

Kīlauea Recovery Grant Program Application Orientation



Orientation Agenda

1. Process and Timeline
2. What's New for the Kīlauea Recovery Grant Program
3. Fiscal Year 2023-2024 Application Form
4. Resources and Support
5. Other Grant Opportunities
6. Reminders
7. Questions & Answers

Process and Timeline

- FY 2023-2024 Application Information posted September 18, 2023
- Visit: <https://recovery.hawaiicounty.gov/resources/recovery-grants>
- **Application Deadline: October 27, 2023, at 4:30 PM HST**
- *No applications will be accepted after this deadline.*
- Notification of Grant Awards: November 15, 2023
- Grant awards up to \$25,000 are authorized by Finance Director
- Grant awards over \$25,000 are authorized by County Council by Resolution (anticipated December 2023)
- Grants will be awarded through contracts anticipated in January 2024

What's New for FY 2023-2024

- Ordinance 2023-64 (formerly Bill 56) became law and authorized changes to the County Code (Chapter 2, Article 47) that enables this grant program.
- Code amendment added language related to “**long-term resilience**” in addition to disaster relief and recovery.
- Language was added to specify the eligibility of organizations applying for grant assistance, and the use of grant funds under this program in Section 2-250

Section 2- 250. Eligible nonprofit organizations.

- (a) The granting of disaster relief funds under this article shall be made only to nonprofit organizations that demonstrate the following:
 - 1) Clear evidence, or other similar evidence that is deemed that the nonprofit organization meets the eligibility requirements set forth in section 2- 137 of this chapter; [and]
 - 2) Evidence that the nonprofit was directly impacted by the 2018 lower east rift zone eruption of Kīlauea or service to Lower Puna communities, which is defined as extending from and inclusive of the Hawaiian Paradise Park subdivision to Kalapana, and including Orchidland Estates, 'Āinaloa, Hawaiian Beaches, Hawaiian Shores, Kapoho, Pāhoa, Nānāwale, Leilani Estates, and other communities proximate to the lower east rift zone; and
 - 3) Eligibility to receive disaster relief through substantiated documents, studies, photographs satisfactory by the director.
- (b) The nonprofit organization applying for a grant of disaster relief funds shall bear the burden of substantiating the claim for disaster relief or long-term resilience.

What's New for FY 2023-2024

- The maximum grant award for a project is **\$500,000**.
- Only **501(c)3 non-profit organizations** are eligible to apply for this grant program.
- Organizations that **are not** 501(c)3 non-profit organizations may apply through a fiscal sponsor for their project to be considered.
- The **fiscal sponsor** must be a 501(c)3 non-profit organization.

The \$500,000 maximum grant award **does not apply** to 501(c)3 non-profit organizations **in their role as fiscal sponsors** to other groups or associations for the purpose of administering this grant.

For applicants working with a Fiscal Sponsor: Some parts of this application are for the Project Manager to complete, while other parts are for the sponsoring nonprofit organization. The completed application is to be submitted to the County by the nonprofit organization.

In this workshop, we will note the portions to be completed by the Project Manager. ➡

Application Instructions: (Numbers in this section correspond to the numbers in the Application)

Enter your nonprofit organization's name (as it appears on your Articles of Incorporation and IRS Form 990. It will auto-populate on all succeeding pages.

Enter the Project Name on the top of the first page of the application. It will auto-populate on all succeeding pages.

Page 1: Enter organization and project names and contact information.



**County of Hawai'i Kīlauea Recovery Grant Program II Application
FY 2023-24**

DISCLAIMER: Hawai'i County is committed to the full inclusion of all qualified applicants for consideration of this grant without regard to disability or any other classification protected by state or federal law. As part of this commitment, the County of Hawai'i will ensure that persons with disabilities are provided reasonable accommodations as it pertains to the completion of the application or materials. If you are unable to access or complete any portion of the Kīlauea Recovery Grants Program Application or materials online, and would like to request a hard copy, please contact Patti Pinto at patti.pinto@hawaiicounty.gov or 808-961-8500.

Organization Name:

Project Name:

Organization:

Director: Phone:

Contact Person: Phone:

Mailing Address:

Facility Address:

Email Address:

Accountant/CPA: Phone:

Mailing Address:

➡ Project Manager: Phone:

Mailing Address:

Project Address:

TMK: Email Address:

YOU ARE RESPONSIBLE FOR KEEPING THE ABOVE INFORMATION CURRENT AND TO PROMPTLY NOTIFY THE KĪLAUEA DISASTER RECOVERY DIVISION OF ANY CHANGES

EXHIBIT B

KĪLAUEA RECOVERY GRANTS PROGRAM APPLICATION FY 2020 - 21

Page 1 of 8

Page 2: Enter the geographical areas to be served, specific properties and specific populations. As appropriate: street address, TMK, subdivision, community, town, etc.

1. Project Resilience Capacity Area

- a. Select only one Resilience Capacity Area. If your project spans more than one, select the Resilience Capacity Area that covers the majority of your project. Eligibility Criteria, provide description or evidence for how the project is consistent with Chapter 2, Article 47 of the Hawai'i County Code 1983 (2016 Edition as amended) *“Evidence that the nonprofit was directly impacted by the 2018 lower east rift zone eruption of Kīlauea or service to Lower Puna communities, which is defined as extending from and inclusive of the Hawaiian Paradise Park subdivision to Kalapana and including Orchidland Estates, 'Āinaloa, Hawaiian Beaches, Hawaiian Shores, Kapoho, Pāhoa, Nānāwale, Leilani Estates, and other communities proximate to the lower east rift zone.”*

2. Has this organization received Hawai'i Grants in the past few years:

- a. Report previous year(s) nonprofit grant award(s) received.

3. Nonprofit organization Mission Statement

- a. A brief narrative describing your Agency's mission.

Organization Name:

Project Name:

Geographical Areas To Be Served: (TMK, Address, if appropriate, community or area)



1. Kīlauea Resilience Capacity Area for Activities or Services To Be Provided: (Select One)

Cultural Resilience	Natural Resilience	Economic Resilience
Cultural Programs	Conservation Invasives	Agriculture Workforce Dev. Economic Resources
Built Environment Resilience	Social Resilience	Youth Resilience
Infrastructure Community Development	Community Resilience Public Health and Welfare	Youth Programs Education

2. Has this organization previously received County nonprofit grants?

FY 21-22	FY 22-23	FY 23-24

3. Organization Mission Statement (Include what your organization does and who it serves):

EXHIBIT B

KILAUEA RECOVERY GRANTS PROGRAM APPLICATION FY 2020 - 21

Page 2 of 8

Page 4:

7. Project Goals

- a. Describe your finished project, what will you accomplish, who will be served.

8. Project Scope:

- a. Describe what you expect to achieve with the Kīlauea Recovery Grant Funding. What partnerships with other organizations and how do you intend to sustain your accomplishments?

Organization Name:

Project Name:

➡ **7. Project Goals: What do you plan to achieve Using Kīlauea Recovery Grant Program II Funds?**
(Describe your finished project, what will you accomplish, who will be served)

➡ **8. Project Objectives Using Kīlauea Recovery Grant Program II Funds** (Describe the actions you will take to meet the project/program goal, partnerships with other organizations, and your project objective(s):

EXHIBIT B

KĪLAUEA RECOVERY GRANTS PROGRAM APPLICATION FY 2020 - 21

Page 4 of 8

Pages 6, 7-8:

1. Complete the Organization Conflict Disclosure Form.
 - a. The “Name” and “Position” section at top refers to the organization’s member who may have a conflict of interest. Leave blank if no member of organization has a potential conflict of interest.
 - b. If you are a nonprofit organization acting as a fiscal sponsor for a project entity, please have the Project Manager complete the Conflict Disclosure Form, if appropriate.
 - c. Signature of Authorized member of organization or entity is required, may be signed digitally.
2. Certification of Understanding.
 - a. Signature and title of nonprofit organization authorized official.
 - b. Date field has a drop-down calendar.

Read carefully before entering the digital signature of the authorized member of the organization. After the signature is entered, you may not be able to alter the document.

[How to submit your application](#)

All applications and supporting documents must be submitted by email.
No hard copies will be accepted.

Please save a copy of your Application and Submittal Checklist. These and scanned copies of your supporting documents are to be emailed to:

patti.pinto@hawaiicounty.gov

The application deadline is 4:30 pm, October 27, 2023.

Organization Name:

Project Name:

12. ORGANIZATION CONFLICT DISCLOSURE FORM

Please disclose any conflicts or potential conflicts of interest that any board member, officer, director, or administrator of your organization may have with the County of Hawai‘i. Only those listed below need to be disclosed. One form per person with a conflict is needed. If no conflicts exist, one form for the organization, with the “No conflicts exist” option checked needs to be submitted. Please duplicate as needed to fully disclose. *All disclosure forms must be signed, regardless of whether a conflict exists.*

NAME:

POSITION:

May have a conflict or potential conflict of interest, including any familial relationship, with any of the following (check all that apply):

- Member or members of the Council
- Staff appointed by a member of the Council
- The Mayor
- The Managing Director
- The Director of Finance
- The Corporation Counsel, the Assistant Corporation Counsel, or a Deputy Corporation Counsel

Conflict of Interest is defined as: *a substantial probability that action taken by an individual will result in measurable direct benefits accruing to the individual as opposed to benefits accruing in general to an industry.*

Please specify any and all mitigation measures to avoid, in fact or appearance, any conflicts or potential conflicts of interest:

If no conflicts exist, check here.

I/we affirm that this organization has bylaws or policies that describe the manner in which business is conducted, including but not limited to, management, fiscal policies and procedures, policies on nepotism, and the management of potential and actual conflicts of interest.

Signature of Authorized Person (specify title)

Date

EXHIBIT B

KILAUEA RECOVERY GRANTS PROGRAM APPLICATION FY 2023 - 2024

Page 6 of 8

Organization Name:

Project Name::

12. Certification of Understanding (Page 1 of 2)

I (we) have read and understood all of the eligibility requirements; grant conditions; award procedures; and records, reporting, and fiscal accountability requirements as mandated in Article 25, Sections 2-135 – 2-142.1; and Article 47, Sections 2-246 – 2-258, Hawai'i County Code 1983 (2016 Edition, as amended), relating to Appropriation of Funds to Nonprofit Organizations.

I (we) agree to allow the County (the Legislative Auditor, the Department of Finance, Planning Department, designated Council representative, or expending/oversight agency) full, free, and unrestricted access and authority to examine and inspect any facility, equipment, property, or records pertinent to the grant, contract, or program for which funds were used.

I (we) hereby certify that information supplied herein, including all supporting documents, is correct and that I (we) have the authority and ability to fully administer the program(s) pursuant to law.

I (we) understand that information supplied herein may be made public in accordance with Chapter 92F, Hawai'i Revised Statutes, as amended, and federal law.

I (we) understand that applications and materials may not be reviewed by those County personnel who physically intake and receive the applications and materials. I (we) understand that we have full responsibility to ensure that all documents are complete and accurate prior to submittal

I (we) understand that documents requiring a current signature must be the ORIGINAL, SIGNED document. Where a digital signature is acceptable, it will be indicated on the document. Unsigned documents will be disqualified. Faxed or copied documents will not be accepted as original documents.

If awarded a grant from the County of Hawai'i, I (we) understand and will comply with the requirement to enroll with Hawai'i Compliance Express and be compliant prior to receiving payment(s). (To register, go to <http://vendors.ehawaii.gov>, complete the easy step-by-step process, and pay the annual registration fee online using a credit card).

Organization Name:

Project Name::

12. Certification of Understanding (Page 2 of 2)

If awarded a grant from the County of Hawai'i, I (we) understand that regular quarterly reports and a final report must be submitted to the Recovery Division. Quarterly reports with supporting documentation will be submitted at three month intervals using the provided templates. At the completion of the project, a final report must be submitted within 60 days of the completion of the project. Failure to submit the quarterly or final report within 60 days after the close of the quarter or completion of the project **may result in loss of all grant funds received during the grant period (must be refunded to County) and exclusion from future grant participation for a minimum of one year or until a written report is submitted to, and accepted by, the Council.**

If awarded a grant from the County of Hawai'i, I (we) understand that a current Certificate of Liability (\$1,000,000 general liability, \$50,000 each occurrence) must be provided to the County of Hawai'i Finance Department, which specifically and explicitly indicates that the County of Hawai'i is an additional insured prior to receiving any payment(s).

I (we) understand there is no provision for further notification to submit the final report. For more information and instructions contact patti.pinto@hawaiicounty.gov

As part of this application, I (we) acknowledge that any funds awarded will be restricted for the purposes stated in the application, except for a maximum ten percent (10%) for administrative and overhead costs. Any funds unused at the completion of the project must be returned to the County of Hawai'i with the final report. Failure to return these funds in a timely manner will impact the evaluation of your agency's future funding request and may result in actions taken to recover these funds.

The grant award may be used for capital improvement purposes compliant with the conditions laid out in Chapter 2, Article 47 of the Hawai'i County Code 1983 (2016 Edition, as amended).

By signing below, you are acknowledging that you have read and understood these requirements.

Signature of Authorized Person

Date

Title/Position of Authorized Person

Resources and Support

Questions or need assistance? Contact:

- Patti Pinto
- (808) 961-8500
- patti.pinto@hawaiicounty.gov

[https://recovery.hawaiicounty.gov/
resources/recovery-grants](https://recovery.hawaiicounty.gov/resources/recovery-grants)

- Kīlauea Recovery Grant Program Application 2023-2024
- Kīlauea Recovery Grant Program Application Instructions
- Submittal Checklist
- Submittal Checklist Instructions
- Solicitation Letter
- Notice to Applicants
- Frequently Asked Questions (FAQs)

Other Grant Opportunities



The graphic features a light blue background with a decorative white and blue wave pattern at the top and bottom. On the left is the official seal of the County of Hawaii, Kilauea Eruption Recovery. On the right is a colorful logo of five stylized human figures in green, orange, red, purple, and blue. The main text is in bold blue font, and the announcement is in bold yellow font.

PUNA STRONG & KILAUEA RECOVERY GRANT PROGRAM UPDATE

New grant opportunities announced!!!

Puna Strong: Round 3	Kilauea Recovery Grant Program: Round 2
<ul style="list-style-type: none">• Letter of Interest period begins: Sept. 22, 2023• Letter of Interest deadline is Oct. 16, 2023• Application period: Oct. 20, 2023• Application due: Nov. 2, 2023• Award letters and payments are sent Dec. 1, 2023	<ul style="list-style-type: none">• Application period: Sept. 18, 2023• Application deadline: Oct. 27, 2023• Decision announcement: Nov. 2023• First award installments: Jan. 2024

Reminders

- Visit: <https://recovery.hawaiicounty.gov/resources/recovery-grants>
- **Application Deadline: October 27, 2023, at 4:30 PM HST**
- *No applications will be accepted after this deadline.*
- Applications must be submitted **by email** to patti.pinto@hawaiicounty.gov
- The Application Form and other application materials can be completed digitally as PDF files.
- Signatures will be accepted as a PDF file or a scan of the completed application documents.
- If you have questions, or need assistance with the application materials, please contact Patti Pinto at 961-8500 or patti.pinto@hawaiicounty.gov