## County of Kauai Innovation-Community Grant 23-24 **Application**

Applicant Reviewer

## APPLICATION INSTRUCTIONS

- 1. Please read through this application and the Request For Proposals (RFP) before starting your application. All terms and conditions as stated in the related RFP will apply to any awarded grant funds. 🥒
- 2023-2024 RFP Innovation Grant RFP FINAL.pdf
- 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. Document must be in pdf or Microsoft Word format .
- 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.  $\mathscr{F}$
- 5. All applications become the property of the County and are subject to the Uniform Information Practices Act, Hawaii Revised Statute 92F. Any proprietary information should be clearly
- 6. Submission of an application does not guarantee funding.
- l/or Niihau. 🥒

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 and take place 100% on the Island of Kauai and	nd
PPLICANT INFORMATION	
1. Applicant Name (Legal Organization Name) 🖋 *	
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2. Applicant Legal Address 🖋 *	
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3. Applicant City, State, Zip 🥒 *	
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4. Organization Phone Number (Enter Numbers Only) 🥒 *	
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5. Organization Type ℯ *	
O 501(c)(3)	
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Other	
5A. If you chose "other" above, please describe Organization Type 🖋 *	
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6. Organization Tax ID # (Enter numbers only) * *	
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7. Grant Contact Name 🥒 *	
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9. Grant Contact Email 🥜 *	
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10. Grant Contact Phone Number 🧳 *	
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11. Complete Name and Title of the person authorized to execute agreements on behalf of the applicant as described in by-laws and/or corporate resolution 🧳 \*



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15. Attach SIGNED Art Choose File	ticles of Incorporation or Organization By Laws 🧨 *		
16. Attach a Certificat	e of Good Standing from the Department of Commerce	and Consumer Affairs. Must be dated within the past th	irty days 🥒 *
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17. Attach your currer	nt HCE Compliance Certificate (if any). Note, while this is	not required for application, it is required for funding.	P
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18. Attach your SIGNE	ED Organization W-9. 🧨 *		
Choose File			
19. Attach your most	recent Financial Statement (Profit and Loss) 🥒 *		
Choose File			
20. Attach your currer	nt Fiscal Year Operating Budget. 💣		
Choose File			
21. Attach your IRS 50	01(c)(3) determination letter 🧪 *		
Choose File			
22. List all grants rece	ived by your organization for the CY2021. A grant list ca	n be uploaded at the end of this contract if the space pr	ovided is insufficient. 🎤
	Name of Grantor	Name of Project Funded	Amount Funded
CY2021			
23. List all grants rece	ived by your organization for the CY2022. A grant list ca	n be uploaded at the end of this contract if the space pr	ovided is insufficient.
	Name of Grantor	Name of Project Funded	Amount Funded
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24. List all grants rece	ived by your organization so far in CY2023. A grant list c	an be uploaded at the end of this contract if the space	provided is insufficient.
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		Name of Grantor	Project Funded	Amount Funded
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A. PR	OJECT INFO	PRMATION		
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	WHAT ECONOMIC	SECTOR GRANT ARE YOU APPLYING FOR? 🖋 *		
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Fui	nds from Other	Sources		
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	PROJECT OVERVIE		projects history and major activities. How does the pr	oposed project provide for an innovative new solution?
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A6. P	PROJECT RESEARC	:H: Describe the research you have done for the រុ	proposed project. and how you came up with the proje	ect as a proposed solution. Maximum 3000 characters 🧨 *
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A7. P organ	PROJECT INNOVA nizations; and ho	FION: Describe what is new, different and Innoval w the proposed project may support economic d	ive about the proposed project, compared to past or evelopment and community well-being. Maximum 30	current projects, incuding similar projects sponsored by other 00 characters 🖋 *
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á	activities th	F WORK PLAN: Describe the project's major milestones (checkpoints that you will need to complete to achieve the impacts described in your pasks by project Quarter.	at help you measure progress and ensure you are on track to reach yo roposal. If your task list exceeds 10 tasks, please attach a separate sh	ur goals) - including all significant eet in the same format listing any
		Project Activities (i.e., complete preliminary site layout/operations plan)	Who will complete this task? Include any partners and or consultants	Grant Quarter (Q1, Q2, Q3, Q4)
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	Task 3			
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A14. CASH MATCH VERIFICATION. Attach a copy of a verification of your Cash Match 🥒 *
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A15. PROJECT SUSTAINABILITY: Describe how you plan to sustain this project beyond the grant period. 🎤 *
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A16. PROJECT BUDGET. Attach a copy of your project budget, including all cash, cash match, in-kind and other contributions. Any in-kind salaries should note in the budget narrative how
you arrived at these salary figures. 🖋 *
Choose File
A17. PROJECT CONTACT INFORMATION. List the name, email and phone number of the person who is leading this project. Also list any project team members, their title and specific job duties relating to this project and their qualifications 🖋 *
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A18. PROJECT EXPERIENCE AND ALIGNMENT: Describe the Organizations experience with this type of project. and how it aligns with your organizations mission and goals. *
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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 vou from this opportunity.