## Innovation Grant Application Form Innovation Grant

Applicant (Non-Profit) Infor	mation npt Non-Profit Organization in the State of Hawaii
Applicant Name (Legal Orga	
Applicant Legal Address	
ddress 1	
ddress 2	
ity	
State	<ul> <li>Alabama</li> <li>Alaska</li> <li>Arizona</li> <li>Arkansas</li> </ul>
	California
	<ul> <li>Colorado</li> </ul>
	<ul><li>Connecticut</li><li>Delaware</li></ul>
	Florida
	Georgia
	29 additional choices hidden
	<ul><li>South Dakota</li><li>Tennessee</li></ul>
	• Texas
	• Utah
	• Vermont
	<ul><li>Virginia</li><li>Washington</li></ul>
	West Virginia
	Wisconsin
	<ul> <li>Wyoming</li> </ul>
ip	
Organization Email	
Organization Phone Number	r (###-###-####)
☐ Organization Type	
Please ensure your IRS Tax-Exe	mpt status is current.
☐ 501 (c)(3) ☐ 501 (c)(6) ☐ Other	
II ()thor	

M Grant Contact Name			
This is the person we will be send	ding all correspondence to via en	nail (except the contract unless th	ey are the same person).
Title Grant Contact Title			
M Grant Contact Email			
Tant Contact Phone Number	er (###-###-####)		
Contract Execution			
Please list the complete Name, T (Organization) as described in by documents electronically via Ado	-laws and/or corporate resolution	orized to execute agreements on n. Please note we require the org	
me:		_	
le:		_	
nail:		_	
Organization Information (c  Organization & Qualification Please describe your non-profit of experience in the performance of expertise which qualifies your organization.	ns rganization and its goals, how its similar work. Including a targete	d population that your organization	
Please describe your non-profit of experience in the performance of expertise which qualifies your organise.  CY2023 Grants  List the Top 5 grants received by	ns rganization and its goals, how its similar work. Including a targete ganization to carry out the project	d population that your organization	n services and experience
Please describe your non-profit of experience in the performance of expertise which qualifies your organized CY2023 Grants	ns rganization and its goals, how its similar work. Including a targete ganization to carry out the project	d population that your organization.	n services and experience
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Please describe your non-profit of experience in the performance of expertise which qualifies your organise which qualifies your organise.  CY2023 Grants List the Top 5 grants received by space provided is insufficient.  CY2023  CY2023  CY2023	ns  rganization and its goals, how its similar work. Including a targete ganization to carry out the project	d population that your organization.	n services and experience

CY2024 Gran
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List the Top 5 grants received by your organization for the CY2024. A grant list can be uploaded at the end of this contract if the space provided is insufficient.

space provided is insufficient.		·	
	Name of Grantor	Name of Project Funded	Amount Funded
CY2024			
0.0004			
CY2024	-	-	_
CY2024			
CY2024			
CY2024			
CY2025 Grants			
List the Top 5 grants received by your space provided is insufficient.	organization for the CY202	5. A grant list can be uploaded at	the end of this contract ifthe
	Name of Grantor	Name of Project Funded	Amount Funded
CY2025			
CY2025			
CY2025	_		
CY2025			
CY2025			
_			
Project Information			
7 Project Title			
Please provide a Project Title. This titl project's purpose and scope.	e should be short (no more	than 10 words) and provide an im	mediate understanding of the
project's purpose and scope.			
Economic Sector			
What economic sector grant are you a	applying for?		
Agriculture			
Creative Industries			
New Industry and Business Innovation Tourism-Destination Management	IION		

☐ Energy and Transportation ☐ Sustainability ☐ Workforce Development
Summary
Please provide your Grant Request and all other funding that will make up your project budget.
Innovation Grant Funds Requested
Matching Funds
In-kind Funds
Other Funding
7 Project Overview
Provide a brief high-level summary of your project and what it intends to accomplish.
<del></del>
Project Purpose  Describe the specific issue, problem or need that the project will address, including the community that the project will impact.
Project Economic Benefit  As an Economic Development grant, your project must provide either short or long term economic benefit to the community. Please provide a description of the economic benefit your project will provide to the community of the County of Kauai and/or Niihau.
7 Project Workplace
Where will your proposed work take place. List all locations.
₹ Project Research
Describe the research you have done for the proposed project and how you came up with the proposed solution. Describe the background of the communities affected by your project in terms of their history, culture, politics, and society.
At Draiget Innovation
Project Innovation  How is this project new, different, and innovative compared to past or current projects? If your idea works, how would it be transformative?

M Project Goals

🥞 Project Wo	-		
goals) including metrics to track ask description proposed proje	g all the significant activities that you venthe that you venthe that you be the participation of groups and underns short and concise. Include informa	vill need to complete to achieves reserved community members tion for the entire project for the landoustion Grant, please indicates.	ess and ensure you are still on track to reach your we the impacts described in your proposal. Provide that will be affected by your project. Please keep he full grant term. If there are elements of your cate them in the work plan and budget. If you have
	Project Activities (i.e., complete preliminary site layout/operations	Who will complete this task Include any partners and/o	
	plan)	consultants	Grant Quarter
			• Q1
			• Q2
Task 1			• Q3 • Q4
TUSK			_
			• Q1 • Q2
			• Q3
Task 2			_ • Q4
			• Q1
			• Q2
			• Q3
Task 3			_ • Q4
			• Q1
			• Q2 • Q3
Task 4			• Q3 • Q4
ruon i			
			• Q1 • Q2
			• Q3
Task 5			_ • Q4
			• Q1
			• Q2
			• Q3
Task 6			_ • Q4
			• Q1
			• Q2
Task 7			• Q3 • Q4
rask r			
			• Q1 • Q2
			• Q3
Task 8			_ • Q4
			• Q1
			• Q2
			• Q3
Task 9	<u></u>		_ • Q4

Provide the overall objectives that you are trying to achieve with your project (Goals) and how you will ensure participation of

community members impacted by your project. List a minimum of 3 Project Goals that are measurable are required.

Task 10	• Q4
Project Information (continued)	
Tevaluation of Project Impacts	
Project Impact is how your project affects the ma	exters which it encounters. By giving a project impact appraisal, you define effects, expected to produce upon environment, organization, community, people, etc.?
Toppendencies and External Factors  Explain the external key factors that will influence	a whether this project icoursesoful and how you intend to address them. For each
	e whether this project issuccessful and how you intend to address them. For each, as been completed, or if not, your plan for completing it. Example: Securing all or contractor availability, shipping issues, etc.
Project Alignment with County Goals  Describe how your project aligns with county goal add extra points to your project score. If it does represent the second of the seco	als listed in the County plans mentioned in the RFP.This is not necessary, but could
A Project Matching Funds	
•	equired for this Grant. Describe therequired matching/in-kind funds you have secured
Troject Sustainability	
Describe how your project will be sustained beyo	ond the one-year grant period.
Managet Narrative	
Provide a budget narrative for any items containe	ed in your budget that may require additional explanation.
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:

• Q1 • Q2 • Q3

	Name	Title	Job Duties
	_	_	_
		_	
	-	-	_
	Qualifications		
Describe the Organization's experienc	e with this type of project and	dexplain how the project alig	ns with your organization's mission.
Project Summary for Public Con	nment		
Please provide a project summary that period. Your summary should not be roverview of the proposed project, incluctontext, including requirements, problem.	more than 1000 words. This dingkey details and outlines	summary should be compre the project's objectives and	hensive but concise in providing an
Supporting Documentation and	Final Questions		
PLEASE NOTE SPECIAL CONDIT	TONS FOR GRANTS TO PF	RIVATE ORGANIZATIONS!	
This section provides special condition Kauai. 1. Organization must comply w grounds of race, color, national origin,	rith all applicable federal and religion, creed, sex, or age, i	state laws prohibiting discrir	mination against any person, on the dition 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. 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 employment 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.
Final Questions & Signature
To complete your application, please answer the following questions. Please note that answering NO to any ofthese questions will disqualify you from this opportunity.
1. I have carefully read and understand the RFP and the eligibility criteria for this program and I confirm that theorganization I represent meets this criteria.
☐ Yes ☐ No
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2. I confirm that to the best of my knowledge, the statements in this application are complete and accurate.
☐ Yes ☐ No
3. I agree that the organization I represent will return a portion or all of the funding if the project is not carried out asdescribed in the application.
☐ Yes ☐ No
4. I agree that this project will be completed as specified in the RFP. If I anticipate that an extension will be needed, I willimmediately email my OED contact stating why an extension is necessary and the extension date requested.
☐ Yes ☐ No
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5. I agree to submit quarterly reports by the 15th day of the end of each calendar quarter without notice and provide aFinal Report within thirty days of the end of the project or Agreement period, whichever comes first.
☐ Yes ☐ No