



OFFICE OF HAWAIIAN AFFAIRS

711 Kapi'olani Blvd., Suite 500

Honolulu, Hawaii 96813

(808) 594-1829

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**COMMUNITY-BASED ECONOMIC DEVELOPMENT (CBED)
GRANT PROGRAM**

CBED GRANT APPLICATION FORM

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GRANT APPLICATION CHECKLIST

Please submit grant proposal documents in this order:

1. **Cover Sheet (please use form provided). Must be signed by an authorized representative of the organization.**

2. **Executive Project Summary in one-page only. Clearly and briefly summarize your request by including the following:**
 - a) **your community-based organization, its mission and goals;**
 - b) **why the project is needed;**
 - c) **project objectives and target Native Hawaiian community;**
 - d) **how will you measure success of project;**
 - e) **how much is total project cost and how much of that cost is being requested from OHA;**
 - f) **how will the project be funded and continued after the OHA grant period has ended.**

3. **Application Form**
 - I. Community Profile
 - II. Organizational History
 - III. Project Description (please refer to Work Plan and Project Matrix forms)
 - IV. Available Resources
 - V. Budget (please refer to Budget Worksheet form)

4. **Required Attachments**

Forms provided (see attached):

Attachment A: Summary Budget Worksheet

Attachment B: Summary of Work Plan

Attachment C: Project Matrix

Attachment D: Non-OHA Funding Sources

Attachment E: Assurance of Dedicated Matching Funds

Other Documents also to be submitted:

Attachment F: Current List of Staff and Board members (include Staff and Consultant Resumes)

Attachment G: IRS Letter of Determination for 501 c(3) organization

Attachment H: State Identification Number or Copy of General Excise Tax License

Attachment I: Letters of Commitment (for confirmed sources of funding only)

Attachment J: Letters of Support (recommended)

+ Tax Clearance (current) will be needed if proposal is selected for funding.

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COVER SHEET

Organization or Company: _____

Street Address: _____

Mailing Address: _____

City County Zip

Contact Person: _____
Name and Title

Telephone #: _____ Fax#: _____ E-mail: _____

Federal Tax Identification: _____
Employer I.D. # or Social Security #

State General Excise Tax Number: _____

Non-Profit Organization 501C(3): _____
Month/Year of Incorporation

Government agency: _____

Grant Request is for (check one): ___ Business Plan/Marketing ___ Project Management ___ T&TA*

Total Amount of OHA CBED funds requested by organization: \$ _____

Total funds from outside sources (attach list of sources): \$ _____

Total cost of Project: \$ _____

Project Dates: _____
Start Date End Date

Number of beneficiaries to be served: _____

Target Native Hawaiian Community: _____

This application and project has been reviewed and approved by this organization's policy-making body.

Applicant's Signature

Name (Type or Print)

Title

Date of Application

*T&TA denotes training and technical assistance.

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GUIDELINES FOR FUNDING

PURPOSE: The OHA CBED program's primary goal is to provide beneficiaries with opportunities to plan, develop, and implement sustainable economic projects that will serve the needs of the Native Hawaiian community. In addition, strategic economic development partnership with government agencies and non-profit organizations for community capacity building is accepted on a limited basis. Projects for grant funding need to achieve measurable outcomes in terms of generating employment, increasing income, improving economic literacy, and creating economic opportunities for Native Hawaiians in any given geographic, cultural or economic-based community.

Grants can be made towards the following: business development & marketing and feasibility studies for economic ventures; implementation of a thoroughly researched economic development project or program; and training and technical assistance for community capacity building.

DIRECTIONS: Please answer each point below separately. Attach any additional information in order to provide the OHA staff and grant reviewers a better understanding of your organization, goals and activities.

I. COMMUNITY PROFILE

We are interested in supporting organizations that serve identifiable Native Hawaiian communities. This section has to identify the needs/problems or opportunities of the community that your organization serves.

- Describe the community (geographic area or region, cultural or economic-based) in which the proposed project will occur; additionally, describe the ties your organization has to the community.
- Describe the characteristics of the community served by the proposed project.
- Provide a brief description of other community groups with similar activities as your organization in this particular community, describe the services they provide as well as your organization's interaction with them.

II. ORGANIZATIONAL HISTORY

A strong, broad-based community supported organization is crucial to CBED projects. Additionally, the control and direction of the organization must be held in the hands of the Native Hawaiian community. An established organization with a proven record of accomplishments will allow the OHA staff and grant reviewers, to better assess the organization's ability to undertake the proposed project.

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GUIDELINES FOR FUNDING

- Detail your organization's management structure, membership and criteria for becoming a member. Explain whether the level of community involvement has been steadily increasing over the lifespan of your organization, and if not, why is this so?
- Explain the mission and goals of your organization and how your past activities have exemplified your commitment to these goals.
- Explain the past accomplishments of your organization and relate how those experiences will be of assistance for the proposed project.
- Specify any previous OHA funding, include project title, funded amount, and contract period. Identify other previous grants received and results of those projects.
- Describe on-going projects with which your organization is currently involved.

III. PROJECT DESCRIPTION

The scope of CBED projects is limitless. We are interested in endeavors which are of wide ranging benefit to Native Hawaiian communities. Additionally, the nature of the project should be in keeping with the character and values of the community and the goals of the organization. The primary focus must remain, however, economic development for the community that your organization serves.

- Provide a clear Problem/Opportunity statement for the proposed project.
- State the project idea and how you decided to focus on this one project.
- Detail the project (please attach the completed work plan and project matrix forms), outlining objectives and activities and how this proposed project could fulfill the goals of both your organization and OHA. Include qualitative and quantitative data and information to support your organization's vision and goal/s for this project.
- Include a Business Plan, if available.
- Show how beneficiaries have been involved in defining the problem, planning the project, and proposing solutions.
- Describe the criteria your organization will use to evaluate the effectiveness or success of the project, including measures such as generating employment, increasing income, improving economic literacy, and creating economic opportunities for Hawaiians in the specified community. Include both short-term and long-term measures of success for your project. Please quantify and be specific in detailing how Native Hawaiians will benefit from this project.

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GUIDELINES FOR FUNDING

IV. AVAILABLE RESOURCES

The strength of any organization lies in the resources that it possesses. Resources may take various forms—land, capital, building, and equipment as well as highly trained and educated members. It is important to identify the key assets of your organization and how these will serve as valuable tools for the proposed project.

- Detail the community resources that your organization possesses; relate to the strengths of the group within its own community.
- Describe the skills of the board members, their past successes and the future training opportunities for both board members and staff.
- Describe the existing non-OHA funding sources and amounts which have already been approved or secured for the proposed project.
- Describe specific skills that you believe are crucial to successfully completing your proposed project. Identify your strategy for bringing those skills into your organization (Staff, board, advisors, contractors, volunteers, training sessions, etc.).

V. BUDGET

A complete budget plan gives evidence and credence to the soundness of the project. An evaluation of a complete budget allows the OHA staff and grant reviewers to determine the feasibility of the proposed project. Documenting the eventual self-sufficiency of a project is very important. For on-going operating expenses, only allocate the portion of those expenses that is directly related to the specific project proposed.

- Complete the Summary Budget Worksheet (form attached). Attach additional budget detail and/or narrative to explain the entire scope of project activities.
- Include a Pro forma spreadsheet detailing the operating costs of the project, projected cash flows and a balance sheet.
- Complete the Non-OHA Funding Worksheet (form attached). Provide the names of the organizations and amount of funds committed to fund or partially fund this proposed project. Attach an additional list of any organizations to which you intend to request funding in the future (if available).
- Describe how the project will continue (to be on-going) once OHA CBED funding ends. Detail how future sources of funding will be identified or how the project will become self-supporting and sustainable.
- Describe the impact that a partial grant award will have on your project. Detail the alternative sources of funding your organization will seek out.
- Describe any debt financing you have or plan to seek during the project period.

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ATTACHMENT A: SUMMARY BUDGET WORKSHEET

DIRECTIONS: Please complete the worksheet detailing the budget for your proposed project. Attach additional sheets if necessary. In addition, please attach a narrative description of the items listed in the budget for which OHA CBED funds are requested.

	Amount Requested	Other Funding	TOTAL
Personnel:			
Position Title: _____			
Annual Salary	\$ _____	\$ _____	
Position Title: _____			
Annual Salary	\$ _____	\$ _____	
Position Title: _____			
Annual Salary	\$ _____	\$ _____	
Total Personnel:			\$ _____
Non-Personnel:			
Rent	\$ _____	\$ _____	
Utilities	\$ _____	\$ _____	
Telephone	\$ _____	\$ _____	
Office Supplies	\$ _____	\$ _____	
Travel Expenses	\$ _____	\$ _____	
Printing	\$ _____	\$ _____	
Postage	\$ _____	\$ _____	
Equipment Rental/Lease	\$ _____	\$ _____	
Insurance	\$ _____	\$ _____	
Advertising	\$ _____	\$ _____	
Total Non-Personnel			\$ _____
Consultant and Contract Services:			
Accounting/Bookkeeping	\$ _____	\$ _____	
Legal	\$ _____	\$ _____	
Other (Specify)	\$ _____	\$ _____	
Other (Specify)	\$ _____	\$ _____	
Total Consultant/Contractor Services			\$ _____
Other Costs (Specify)			
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
Total Other Costs			\$ _____
GRAND TOTAL	\$ _____	\$ _____	\$ _____

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ATTACHMENT D: NON-OHA FUNDING SOURCES

DIRECTIONS: Please complete the form indicating the sources and amount of non-OHA funds for the proposed project. Attach letters of confirmation for confirmed sources of funding. Additionally, please provide a list of potential organizations which may provide future funding of the project.

A. NON-OHA FUNDING ORGANIZATIONS:

#	Source (Name of Organization)	Contact Person	Phone Number	Amount	Date Approved	Specify Loan or Grant
1						
2						
3						
4						

B. IN-KIND CONTRIBUTIONS:

#	Name	Amount	Budget Item
1			
2			
3			

POTENTIAL FUNDING ORGANIZATIONS:

#	Name of Organization	Type of Organization	Amount Requested
1			
2			
3			

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ATTACHMENT E: ASSURANCE OF DEDICATED MATCHING FUNDS

_____ hereby affirms that any monies designated as matching funds under the terms of OHA’s funding program will be dedicated funds and will under no circumstances be assigned as matching funds for any other purpose of the project.

Signature

Date

Name and Title

Organization