



County of Maui  
Department of Agriculture  
**FY24 GRANT APPLICATION**

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**A. Application/Fiscal Agent Information**

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Organization Name

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Project Title

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Requested Amount

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Business Type

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Mailing Address

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Zip Code

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Program Contact's Name

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Program Contact's Title

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Program Contact's Email

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Program Contact's Phone Number

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Grant Administrator or Fiscal Agent  
Contact's Name

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Grant Administrator or Fiscal Agent  
Contact's Title

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Grant Administrator or Fiscal Agent  
Contact's Email

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Grant Administrator or Fiscal Agent  
Contact's Phone

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**B. Project/Program Information**

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Project description: One sentence that describes your project. (May be used in Department of Agriculture promotion such as a press release)

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Date(s): List specific date(s) for project

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Location of project

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**C. Grant Application Certification**

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Name of Authorized Representative

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Title of Authorized Representative

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Signature of Authorized Representative

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Name of Additional Project Authorized Representative

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**D. Proposal Narrative** (attach a separate sheet if more space is needed)

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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.

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Implementation dates

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Location

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Public Purpose(s)

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Summary of your project should include activities and services to be provided.

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Goal 1

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Objective 1

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For Goal 1, what are 4 actionable steps and timeline you plan to take?

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For Goal 1, what are 4 ways you plan to measure performance or impact?

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**Proposal Narrative Goals and Objectives** (attach a separate sheet if more space is needed)

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Goal 2

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Objective 2

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For Goal 2, what are 4 actionable steps and timeline you plan to take?

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For Goal 2, what are 4 ways you plan to measure performance and impact?

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Goal 3

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Objective 3

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For Goal 3, what are 4 actionable steps and timeline you plan to take?

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For Goal 3, what are 4 ways you plan to measure performance and impact?

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Describe how your project may increase your organization's capacity to provide employment and/or educational opportunities in agriculture.

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Explain how this project will impact the Department's goal of increasing food security for Maui County.

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Define and quantify the agricultural related issues and gaps that your project may be addressing.

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Explain how the request will maintain or expand an existing program or establish a new one.

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Target populations and Geographic Area

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If applicable, please provide a marketing plan for your project, including the use of local resources to promote the project, organization, or event.

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Timeline: When will it start? How often?

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Provide details of how this project or program will become economically self-sustaining outside of County grant funding? Please include a timeline and means of generating revenue to continue in achieving your goals.

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### **Forms**

Attach your Itemized Project Budget & Narrative

[Click here for Grant Budget & Narrative Form](#)

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### **Required Documents**

Attach Certificate of Vendor Compliance Attach Current DCCA

Filing

Attach IRS W-9 Form

Attach Current Financial Statement Attach Bylaws

A Certificate of Insurance will be required prior to execution

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