COUNTY OF KAUA'I GRANTS TO PRIVATE ORGANIZATIONS APPLICATION INSTRUCTIONS
Funding Awards Program 26-27 Kauai Emergency Management Agency

Please read through this packet and the accompanying Request For Proposals (RFP) before starting your application. All terms as stated in the related RFP apply.

County of Kaua'i Grants to Private Organizations Information

Eligible Applicants: Any group that is a private organization not-for-profit, corporation or unincorporated association organized to provide benefits to the people of the County of Kaua'i; provides benefits to the people of Kaua'i by means of emergency support to may include, refuge area support staffing, sheltering operations and other Emergency Support Functions (ESF) as of ESF-6 Mass Care; the need for which adequate federal or state funding cannot be secured. Funding source for this application is General Funds appropriated in the Annual Budget of the County of Kaua'i.

COUNTY OF KAUA'I GRANTS TO PRIVATE ORGANIZATIONS PROGRAM REQUIREMENTS

☑ Your grant proposal should clearly state how your project will benefit the people of Kaua'i.

☑ It is expected that you will comply with the requirements set by the granting County of Kaua'i Department Project Manager, Or the Finance Director. Please read the accompanying RFP carefully in terms.

☑ Projects or events will require both fiscal and program reporting on a quarterly basis (due on the 15th of the month following the close of the quarter – Fiscal year July 1 – June 30). Yearend report also required 90 days after closing of fiscal year that the money was appropriated (June 30).

☑ Program reports (including final report) will require reporting of at a minimum the following: 1) Program status summary 2) Program data summary 3) Summary of participant characteristics 4) Financial Status Report (FSR) of how funds were used (expenditures). Please use designated reporting forms – attachments and back up welcome).

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County of Kaua'i –Private Organization GRANT PROPOSAL

A—APPLICANT INFORMATION

Name of your group/organization (not for profit)

Project or Event Title

Is your group/organization a private organization which is a not-for-profit organization, corporation or unincorporated association, chartered or otherwise engaging in charitable activities in the County of Kauai?

☐ **Yes** ☐ No

Does the purpose for which the applicant not-for-profit corporation or association is organized provide benefits to the people of the County of Kauai?

☐ **Yes** ☐ **No**

Do the purposes for which the not-for-profit corporation or association is organized and for which the group is requested provide services or activities to meet a distinctive cultural, social, or economic need and for which adequate Federal or State Funding cannot be secured.

☐ Yes ☐ No

CONTACT INFORMATION

Name of Contact

Contact's Telephone Number and email address (if applicable)

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

Name of Second Contact

Contact's Telephone Number and email address (if applicable

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 seeks funding for the same project or program ☐ This proposal is for a new project or program

$ _____ _____

Amount Requested/Appropriated Budget **Expected Completion Date**

COLLABORATIVE PARTNER CONTACT INFORMATION (IF ANY)

Name of Collaborating Group

Name of Contact in Collaborative Group

Contact's Telephone Number and email address (if applicable)

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

B—PROGRAM—SECTOR CATEGORIES for County of Kaua'i GRANTS TO PRIVATE ORGANIZATIONS

C - SPECIAL CONDITIONS OF GRANTS TO PRIVATE ORGANIZATIONS

This section provides the special conditions that organizations are required to comply with accepting these funds.

1) Organization must comply with all applicable federal and state laws prohibiting discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, or age, in employment and any condition of employment with the recipient or in participation in the benefits of any program or activity funded in whole or in part or by government funds.
2) To comply with all applicable licensing requirements of the County, State and Federal governments, and with all applicable accreditation and other standards of quality generally accepted in the field of the recipient's activities.
3) To have in its employ or within its membership such persons as are qualified to engage in the activity funded in whole or in part by government funds.
4) To comply with such other requirements as the Director of Finance may prescribe to ensure adherence by the provider or recipient with county, federal and state laws and to ensure quality in the service or activity rendered by the recipient.
5) To allow the expending county agency (department), the Finance Committee of the Council, full access to records, reports, files and other related documents in order that they may monitor and evaluate the management and fiscal practices of the expenditure of County funds.

D—County of Kaua'i —ORGANIZATION DESCRIPTION AND QUALIFICATIONS: (Please describe your non-profit organization and its' goals and how its' mission relates to the project as well as provide a list of your Board of Directors. Include depth and breadth of experience in the performing of similar work. Include targeted population that your organization serves and experience or expertise which qualifies your organization to carry out the project. Provide information on staff who will be responsible for planning, developing and implementing the proposed project or activity.)

E—County of Kaua'i —PROJECT DESCRIPTION

This section is the "what, when, where and why" of your project. You will first explain what you intend to do and then explain how your project, program, or event addresses how it will benefit the people of Kaua'i. Describe the need that your proposed project will fulfill or correct. Explain the ways your group plans to measure the success of your project. These will be the items required to be reported on in your quarterly reports (program status, data summary, narrative)

1. What will your organization do? (explain the project and how it relates to that sector's goals)

2. Where and when will your project take place? Please provide a timetable here for the project or attach to this proposal. (please use a 9 month or less time period-example on page 5)

3. How will your project benefit the people of Kaua'i? What are your expected outcomes for the project and the community? Include information on the economic benefit this project brings to the County of Kauai. Also describe how this project demonstrates principles of sustainability.

4. How will you show that the project has achieved its outcomes and goals-results of your project? (survey or data collection mechanism). Outcomes – the specific, measurable results of your project that occur during the project time-frame and the contribution to the overall goal/goals. Outcomes should be SMART – **S**pecific, **M**easurable, **A**ttainable, **R**ealistic **T**imely.

5. How many jobs will this funding be able to create or maintain? What types of jobs?

6. Does this project have other funding sources?

F—PROJECT BUDGET Make sure that you list all uses of grant funds. ***Please complete the attached budget worksheet***

1. Budget Narrative: How will this grant money be spent? Please explain the expenses you listed on the attached budget worksheet. You may attach a budget narrative explaining each of the line items in detail.

2. What other sources of money will you use to finance your project? Describe and list in your budget. Please note if the County of Kauai has any other role in this project beside the requested funding and what that is.

3. **SIGNATURE:** Who in your organization is permitted to sign to obligate the organization? Please provide an attachment showing **bylaws that specify that this person can sign** or provide a **corporate resolution**, signed by the secretary nothing that this person can sign on behalf of the organization.

_____ _____

Name (type or print clearly) Position in Group

_____ _____

Signature Date Signed

BUDGET WORKSHEET ATTACHMENT

(This form can be provided in a separate excel sheet)

You must show and designate all cash and in-kind for the entire project. Expenses and Income should match or come close. We value match and in-kind funding. For proposals, just use the Budget columns. Actual columns are used for your final financial report as comparison.

	COUNTY CASH		OTHER CASH		IN-KIND		TOTAL EXPENSES	
EXPENSES	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Administration (max 20%)							0	0
							0	0
							0	0
							0	0
							0	0
Operations							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
Marketing							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
TOTAL EXPENSES	0	0	0	0	0	0	0	0

INCOME	COUINTY CASH		OTHER CASH		IN-KIND		TOTAL INCOME	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
COUNTY OF Kaua'i							0	0
Organization's Contribution							0	0
Other Sponsors/Sources (specify sources for both other cash and in-kind support):							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
TOTAL INCOME	0	0	0	0	0	0	0	0