

## **Molokai Farming Cost-Reimbursement Program Grant Application Checklist**

Please retain this checklist as the first page of your grant application. Proposals WILL NOT be reviewed unless ALL required documents are submitted with the grant application by **TUESDAY, December 1, 2020.**

### **Applications will be accepted at:**

**Kuha'o Business Center** (Please call 808-553-8100 to schedule an appointment)  
**2 Kamoi Street, Suite 600**  
**Kaunakakai HI 96748**

### PURPOSE

To provide cost reimbursement to farmers and ranchers on Molokai to help them meet the costs of compliance with the requirements of the U.S. Food and Drug Administration (FDA) Food Safety Modernization Act (FSMA) and State Food Safety Laws.

### ELIGIBLE APPLICANTS

Applicants must (1) be actively engaged in farming or ranching on Molokai; and (2) reside on Molokai.

### CONDITIONS

Cost reimbursement to farmers must meet the following terms and conditions:

- 1) No cost reimbursement shall be granted unless money has been spent by the applicant toward complying with the FDA FSMA or State Food Safety Laws.
- 2) Maximum of \$5,000.00 per applicant.
- 3) Time period for cost reimbursement cannot exceed five (5) years prior to date of application.

### ELIGIBLE COSTS    **For costs up to 5 years prior to the date application is received**

- Training
  - o Equivalent to the Produce Safety Alliance's standardized curriculum
  - o Equivalent to the Food Safety Preventive Control Alliance's standardized curriculum
  - o Approved FSMA training
  - o FDA recognized hazard analysis and risk-based preventive controls for animal foods rule; and
  - o Preventive controls systems training emphasizing prevention of hazards before they occur, such as Hazard Analysis Critical Control Point (HACCP)
- Water systems, sanitizer treatment supplies, and monitoring meters
- Bacteriological analysis of water, raw produce, or facility
- Personal hygiene equipment and supplies, including
  - o Fixed and portable restroom, but not septic systems or sewer connections
  - o Rental of portable restroom
  - o Hand washing sinks
  - o Hand sanitizer and sanitizing stations
  - o Worker protection clothing
  - o First aid kits
  - o Harvest and packing supplies to reduce food safety risks

- o Food safety compliance costs in the production of livestock feed for resale, including forage grasses, hay and grains
- o Wildlife fencing
- o Pest deterrents and traps
- o Good Agricultural Practices/Good Handling Practices (GAP/GHP) audit costs with a passing score
- o General clean-up of farm and removal of hazardous debris
- o Traceability software, tools and supplies
- o Food grade sanitizing solutions and detergents
- o Costs of other practices necessary for compliance with FSMA, FDA regulations or state food safety laws

**INELIGIBLE COSTS**

- Costs not directly related to compliance with FSMA, FDA regulations, or state food safety laws
- Costs related to general operation of the applicant’s business
- Wages, compensation, or benefits for applicant’s employees
- Cost of travel, entertainment, or lobbying activities
- Costs of vehicles and related vehicle expenses
- Costs which have already been or will be reimbursed
- Insurance
- Costs incurred greater than 5 years prior to the time application is received

**REQUIRED DOCUMENTS**

Corporate Entity (check one):  Sole Proprietor       Corporation       LLC  
 Federally Recognized Non-Profit       Government Entity

- Certificate of Vendor Compliance (Dated within 2 months)
- Current DCCA Annual Filing Form (Does not apply to Sole Proprietor)
  - List Current Board of Directors and Officers if different from DCCA filing
  - Corporate Resolution (required only if one or more authorized signers are not Officers or Board Members of applicant organization)
- IRS W-9 Form
- Current Financial Statement
- Grant Application Packet

Certification (Signatures shall match DCCA filing or individuals identified in Corporate Resolution)

Proposal Narrative

# Grant Application Packet FY21

July 1, 2020 – June 30, 2021



## A. Applicant/Fiscal Agent Information:

Legal Name of Organization:

Should match legal name listed on Department of Commerce and Consumer Affairs (DCCA) and Certificate of Vendor Compliance

Mailing Address:

Organization's Website:

Authorized Representative (Name, Title):

Phone Number:

Email:

Additional Representative or Project Authorized Representative (Name, Title):

Phone Number:

Email:

## B. Project/Program Information:

Project/Program Title:

Project Description: One sentence that describes your project. May be used in a press release.

List specific dates for construction/events; include past dates of construction/events:

Performance Period  
(check all that apply):

Fiscal Year: July 1, 2020 – June 30, 2021

Already performed within 5 years of application

Amount of Funds Requested (not to exceed \$5,000.00): \$ \_\_\_\_\_

Geographic Location:  Molokai (must farm and reside on Molokai)

Priority Focus Area:  FSMA compliance  Agriculture  State food safety laws  
(check all that apply)  FDA regulatory compliance

### C. Grant Application Certification

---

Name of Applicant/Fiscal Agent

Submits this application as requested to receive County of Maui, Office of Economic Development grant funds for:

---

Project/Program Title

And hereby agrees to administer the project in accordance with the contract prescribed by the County of Maui Office of Economic Development. Distribution of grant funds is limited to those applicants who are in compliance with regulations, policies, and procedures. The Office of Economic Development reserves the right to withhold such distributions at any time the applicant/grantee is not in compliance.

It is the policy of the County of Maui, a political subdivision of the State of Hawaii, whose principal place of business is 200 South High Street, Wailuku, Maui, Hawaii 96793, hereinafter called the "COUNTY", and for those who do business with the County to provide equal employment opportunities to all persons regardless of race, physical disabilities, color, religion, sex, age or national origin as mandated by the Federal Civil Rights Acts, as amended and any other federal and state laws relating to equal employment opportunities.

#### **Authority and Capacity:**

The applicant assures that it has the authority and capacity to develop and submit the application and to carry out a project pursuant to the application.

#### **Contracts:**

Contracts for a grant shall not be disbursed unless and until a fully executed grant agreement is entered into between the COUNTY and the recipient. The terms of this application shall be incorporated between the COUNTY and the recipient. Each grant agreement shall expressly state that the GRANTEE is an independent contractor and not an employee of the County and provide that the recipient or provider shall indemnify and hold harmless the County, its departments, the appropriate contracting agency and the involved officers, employees and agents from and against all claims, damages, or costs arising out of or in connection with the acts or omissions of the recipient or provider.

**Continued Eligibility:**

Any GRANTEE who withholds or omits any material facts to the County of Maui shall be in violation of the terms of this Agreement and may be liable to reimburse a portion of any funds received herein. Such GRANTEE shall be prohibited from receiving any grant, subsidy or purchase of service Agreement from the County of Maui for a period of five years.

Organizations currently receiving funds from the County Office of Economic Development must be in good standing and up to date on all required reporting requirements and contract deliverables in order to re-apply.

**Certification: Unsigned proposals will not be accepted. Two signatures are required unless the applicant is a sole proprietor or sole member of an LLC.**

The applicant certifies that the data in this application is true and correct and that the Applicant shall comply with the assurances set forth in this application.

**Name and title of official(s) authorized to sign for applicant organization and project representative liable for deliverables:**

Must be listed as an owner, member or officer on DCCA Annual Filing, or must submit a corporate resolution identifying who may sign legal documents for the organization

Name of Authorized Representative (Name, Title)

Signature of Authorized Representative

Date

Additional Representative or Project Authorized Representative (Name, Title)

Signature of Additional Representative or Project Authorized Representative

Date



3. Itemized Project Budget and Narrative: Please provide projected income and expenses for the entire project/program. (see sample sheet #1-Fill-in Grant Proposal & Budget Narrative form available online at <https://www.mauicounty.gov/141/Office-Of-Economic-Development>). For expenses incurred prior to date of application, please provide a detailed expense summary.(see sample sheet #2-Sample Expense Summary Report available at <https://www.mauicounty.gov/141/Office-Of-Economic-Development> & may be edited using Adobe Acrobat.) \*Invoices/receipts are not required at this time.