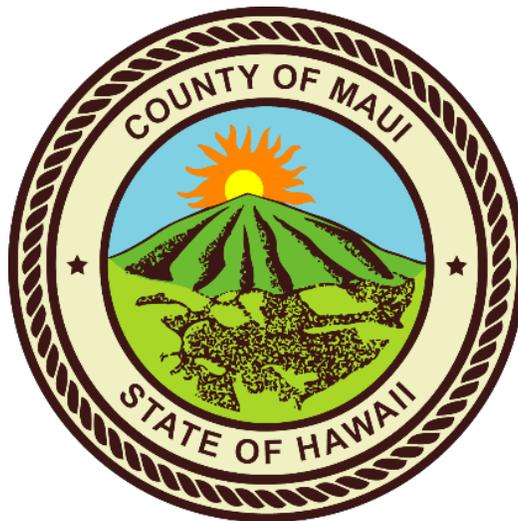


**COUNTY OF MAUI
OFFICE OF ECONOMIC DEVELOPMENT**

Grant Award Packet

**FISCAL YEAR 2020
JULY 1, 2019 – JUNE 30, 2020**



**COUNTY OF MAUI
MAYOR'S OFFICE OF ECONOMIC DEVELOPMENT
2200 MAIN STREET, SUITE 305
WAILUKU, MAUI, HAWAII 96793
PHONE: (808) 270-7710 FAX: (808) 270-7995
EMAIL: grants.OED@mauicounty.gov**

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Office of Economic Development

Performance Period

A performance period is the period of time that your project/program/event will start and end. Please make sure your performance period is adequate to complete your entire project/program/event. On your grant application you selected one of two tracks for your performance period. Please see grant contract for clarification

Fiscal Year	Important dates
Performance Start Date	As early as July 1, 2019 Or when Certificate of Liability Insurance is secured
Quarterly reporting periods July 1 – September 30, 2019 October 1 – December 31, 2019 January 1 – March 31, 2020 April 1 - June 30, 2020	<u>Quarterly Reports due*:</u> October 30, 2019 January 31, 2020 April 30, 2020 July 31, 2020
Contract execution and signatures	September - October
Performance End Date	June 30, 2020
Final Report and Financials Due	September 30, 2020 or 90 days after grant closing**
Calendar Year	
Performance Start Date (calendar year)	As early as January 1, 2020 or when Certificate of Liability Insurance is secured
Quarterly reporting periods January 1 – March 31, 2020 April 1 - June 30, 2020 July 1 – September 30, 2020 October 1 – December 31, 2020	<u>Quarterly Reports due*:</u> April 30, 2020 July 31, 2020 October 30, 2020 January 31, 2021
Performance End Date	December 31, 2020
Final Report and Financials Due	March 31, 2021 or 90 days after grant closing**

*You must report on all grant activities performed within the quarterly reporting period

(regardless of performance start date). Example: Your organization has elected a Fiscal Year performance period but did not secure your Certificate of Liability Insurance until September 2, 2019. You may not perform any grant activities until your certificate of liability insurance is secured (Sept 2.) AND you must still submit a Quarterly Report for all activities performed during Q1. In this case from Sept. 2 – 30, 2019, your report is due on October 30, 2019 as scheduled.

****Contract extensions will only be granted in exceptional circumstances and must be requested 60 days prior to the end of your performance period.**

PROJECT PERFORMANCE AND EVALUATION

Quarterly Reports: Grantee shall provide County with written Quarterly status reports within 30 day of the close of each quarter. Reports should provide a summary of the work completed during each reporting period. Summary of Program status in relation to goals, objectives and scheduled action steps outlined in the grant proposal, Progress in meeting performance standards, Numbers and descriptions of people or businesses served, Any major adjustments that have been necessary or will be proposed, Past and/or future marketing and/or public outreach efforts, Next major steps for this project, Describe how the funds allocated for this project were used during this reporting period, Efforts towards economic self-sufficiency, Financial status reports of County funds used and remaining

Site Visit and Project Evaluation: During the duration of your project an OED representative will schedule a site visit to perform a project evaluation.

Final Report: Grantee shall provide a final report within 90 days after completion of the Program covered by this grant award including a financial section, evaluation section and other information as requested by County.

**GENERAL TERMS AND CONDITIONS OF ALL OED GRANTS
“EXHIBIT B”**

1) Method of Payment: Unless otherwise specified herein, Grantee shall submit on their agency’s letterhead written reimbursement requests to the County for payment of grant funds. Payment shall be made as work is performed and the required invoices, billing statements, or other documents are submitted. Each reimbursement request shall: a) Be authenticated as to its accuracy by the grantee and verified by a designated County official; b) Include a certification by Grantee that the work for which payment is requested was performed in accordance with the terms of this Agreement; c) Include copies of receipts, canceled checks, vendor agreements, and/or other documentation providing verification of work completed in accordance with this Agreement; and d) Be presented in duplicate, with two (2) complete sets of all items submitted.

The County will reserve 10% of the grant award as a final payment. Final payment on this Agreement shall be available upon completion of Grantee’s Program, receipt by the County of the final written report from Grantee acceptable to County, and receipt of original tax clearance certificate for Grantee from the State of the Hawaii Department of Taxation.

2) Withholding of Payments: County may withhold any and all payments to Grantee if the costs set forth in a reimbursement request are unreasonable, or if Grantee fails to comply with the terms of this Agreement in any manner whatsoever.

3) Program Income: “Program Income” means gross income received by Grantee generated from the use of County funds. In no event shall any of the income, earnings, or assets of the Program, including any and all grant funds, surplus funds, or Program Income as described herein, be distributed by Grantee to, or for the benefit of, its corporate directors, officers, members, employees or consultants. Discretionary use of Program Income by Grantee is strictly prohibited.

4) Reversion of Assets: The Grantee is prohibited from disposing any real or personal property acquired with County funds received under this Agreement, without first receiving prior written consent of the County. Should the Grantee cease to use any real or personal property acquired with County funds for the purposes described in this Agreement, the Grantee shall either pay the County the current fair market value of the asset or transfer the control of the asset to the County.

Upon expiration or termination of the Agreement, the Grantee shall submit to County an inventory of all personal property acquired with County funds at a purchase price of \$500.00 or more. Unless the Grantee has the written consent of the County, the Grantee shall transfer to the County upon expiration or termination of this Agreement any County funds on hand at the time of expiration or termination of this Agreement and any real and/or personal property acquired or improved in whole or in part with County Funds.

5) Non-Profit Status: Grantee warrants that it is a Hawaii non-profit organization and duly authorized to conduct business in the State of Hawaii.

6) Insurance: In order to protect itself as well as the County under the indemnification agreement set forth herein, the Grantee shall obtain, pay for, and keep in force throughout the period of this Agreement comprehensive liability insurance issued by an insurance company (the “Carrier”) authorized to do business in the State of Hawaii (an “Admitted Carrier”), or by a company not authorized to do business in the State of Hawaii (a Non-Admitted Carrier”) only through a general insurance agent or broker licensed in the State of Hawaii. The carrier shall be rated no less than “A- “as established by “AM Best” or “Standard and Poor” ratings.

The insurance policy, as evidenced by issuance of a “Policy Endorsement,” shall name the County of Maui, its departments, agencies, officers, directors, employees and agents as “Additional Insured”, and shall include a duty to defend the County, its departments, agencies, officers, directors, employees and agents against any loss, liability, claims, and demands for injury or damage, including but not limited to, claims for property damage, personal injury, or wrongful death, arising out of, or in connection with GRANTEE’s actions and/or performance of this Agreement.

Unless otherwise agreed to by the County, through the joint decision and discretion of the Economic Development Coordinator and the Department of Finance, the insurance policy shall contain the following minimum requirements:

1. No less than a Combined Single Limit (“CSL”) of liability coverage of \$1,000,000;
2. No erosion of limit by payment of defense costs; and
3. Minimum annual aggregate limit of \$2,000,000.

Prior to or upon the execution of this Agreement, Grantee shall furnish the County with a copy of the insurance policy certificate together with the required endorsements verifying such insurance coverage. If the scheduled expiration date of a current insurance policy is sooner than the specified termination date of this Agreement, the Grantee shall ensure renewal of the insurance policy, and provide the County with a copy of the renewed insurance policy certificate together with the required endorsements.

Unless waived by the County, the insurance policy shall expressly state that the coverage provided under such policy shall not be cancelled or terminated, unless the Carrier has first given the County thirty (30) calendar day’s prior written notice of the intended cancellation or termination.

7) Indemnification: To the extent permitted by law, Grantee shall indemnify, defend, release, and hold harmless the County, its departments, agencies, officers, directors, employees, and agents from and against any and all manner of actions and claims arising, either directly or indirectly, out of or resulting from the errors, omissions, or acts of Grantee, its officers, its employees, or its agents occurring during, or in connection with, the performance of the Grantee’s services under this Agreement.

8) Alcohol: The County of Maui will not reimburse for any alcohol expenses.

9) Subcontracting: Grantee shall not procure, or subcontract, any part of the services under this Grant Agreement without the prior written consent of County.

10) Record Keeping: Grantee shall keep records and prepare reports, including detailed, separate financial records relating to funds received from the County. All accounts shall be prepared and maintained according to generally accepted account principles and as otherwise provided by law to ensure the effective administration of the grant. Grantee shall maintain such accounts and documents in a manner as to permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all monies received from County and the nature and amount of all charges claimed to be against such funds. To facilitate the auditing process, Grantee's general ledger shall be organized to reflect the separation of County grant funds and expenses from other funds of the Grantee. Grantee shall maintain in its files, at all times, documentation certifying that the work described in any invoices, executed contracts or reimbursement requests submitted to the County are complete, correct, and in accordance with the terms of this Agreement.

11) Quarterly Reports: Grantee shall provide County with written Quarterly status reports containing the following information: Summary of Program status in relation to goals, objectives and scheduled action steps outlined in the grant proposal; Numbers and descriptions of people or businesses served; Financial status reports of County funds used; and a narrative report, including progress in meeting performance standards and economic self-sufficiency, if appropriate.

12) Final Report: Grantee shall provide a final report within 90 days after completion of the Program covered by this grant award including a financial section, evaluation section and other information as requested by County.

13) Employee Compensation: Grantee shall not compensate its employees more than the wages then prevailing in the State of Hawaii for employees with similar skills and abilities. Grantee shall not pay any commissions, bonuses or similar to its employees.

14) Financial Audits: Grantee shall supply County with a copy of its annual financial statements, prepared by a Certified Public Accountant. Grantee shall allow County to audit Grantee's records, report books and other financial records upon request of County to determine compliance with the terms of the grant agreement. Grantee shall cooperate fully and assist the County in such an audit.

15) County Recognition: Grantee shall give the County appropriate recognition in all County-funded programs and printed materials. All such printed materials must be approved by the County prior to printing and/or use.

16) Grantee Compliance: Grantee shall strictly comply with its articles of incorporation and/or bylaws and all relevant County, State and/or Federal rules and regulations concerning its policies and operations.

17) No Discrimination: Grantee shall not discriminate in the hiring of staff, compensation, terms or conditions of employment of individuals, use of volunteers, or delivery of client services on the basis of race, color, ancestry, national origin, religion, creed, sex, sexual orientation, disability, age, marital status, arrest and court record, National Guard participation or HIV infection.

18) Program Alteration: Grantee shall not alter Program plans which provided the justification for the grant without first obtaining the prior written consent of County. Grantee shall inform County of any proposed changes to the budget allocations, Program description or schedule outlined herein.

19) Modification of Agreement: Any request to modify, alter or change this Agreement, shall be made to the Coordinator or designee of the Office of Economic Development in writing. Any modification, alterations or changes including, but not limited to, the modifications of the services to be performed, the extension of time of performance, or changes to the total amount of funding including in the approved budget, shall be made only by written supplemental agreements executed by the County and Grantee. Other modifications, alterations or changes to this Agreement, if approved, shall be made in writing by the Coordinator or designee of the Office of Economic Development.

20) Termination of Agreement: If, for any cause, the County finds that the Grantee has failed to satisfactorily fulfill in a timely or proper manner its obligations under this Agreement or if the Grantee breaches any of the promises, terms or conditions of this Agreement and, having been given reasonable notice of an opportunity to cure any such default, fails to take satisfactory corrective action within the time specified by the County, the County shall have the right to terminate this Agreement by giving written notice to the Grantee of such termination. Further, the County may terminate this Agreement **without cause** by giving written notice to the Grantee thirty (30) calendar days before the effective date of such termination.

21) Proselytization Prohibited: Grant funds shall not be used to recruit or convert a person to a new faith, institution, or cause.

In the event Grantee fails to adhere to any of the conditions listed herein, County may withdraw any part of the grant, or the entire grant. Grantee shall be held liable for any grants funds expended in a manner inconsistent with this Agreement, including any attachments incorporated therein.

EXECUTED GRANT CHECKLIST

When you receive your executed OED grant from the Department of Finance, please review this checklist and mark dates and tasks accordingly.

- Mark your calendar with your quarterly report dates and final report date to ensure compliance. Report dates are set from your performance period selection which either aligns with 1) County's fiscal year (FY20), July 1, 2019 to June 30, 2020 or 2) Calendar Year, January 1, 2020 to December 31, 2020 (see page 5).
- **The County of Maui seal and the OED logo must be used on all advertisements, marketing and marketing materials distributed electronically and in print.** Color and black and white versions are available upon request at any time.
- If your project is an event sponsored by OED, please submit a JPEG flyer no less than 30 days in advance of your event. OED will help market your event through our County Facebook page.
- Ongoing projects or programs must include digital photos submitted electronically with their semiannual reports.
 - Photos should be a JPEG format and a minimum of 2 MP (1600 x 1200 pixels)
 - Please include at least:
 - 2 - Crowd photos
 - 2 - Program photos (entertainers, speakers, performances, activities)
- If your project is an event, digital photos must be submitted electronically with your final report. See above for specs.
- For purposes of evaluation and monitoring, OED shall be allowed access to your event of project. If you have restricted event, please deliver at least one ticket to the OED office at least 2 weeks prior to your event.

REIMBURSEMENT DIRECTIONS

- OED makes reimbursements once invoices are received. Grantees are requested to submit copies of receipts, bills, invoices, contracts or other proof of purchase that show details on what item(s) or service(s) were purchased. Please check to make sure they are within the performance period or the entire invoice will be returned. Two (2) hard copies, single sided of the full invoices should be sent to: **2200 Main St., Suite 305, Wailuku, HI 96793.**
- Number each receipt to correspond with the expense summary. The expense summary should also contain the corresponding number. This can be handwritten. Include a calculator tape for each category and keep receipts in the same order as they appear on the tape. This will assist the OED grants team and Finance Department in processing payments quickly.
- OED will accept reimbursement requests no more than once per month, but the requests can include multiple invoices per grant. Payments can take up to 30 days to be processed. Please include the forms with your requests:
 1. **Reimbursement Form:** This is a cover letter from your organization which requires a signature. *(see sample)*
 2. **Reimbursement Budget Summary:** This is an expense summary to assist tracking expenses within your approved budget. This cannot deviate from the originally approved budget. *(see sample)*
 3. **Detailed Reimbursement of Expense:** This is an itemized breakdown of individual expenses within each category of your budget. Include date of receipt. *(see sample)*
- **Final Reports and Final Budgets are due within 90 days** of the event or program completion; submit 1 copy, include digital marketing materials and/or any other required deliverables as determined in your executed grant contract. 10% of funds are held for a final payment until the Final Report and Final Budget are received.
- **Certificate of Vendor Compliance:** Maui County requires a Certificate of Vendor Compliance for final invoice payment.

Further clarifications on expenses:

- i) Invoices must include company/vendor name, mailing address and phone numbers.
- ii) Quotations are not considered invoices and will NOT be accepted for reimbursement.
- iii) Reimbursed expenses must fall within budgeted expense categories.
- iv) Checks will not be accepted as proof of payment.
- v) All receipts must show itemized purchases.
- vi) No over-the-counter medications.
- vii) No alcohol.

SAMPLE REIMBURSEMENT FORM
(Please use your organization's letterhead)

Date: July XX, 20XX

Grants Manager
County of Maui, OED
2200 Main St, Suite 305
Wailuku, HI 96793

Project Title: _____

Grant#: (ex: G3174)

Invoice #2

We are requesting the following reimbursement program costs per the attached expense summary and receipts attached for:

Amount Due: \$7,362.50

This is to certify that the work for which payment is requested was performed in accordance with the terms of this grant agreement.

Signature, Name and Title

SAMPLE REIMBURSEMENT BUDGET SUMMARY

(Organization Name) G_____

Invoice #2

Date covered by Certificate of Insurance: _____

(Budget summarized by line item)

EXPENSE CATEGORY	Total OED Funds awarded	Invoice #1 (Paid)	Invoice #2	Total Requested (to Date)	Remaining Balance
ADMINISTRATION					
Event Coordinator	\$2,400.00	\$600.00	\$600.00	\$1,200.00	\$1,200.00
Program Manager	\$1,750.00	\$437.50	\$437.50	\$875.00	\$875.00
Event Setup	\$800.00				\$800.00
OPERATIONS					
Facility Rental	\$900.00		\$900.00	\$900.00	\$0.00
Sound System	\$0.00				\$0.00
Event Insurance	\$850.00		\$850.00	\$850.00	\$0.00
Entertainment	\$0.00				\$0.00
Supplies	\$350.00		\$350.00	\$350.00	\$0.00
Refreshments	\$0.00				\$0.00
MARKETING					
Maui News	\$7,200.00		\$3,600.00	\$3,600.00	\$3,600.00
Facebook Boosts	\$1,250.00				\$1,250.00
Posters & Flyers	\$0.00				\$0.00
OTHER					
Event Admin	\$2,500.00	\$625.00	\$625.00	\$1,250.00	\$1,250.00
TOTAL	\$18,000.00	\$1,662.50	\$7,362.50	\$9,025.00	\$8,975.00

* Continue spreadsheet for subsequent invoices (3, 4 and beyond)

SAMPLE DETAILED REIMBURSEMENT OF EXPENSES

(Organization Name) G1234

Invoice #2

(Detailed disruption of each line item, include all invoices submitted w/reimbursement request)

ADMINISTRATION	Invoice #		Detailed Discription	Date of Invoice	Total Paid
Event Coordinator					
	2	Staff #1	12.5 Hrs @ \$30/hr	11/30/19	\$375.00
	3	Staff #1	7.5 Hrs @ \$30/hr	12/31/19	\$225.00
			Total Event Coordinator		\$600.00
Program Manager					
	4	Staff #2	4 Hrs at \$25/hr	10/31/19	\$100.00
	5	Staff #2	4 Hrs at \$25/hr	11/30/19	\$100.00
	6	Staff #2	9.5 Hrs at \$25/hr	12/31/19	\$237.50
			Total Program Manager		\$437.50
OPERATIONS					
Facility Rental					
	7	Maui Plantation	48 hour rental	11/2/19	\$900.00
			Total Facility Rental		\$900.00
Event Insurance					
	8	Insurance Provider	Event Insurance	11/21/19	\$850.00
Supplies					
	9	Tent (2 20x40)	Maui Rents	12/1/19	\$200.00
	10	Chairs (100 @ \$1ea)	Maui Rents	12/1/19	\$150.00
			Total Supplies		\$350.00
MARKETING					
Maui News					
	11	Maui News Full Page	1 wk of advertising	12/10/19	\$1,800.00
	12	Maui News Full Page	1 wk of advertising	12/20/19	\$1,800.00
			Total Maui News		\$3,600.00
OTHER					
Event Admin					
	13	Fiscal Sponsor	Flat Rate (billed quarterly)	12/31/19	\$625.00
			Total Event Admin		\$625.00
TOTAL					\$7,362.50



COUNTY OF MAUI
OFFICE OF ECONOMIC DEVELOPMENT
2200 MAIN STREET, SUITE 305
WAILUKU, MAUI, HAWAII 96793
PHONE (808) 270-7710 FAX (808) 270-7995

QUARTERLY REPORT FORM

Contract/Grant Number:

Organization Name:

Report: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Program/Project/Event Title:

Contact Name/Title:

Phone Number:

Email

Submitted by:

Signature

Date

Please provide a summary of all grant activity accomplished in this quarter

Report Narrative:

- A. Summary of Program status in relation to goals, objectives and scheduled action steps outlined in the grant proposal
- B. Progress in meeting performance standards
- C. Numbers and descriptions of people or businesses served
- D. Any major adjustments that have been necessary or will be proposed
- E. Past and/or future marketing and/or public outreach efforts
- F. Next major steps for this project
- G. Describe how the funds allocated for this project were used during this reporting period
- H. Efforts towards economic self-sufficiency
- I. Financial status reports of County funds used and remaining



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FINAL REPORT FORM

Contract/Grant Number:

Organization Name:

Program/Project/Event Title:

Contact Name/Title:

Phone Number:

Email

Submitted by:

Signature

Date

The Final Report is a cumulative report of your grant performance period. Please make sure your numbers reflect totals for your entire program/project/event

Report Narrative:

- A. Program/Project/Event description from your original proposal
- B. Report on your Goals, Objectives, and Action Steps, with actual outcomes and results
- C. Provide your Dashboard of Performance Measures
- D. Discuss the results of your marketing/public outreach efforts
- E. Provide two anecdotal stories of how this grant funding assisted our community
- F. Describe how this program/project/event could be improved
- G. Include five digital photos on a USB flash Drive with the Final Report that best depicts your program/project/event
- H. Attach a Final Reimbursement Budget Summary

REPORT OF ACTUAL EXPENSES AND INCOME FOR COMPLETE PROJECT
 Maui County Office of Economic Development (OED)
 Grant Agreement G: _____

INCOME DESCRIPTION	COUNTY	OTHER CASH	IN KIND	TOTAL
Residual Monies from previous year	0.00	110.00	0.00	110.00
DONATIONS	0.00	1,010.00	0.00	1,010.00
TICKET SALES	0.00	8,400.00	0.00	8,400.00
IN-KIND DONATIONS	0.00	0.00	6,300.00	6,300.00
COUNTY GRANT FY20	18,000.00	0.00	0.00	18,000.00
TOTAL INCOME	18,000.00	9,520.00	6,300.00	33,820.00
EXPENSE DESCRIPTION	COUNTY	OTHER CASH	IN KIND	TOTAL
ADMINISTRATION				
EVENT COORDINATOR	2,400.00	0.00	0.00	2,400.00
PROGRAM MANAGER	1,750.00	0.00	0.00	1,750.00
EVENT SETUP	800.00	0.00	0.00	800.00
OPERATIONS				
FACILITY RENTAL	900.00	2,850.00	0.00	3,750.00
SOUND SYSTEM	0.00	500.00	0.00	500.00
EVENT INSURANCE	850.00	0.00	0.00	850.00
ENTERTAINMENT	0.00	3,550.00	0.00	3,550.00
SUPPLIES	350.00	970.00	50.00	1,370.00
REFRESHMENTS	0.00	1,000.00	5,600.00	6,600.00
MARKETING				
MAUI NEWS	7,200.00	0.00	0.00	7,200.00
FACEBOOK BOOSTS	1,250.00	0.00	0.00	1,250.00
POSTERS & FLYERS	0.00	650.00	650.00	1,300.00
OTHER				
EVENT ADMIN - 10%	2,500.00	0.00	0.00	2,500.00
TOTAL EXPENSE	18,000.00	9,520.00	6,300.00	33,820.00

I hereby certify that all financial statements represented in this final report to the County of Maui relating to Grant Agreement G: _____ are accurate and that funds allocated through the County OED under this Agreement have been expended in accordance with the provisions set forth in this Agreement.

SIGNATURE CONTRACTOR

PRINT NAME

SITE VISIT EVALUATION FORM

Grant/Contract Number:

Project Name:

Reviewer:

Date & Time Attended:

Activities attended (if applicable):

Would you say that the overall experience of this project:

exceeds expectations meets expectations needs improvement

Does this project demonstrate a public or economic impact? How?

List any memorable moments:

Did the activities align with what was described in the proposal? If so, how? If not, why?

RATE THE PROJECT

Please assign a score to each item below using the following scoring as applicable:

1 = Unsatisfactory

2 = Below Average

3 = Average

4 = Above Average

5 = Outstanding

NA = Not applicable

- _____ Program sustainability (financial stability)
- _____ Degree of community support and participation or partnerships
- _____ Staff professionalism / Staff knowledgeability
- _____ Safety
- _____ Informational signage at the project
- _____ Acknowledgement of OED support in print, media, announcements, etc.

Did this project meet the goals and objectives of the OED program? If so, how? If not, why?

- Outstanding Above Average Average Below Average Unsatisfactory

Please indicate your agreement with the following statements regarding:

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
This project positively address economic/environmental/cultural need	<input type="checkbox"/>				
This project has demonstrated an increase in the organizations capacity or a benefit Maui's economy	<input type="checkbox"/>				
This project is on target for achieving its Goals, Objectives, and performance measures	<input type="checkbox"/>				
The marketing plan has been effective	<input type="checkbox"/>				
This project demonstrates public support and community involvement.	<input type="checkbox"/>				

The project/event is innovative or progressive	<input type="checkbox"/>				
This organization is working towards self sufficiency	<input type="checkbox"/>				

Key Performance Indicators

How was the organization conducting program monitoring and evaluation? What kind of data collection methods, feedback or surveys were in place?

How was the organization tracking the attendee count? Was it adequate, representative, and trustworthy?

How many people do you think were there in total? Did organizers reach the right target audiences (as stated in their proposals)?

What did the audience mix seem to be?

- mix of residents and visitors primarily residents primarily visitors

General comments regarding attendance:

Rate the outreach, communications and promotional efforts

How would you rate the outreach and communication efforts?

Outstanding Above Average Average Below Average Unsatisfactory

Participant Outreach: Where did you see calls for action or participation? Did the outreach appear effective? Was it placed in an appropriate publication for the target audience? Sufficient reach?

Public relations: Where did you see or hear PR for this project? Are they telling their story adequately?

Social Media: (if applicable) did you see effective use of the social media channels? Sufficient reach?

Additional comments on outreach, communications and promotional efforts?

COMMENTS & RECOMMENDATIONS:

List strengths of the program/project:

List any suggestions for improvement:

In your opinion, based on what you have observed, is the organization competent in the planning, management, and execution of their project?

Do you recommend funding this program in the future? Why or why not?



Please Rate Your Overall Experience at this Event:

Male Female

Excellent Good Fair Poor

Are You a Resident of Maui County?

Yes No

If not where are you from: _____

How long will you be visiting: _____

How did you hear about this event:

Brochure Newspaper Internet Search Online Calendar Hotel/Concierge
 Social Media Word of mouth/Family/Friends Free Publication/Magazine _____

What was the primary reason you came to the event:

Entertainment Food Someone’s Recommendation Just happened upon the event
 I am a participant A friend or family member is a participant Other: _____
(worker, volunteer, performer)

Comments: _____

Suggestions: _____



Please Rate Your Overall Experience at this Event:

Male Female

Excellent Good Fair Poor

Are You a Resident of Maui County?

Yes No

If not where are you from: _____

How long will you be visiting: _____

How did you hear about this event:

Brochure Newspaper Internet Search Online Calendar Hotel/Concierge
 Social Media Word of mouth/Family/Friends Free Publication/Magazine _____

What was the primary reason you came to the event:

Entertainment Food Someone’s Recommendation Just happened upon the event
 I am a participant A friend or family member is a participant Other: _____
(worker, volunteer, performer)

Comments: _____

Suggestions: _____
