

Proposal # _____

Vendor ID # _____

Confirmation _____

Review _____

Disbursed _____

County of Kaua'i –Private Organization GRANT PROPOSAL

A. APPLICANT INFORMATION (20 Points)

Name of your group/organization

Organizations Mission Statement

Project or Event Title

CONTACT INFORMATION

Name of Contact

Contact's Telephone Number and email address

Contact's Mailing Address: Number / Street or PO Box / Town/ HI / Zip Code

Name of Second Contact

Contact's Telephone Number and email address

Contact's Mailing Address: Number / Street or PO Box / Town / HI / Zip Code

Has your group or organization received a Grant in the past from COK? Yes No

If you answered "yes" Please check one of the two choices below:

This proposal is for the same project/event This proposal is for a new project/event

\$ _____
Amount Requested

Date (s) of Project/Event

COLLABORATIVE PARTNER CONTACT INFORMATION

Name of Collaborating Group

Name of Contact in Collaborative Group

Contact's Telephone Number and email address

Contact's Mailing Address: Number / Street or PO Box / Town / HI / Zip Code

B. PROJECT/EVENT CATEGORIES (20 Points)

1. Check the description(s) that best fits the population your project serves:

- Families
- Youth, 0 - 5
- Youth, 6 – 11
- Youth, 12 – 18
- Community-at-large
- Visitors to the island
- Adults
- Other (please describe):

2. In which region is the population you serve located? Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Haena | <input type="checkbox"/> Lihue/Puhi |
| <input type="checkbox"/> Hanalei | <input type="checkbox"/> Koloa/Poipu |
| <input type="checkbox"/> Kilauea/Waipake | <input type="checkbox"/> Lawai/Kalaheo |
| <input type="checkbox"/> Anahola | <input type="checkbox"/> Eleele/Hanapepe |
| <input type="checkbox"/> Kapa'a | <input type="checkbox"/> Waimea/Kekaha |
| <input type="checkbox"/> Wailua | <input type="checkbox"/> PMRF |
| <input type="checkbox"/> Specific Community (please list): | |

3. How many Kaua'i citizens do you expect / estimate to benefit from this project?

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> 0 – 10 | <input type="checkbox"/> 50 – 100 |
| <input type="checkbox"/> 10 – 25 | <input type="checkbox"/> 100 – 200 |
| <input type="checkbox"/> 25 – 50 | <input type="checkbox"/> Over 200 |

4. Your proposed project/event is (please select one):

- A one-time event
- A semi-annual event
- A weekly event
- A monthly event
- An annual event (once every year)
- An ongoing project
- Other (please explain):

5. Which categories best describe your project/event? Please check all that apply:

- Arts
- Faith-based activities
- Family activities
- Parenting
- Economic Need
- Sports/recreation
- Youth activities other than sports
- Training / education
- Cultural
- Social
- Other (please explain):

1. Are you in compliance and up to date with all of your reports from the last grant you received from the County of Kaua'i's Life's Choice's Kauai Program?

Yes No This is our first grant from the County of Kauai.

2. Is any member of your organization a participant in the Life's Choices Kauai Committees?

Yes No

If you answered yes, please indicate which group:

Advisory Committees;

Prevention

Enforcement

Treatment and Community Integration

Other _____

3. Please reference what strategy that your project or event is aligned with?

Prevention

Intervention

Enforcement

Treatment and Recovery

Community Integration

4. Were ALL of your fundraisers for this project Drug and Alcohol Free?

Yes No

If you answered no, please explain:
