



**COUNTY OF MAUI**  
**OFFICE OF ECONOMIC DEVELOPMENT**  
2200 MAIN STREET, SUITE 305  
WAILUKU, MAUI, HAWAII 96793  
PHONE (808) 270-7710  
[grants.oed@mauicounty.gov](mailto:grants.oed@mauicounty.gov)

**GRANT APPLICATION**  
**FISCAL YEAR 2017**  
July 1, 2016 – June 30, 2017

\*Always use this email address when communicating with OED about your grant.

**I. Project/Program Information Section:**      Application Date: \_\_\_\_\_

Project/Program Title: \_\_\_\_\_

Performance Period: \_\_\_\_\_

See page 5 of the Grants Handbook for more information

Project Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**II. 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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Funds Requested: \$ \_\_\_\_\_

**EXHIBIT "A"**

**III. Project Description:** 1 sentence only, please.

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**IV. Proposal Outline:** Please attach your Proposal using the instructions on page 5 of the Handbook.

- A. Project Summary
- B. Introduction
- C. Problem/Need and Target Groups
- D. Economic Impact
- E. Goals, Objectives, Action Steps and Measures of Success
- F. Dashboard for Organization or Project Performance Measures  
Recurring funding grants ONLY
- G. Use of Local Community Resources
- H. Economic Self-Sufficiency
- I. Green Initiatives and Eco-friendly Practices
- J. Itemized Budget: Please refer to Sample Budget template on page 13 of Handbook)
- K. Budget Narrative

**V. Supporting Documentation:** Please attach the following (see page 15 of Handbook for more details):

- L. Certificate of Vendor Compliance (Dated within 3 months)
- M. Corporate Entity Documents  
Required for all non-profits, for profit corporations and LLCs
- N. Sole Proprietor Documents
- O. List of current grants with the County of Maui and/or State of Hawaii
- P. Certificate of Liability Insurance (on confirmation of funding)

## VI. Applicant/Fiscal Agent Submittal:

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Name of Applicant/Fiscal Agent

submits this application as requested to receive County of Maui , Office of Economic Development grant funds for:

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Project Name

And hereby agrees to administer the project in accordance with the contract prescribed by the County of Maui Office of Economic Development. Distribution of grant funds is limited to those applicants who are in compliance with regulations, policies and procedures. The Office of Economic Development reserves the right to withhold such distributions at any time the applicant/grantee is not in compliance.

It is the policy of the County of Maui, a political subdivision of the State of Hawaii, whose principal place of business is 200 South High Street, Wailuku, Maui, Hawaii 96793, hereinafter called the "COUNTY", and for those who do business with the County to provide equal employment opportunities to all persons regardless of race, physical disabilities, color, religion, sex, age or national origin as mandated by the Federal Civil Rights Acts, as amended and any other federal and state laws relating to equal employment opportunities.

## VII. Authority and Capacity:

The applicant assures that it has the authority and capacity to develop and submit the application and to carry out a project pursuant to the application.

## VIII. Contracts:

Contracts for a grant shall not be disbursed unless and until a fully executed grant agreement is entered into between the COUNTY and the recipient. The terms of this application shall be incorporated between the COUNTY and the recipient. Each grant agreement shall expressly state that the GRANTEE is an independent contractor and not an employee of the County and provide that the recipient or provider shall indemnify and hold harmless the County, the appropriate contracting agency and the involved officers, employees and agents from and against all claims, damages, or costs arising out of or in connection with the acts or omissions of the recipient or provider.

**IX. Continued Eligibility:**

Any GRANTEE who withholds or omits any material facts to the County of Maui shall be in violation of the terms of this Agreement and may be liable to reimburse a portion of any funds received herein. Such GRANTEE shall be prohibited from receiving any grant, subsidy or purchase of service Agreement from the County of Maui for a period of five years.

Organizations currently receiving funds from the County Office of Economic Development must be in good standing and up to date on all required reporting requirements and contract deliverables in order to re-apply.

**X. Certification:** (Unsigned proposals will not be accepted.)

The applicant certifies that the data in this application is true and correct and that the Applicant shall comply with the assurances set forth in this application.

**Name and title of official(s) authorized to sign for applicant organization:**

Must be listed as an owner, member or officer on DCCA Annual Filing

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Additional Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Additional Authorized Representative

\_\_\_\_\_  
Date