



SMALL BUSINESS REVITALIZATION GRANT PROGRAM - LANAI & MOLOKAI

A. PURPOSE OF THE PROGRAM

The purpose of the Small Business Revitalization Grant Program is to provide expanded opportunities for residents of Lanai and Molokai to increase their ownership, employment and income from local economic enterprises.

To accomplish this purpose, the program provides funds at no cost to coordinate and leverage its resources with those of other private sources.

B. ELIGIBLE ACTIVITIES

- The program provides assistance for a broad range of business projects.
- The primary place of business must be located on the islands of Lanai and Molokai.
- Priority is given to businesses, which are likely to provide increased income, ownership and employment opportunities.

C. ELIGIBLE APPLICANTS

Requirements are that an applicant:

- Shall be a citizen of the United States of America or a legally registered alien and a resident within the grant areas of Lanai or Molokai;
- Must submit a plan for the use of the funds and how it will impact the business;
- Must demonstrate the ability to fund the 40% match.
- Must have been in business long enough to file at least one federal and one state tax return.

Applicants will be screened by the Grant Committee to determine that there is:

- A potential for broadening the employment base for the low-income residents within the islands of Lanai and Molokai;

D. TERMS AND CONDITIONS OF THE GRANT

Grant limits are:

- \$500.00 - \$5,000
- Grants will be made to Sole Proprietors, Corporations, Partnerships or LLCs with less than 10 employees. Non-profit or not-for-profit organizations are not eligible to receive this grant.

E. PROCESS & EXPECTATIONS

- Applicant will present an estimate of the cost of the product or service to be purchased with this grant application.
- Provide proof of 40% match (cash and/or in-kind).
- Upon notification of award of a grant, applicant will provide an invoice showing 40% paid and amount due of 60% of purchase price to be paid by the grant.

Please contact the Lokahi Pacific office at (808) 242-5761 and ask to speak with Susie Thieman. You can also email her at susie@lokahipacific.org for further assistance.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, D.C. 20250



SMALL BUSINESS REVITALIZATION GRANT PROGRAM – APPLICATION CHECKLIST

BUSINESS NAME: _____ TEL. NO.: _____

1935 Main Street, Suite 204, Wailuku, HI 96793 ♦
 Tel. No. (808) 242-5761 ♦ Fax No. (808) 244-2057 ♦
 email: susie@lokahipacific.org

Thank you for your interest in the Small Business Revitalization Grant Program. Please use this checklist of documents needed to complete your application package. The County of Maui and Lokahi Pacific reserve the right to request additional documents at any time.

<input type="checkbox"/> 1. Small Business Revitalization Grant Program Application (including co-applicant)	<input type="checkbox"/> 6. Grant Narrative. Minimum one full page in size 12 font; maximum two full pages in size 12 font.
<input type="checkbox"/> 2. Certificate of Vendor Compliance (dated within the past 6 months) from https://vendors.ehawaii.gov	Grant Narrative should include: <ol style="list-style-type: none"> 1) Description of your current business. 2) Estimated total cost of your project (funds cannot be used for payroll). 3) Describe what you are proposing to purchase with the grant funds. 4) Describe the problem you are trying to solve with this grant. 5) Explain how this project will help your business. 6) One year after this project is completed, do you expect to <ul style="list-style-type: none"> - Add more employees? How many? - Increase sales? What percentage? - Be more efficient to save money? How much savings? - Please describe any other benefits you foresee.
3. Business type specific requirements: <input type="checkbox"/> 3.a. <u>Sole Proprietorship</u> : <ul style="list-style-type: none"> <input type="checkbox"/> Personal FEDERAL Tax Return for the last year. <input type="checkbox"/> Current (<i>no more than 90 days</i>) Personal Financial Statement <input type="checkbox"/> 3.b. <u>Partnership</u> : <ul style="list-style-type: none"> <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Current (<i>no more than 90 days</i>) Personal Financial Statement for all partners <input type="checkbox"/> 3.c. <u>Corporation</u> : <ul style="list-style-type: none"> <input type="checkbox"/> Corporate FEDERAL Tax Returns for the last year <input type="checkbox"/> Principal Stockholders (20%) Tax Returns for the last year <input type="checkbox"/> Incorporation Documents <input type="checkbox"/> Corporate By-Laws <input type="checkbox"/> Current (<i>no more than 90 days</i>) Personal Financial Statements for all Stockholders <input type="checkbox"/> 3.d. <u>LLC</u> <ul style="list-style-type: none"> <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Personal FEDERAL Tax Returns for the last year for all members <input type="checkbox"/> Current (<i>no more than 90 days</i>) Personal Financial Statement for all members 	
<input type="checkbox"/> 4. Business Registration	
<input type="checkbox"/> 5. G.E. Tax Filings (<i>last 12 months</i>)	

Deadline: Application must be emailed, faxed, or postmarked by October 22, 2018.

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Deadline: Application must be emailed, faxed, or postmarked by October 22, 2018

Please fill out the form completely. Put "n/a" when not applicable. Thank you.

PURPOSE OF GRANT <input type="checkbox"/> EXPANSION <input type="checkbox"/> EQUIPMENT REPAIR OR PURCHASE	AMOUNT REQUESTED
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PERSONAL INFORMATION											
APPLICANT						CO-APPLICANT					
NAME (LAST, FIRST, MIDDLE, SUFFIX)						NAME (LAST, FIRST, MIDDLE, SUFFIX)					
MARITAL STATUS <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated						MARITAL STATUS <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated					
RESIDENCE STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____						RESIDENCE STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____					
DATE OF BIRTH			PLACE OF BIRTH			DATE OF BIRTH			PLACE OF BIRTH		
SSN#		RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____				SSN#		RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other: _____			
HOME TELEPHONE		BUSINESS TELEPHONE		CELLPHONE		HOME TELEPHONE		BUSINESS TELEPHONE		CELLPHONE	
STREET ADDRESS				HOW LONG?		STREET ADDRESS				HOW LONG?	
CITY			STATE	ZIP		CITY			STATE	ZIP	
MAILING ADDRESS, IF DIFFERENT FROM ABOVE											
CITY			STATE	ZIP		CITY			STATE	ZIP	
PREVIOUS ADDRESS				HOW LONG?		PREVIOUS ADDRESS				HOW LONG?	
CITY			STATE	ZIP		CITY			STATE	ZIP	
DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE			DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE		
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU						RELATIONSHIP					
STREET ADDRESS											
CITY			STATE	ZIP		CITY			STATE	ZIP	

AUTHORIZATION TO RELEASE INFORMATION					
I/We hereby authorize the release to Lokahi Pacific any information they may require at any time for any purpose related to my/our credit transaction with them. I/We further authorize Lokahi Pacific to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them. I/We hereby certify that the enclosed information, including any attachments provided herewithin or at a later date, is valid and correct to the best of my/our knowledge. If funding is granted, I/we agree to provide Lokahi Pacific with a one-year Performance Report on the outcome of my/our project.					
APPLICANT'S SIGNATURE		CO-APPLICANT'S SIGNATURE			
APPLICANT'S NAME		DATE	CO-APPLICANT'S NAME		DATE

Instructions for Getting Certificate of Compliance From State Website

Log on to: ehawaii.gov

At the HOME page select the BUSINESS icon

Type in: Certificate of Compliance in the query box

Select: Hawaii Compliance Express

If you don't already have an account, you must create one, follow the prompts and provide the necessary information.

To create an account you will need to provide the following:

Taxpayer FEIN

Taxpayer SSN

Hawaii Tax ID

State Department of Labor UI ID#

To "View/Print Certificate" click on the print function located on the right-hand side of the screen.

John Q. Public
111 Main Street
Hana, HI

Personal Financial Statement
As of 6/30/16

Assets:

Cash in Bank	\$1,500	
Cash in Savings Account	<u>\$2,500</u>	
Total Cash		\$4,000

Fixed Assets:

House	\$250,000	
Furniture & fixtures	\$10,000	
Vehicles	\$12,000	
Value of Business	\$25,000	
Total Fixed Assets		<u>\$ 297,000</u>
Total Assets		\$ 301,000

Liabilities:

Mortgage on House	\$ 200,000	
Loans on vehicles	<u>\$ 7,500</u>	
Total Liabilities		<u>\$ 207,500</u>

Net Worth **\$ 93,500**