**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

Capacity Building Grant Program

Request for Proposals number: RFP-22-HHL-001

**PART 1. Application Cover Sheet**

**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

Capacity Building Grant Program

Request for Proposals number: RFP-22-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 501(c)(3) nonprofit corporation

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

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

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

*Please check the budget numbers below are the same as in the Budget Pages 17 – 18.*

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

Proposed project period \_\_June 2022\_\_\_\_\_\_\_\_\_\_\_ 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 (if applicable) 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**

Hawaiian Home Lands Trust Grant

Capacity Building Grant Program

Request for Proposals number: RFP-22-HHL-001

**PART 2. Proposal Request**

**Department of Hawaiian Home Lands**

Hawaiian Home Lands Trust Grant

|  |
| --- |
| Capacity Building Grant Request  Request for Proposals number: RFP-22-HHL-001 |

Write your proposal by responding to the following seven (7) questions below. 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)**

For your organization, please include the following in the description

* Mission, purpose, goals.
* Brief history of the establishment, development, and accomplishments of the organization.
* Brief description of your board, including background, skills, experience they bring to the board and to the proposed project.
* Describe the membership of your organization – who are they? How many members? How do people become members? (if applicable)
* Describe your organization’s network and partnerships in the community, which may help your organization deliver on its mission. Include a description of how your organization interacts, coordinates and/or collaborates with them.
* Describe your organization’s experience with grants administration.

For each partner, please include the following in the description

* Name and organizational affiliation, if any.
* Mission, purpose, goals.
* Role and commitment to the proposed project.
* Qualifications, experience, expertise the partner brings to the proposed project.
* Signed Documentation from each key partner as evidence of commitment to the proposed project.

For fiscal sponsor, please include the following in the description

* Describe your organization’s experience with fiscal sponsorship and grants administration.
* Mission, purpose, goals.
* Brief history of the establishment, development, and accomplishments of the organization.
* Brief description of your board, including background, skills, experience they bring to the board and to the proposed project.

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

Be specific and detailed and include the following information:

* Purpose and goals of the proposed project.
* Target population, include the annual average number of HHCA beneficiaries that your organization serves, including from which homestead(s).
* Describe your community outreach. How do you inform the HHCA beneficiary community that you serve?
* Your organization’s past experience with this type of project – accomplishments and lessons learned.
* How will you establish a baseline by which you will measure change in the capacity of your organization, as a result of this capacity building grant?
* Methods to be used to evaluate the proposed project to demonstrate an increase in knowledge, skills and capacity of your organization to better serve HHCA beneficiaries.

**3. Describe how your organization determined this project was needed.**

* How did your organization determine what capacity area(s) to focus on?
* Why this proposed project now, as opposed to a year from now?

**4. Describe what you expect to achieve with this project and how your organization’s capacity will change.**

Include the following:

* Your evaluation plan to determine the effectiveness of the proposed project. How will you know you achieved your project goal(s)?
* Sustainability plan. For example, if you seek Board Training, how will this be institutionalized within your organization, after DHHL grant funds are used. Another example is community newsletters. After DHHL grant funds are used, how will your organization continue the community newsletters.

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

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

Your work plan should 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.

The following is a SAMPLE table format for the work plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome | Activities | Who responsible | Start date | End Date |
| 1. Secure Board Training | Identify a TA Provider for Board Training  Negotiate scope, budget, timeline | Project manager | Month 1 | Month 1 |
| 2. Board Training | Outreach to current and potential board members  Participate/attend | Project manager | Month 2 | Month 4 |
| 3. Board member orientation | Amend Bylaws to include a process for new board member orientation and annual refresher for current board members  Include in association annual budget, funding to attend board training (workshop registration fees and travel) |  | Month 4 | Month 6 |

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

**7. Provide a detailed budget breakdown using the budget information sheet on pages 17-18.**

Include both an Expense Budget and Income Budget using the attached forms on pages 17-18. 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.

**Department of Hawaiian Home Lands**

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Budget Information

Organization 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. This budget information sheet must be included in all grant requests. Please complete the budget information sheet with a total dollar figure. Enter a “0” in the space of any items not applicable to your project.
3. Attach separate sheets with a budget justification narrative including details and cost calculations for all budget items.
4. “Other Funds” include cash funds from federal, state, private and any other sources that will help pay for this proposed project.
5. “In-Kind” include the estimated dollar value of volunteer time and donations such as the use of equipment, supplies, and materials used to carry out this proposed project.

**Project Expense Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION** | **DHHL FUNDS REQUESTED** | **OTHER FUNDS** | **IN-KIND** | **TOTAL** |
|  |  |  |  |  |
| **PERSONNEL (**employees only**)** |  |  |  |  |
| Salary |  |  |  |  |
| Fringe |  |  |  |  |
| TOTAL PERSONNEL |  |  |  |  |
|  |  |  |  |  |
| **NON-PERSONNEL** |  |  |  |  |
| Travel |  |  |  |  |
| Lease/purchase equipment |  |  |  |  |
| Supplies |  |  |  |  |
| Contract Services: |  |  |  |  |
| Independent contractor |  |  |  |  |
| Consultant |  |  |  |  |
| Trainer(s) |  |  |  |  |
|  |  |  |  |  |
| Other (please specify): |  |  |  |  |
| Fiscal sponsor fee, if applicable |  |  |  |  |
|  |  |  |  |  |
| Other (List) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL NON-PERSONNEL |  |  |  |  |
| **TOTAL EXPENSES** |  |  |  |  |

**Project Income Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cash** | **In-Kind** | **Total** | **Status\***  (secured, committed, or pending) |
| DHHL Capacity Building 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 in 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.

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**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:   * 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. |

2021-2022 Board List

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Check here if you are serving as the Fiscal Sponsor

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**

**Board Resolution**

All grant applications must include a statement by your board of directors that names the person who is authorized to sign documents and enter into contracts on behalf of your organization. The following is a sample of the language and format to use for this statement. This statement must be written on your organization’s letterhead and signed by the secretary of your board. This statement cannot be signed by the same person who is being given the authorization to sign the documents on your organization’s behalf.

|  |
| --- |
| 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 to the Department of Hawaiian Home Lands Capacity Building Grant.  This resolution is certified to be true by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board Secretary  Print name |

**SAMPLE**

**Certification Statement**

|  |
| --- |
| Print on Letterhead  (must include mailing address and telephone number)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  c/o Department of Hawaiian Home Lands  Capacity Building Grant Program (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, if applicable**

**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  Capacity Building Grant (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) Capacity Building Grant for the project referenced above.  We understand the requirements of a “Fiscal Sponsor” for purposes of applying for a grant from DHHL include:   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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Capacity Building Grant

Request for Proposals number: RFP-22-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, 13-16 |
|  | Budget Information Sheet – Form | Pages 5, 17-18 |
|  | Budget Detail – Narrative and calculations you have written | Page 5, 17-18 |
|  | **PART 3. Required Forms and Attachments** |  |
|  | Signed “Assurance of Service to native Hawaiians” | Pages 6 & 20 |
|  | Signed “Assurance of Acknowledgement of Support” | Pages 6 & 21 |
|  | Board member list | Pages 6 & 22 |
|  | Articles of Incorporation | Pages 6 & 23 |
|  | Bylaws | Pages 6 & 23 |
|  | Board Resolution | Pages 6 & 24 |
|  | Signed Certification Statement regarding conflict of interest & nepotism | Pages 6 & 25 |
|  | Most recent financial statement | Pages 6 & 26 |
|  | Certificate of Vendor Compliance from Hawaii Compliance Express | Pages 6 & 26 |
|  | US Internal Revenue Service 501c3 determination letter, if applicable | Pages 6 & 26 |
|  | Assurance of Dedicated Matching Funds & In-Kind Services, if applicable | Pages 6 & 27 |
|  | Fiscal Sponsor agreement, if applicable | Pages 6 & 28 |
|  | **PART 4. Other Materials** |  |
|  | Team and Partner commitment letters or description | Pages 7 & 29 |
|  | General letters of support | Pages 7 & 29 |
|  | Previous grant reports, workshop evaluation summaries, brochures, news articles, press releases, photos, etc. | Pages 7 & 29 |

**Checklist for nonprofit partner or fiscal sponsor**

|  |  |  |
| --- | --- | --- |
| √ | **Item** | **Page number reference** |
|  | Board member list | Pages 6 & 22 |
|  | Board resolution | Pages 6 & 24 |
|  | Signed Certification Statement regarding conflict of interest & nepotism | Pages 6 & 25 |
|  | Certificate of Vendor Compliance from Hawaii Compliance Express | Pages 6 & 26 |