**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

Project Implementation Grant – COVID-19 Relief

Request for Proposals number: RFP-21-HHL-001

**PART 1. Application Cover Sheet**

**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

Project Implementation Grant – COVID-19 Relief

Request for Proposals number: RFP-21-HHL-001

**Application Cover Sheet**

*Print or Type*

|  |  |
| --- | --- |
| Name of organization |  |
| Mailing Address | *Town Zip* |
| Street Address | *Town Zip* |
| Contact Person | *Name Title* |
| Contact information | *Telephone Fax Email* |

Please inform DHHL, in writing, within 10 business days should the contact person change.

We are (check only one):

\_\_\_\_\_ A federal tax-exempt 501c3 nonprofit corporation

\_\_\_\_\_ Using a fiscal sponsor that is a 501c3 nonprofit corporation

Name of fiscal sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Hawaii General Excise Tax (GET) Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Total Amount of DHHL funds requested | $ |
| Total funds from other sources (Optional) | + |
| Value of In-Kind Donations (Optional) | + |
| TOTAL Project Cost | = |

Proposed project period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Proposed project start date should be at least six months from the grant application deadline)*

I certify that the governing body of the organization approves this grant application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date Print name & title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Fiscal Sponsor Signature Date Print name & title*

**Fiscal Sponsor Contact Sheet**

*Print or Type*

|  |  |
| --- | --- |
| Name of organization |  |
| Mailing Address | *Town Zip* |
| Street Address | *Town Zip* |
| Contact Person | *Name Title* |
| Contact information | *Telephone Fax Email* |

Please inform DHHL, in writing, within 10 business days should the contact person change.

Federal Employer Identification Number (FEIN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Hawaii General Excise Tax (GET) Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department of Hawaiian Home Lands**

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**PART 2. Proposal Request**

**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

|  |
| --- |
| Request for Project Implementation Grant – COVID-19 Relief  Request for proposals number: RFP-21-HHL-001 |

Write your proposal by responding to the following six (6) questions. Attach additional sheets if needed. Responses may include and are not limited to a narrative, newsletter, annual report, photos, brochures, maps, and drawings.

**1. Describe your organization, partners and fiscal sponsor (if any), including how your organization currently serves HHCA beneficiaries.**

**2. Describe the proposed project you are requesting funds for.**

Be specific and detailed and include the following information:

* Purpose and goals of the proposed project. Is this a new project or an existing one?
* Scope of work outlining the activities and tasks you will carry out along with an estimated work schedule.
* How your organization determined that the proposed project is needed and will address HHCA beneficiary needs directly resulting from the COVID-19 pandemic. If a needs assessment, survey, client intake reports, or similar were done, please attach a copy.
* Factual or statistical information or other evidence that your proposed project will achieve the intended results and have positive impact on HHCA beneficiaries impacted by the COVID-19 pandemic.

**3. Describe how HHCA beneficiaries will be involved in the planning, implementation and evaluation of the proposed project.**

* Describe your organization’s plan to reach out to and work with HHCA beneficiaries for your proposed project.
* Indicate how many HHCA beneficiaries will be assisted by this proposed project.
* Describe your organization’s current projects serving HHCA beneficiaries
* In a given year, what is the average number of HHCA beneficiaries that your organization serves?

**4. Provide a detailed work plan for this project.**

The work plan is your opportunity to describe exactly what you will be using the grant funds for. It should provide the details of how your project will be carried out. You should include specific activities, when they will be conducted, who will be involved, what you expect to achieve with each activity (the outcome), and what resources will be used.

In addition to a narrative description of your workplan, provide a summary in table form using the format below. Include (1) a list of all proposed activities, (2) the expected outcome of each activity, (3) who will be responsible for carrying out each activity, and (4) the expected start and end dates for each activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Outcome | Who responsible | Start date | End Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If you will be using this grant to hire a consultant, describe what they will do and attach their resume or statement of qualifications.

**5. Provide a plan for how the project will be sustained after the DHHL grant is over and a contingency plan if you only receive partial funding from DHHL.**

* Describe how you will maintain the project after the grant funds are spent. If funds are to be used for construction, explain how the facility will be maintained and managed (operations, maintenance, and repairs) and will be financially supported.
* Explain what you will do if you only receive a portion of the funds you are requesting or the proposed project is not awarded funds from DHHL.

**6. Provide a detailed budget breakdown using the budget information sheet on pages 16-17.**

Include both an Expense Budget and Income Budget using the attached forms on pages 16-17. The totals for each should be the same. Also include a budget narrative to explain each budget expense item and to show the calculations of how you arrived at each budget figure. Explain how you will adjust the budget if not all anticipated funding is received. Match funds and in-kind donations are optional for this grant program. Additional points will be given for match funds and/or in-kind donations.

* If the proposed project is part of a larger project supported by other funding sources, please identify the other funding amounts and sources, provide the total planned budget, and explain the need for DHHL grant funds.

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Budget Information

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

1. Please complete each form for the Project Expense Budget and Project Income Budget. You may attach separate sheets, as long as the same format is used. The totals for the Expense and Income Budgets (in the right bottom corners of the expense and income sections) should be the same.
2. Attach separate sheets with a budget justification narrative including details and cost calculations for all budget items.

**Project Expense Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION** | **DHHL FUNDS REQUESTED** | **OTHER FUNDS** | **IN-KIND** | **TOTAL** |
|  |  |  |  |  |
| **PERSONNEL (employee only)** |  |  |  |  |
| Salary |  |  |  |  |
| Fringe |  |  |  |  |
| TOTAL PERSONNEL |  |  |  |  |
|  |  |  |  |  |
| **NON-PERSONNEL** |  |  |  |  |
| Travel |  |  |  |  |
| Lease/purchase equipment |  |  |  |  |
| Supplies |  |  |  |  |
| Contract Services  (please specify): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Insurance |  |  |  |  |
| Fiscal sponsor fee, if applicable |  |  |  |  |
|  |  |  |  |  |
| Other (please specify): |  |  |  |  |
|  |  |  |  |  |
| Contingency  (for construction projects) |  |  |  |  |
|  |  |  |  |  |
| TOTAL NON-PERSONNEL |  |  |  |  |
| **TOTAL EXPENSES** |  |  |  |  |

**Project Income Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cash** | **In-Kind** | **Total** | **Status\***  (secured, committed, or pending) |
| DHHL Project Implementation – COVID-19 Relief grant |  |  |  | Pending |
| Applicant organization |  |  |  |  |
|  |  |  |  |  |
| Other (List) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL INCOME** |  |  |  |  |

* Applicant will be asked to re-verify match funds and in-kind donations at time of grant award notification.
* Status – Please use the following terms to describe the status of each cash and in-kind donation:
  + **Secured** - Donation is on hand. Attach the signed and fully executed agreement (copy of check, grant agreement, contract, memorandum, etc.).
  + **Committed** - Donation is committed but not yet readily available.
  + **Pending** - Your organization has made a request (verbal, letter, written application or otherwise) and is awaiting a decision from the donor.

**Quarterly spend down projection**. Please fill in table below. And, provide a brief narrative on how you determined this cash flow projection.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year 1 | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | TOTAL |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $ |
| Year 2 | Quarter 5 | Quarter 6 | Quarter 7 | Quarter 8 |  |
|  | $0.00 | $0.00 | $0.00 | $0.00 | $ |
|  |  |  |  | **TOTAL**  **Grant Request** | **$** |

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Project Implementation Grant – COVID-19 Relief

Request for Proposals number: RFP-21-HHL-001

**PART 3. Required Forms and Attachments**

**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

|  |
| --- |
| **Assurance of Service to native Hawaiians**  **Instructions:** Insert organization’s name in the blank. Form must be signed by an authorized person of the organization.  Article XII, Section I of the Hawaii State Constitution created the Native Hawaiian Rehabilitation Fund or “NHRF,” whose funds are derived from thirty (30) percent of receipts derived from state land used for sugarcane cultivation and water. The State Constitution further states:  “The department shall use this money solely for the rehabilitation of native Hawaiians which shall include, but not be limited to, the educational, economic, political, social and cultural processes by the general welfare and conditions of native Hawaiians are thereby improved and perpetuated.”  NHRF is codified in the Hawaiian Homes Commission Act of 1920, as amended, under Section 213.  It is therefore incumbent upon organizations and individuals who receive support from revenues from NHRF through grants from the Department of Hawaiian Home Lands (DHHL) to prove that the beneficiaries of any proposed service, program, or activity are native Hawaiians.  Beneficiaries of funding under an award of NHRF must trace and conclusively prove that they are at least 50% Hawaiian ancestry. DHHL must rely on documented evidence that meets eligibility requirements and reduces the possibility of error. In many cases, submitting birth certificates for the beneficiaries, the beneficiary’s parents and grandparents will provide sufficient proof that the beneficiary of the services under an award from DHHL has at least 50% Hawaiian ancestry. The burden of proof rests on the awardee and beneficiary of funding.  This is to certify that, when requested, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide genealogies or other appropriate proof of at least 50% Hawaiian ancestry, for the beneficiaries of any project operating with the support of NHRF.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name Title |

**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

|  |
| --- |
| **Assurance of Acknowledgment of Support**  **Instructions:** Insert organization’s name in the blank. Form must be signed by an authorized person of the organization.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agrees that all publicity, publications, and other materials produced in connection with any project funded by grants from the Department of Hawaiian Home Lands (DHHL) will acknowledge the support of DHHL in a way appropriate to the medium.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name Title |

**Sample**

**Board List**

|  |
| --- |
| Instructions:  Applicants for the 2020 - 2021 DHHL Grants program are to provide a current board list.   * Please provide a complete list of board members. * Provide contact information for each board member. * For each board member, please indicate if he/she is a beneficiary of the Hawaiian Homes Commission Act of 1920, as amended (HHCA). * If your organization is registered with the State of Hawaii Department of Commerce and Consumer Affairs (DCCA), please ensure your board list with DCCA is the same as listed below. * You may use your own format, as long as the same information is listed as shown below. |

2020 Board List

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each board member, please provide the following information:

Name:

Board Position / Title:

Term start and end dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ month/year to \_\_\_\_\_\_\_\_\_\_\_\_ month/year

Address:

Phone:

Email:

\_\_\_\_\_ Please check here if this board member is a HHCA beneficiary.

Name:

Board Position / Title:

Term start and end dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ month/year to \_\_\_\_\_\_\_\_\_\_\_\_ month/year

Address:

Phone:

Email:

\_\_\_\_\_ Please check here if this board member is a HHCA beneficiary.

Name:

Board Position / Title:

Term start and end dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ month/year to \_\_\_\_\_\_\_\_\_\_\_\_ month/year

Address:

Phone:

Email:

\_\_\_\_\_ Please check here if this board member is a HHCA beneficiary.

**ADD more sheets if necessary**

**Insert:**

**Articles of Incorporation**

**and**

**Bylaws**

**SAMPLE**

**Required Board Resolution**

INSTRUCTIONS:

1. Please print on organization letterhead
2. You may use your own organization’s board resolution format and/or customize this sample to meet your needs, as long as the information on your resolution is similar to the info on this sample.
3. The signer must be someone different than the person(s) named in the resolution.
4. Consider identifying more than one signer and people who are accessible.

|  |
| --- |
| Print on Letterhead  (must include mailing address and telephone number)  Board Resolution No. \_\_\_\_\_\_\_\_\_\_\_\_  The Board of Directors of \_\_\_\_\_\_\_\_\_\_\_\_\_ (organization) resolved on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (board meeting date when this resolution was passed), at a duly held meeting of the Board, that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person(s) being given authorization), who is \_\_\_\_\_\_\_\_\_\_\_\_\_ (Board position held by the person who is authorized to sign documents) is authorized to sign documents on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization);  And, be it resolved that the Board of Directors approves the submittal of this grant application for the Department of Hawaiian Home Lands Project Implementation Grant – COVID-19 Relief.  This resolution is certified to be true by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name and Board Position |

**SAMPLE**

**Certification Statement**

|  |
| --- |
| Print on Letterhead  (must include mailing address and telephone number)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  c/o Department of Hawaiian Home Lands  Project Implementation Grant – COVID-19 Relief (PLO)  PO Box 1879  Honolulu HI 96805  This letter serves as certification that our organization has and follows written policies and procedures pertaining to nepotism and conflict of interest. On an annual basis, our board reviews these policies and files a written disclosure of any real or perceived conflict of interest.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name Title |

**Insert:**

* + **Most Recent Financials: Organization Financial Statement, Treasurer’s Report, or US Internal Revenue Service Form 990**
  + **Certificate of Vendor Compliance (CVC) from Hawaii Compliance Express**
  + **US Internal Revenue Service 501c3 determination letter**

**Department of Hawaiian Home Lands**

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|  |
| --- |
| **Assurance of Dedicated Matching Funds**  **and In-Kind Services**  (if applicable)  **Instructions:** Insert organization’s name in the blank. Form must be signed by an authorized person of the organization.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby affirms that any monies designated as matching funds and in-kind services under the terms of a Department of Hawaiian Home Lands’ grant will be dedicated to and will under no circumstances be assigned for any other purposes or projects.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name Title |

**SAMPLE**

**Fiscal Sponsor Agreement** (if applicable)

|  |
| --- |
| Print on Letterhead  (must include mailing address and telephone number)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  c/o Department of Hawaiian Home Lands  Project Implementation Grant – COVID-19 Relief (PLO)  PO Box 1879  Honolulu HI 96805  RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of sponsored nonprofit  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project title  Please be advised that the “Sponsoring Organization” named below, a federal 501(c)(3) tax exempt public charity, has agreed to act as Fiscal Sponsor for the “Sponsored Nonprofit” named above to facilitate that organization’s activities and particularly its solicitation of support from the Department of Hawaiian Home Lands (DHHL) Project Implementation Grant – COVID-19 Relief for the project referenced above.  As Fiscal Sponsor, we agree to the following.   1. The sponsored organization’s project is compatible or consistent with our organization’s mission and purpose. 2. We, as fiscal sponsor, have formally adopted the above referenced project. We have:    1. Reviewed the proposed project    2. Passed a board resolution of the adoption of the project    3. Accepted responsibility to document the status and progress of the project 3. We, as fiscal sponsor, are responsible for monitoring and controlling the expenditure of grant funds in keeping with the purpose of the grant. 4. We, as fiscal sponsor, are responsible for complying with the terms of the grant.   Our Board of Directors has formally approved a resolution agreeing to be “Fiscal Sponsor” for the “Sponsored Nonprofit” organization, and has authorized the execution of this letter. A copy of that resolution, certified by our Board Secretary, is attached.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Sponsoring Organization  By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of “Sponsoring Organization” Title  cc: Board President of “Sponsored Nonprofit” |

**Department of Hawaiian Home Lands**

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Project Implementation Grant – COVID-19 Relief

Request for Proposals number: RFP-21-HHL-001

**PART 4. Other Materials**

**Insert any other supporting materials**

**Grant Application Package Checklist**

The following items must be included in your grant application package. These items should be assembled in the order they appear on this checklist. If you have additional materials you would like to submit, please add them at the end of your grant application package.

**Checklist for applicant**

|  |  |  |
| --- | --- | --- |
| √ | **Item** | **Page number reference** |
|  | **PART 1. Application Cover Sheet** |  |
|  | Application Cover Sheet – Form | Pages 5, 10-12 |
|  | **PART 2. Proposal Request** |  |
|  | Proposal Request – Narrative you have written | Pages 5, 13-15 |
|  | Budget Information Sheet – Form | Pages 5, 16-17 |
|  | Budget Detail – Narrative and calculations you have written | Page 5, 16-17 |
|  | **PART 3. Required Forms and Attachments** |  |
|  | Signed “Assurance of Service to native Hawaiians” | Pages 6 & 19 |
|  | Signed “Assurance of Acknowledgement of Support” | Pages 6 & 20 |
|  | Board member list | Pages 6 & 21 |
|  | Articles of Incorporation | Pages 6 & 22 |
|  | Bylaws | Pages 6 & 22 |
|  | Board Resolution | Pages 6 & 23 |
|  | Signed Certification Statement regarding conflict of interest & nepotism | Pages 6 & 24 |
|  | Most recent financial statement | Pages 6 & 25 |
|  | Certificate of Vendor Compliance from Hawaii Compliance Express | Pages 6 & 25 |
|  | US Internal Revenue Service 501c3 determination letter, if applicable | Pages 6 & 25 |
|  | Assurance of Dedicated Matching Funds & In-Kind Services, if applicable | Pages 6 & 26 |
|  | Partner or Fiscal Sponsor agreement, if applicable | Pages 6 & 27 |
|  | **PART 4. Other Materials** |  |
|  | Team and Partner commitment letters or description | Pages 7 & 28 |
|  | General letters of support | Pages 7 & 28 |

**Checklist for fiscal sponsor, if applicable**

|  |  |  |
| --- | --- | --- |
| √ | **Item** | **Page number reference** |
|  | Board member list | Pages 6 & 21 |
|  | Board resolution | Pages 6 & 23 |
|  | Signed Certification Statement regarding conflict of interest & nepotism | Pages 6 & 24 |
|  | Certificate of Vendor Compliance from Hawaii Compliance Express | Pages 6 & 25 |