT INFORMATION

 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/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):
-

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/event. You will first explain what you intend to do and then explain how your project, or event addresses how it will benefit the people of Kaua'i. Explain the ways your group plans to measure the success of your project. This will be the items required to be reported on your quarterly or final reports (program status, data summary, narrative)

1. What will your group do?
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 you show that the project has achieved its goals?

E. SPECIAL FOCUS (10 Points)

In this section, elaborate on how this will positively impact the youth and young adults on Kaua'i.

1. Provide a detailed description of your pro-social initiatives aimed at adolescents and young adults.
2. Explain how your project emphasizes the promotion of positive behavioral health and supportive principles.
3. 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.

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, real estate, auto purchases, and or fundraising expenses 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)

G. EQUITY IMPACT AND ADDITIONAL DETAILS (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. How does your organization reflect diversity among its leaders, including board members and staff, and what examples can be provided of its engagement in supporting marginalized populations within the community?

2. How is the organization demonstrating its commitment to equity through workplace practices or community impact, and what specific actions has the applicant identified to enhance its capacity to advance equity during the grant term?

3. Are you in compliance in 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.

4. 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 _____

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

Prevention

Enforcement

Treatment and Recovery

Community Integration

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

Yes No

If you answered no, please explain:
