



COUNTY OF MAUI
OFFICE OF ECONOMIC DEVELOPMENT

GRANTS HANDBOOK

DIVERSIFYING OUR ECONOMY • STRENGTHENING OUR COMMUNITY • PROTECTING OUR RESOURCES



I. INTRODUCTION TO THE OED GRANT PROGRAM

WHAT YOU NEED TO KNOW

1. This is a **reimbursable grant program** and payments shall be made as the work is performed (invoices are accepted once a month).
2. **Documents submitted** with this grant application and during the performance period **will become public documents** and are subject to the Uniform Information Practices Act.
3. **General Liability Insurance** must be maintained for the duration of the grant period at no less than a Combined Single Limit ("CSL") of liability coverage of \$1,000,000; no erosion of limit by payment of defense costs; and minimum annual aggregate limit of \$2,000,000.
4. Officers of the Organization can **not be compensated** under this grant.

! **GRANT EXTENSIONS** will only be allowed in exceptional circumstances and must be requested in writing 60 days prior to the end of your performance period.

ELIGIBLE PROJECTS

The Office of Economic Development (OED) provides grants for programs, projects, and events that promote and nurture sustainable economic development within Maui County consistent with the community's needs and priorities. **Projects must show a direct benefit to Maui's economy** through activities in priority target areas including culture, environment, agriculture, technology, visitor industry, energy, and the arts. Specific criteria include overall benefit to the people of Maui County, population served, and impact to Maui communities. These funds are intended to be a catalyst for economic growth and capacity building of local organizations towards economic self-sufficiency; not for long term dependence on County funding.

WHO MAY APPLY

Eligible applicants include **for-profit organizations** incorporated under the laws of the State of Hawaii, or **non-profit organizations** determined to be exempt from federal income tax by the Internal Revenue Service. All applicants must be in good standing with the State and Federal government and provide required documents including a certificate of vendor compliance, DCCA annual filing, IRS W-9, current financial statement, list of current Board of Directors, corporate resolution, and certificate of liability insurance.

LINE ITEM PROVISO

A Line Item or Proviso is an appropriation set forth by the Maui County Council in the Fiscal Year Budget specifically for an organization and/or project. For Line Item Proviso applicants:

Notification by OED	June 10-20, 2020
Final deadline to submit grant application and supporting documents	Sept. 30, 2020*

**To access Line Item Proviso funds in a timely manner, we recommend submitting your application on July 1, 2020.*

PERFORMANCE PERIOD

A performance period is the period of time that your project, program or event will start and end. Please make sure your performance period is adequate to complete the entire execution of your grant application.

Those submitting for Round 1 of the grant applications may select a performance period between:

- **FISCAL** - July 1, 2020 to June 30, 2021
- **CALENDAR** - January 1 to December 31, 2021

If there are remaining funds after Round 1, a call for proposals will be announced soliciting additional projects for Round 2. Applications for Round 2 must have a CALENDAR year performance period executed from January 1 to December 31, 2021.

• Eligible Projects

• Who May Apply

• Performance Periods

• What you need to know

Application Deadline

ROUND 1

Wednesday, July 1, 2020 at 4:00 p.m.

ROUND 2

Monday, January 4, 2020 at 4:00 p.m.

Electronically or Hardcopy



GRANT APPLICATION FORM

CHECKLIST ✓

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- 1. Grant Application Form
Signatures must match with DCCA filing or individuals identified in Corporate Resolution
- 2. Certificate of Vendor Compliance
Dated within 2 months
- 3. Current DCCA Filing
 - List current Board of Directors if different from DCCA filing
 - Corporate Resolution - required only if one or more authorized signers are not Officers or Board Members of applicant organization.
- 4. IRS W-9 Form
- 5. Current Financial Statement
- 6. Certificate of Insurance
NOT required at the time of application submission, but required prior to performing any grant activity. Check with your insurance agent to confirm required language on coverage and policy endorsement on the certificate of insurance.

Checklist

Applications **WILL NOT**
be reviewed unless
ALL
required documents
are submitted.

Application pg.1
HB pg.3-5



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vendors.ehawaii.gov



The screenshot shows a web browser window with the URL <https://vendors.ehawaii.gov/hce/splash/welcome.html>. The page header includes the Hawaii.gov logo and the text "Certificate of Compliance Dept. of Accounting and General Services". A "Navigate" menu on the left lists: Home, Log In, Create An Account, Forgot Password?, FAQ, Contact Information, and Procurement Regulations. Below this is a "Modules" section with a "Live Chat" button for "Technical Support". The main content area is titled "Hawai'i Compliance Express" and contains a welcome message, a brief description of the service, and a list of required items for getting started: Taxpayer Identification Number (FEIN or SSN), Hawaii Tax ID #, Unemployment Insurance ID (UI ID #) - if applicable, and a valid credit card for a \$12 annual fee. It also provides links for frequently asked questions and procurement regulations.



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs

Vendor Name: Aloha Ukulele

DBA/Trade Name:

Issue Date: 05/01/2019

Status: **Compliant**

Hawaii Tax#:

New Hawaii Tax#:

FEIN/SSN#: XX-XX

UI#: XXXX

DCCA FILE#:

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
	Internal Revenue Service (Compliant for Gov. Contract)	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

1. Issue date needs to be dated within 6 months of Application date
2. Compliant
3. Status for 4 State Agencies



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DCCA State of Hawaii

Downloaded on June 11, 2020.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.ehawaii.gov/documents>

Business Information

MASTER NAME	Aloha the Aina
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	250400 D2
STATUS	Active
PURPOSE	THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARTIABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES... SEE ARTICLES
PLACE INCORPORATED	Hawaii UNITED STATES
INCORPORATION DATE	May 18, 2015
MAILING ADDRESS	1234Sunshine Ave Kalanihakoi HI 96722
TERM	
AGENT NAME	Kapua Aloha
AGENT ADDRESS	1234Sunshine Ave Kalanihakoi HI 96722

Annual Filings

FILING YEAR	DATE RECEIVED	STATUS
2020		Not Filed
2019	Jul 4, 2019	Processed
2018	May 1, 2018	Processed
2017	Jun 18, 2017	Processed
2016	Sep 1, 2016	Processed

Officers

NAME	OFFICE	DATE
Kapua Aloha	P/D	May 18, 2015
Sam Boyd	V/D	May 18, 2015
Bruce Moore	S/T/D	May 18, 2015
Shayna Tom		

hbe.ehawaii.gov



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CORPORATE RESOLUTION

I, Jane Dee, Secretary of Aloha Organization do hereby certify that the following is a full true and correct copy of a resolution duly adopted by the Board of Directors of said Corporation at its meeting duly called at 123 Sample Street, Wailuku HI 96793, on the 7th of April, 2020, at which quorum was present and acting throughout; and that said resolution has not been modified, amended or rescinded and continues in full force and effect.

RESOLVED that John Doe, holding position of President, is hereby authorized to execute on behalf of the Corporation any bid, proposal or contract for services performed by the Corporation, and to execute any bond required by any such bid, proposal or contract with the State of Hawaii or County or any department or sub-division of any of them. This Corporate Resolution follows the organization's By Laws in respect to signing authority.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporation seal this 8th of April, 2020.


Jane Dee
Secretary



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[Irs.gov/pub/irs-pdf/fw9.pdf](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

Form **W-9** (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see Instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See Instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

OR

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am not subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The exemption code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have not reported all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments of interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

- Make sure #1 is complete and not left blank
- Type of Business, Taxpayer ID#
- Form has to be signed and dated



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Most Recent FINANCIAL STATEMENT (12 MONTH)

• Balance Sheet

• Profit and Loss Statement

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ACORD BINHATA-01 MARAM1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pyramid Insurance Centre, Ltd. Maui Branch 270 Dairy Road, Unit 150 Kahului, HI 96732	CONTACT GP Insurance Services LLC PHONE (A/C, No, Ext): (808) 242-4789 FAX (A/C, No): (808) 545-3450 E-MAIL: flo.garcia@pyramidins.com
---	--

INSURED Aloha the Aina 1234 Sunshine Ave Kalanihakoi, HI 96722	INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for Insurance Risk Retention Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
--	--

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY OTHER POLICIES OR CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *LIQUOR \$1M/\$1M* GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	202036869-DO	7/2/2020	7/2/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			

"Grant # The County of Maui, Its Departments, Agencies, Officers, Directors, Employees and Agents are named as additional insured. No erosion of limit by payment of defense costs."

CERTIFICATE HOLDER County of Maui c/o Office of Economic Development 2200 Main Street, #305 Wailuku, HI 96793	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

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Insurance

1. Coverage should be for the duration of the grant.
2. Grant Number and required language needs to be included
3. County of Maui Address



Grant Application Packet

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

The Best Fiscal Sponsor Co. Ever

Mailing Address:

1234 Main Street, Wailuku HI 9679:

Client#: 128564 LOKAPAC DATE (MM/DD/YYYY) 04/03/2019

ACORD. CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Aloha Insurance Agency, Inc. King Kamehameha Ave Kahului, HI 96732	INSURER(S) AFFORDING COVERAGE INSURER 1: Broker: RPS Honolulu INSURER 2: This certificate supersedes INSURER 3: certificate dated 03/28/2019.	NAIC # 17370
--	--	-----------------

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

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Organization name must match on all Required Documents.

DCCA State of Hawaii

Downloaded on May 1, 2019.

The information provided below is not a certification of good standing and does not constitute any other certification by the State.

Website URL: <http://hbe.hawaii.gov/documents>

Business Information

MASTER NAME	The Best Fiscal Sponsor Co. Ever
BUSINESS TYPE	Domestic Nonprofit Corporation
FILE NUMBER	
STATUS	Active
PURPOSE	COMMUNITY DEVELOPMI
PLACE INCORPORATED	Hawaii UNITED STATES

Form **W-9** Request for Taxpayer Identification Number and Certi

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Name (as shown on your income tax return)
The Best Fiscal Sponsor Co. Ever

Business name/disregarded entity name, if different from above



STATE OF HAWAII
STATE PROCUREMENT OFFICE

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Vendor Name: The Best Fiscal Sponsor Co. Ever

Proposal Narrative

Introduction

*Tell us **WHO** you are, **WHY** you are the “person for the job”

1. Background info
2. Mission
3. Expertise

Project Description

***WHAT** will take place and **WHERE**

1. Project Summary
2. Dates of Project or Event
3. Benefits to the People of Maui County

GRANT APPLICATION FORM

E. Proposal Narrative “Short Form” *For applications less than \$50K*

1. Introduction

Provide background information about the applicant, organization’s mission, and ability to accomplish this project. List the Project/Program organizers who will be executing the program and include descriptions of their experience and qualifications. Include reasonableness of personnel classification and compensation plans, if the application includes funding for personnel costs. *1500 character limit, approx. 250 words*

2. Project description

Your summary of the project should include implementation dates, public purpose(s), objectives intended to be achieved, target populations, activities and services to be performed, events, what will be provided, and how it benefits Maui County. *4500 character limit, approx. 750 words*

GRANT APPLICATION FORM

E. Proposal Narrative "Short Form"

3. Problem/Need & Target Groups

Provide justification for the request. Define and quantify the economic problems and needs to be addressed and the geographic areas and population to be served. Explain how the request will maintain or expand an existing program or establish a new one. Explain the probable efficiency and effectiveness of the proposed grant in achieving the intended objectives, compared with other alternatives. Please be very specific. *3000 character limit, approx. 500 words*

4. Economic Impact

Describe how your project will increase your organizations capacity by either expanding an existing business and/or by creating new jobs. Explain how this project will benefit Maui's economy, and answer the question "Why should Maui County taxpayers fund this project?" *1500 character limit, approx. 250 words*

Identify the Need and Target Group

*WHY this project is needed?

1. Describe the need
2. Economic need
3. Target groups

Economic Impact

*What is the Economic Impact of your project?

1. Increase or Expand Agency Capacity (e.g. workforce, outreach, etc.)
2. Economic Benefits to Maui County

Goals, Objectives, Action Steps, and Performance Measures:

*Sell us on your project

1. **Goals:** End results
2. **Objectives:** SMART – Specific, Measureable, Action-oriented, Realistic, and Timely
3. **Action Steps:** How do you plan to attain your goals
4. **Performance Measures:** Quantitative

GRANT APPLICATION FORM



E. Proposal Narrative "Short Form"

Use separate sheet if necessary.

5(a). Goals & Objectives

Goals are the end result you want to achieve. Objectives are the means to get you there, via specific action steps.

Objectives should be SMART: Specific, Measurable, Action-oriented, Realistic, and Timely. You should have a minimum of two Objectives with detailed Action Steps for accomplishing the program plan. Then list performance measures for each Objective that indicate how you will assess your outcome.

	GOALS	OBJECTIVES	ACTION ITEMS	PERFORMANCE MEASURE OR ECONOMIC IMPACT
Goal # 1	<i>Example: Have more than 1000 registrations for the workshop</i>	<i>Launch a publicity campaign to attract attendees</i>	<i>Create an engaging social media video post to boost as an ad</i>	<i>Total number of registrations from people who saw the ad</i>
	Aloha Mele Ukulele Festival: Showcase the Ukulele and develop its appreciation to a broader audience.	Host an Ukulele Festival with a wide variety of ukulele artists	Choose and secure 25 entertainers that highlight the ukulele.	Min 25 entertainers perform at festival
			Choose date and venue, Pull permits	2500 attendees at event
		Market the festival to a wider audience than targeted in previous years	Develop marketing plan, determine marketing approach to target other communities.	6 local food or craft vendors at festival
			Marketing: 3 months prior develop fliers and brochures. 1 month prior, feature ukulele artist as guest appearance at local coffee shop.	Fliers posted in 4 rural communities
Goal # 2				

5(b). Dashboard of Performance Measures

Each program/project/event is unique and therefore should be reflected in your goals and measurements. See examples from Handbook.

- Fiscal Year
 Calendar Year

OBJECTIVE : PERFORMANCE MEASURE	2019 <i>Actuals</i>	2020 <i>Forecast</i>	2021 <i>Forecast</i>
<i>Launch a publicity campaign to attract attendees: Total number of registrations</i>	1124	1500	
Entertainers perform at festival	10	25	35
Attendees at event	1500	2500	3000
Local food or craft vendors at festival	5	6	12
Number of communities where fliers were posted	4	4	10

Marketing

ARTIST 2 ARTIST



WELCOME
2MY
PARADISE
ALBUM SHOWCASE

HENRY KAPONO

With Special Guests



JON HAWES



GAYLORD HOLOMALUA



KONRAD KENDRICK



JOHNNY VALENTINE

THURSDAY FEB 28 • McCOY STUDIO THEATER • 7:30 PM
NOW • MAUIARTS.ORG



WAILUKU 1ST FRIDAY TOWN PARTIES

A FREE FAMILY EVENT - 6 TO 9 PM

HAPPY NEW YEAR!

JANUARY 4, 2019 ★ MARKET ST. WAILUKU
6:00 to 9:00pm STREET CLOSED FROM 5:30PM

LIVE MUSIC & ENTERTAINMENT



Free Parking
AT MAUI MEDICAL GROUP LOT

LEO MANA MAUI THING STAGE, 6-9PM
NEVAH TOO LATE BANYAN TREE STAGE, 6-9PM

EAT GOOD IN WAILUKU!

NOTTO'S PIZZA • 808 ON MAIN • SAIGON CAFE
KINGS B... • NEVRON • WAILUKU COFFEE CO. • JINI'S CURRY
MI... • BWAY • ASIAN STAR • UMI • THE FARMACY

STAY CONNECTED @
@WailukuFirstFriday
@WailukuTown
wailuku1st@gmail.com
Booth info: Alan 281.2861

SPONSORED IN PART BY THE FOLLOWING



WAILUKU FIRST Friday is a Community Street Party, no admission, 6-9pm on Market Street in Wailuku Town. (google map address: 7 North Market Street) Drive, groove with the live bands on stage and the wonderfully delicious street festivities with friends and family under the Maui moon. Come down for a great time and help support the local community and business!

www.maufridays.com @MauiFridays

DON'T MISS



6. Marketing Plan

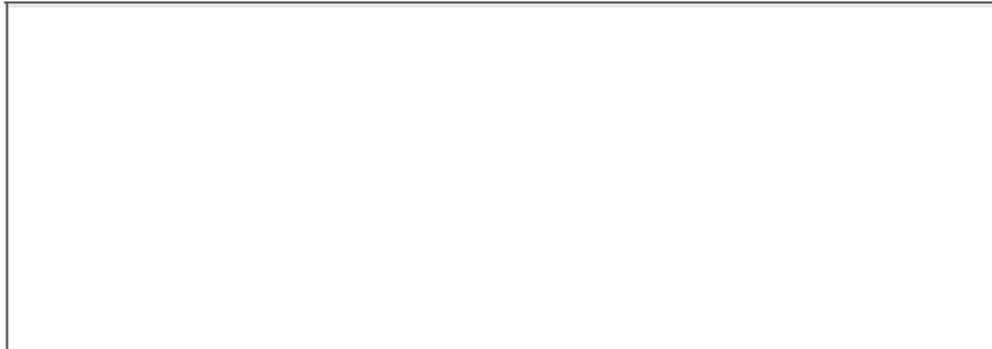
Please provide a marketing plan for your project including the use of local resources to promote your business, organization, project, or event. *1500 character limit, approx 250 words*

7. Other Funding Resources

Provide examples of planned fundraising activities, prospective funding sources to be solicited and any ongoing efforts to secure or retain other funding for the proposed program/event. *1500 character limit, approx 250 words*

8. Economic Self-Sufficiency

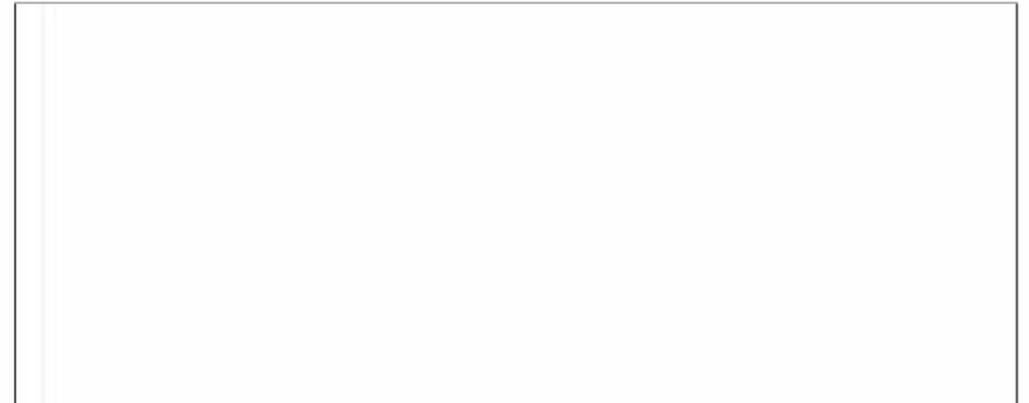
How do you expect this project/program to become economically self-sufficient in the future? Describe how you would accomplish this including a detailed timeline and ways you will generate revenue or leverage the County funding with this project/program. *1500 character limit, approx 250 words*



9. Green Initiatives and Eco-friendly Practices

Explain how you will use resources efficiently, create sustainability and be eco-friendly while executing your project/program/event. Find examples in Handbook.

1500 character limit, approx 250 words



- Fundraisers
- Charge Admission Fee
- Membership Dues

- Encourage Recycling
- Limit Disposable Bottles
- Purchase Local Crops
- Online Registration/Evaluations
- E-vite, email

Example of itemized Budget & Narrative

APPLICANT/FISCAL AGENT: ALOHA ORGANIZATION

PROJECT/PROGRAM MANAGER: ALOHA MELE UKULELE FESTIVAL FY21

ITEMIZED BUDGET AND NARRATIVE: Please list all sources of income and expense for this project; then describe each line item in Narrative form to your right.

A	B	C	D	E	F
INCOME DESCRIPTION	COUNTY	OTHER CASH	IN KIND	TOTAL	NARRATIVE (two lines - approx 160 characters)
Residual Monies FY20		110		110	NET PROFIT FROM FY20 CARRY FORWARD (FY21 IS SECOND YEAR OF EVENT)
Donations		1,010		1,010	PROJECTED AMOUNT OF PRIVATE DONATIONS BASED ON FY 20 FESTIVAL DONATIONS
Ticket Sales		8,400		8,400	PROJECT 560 ATTENDEES AT\$15 .00 per ticket for event on October 1, 2020
In-Kind Donations			6,300	6,300	Silent Auction Donations, Donation of light pupus and donation of entertainment.
County Grant FY 21	18,000			18,000	COUNTY GRANT REQUEST FY21 Performance Period July 1, 2020 - June 30, 2021
TOTAL INCOME	18,000	9,520	6,300	33,820	

EXPENSE DESCRIPTION	COUNTY	OTHER CASH	IN KIND	TOTAL	NARRATIVE (two lines - approx 160 characters)
ADMINISTRATION (PERSONNEL)					
Event Coordinator	2,400			2,400	Event Coordinator 80 Hrs @ \$30 per Hour
Program Manager	1,750			1,750	Program Manager for Event 70 Hrs \$25 per Hour
Event Setup	800			800	2 Event Set up Crew for 20Hrs \$20 per Hour on Day of Event
OPERATIONS (INCLUDING CONTRACTED WORK)					
Facility Rental	900	2,850		3,750	Rental of Bailey House Museum Grounds for Event: Oct 1, 2020
Sound System		500		500	Sound System setup for event on Oct 1, 2020
Event Insurance	850			850	Event Insurance with Comfort Insurance Co - County of Maui Named as Addtl insured
Entertainment		3,550		3,550	Jake S Main Event Entertainer @ \$2,650 & 10 Youth Performers for 2 Hours @25 per Hour
Supplies	350	970	50	1,370	Tablecloths, papergoods, tickets, office supplies
Refreshments		1,000	5,600	6,600	Purchase of water/juice and inkind donations from local restaurants in support of event
MARKETING					
Maui News	7,200			7,200	Two Sunday ads for \$2,750 per ad and two Wednesday ads @ \$850 per ad
Facebook Boosts	1,250			1,250	50 Facebook boosts for \$25 per boost (2per month, 26 boots in Aug and Sept)
Posters & Flyers		650	650	650	Printing by ACME Printing (\$650 paid and \$650 in-kind donation)
OTHER					
Fiscal Sponsor Fee	2,500			2,500	General Administration of event to Fiscal Sponsor
TOTAL EXPENSE	18,000	9,520	6,300	33,820	

Example of itemized Budget & Narrative

APPLICANT/FISCAL AGENT: ALOHA ORGANIZATION

PROJECT/PROGRAM MANAGER: ALOHA MELE UKULELE FESTIVAL FY21

ITEMIZED BUDGET AND NARRATIVE: Please list all sources of income and expense for this project; then describe each line item in Narrative form to your right.

A	B	C	D	E	F
INCOME DESCRIPTION	COUNTY	OTHER CASH	IN KIND	TOTAL	NARRATIVE (two lines - approx 160 characters)
Residual Monies FY20		110		110	NET PROFIT FROM FY20 CARRY FORWARD (FY21 IS SECOND YEAR OF EVENT)
Donations		1010		1010	PROJECTED AMOUNT OF PRIVATE DONATIONS BASED ON FY 20 FESTIVAL DONATIONS
Ticket Sales		8400		8400	PROJECT 560 ATTENDEES AT \$15.00 per ticket for event on October 1, 2020
In-Kind Donations			6300	6300	Silent Auction Donations, Donation of light pupus and donation of entertainment.
County Grant FY 21	18000			18000	COUNTY GRANT REQUEST FY21 Performance Period July 1, 2020 - June 30, 2021
TOTAL INCOME	18,000	9,520	6,300	33,820	
EXPENSE DESCRIPTION	COUNTY	OTHER CASH	IN KIND	TOTAL	NARRATIVE (two lines - approx 160 characters)
ADMINISTRATION (PERSONNEL)					
Event Coordinator	2,400			2,400	Event Coordinator 80 Hrs @ \$30 per Hour
Program Manager	1,700			1,700	Program Manager for Event 70 Hrs \$25 per Hour
Event Setup	800			800	2 Event Set up Crew for 20Hrs \$20 per Hour on Day of Event
OPERATIONS (INCLUDING CONTRACTED WORK)					
Facility Rental	3,700	2,400		6,100	Rental of Bailey House Museum Grounds for Event: Oct 1, 2020
Sound System		500		500	Sound System setup for event on Oct 1, 2020
Event Insurance	800			800	Event Insurance with Comfort Insurance Co - County of Maui Named as Addtl Insured
Entertainment		3,500		3,500	Jake S Main Event Entertainer @ \$2,650 & 10 Youth Performers for 2 Hours @ \$25 per Hour
Supplies	1,300	900		2,200	Tablecloths, papergoods, tickets, office supplies
Refreshments		1,400	5,000	6,400	Purchase of water/juice and inkind donations from local restaurants in support of event
MARKETING					
Maui News	7,200			7,200	Two Sunday ads for \$2,750 per ad and two Wednesday ads @ \$850 per ad
Facebook Boosts	1,200			1,200	50 Facebook boosts for \$25 per boost (2per month, 26 boots in Aug and Sept)
Posters & Flyers		600	600	1,200	Printing by ACME Printing (\$650 paid and \$650 in-kind donation)
OTHER					
Fiscal Sponsor Fee	2,500			2,500	General Administration of event to Fiscal Sponsor
TOTAL EXPENSE	18,000	9,520	6,300	33,820	

Total Income =
Total Expenses

Evaluation Criteria	Max Points
Introduction	5
Project Description	20
Problem/Needed Target Group	10
Economic Impact	10
Goals, Objectives, Action Steps, and Performance Measures	20
Marketing Plan	5
Economic Self Sufficiency	10
Budget and Narrative	20
Total Points	100
Use of Local and Community Resources	+
Green Initiatives and Eco-Friendly Practices	+

IV. GENERAL TERMS AND CONDITIONS

In consideration of the grant of County funds, Grantee covenants and agrees to the following terms and conditions in the use and administration of County funds. In the event the following conditions conflict with any term, provision, condition and/or covenant contained in the body of the Agreement and any subsequent amendments, the terms, provisions, conditions and/or covenants contained in said body shall prevail.

1. RECORD KEEPING. Grantee shall keep records and prepare reports, including detailed, separate financial records relating to all grant funds received from the County. All accounts shall be prepared and maintained according to generally accepted accounting 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 an expeditious determination to be made at any time of the status of funds within the award, including any disposition of all funds 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

6. INSURANCE. During the term of this Agreement, Grantee shall maintain at all times or cause to be maintained general liability insurance coverage for Grantee and its employees. The insurance policies shall be issued by a company or companies authorized to do business in Hawaii and approved by the County, with combined single limits of not less than ONE MILLION DOLLARS (\$1,000,000) per occurrence and TWO MILLION DOLLARS (\$2,000,000) in the aggregate for property damage and bodily injury liability, or such greater amount as may be required from time to time by the County, and provides for "NO EROSION OF LIMIT BY PAYMENT OF DEFENSE COSTS". The County, in its sole discretion, may accept a commercial general liability policy where the defense costs erode the limit of liability on a case by case basis, but Grantee shall make every reasonable effort to comply with this provision.

If an automobile or automobiles are required to perform any or all of the services or activities described in this Agreement, Grantee shall maintain at all times, or cause to be maintained, an automobile liability insurance policy issued by a company authorized to do business in the State of Hawaii and approved by the County, and complying with Chapter 431:10C, Hawaii Revised Statutes, as amended, in an amount of at least FIVE HUNDRED THOUSAND DOLLARS (\$500,000) for each person with respect to bodily injury and TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000) for each occurrence with respect to property damage. If professional services are

8. SUBCONTRACTS. The Grantee shall not procure or subcontract any part of the services under this Agreement without the prior written consent of the County. All subcontracts entered into by the Grantee shall be in writing.

9. 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.

10. COUNTY RECOGNITION. Grantee shall give the County and State of Hawaii, if applicable, appropriate recognition in all grant-funded programs and printed materials. All such printed materials must be approved by the County prior to printing and/or use.

11. GRANTEE COMPLIANCE. Grantee shall strictly comply with its articles of incorporation and/or bylaws and all relevant County, State and Federal rules and regulations concerning Grantee's policies and operations.

12. 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 sex, sexual orientation, national origin, age, race, color, religion or disability. Grantee shall

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.

Print Name/Title

Authorized Signature

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

Budget Summary

Assist tracking expenses within your approved budget

SAMPLE DETAILED REIMBURSEMENT OF EXPENSES

(Organization Name) G1234

Invoice #2

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

ADMINISTRATION	Invoice #	Detailed Discription		Date of Invoice	Total Paid
Event Coordinator					
\$2,400.00	1	Staff #1	12.5 Hrs @ \$30/hr	11/30/19	\$375.00
	2	Staff #1	7.5 Hrs @ \$30/hr	12/31/19	\$225.00
	Total Event Coordinator				\$600.00
Program Manager					
\$1,750.00	3	Staff #2	4 Hrs at \$25/hr	10/31/19	\$100.00
	4	Staff #2	4 Hrs at \$25/hr	11/30/19	\$100.00
	5	Staff #2	9.5 Hrs at \$25/hr	12/31/19	\$237.50
	Total Program Manager				\$437.50
OPERATIONS					
Facility Rental					
\$900.00	6	Maui Plantation	48 hour rental	11/2/19	\$900.00
	Total Facility Rental				\$900.00
Event Insurance					
\$850.00	7	Insurance Provider	Event Insurance	11/21/19	\$850.00
Supplies					
\$350.00	8	Maui Rents	Tent (2 20x40)	12/1/19	\$200.00
	9	Maui Rents	Chairs (100@\$1 ea)	12/1/19	\$150.00
	Total Supplies				\$350.00
MARKETING					
Maui News					
\$7,200.00	10	Maui News Full Page	1 wk of advertising	12/10/19	\$1,800.00
	11	Maui News Full Page	1 wk of advertising	12/20/19	\$1,800.00
	Total Maui News				\$3,600.00
OTHER					
Event Admin					
\$2,500.00	12	Fiscal Sponsor	Flat Rate (billed quarterly)	12/31/19	\$825.00
	Total Event Admin				\$825.00
TOTAL					\$7,362.50

Reimbursement of Expenses

Itemized breakdown of your individual expenses within each category in your approved budget.

- Number all invoices and receipts

The Maui News

MAUI PUBLISHING CO., LTD.
P.O. BOX 550 • Wailuku, HI 96793-0550

ADVERTISING INVOICE and STATEMENT

BILLING PERIOD		ADVERTISER / CLIENT NAME	
		County of Maui - Office of Economic	
TOTAL AMOUNT DUE	*UNAPPLIED AMOUNT	ADVERTISER / CLIENT NAME	
CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS

INVOICE NUMBER	PAGE #	BILLING DATE	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER
3278594-232		12/10/19	141100	

10

County of Maui
Office of Economic Development
2200 MainSt., #305
Wailuku HI 96793

REMITTANCE ADDRESS
The Maui News 100 Mahalani St. Wailuku HI 96793

The Maui News

MAUI PUBLISHING CO., LTD.
P.O. BOX 550 • Wailuku, HI 96793-0550

ADVERTISING INVOICE and STATEMENT

BILLING PERIOD		ADVERTISER / CLIENT NAME	
		County of Maui - Office of Economic	
TOTAL AMOUNT DUE	*UNAPPLIED AMOUNT	ADVERTISER / CLIENT NAME	
CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS

INVOICE NUMBER	PAGE #	BILLING DATE	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER
3278602-232		12/20/19	141100	

11

County of Maui
Office of Economic Development
2200 MainSt., #305
Wailuku HI 96793

REMITTANCE ADDRESS
The Maui News 100 Mahalani St. Wailuku HI 96793

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION - OTHER COMMENTS / CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	GROSS AMOUNT	NET AMOUNT
Ad for December 4,11,18	1598197	Kamaaina First	3x5	(3)		\$1,800.00

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
					\$1,800.00

The Maui News

100 Mahalani St. • P.O. Box 550 • Wailuku, HI 96793-0550
Telephone: (808) 244-3981 • FAX No. (808) 242-6386
Federal ID No. 99-0047860

A FINANCE CHARGE OF 1%, WHICH IS AN ANNUAL RATE OF 12%,
WILL BE ADDED TO ACCOUNTS OVER 30 DAYS.
* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE.

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION - OTHER COMMENTS / CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	GROSS AMOUNT	NET AMOUNT
Ad for January 3,10,17	1598197	Kamaaina First	3x5	(3)		\$1,800.00

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
					\$1,800.00

The Maui News

100 Mahalani St. • P.O. Box 550 • Wailuku, HI 96793-0550
Telephone: (808) 244-3981 • FAX No. (808) 242-6386
Federal ID No. 99-0047860

A FINANCE CHARGE OF 1%, WHICH IS AN ANNUAL RATE OF 12%,
WILL BE ADDED TO ACCOUNTS OVER 30 DAYS.
* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE.

Countryman Associates

195 Constitution Dr
Menlo Park, CA 94025-1106
US

Voice: (650)364-8888
Fax: (650)364-2794

SALES ORDER

Sales Order Number: RMA-0818189
Sales Order Date: Aug 20, 2018
Ship By: Aug 27, 2018
Page: 2

Tot
Aloha the Aina
1234 Sunshine Ave
Kalanihakoi, HI 96722

Ship Tot
Aloha the Aina
1234 Sunshine Ave
Kalanihakoi, HI 96722

Customer ID	PO Number	Sales Rep Name
CMAON02	AMY LORD	Grace Tango
Customer Contact	Shipping Method	Payment Terms
Kapua Aloha	FedEx Ground	CREDIT CARD

Quantity	Item	Description	Unit Price	Amount
1.00	REPAIR-OS	CHECKED* COURTESY REPLACEMENT. 8. REPAIR E6DW5L2SL S/N 44383802 - CRACKLES WHEN TAPPED. *REPLACED W/ N/W E/P & CHECKED*	175.00	175.00

Subtotal	784.00
Sales Tax	
Freight	0.00
TOTAL ORDER AMOUNT	784.00

Requirements for Supporting Documents (Receipts/Invoices)

- Date
- Vendor Name, Address and Phone Number
- Itemized Description of product or service
- Amount on Invoice

Common Items That Hold Up Your Payment

- Overspent in Budget Categories
- Expired Insurance
- Current Quarterly Report not submitted
- Receipts and invoices not legible
- Receipts not itemized
- Missing receipts
- Missing forms
- Not submitted in an organized fashion
- Receipts dated outside of performance period
- No quotes

Not Readable

INVOICE

1. Name of Customer
 2. Address
 3. City
 4. State
 5. Zip
 6. Telephone
 7. E-mail
 8. Fax
 9. Other

DATE OF ORDER: 11/19/19
 JOB: MOLOKAI CANGI FESTIVALS
 MOLOKAI PUBLIC LIBRARY
 DESCRIPTION:
 1. Setup and removal of temporary panel at Molokai Public Library
 2. Setup and removal of string lights in food booths and craft tents
 3. Setup and removal of flood lights on cocoanut trees
 4. Setup and removal of string lights in Molokai Public Library van

UNIT PRICE	LINE TOTAL
	230.00
	130.00
	130.00
	85.00
SUBTOTAL	575.00
SALIS TAX	0.00
TOTAL	575.00

Thank you for your business



11/19/19
TON

P.O. BOX 898 PHONE: (808) 553-3985
 10 MANAWAIKI BRIDGE
 KAPAHULA, HI 96748 FAX: (808) 553-3084

TRI-L CONSTRUCTION INC.
 101359

LIGHT TOWER RENTAL CONTRACT

RENTED TO / LESSEE: JAMES WILSON / MOLOKAI CANGI FESTIVALS
 BILLING ADDRESS: (INDICATE IF PARTNERSHIP / CORPORATION)
 JOB LOCATION / DELIVERY ADDRESS:

DATE		HOUR METER	
OUT	IN	OUT	IN
11/19/19	9:23:19	03128.9	03145.3
		04219.8	04222.2

QTY	LIGHT TOWER #S	HRS. USED	EXCESS HRS.	RENTAL PERIOD				RENTAL RATE		MINIMUM CHARGE	AMOUNT
				HOURS	DAYS	WEEKS	MONTHS	BASE	EXCESS		
								150			

HAULING FROM TO HAULING CHARGE:
 FROM TO SURCHARGE:
 OTHER:
 SUBTOTAL:
 TAXES:
 DEPOSIT:
 BALANCE DUE:

WEEK DAY RENTAL RATES: Light towers rented during the week will be charged \$150.00 per day, per 24 hour rental period. Credit card deposit required before rental can occur even if paying with cash or check. Credit cards will be charged the excess amount if not paid in full at time of pickup. Renters must check in at the front office to sign the rental agreement before light tower pickup and upon return. Two inch ball hitch and competent vehicle required to tow light tower. Renters will be responsible for damages to the light tower that occur during the rental period. Renters will incur an additional \$150.00 charge per day if light tower after the rental period. Fuel for the light towers are included in rental rate. DO NOT REFUEL THE LIGHT TOWERS. **WEEKEND RENTAL RATES:** Light towers rented on weekends will be charged the normal rental rate of \$150.00 plus an additional \$6.00 per hour for light towers returned with a meter excess of 12 hours. Light towers need to be picked up on Friday's by 3:00pm. Light towers must be returned on Monday's by 10:00am.

THERE WILL BE A \$20.00 SURCHARGE ON ALL LIGHT TOWERS RETURNED WITHOUT KEYS

PAYMENT INFORMATION	
DEPOSIT AMOUNT:	
ACCOUNT NUMBER:	
CASH AMOUNT:	
CHECK AMOUNT & #:	\$408.15 ✓
BANK CARD & APPR. #:	
PURCHASE ORDER #:	
DONATION:	Letter Rcvd:

DATE INTEREST CHARGES WILL BE LEVIED 30 DAYS AFTER DUE DATE AT A MONTHLY RATE OF 1.5% (APR RATE OF 18%).
 LESSOR HEREBY LEASES TO LESSEE THE FOLLOWING DESCRIBED PERSONAL PROPERTY UPON THE TERMS AND CONDITIONS SET FORTH ON THIS PAGE, AND IS FURTHER SET FORTH ON THE REVERSE SIDE HEREOF. THIS PAGE AND REVERSE SIDE HEREOF ARE TO BE READ TOGETHER AS CONSTITUTING ONE ENTIRE CONTRACT.

LESSOR: TRI-L CONSTRUCTION INC. BY(X): [Signature]
 BY(X): [Signature]
 RETURN BY(X): [Signature]

Entertainment Insurance Other

09/17/19 363

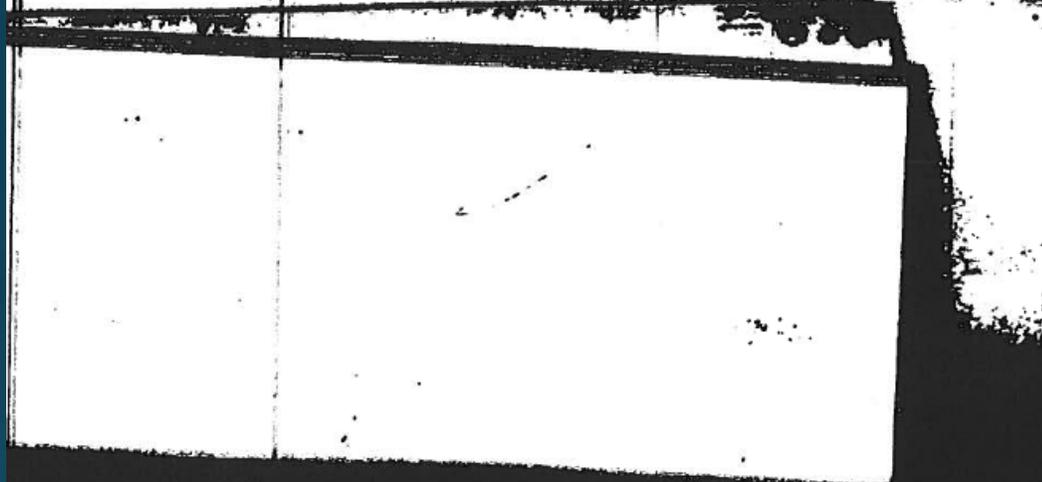
TRI-L CONSTRUCTION
 -FOUR HUNDRED SIXTY-EIGHT + 75/100

3-POWER LIGHTS

BALANCE FORWARD	
THIS ITEM	468.75
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE



Credit Card Insurance Other

9-20-19 367

TRI-L CONSTRUCTION
 Twenty-Six + 04/100

CONES

BALANCE FORWARD	
THIS ITEM	26.00
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

Not allowable

Transaction Information

Status **Approved**

Name Kuuipo Aloha

Amount Paid **\$503.70**

Date **6/12/2019** ✓

Card Information

Card Type **MasterCard**

Card Number **xxxxxxxxxxxx0497**

Payment IDs

Auth Code **04700Z**

Transaction ID **PK0227354323**

Not Itemized



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



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

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



COUNTY OF MAUI – Office of Economic Development

EVENTS SURVEY SAMPLE

Please Rate Your Overall Experience at this Event:

Excellent

Good

Fair

Poor

Male

Female

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: _____



Makahala

The Office of Economic Development

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