



GRANT AWARD PACKET FY 26

July 1, 2025 to June 30, 2026

CONGRATULATIONS

Congratulations on receiving your fully executed grant agreement from the County of Maui, Office of Economic Development (OED). We are proud to support programs, projects, and events that drive sustainable economic development and reflect the unique needs and priorities of our Maui County communities.

This award packet has been created to help grantees understand the responsibilities and requirements associated with managing County of Maui grant funds. Inside, you will find important information on fiscal accountability, reporting deadlines, allowable costs, and other key components to ensure successful implementation of your project or program.

Whether you are a first-time grantee or a returning grantee, we encourage you to review this packet thoroughly. It is designed to serve as a comprehensive guide, offering clarity on expectations while also providing useful tools and resources to support your success.

Mahalo for your dedication to making a positive impact in our community. We look forward to working with you throughout the duration of your grant.

Sincerely,
Grants Management Team
Office of Economic Development
County of Maui

2200 Main Street, Suite 300
Wailuku, Maui, Hawaii 96793
Phone: (808)270-7710
Fax: (808) 270-7995
www.mauicounty.gov/oed
grants.OED@mauicounty.gov

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I. SUBMITTABLE

Submittable will serve as a comprehensive platform, offering applicants a one-stop solution for various grant-related activities. With Submittable, applicants will be able to:

1. ****Apply with Ease:**** Submit grant applications seamlessly through Submittable.
2. ****Access Application Status:**** View the status of their applications at any time, ensuring transparency and convenience.
3. ****Submit Reports:**** Easily submit required reports directly through the platform.
4. ****Review Approved Reports:**** Access and review previously approved reports within Submittable.
5. ****Upload Invoices:**** Submit invoices effortlessly, streamlining the payment process.
6. ****Collaborate with Colleagues:**** Invite colleagues to assist in managing grant-related tasks and permissions.
7. ****Request Reimbursement:**** Initiate reimbursement requests conveniently through the platform.
8. ****Centralized Communication:**** Submittable will serve as the central hub for all grant-related correspondence, making it easy to access important documents and communication history.

While you will still receive emails for updates and notifications, logging into Submittable will provide a centralized location for all actions, documents, and grant information. This transition aims to streamline the grant processes, ensuring smoother management and more timely outcomes for all stakeholders involved.

II. GRANTEE RESPONSIBILITIES

When you receive your executed Grant Agreement from the Office of Economic Development (OED), please review this list of grantee responsibilities and mark dates and tasks accordingly.

- Submit your reports on Submittable via the "Additional Forms" tab. Please mark your calendar with the due dates for both your Quarterly Report and Final Report to ensure compliance, following this schedule:

| <u>REPORTING PERIOD</u> | <u>DUE DATE</u> |
|--------------------------------|------------------------|
| January – March | April 30 |
| April – June | July 31 |
| July – September | October 31 |
| October - December | January 31 |

- Ensure that The County of Maui seal and the OED logo are incorporated into all electronically distributed and printed advertisements and marketing materials. The download links for these logos will be provided in your execution email, accessible within your messages.
- All marketing materials used for your event or program will need to be submitted in PDF format to OED, no less than 30 days prior to your event for review and approval. Approved material may be featured on the County of Maui's Facebook page.
- Ongoing projects or programs must include digital photos submitted electronically with their semiannual reports.
 - Photos should be JPEG format and a minimum of 2 MP (1600 x 1200 pixels)
 - Please include at least:
 - 3 – crowd photos
 - 10– program photos/video (entertainers, speakers, performers, activities)
- If your project is an event, digital photos must be submitted electronically with your Final Report as follows:
 - Photos should be JPEG format and a minimum of 2 MP (1600 x 1200 pixels)
- If your project is an event, please make arrangements with OED to pick up a County of Maui provided banner to be prominently displayed at your event. When event has been completed, banner must be returned to OED within 3 days after event.
- For purposes of evaluation and monitoring, OED shall be allowed access to your event or project. If you have a restricted event, please provide and deliver at least one ticket to the OED Office at least 2 weeks prior to your event.
- **Final Report is due within three weeks after the completion of the event or program. 10% of grant funds will be held until final report is submitted and approved by the officer in charge.**

III. REIMBURSEMENT DIRECTIONS

Reimbursement Process

OED processes reimbursements upon receipt of invoices accompanied by acceptable proof of payment for each expenditure listed in your approved grant agreement. Grantees must provide copies of receipts, bills, invoices, contracts, and evidence of purchase that include itemized details of the purchased item(s) or service(s).

Invoices paid by the Grantee must be accompanied by the cancelled check reflecting payment to the vendor and amount identified on the invoice.

A bank statement may be submitted in lieu of a cancelled check if the payment by the Grantee to the vendor is made by electronic transfer (ACH) and the bank statement clearly identifies the payee and amount.

Reimbursements for Grant personnel must be accompanied by the payroll registers and support showing that the payment was made by the Grantee.

All documents must be clear and legible. Please organize your financial records throughout your program to meet these requirements. All payments to vendors and merchants must be made directly from the organization listed on the grant agreement.

Required Documentation:

Your reimbursement request must include the following, compiled into a single PDF in the order listed below:

1. **Reimbursement Request Form** – A cover letter from your organization, signed by an authorized officer.
2. **Reimbursement Budget Summary** – An expense summary tracking all expenses within your approved budget. Deviations require prior written approval.
3. **Detailed Reimbursement of Expenses** – An itemized breakdown of individual expenses within each budget category.
 - Number each receipt to correspond with the Detailed Reimbursement of Expenses worksheet (handwritten is acceptable). Ensure receipts are listed in sequential numeric order (1, 2, 3, etc.).
 - Label subsequent proof of payment documents with the corresponding numbers.
4. **Invoices** – Numbered to match the Detailed Reimbursement of Expenses.
5. **Acceptable Proof of Payment** – Cancelled checks, official bank statements, official credit card statements, or itemized receipts showing payment processed (last 4 digits of the card number must appear). Corresponding proof of payment placed immediately after each invoice/receipt.

Submission Instructions:

- Submit via the Submittable platform through the Request Form tab.
- OED accepts reimbursement requests once per month.
- Requests may take up to 30 days for review before payment processing.
- Each request will be reviewed by multiple departments.

Quick Checklist – Before You Submit Reimbursement Request

- ☐ Combine all required documents into one PDF in the correct order
- ☐ Ensure all expenses are within your approved budget (or have prior written approval for changes)
- ☐ Include proof of payment for every expense
- ☐ Confirm no unallowable costs are included (see list below)
- ☐ Make sure all expenses fall within the performance period
- ☐ Make sure all expenses are within reimbursement guidelines
- ☐ Submit via Submittable – Request Form tab

Invoices that do not follow the required guidelines will be denied and returned to the grantee for correction before processing.

IV. UNALLOWABLE COSTS AND REIMBURSEMENT RESTRICTIONS

The following expenses are not eligible for reimbursement under this grant:

- Over-the-counter medication
- Alcohol
- Cash payments
- Tips
- Late fees
- Gift cards in place of compensation

Additional Requirements:

- Quotes are not considered invoices and will not be accepted for reimbursement.
- Expenditures outside of the performance period are not eligible for reimbursement.
- Invoices covering a one-month period of service that include dates outside the performance period must be pro-rated to include only the dates within the grant's approved performance period.

V. TRAVEL GUIDELINES

- **Airfare Guidelines**
 - All travel must be booked at the lowest available coach fare.
 - First-class travel is not permitted.
 - Seat upgrades or additional travel enhancements are not eligible for reimbursement.
- **Ground Transportation Guidelines**
 - Compact car rentals only, or taxi/rideshare (Uber/Lyft) between airport, hotel, and event are permitted.
 - Any upgrades will be responsibility of the grantee
- **Hotel Guidelines**
 - If you live within 25 miles of the hotel where your event is being held, you will not be reimbursed and we will have right to determine the portion of the hotel fee to be reimbursed if the cost is extremely high.
- **Meal Allowance Guidelines (Staff and Participants)**
 - On Maui (Hana/Haleakala)
 - Breakfast- \$6, Lunch- \$8, Dinner- \$10
 - Outer Island Travel - \$45/day
 - Out of State Travel - \$60/day

SAMPLE REIMBURSEMENT REQUEST FORM

(Please use your organization's letterhead)

This is a sample, do not use this exact form.

Date: July 1, 2025

Grants Manager
County of Maui, OED
2200 Main St, Suite 305
Wailuku, HI 96793

Project Title: _____

Grant#: (ex: G3174)

Invoice #1

We are requesting the following reimbursement program costs per the attached expense summary and receipts attached for:

Amount Due: \$813.15

This is to certify that the work for which payment is requested was performed in accordance with the terms of this grant agreement.

Signature, Name and Title

SAMPLE REIMBURSEMENT BUDGET SUMMARY

Organization Name: _____

Project Title: _____

Grant Number: GXXX

This is a sample, do not use this exact form.

| EXPENSE CATEGORY | Total Funds Awarded | Advancement (PAID) | Invoice # 1 (Paid) | Invoice # 2 | Total Requested | Remaining Balance |
|----------------------------|---------------------|--------------------|--------------------|-------------|-----------------|-------------------|
| ADMINISTRATION | | | | | | |
| Event Coordinator | \$600.00 | | | | \$0.00 | \$600.00 |
| Program Manager | \$650.00 | | | | \$0.00 | \$650.00 |
| | | | | | | |
| OPERATIONS | | | | | | |
| Event Set/Up and Breakdown | \$2,000.00 | | \$500.00 | | \$500.00 | \$1,500.00 |
| Event Insurance | \$480.00 | | | | \$0.00 | \$480.00 |
| Supplies | \$1,000.00 | | \$164.42 | | \$164.42 | \$835.58 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| MARKETING | | | | | | |
| Marketing Materials | \$1,500.00 | | \$148.63 | | \$148.63 | \$1,351.37 |
| | | | | | | |
| | | | | | | |
| OTHER | | | | | | |
| Administrative Fee | \$500.00 | | \$150.00 | | \$150.00 | \$350.00 |
| ADVANCEMENT | | | | | | |
| TOTAL | \$6,730.00 | | \$963.15 | | \$963.15 | \$5,766.85 |

*Continue spreadsheet for subsequent invoices (3,4 and beyond)

An expense summary tracking all expenses within your approved budget. This cannot deviate from the original approved budget, without prior approval from the officer in charge.

Reimbursed expenses must fall within budgeted expense categories and be included in the approved budget.

SAMPLE DETAILED REIMBURSEMENT OF EXPENSES

Organization Name: _____ Project Title: _____

Grant Number: GXXXX

Invoice #1

(Detailed description of each line item, include all invoices submitted with reimbursement request)

This is a sample, do not use this exact form.

| ADMINISTRATION | INVOICE # | DETAILED DESCRIPTION | INVOICE DATE | TOTAL PAID |
|--------------------------|-----------|--|--------------|-----------------|
| Event Coordinator | | | | |
| TOTAL: | | | | \$0.00 |
| Program Manager | | | | |
| TOTAL: | | | | \$0.00 |
| OPERATIONS | | | | |
| Event Set/Up & Breakdown | | | | |
| Name on Inv | 1 | Inv 1 Set Up/Break Down Event- 30hrs Flat Rate | 7/17/25 | \$500.00 |
| TOTAL: | | | | \$500.00 |
| Event Insurance | | | | |
| TOTAL: | | | | \$0.00 |
| Supplies | | | | |
| Amazon | 2 | Inv# ending in 7059 -9 Christmas Ornaments @ 12.99ea | 10/01/24 | \$119.71 |
| Molokai Drugs | 3 | Reciept 705169 Office Supplies for Market Display | 11/14/24 | \$44.81 |
| TOTAL: | | | | \$164.52 |
| MARKETING | | | | |
| Marketing Materials | | | | |
| Molokai Dispatch | 4 | Inv 23566 1/8 pg Ad for Feb 26 Print | 2/26/25 | \$148.63 |
| TOTAL: | | | | \$148.63 |
| OTHER | | | | |
| Event Admin | | | | |
| Name on Inv | 5 | Inv 003 - Admin Fee 5 hrs @ \$30/hr Reporting | 11/01/24 | \$150.00 |
| TOTAL: | | | | \$150.00 |
| TOTAL | | | | \$963.15 |

An expense summary tracking all expenses within your approved budget. Deviations require prior written approval.

- Number each receipt to correspond with the Detailed Reimbursement of Expenses worksheet, which can be handwritten.
- Subsequent proof of payment should also be referred to by labeling the document with corresponding numbers.

Example of this can be found on invoice samples notated in red.

ALOHA FLAVOR

PO BOX 177

Kaunakakai, Hi 96748

aloha.flavor@gmail.com

(808) 658-1505

Invoice

Submitted on 07/17/2025

**Sample of Invoice from Vendor
Invoices must include:**

- Date, company/vendor name, mailing address and phone numbers and email address.
- All receipts must show itemized purchases, and/or breakdown of work performed
- All expenditures must fall within the performance period of the grant agreement.

Invoice For:
ALOHA EVERYDAY
P.O Box 777
Kaunakakai, Hi 96748
aloha.everyday@gmail.com

Payable to
Aloha Flavor

Invoice#
1

Due date
7/23/2025

| Description | Qty | Unit price | Total price |
|---|-----|------------|-------------|
| Set Up and Breakdown for the entire event both | 1 | \$500.00 | \$500.00 |
| includes set up and break down for Day 1 at Harbor, Molokai Community Health Center, and the Keiki and Makua Race as well as cleanup at all three locations Total Hours 30 plus-Flat Rate | | | \$0.00 |
| | | | \$0.00 |
| | | | \$0.00 |

Notes:

Subtotal \$500.00

Adjustments

\$500.00



Current Date: July 25, 2025
Invoice 1 payment
Account Number: 0024155472
Capture Date: July 25, 2025
Item Number: 5250129966064
Posted Date: July 25, 2025
Amount: 500.00
Record Type: Debit

ALOHA FLAVOR
PO BOX 177
Kaunakakai, HI 96748
aloha.flavor@gmail.com
(808) 658-1505

Cancelled Check Example:

- Front and Back of check
- Cleared from financial institution
- Financial institution displayed, account holder info displayed

| | | | |
|---|--|---|--|
| ALOHA FLAVOR PO BOX 177 Kaunakakai, HI 96748 aloha.flavor@gmail.com (808) 658-1505 | | 1266 59-102/1213 BANK OF HAWAII P.O. Box 2200, Honolulu, HI 96810 boh.com CHECK AMOUNT 7/22/2025 | |
| PAY TO THE ORDER OF <u>Aloha Flavor</u> | | \$ **500.00 | |
| Five Hundred and 00/100***** | | DOLLARS | |
| MEMO | | AUTHORIZED SIGNATURE | |

0024155472

BR00451
2025-07-22
0024155472
Batch 362540000

Details for Order #112-3313527-7677059

[Print this page for your records.](#)

Order Placed: October 1, 2024
Amazon.com order number: 112-3313527-7677059
Order Total: \$119.71

Not Yet Shipped

| Items Ordered | Price |
|---|---------|
| 9 of: <i>Riavzau 100PCS DIY Wooden Christmas Ornaments, Unfinished Predrilled Natural Wood Slices Wood Circles for Crafts Centerpieces Holiday Hanging Decorations in 10 Shapes</i> | \$12.99 |
| Sold by: onpokiz (seller profile) | |
| Supplied by: Other | |

Condition: New

Shipping Address:
ALOHA FLAVOR
PO BOX 177
Kaunakakai, Hi 96748

- All receipts must show itemized purchases
- Reimbursed expenses must fall within budgeted expense categories

Shipping Speed:
Standard Shipping

Payment information

Payment Method:
Visa ending in 8792

Billing address
ALOHA FLAVOR
PO BOX 177
Kaunakakai, Hi 96748

Proof of payment must show
last 4 digits of the card used for
purchase, or official credit card
statement reflecting the charge.

| | |
|--------------------------------|----------|
| Item(s) Subtotal: | \$116.91 |
| Shipping & Handling: | \$0.00 |
| Your Coupon Savings: | -\$2.60 |
| | ----- |
| Total before tax: | \$114.31 |
| Estimated tax to be collected: | \$5.40 |
| | ----- |
| Grand Total: | \$119.71 |

To view the status of your order, return to [Order Summary](#).

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English

United States

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Molokai Drugs
P.O. BOX 558
KAUNAKAKAI, HI 96748
808-553-5790
808-553-5308

Date Printed: 11/14/2024 12:41:07 PM
Register ID: RG00001000000003
Short Register ID: 1-3
Store: 1
Short Receipt ID: 1-705169
Transaction Type: Sale
Cashier #: EK
Customer Name: MERTENS (MAKANA), JUDY
Short Customer ID: 1-7063
Customer Balance: \$0.00
Due Date: 12/14/2024

All expenditures must fall within the performance period of the grant agreement.

| STYLE | * RX ID | QTY @ PRICE | SUBTOTAL |
|-------------|---------|-------------|----------|
| DESCRIPTION | | | |

| | | | |
|--------------------------|--|------------------------------------|-------|
| OTC | | | |
| BLACK PRESENTATION BOARD | | | |
| | | 2 @ 8.54 | 17.08 |
| | | Reg \$17.98 Savings \$0.90 @ 5.01% | |

| | | | |
|---------------|--|-----------------------------------|------|
| OTC | | | |
| PICTURE FRAME | | | |
| | | 1 @ 6.64 | 6.64 |
| | | Reg \$6.99 Savings \$0.35 @ 5.01% | |

| | | | |
|---------------------------|--|------------------------------------|-------|
| 904 | | | |
| ELMERS GLUE RUBBER CEMENT | | | |
| | | 4 @ 4.55 | 18.20 |
| | | Reg \$19.16 Savings \$0.96 @ 5.01% | |

| | | | |
|---------------|--|-----------------------------------|------|
| OTC | | | |
| OFFICE FOLDER | | | |
| | | 3 @ 0.29 | 0.87 |
| | | Reg \$0.90 Savings \$0.03 @ 3.33% | |

| | |
|-----------|---------|
| Subtotal | \$42.79 |
| Total Tax | \$2.02 |
| Total | \$44.81 |
| Total Qty | 10 |

Payments

| | |
|-----------------------|---------|
| VISA-5592 | \$44.81 |
| Balance | \$0.00 |
| Total Savings Dollars | \$2.24 |

Marketing & Display Supplies

- All receipts must show itemized purchases
- Receipts must include: date, company/vendor name, mailing address, and phone number

Proof of payment must show last 4 digits of the card used for purchase, or official credit card statement reflecting the charge.

MAHALO FOR SHOPPING WITH US!
STORE HOURS: MON-FRI 845AM-545PM
SAT 800AM-200PM
SUN CLOSED

INVOICE

The Molokai Dispatch LLC
P.O. Box 482219
Kaunakakai, HI 96748

sales@themolokaidispatch.com
+1 (808) 336-2237
www.themolokaidispatch.com

The Molokai Dispatch

The island's news source since 1985

Bill to

ALOHA FLAVOR
PO BOX 177
Kaunakakai, HI 96748

Invoice details

Invoice no.: 23566

Terms: Net 15

Invoice date: 02/26/2025

Due date: 03/13/2025

| # | Date | Product or service | Description | Qty | Rate | Amount |
|----|------|--------------------|--|--------|----------|----------|
| 1. | | Display Ad (local) | Display Ad: 1/8 pg. COLOR ad run date: February 26 | 1 | \$141.96 | \$141.96 |
| 2. | | GET Maui | Hawaii General Excise Tax for Maui County - 4.71% | 141.96 | \$0.047 | \$6.67 |

Ways to pay

| | |
|-------------|-----------------|
| Total | \$148.63 |
| Payment | -\$148.63 |
| Balance due | \$0.00 |

Paid in Full

Acceptable proof of payments include: Cancelled checks, official bank statements, official credit card statements, and/or itemized receipts reflecting payment being processed containing last 4 digits of the card number on the receipt.

Invoice needs to be accompanied by an acceptable proof of payment to be processed.
"Paid in Full" will not an acceptable proof of payment.

ALOHA FLAVOR
PO BOX 177
Kaunakakai, HI 96748
March 31, 2025

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4

| Date | Description | Subtractions |
|-------|---|--------------|
| 03-03 | POS Purchase MERCHANT PURCHASE TERMINAL 469216 IN MOLOKAI DISPAT | 148.63 |

Proof of Payment:

Official bank statements must include the organization's name, the statement period dates, the transaction date, and a clear notation referencing the specific transaction.

Bank statement must include ALL pages of the official statement, grantee may redact information not pertinent to the invoice.

ALOHA EVERYDAY

INVOICE 003**Bill From:**

ALOHA EVERYDAY
PO BOX 777
Kaunakakai, HI 96748
(808) 555-5545

Bill To:

County of Maui – Office of Economic Development
200 S. High Street
Wailuku, HI 96793

Invoice Date: November 01, 2024

Invoice Number: 003

Payment Due: 30 days from invoice date

| Description of Work | Hours | Rate | Total |
|----------------------------|-------|-------------------|-----------------|
| Cataloging expenses | 2 | \$30.00/hr | \$60.00 |
| Drafting quarterly reports | 1.5 | \$30.00/hr | \$45.00 |
| Fiscal duties | 1.5 | \$30.00/hr | \$45.00 |
| | | TOTAL DUE: | \$150.00 |

Please make checks payable to:
ALOHA EVERYDAY

Thank you for your business!

Itemized Invoices:

Grantees are responsible for providing itemized invoices and/or receipts from their vendors. Invoices for professional services (contractors, consultants, etc.) must clearly detail the work performed, hours worked, and rate of pay.

This same level of detail is also required for fiscal sponsor or administrative fee invoices.

VI. PERFORMANCE PERIOD AND REPORTING

Performance Period

The Performance Period typically lasts for twelve months from the Notice to Proceed date or the date specified by the County of Maui, OED, in the grant agreement. Your specific performance period can be found in your approved grant agreement under "Performance Schedule."

Although the agreement covers a full year, if your event takes place earlier, the grant will conclude 30 days after the event date. Please ensure that your final report and reimbursement request are submitted within that 30-day window.

Submitting Reports

The grantee is required to submit a written quarterly status report to the County of Maui. These forms will be available in your "Additional Forms" tab on the first day of the month in which the report is due. You may complete the form in stages and save your progress until you are ready to submit. If colleagues are assisting with your program's execution, you may also invite them to collaborate on the report.

Reports should include a summary of:

- Program status in relation to goals, objectives, and scheduled action steps outlined in the grant proposal.

Quarterly Report Narrative to Include:

- Progress in meeting performance standards.
- Numbers and descriptions of people or businesses served.
- Any major adjustments that have been made or are proposed.
- Past and/or future marketing and public outreach efforts.
- Next major steps for this project.
- Description of how allocated funds were used during the reporting period.
- Efforts toward economic self-sufficiency.
- Financial status report of County of Maui funds used and remaining.

A sample report is provided for reference.

Please note: Failure to meet reporting deadlines will result in non-compliance status and may cause delays in your reimbursement process. Plan accordingly to ensure timely submission.

VII. FINAL REPORT

Final Report

The grantee is responsible for submitting a comprehensive Final Report within three weeks after the completion of the program covered by this grant award. This report should include a financial section, an evaluation section, and any additional information as requested by the County of Maui.

The Final Report and Final Budget must be submitted via the Submittable platform within three weeks of the event or program's completion. Your submission should include:

- One copy of the Final Report and Final Budget
- Digital marketing materials
- Any other deliverables specified in your executed Grant Contract

To process the final invoice payment, Maui County requires a Certificate of Vendor Compliance, available at <https://vendors.ehawaii.gov/hce/>. This certificate must be current and dated within 30 days of the final invoice submission.

Please note: 10% of the final payment will be withheld until both the Final Report and Final Budget are received and approved.

| <u>QUARTERLY REPORTING PERIOD</u> | <u>DUE DATE</u> |
|--|------------------------|
| January – March | April 30 |
| April – June..... | July 31 |
| July – September..... | October 31 |
| October - December..... | January 31 |

Final Report and Financials Due 30 days after grant closing or project completion**

VIII. SITE VISIT AND PROJECT EVALUATION

As outlined in the Grant Terms and Conditions (GTC), 26.INSPECTIONS AND MONITORING, an OED Representative may schedule a site visit during the course of your project to conduct a project evaluation. These visits help ensure the project is progressing as proposed and in alignment with your approved grant agreement.



2200 MAIN STREET, SUITE 305
WAILUKU, MAUI, HAWAII 96793
PHONE: (808)270-7710 FAX: (808)270-7995

QUARTERLY REPORT

Contract/Grant Number:

Organization Name:

Report: 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter ☐

Program/Project/Event Title:

Contact Name/Title:

Phone Number:

Email:

Submitted by:

Signature: _____ Date:

Please provide a summary of all grant activity accomplished in this quarter using the fillable boxes provided. If any responses below exceed the text box provided, please use the "Attach Here" button to attach a electronic file from your computer to this form. (e.g word doc). Must label document according so that it can be easily identified. File size must be 25 MB or smaller.

Report Narrative:

- ☐ A. Summary of Program status in relation to goals, objectives and scheduled action steps outlined in the grant proposal
- ☐ B. Progress in meeting performance standards
- ☐ C. Numbers and descriptions of people or businesses served
- ☐ D. Any major adjustments that have been necessary or will be proposed
- ☐ E. Past and/or future marketing and/or public outreach efforts
- ☐ F. Next major steps for this project
- ☐ G. Describe how the funds allocated for this project were used during this reporting period
- ☐ H. Efforts towards economic self-sufficiency
- ☐ I. Financial status reports of County funds used and remaining



2200 MAIN STREET, SUITE 305
WAILUKU, MAUI, HAWAII 96793
PHONE: (808)270-7710 FAX: (808)270-7995

FINAL REPORT

Contract/Grant Number:

Organization Name:

Program/Project/Event Title:

Contact Name/Title:

Phone Number:

Email:

Submitted by:

Signature: _____

Date:

The Final Report is a cumulative report of your grant performance period. Please make sure your numbers reflect totals for your entire program/project/event.

Report Narrative:

- ☐ A. Program/Project/Event description from your original proposal
- ☐ B. Report on your Goals, Objectives, and Action Steps, with actual outcomes & results
- ☐ C. Provide your Dashboard of Performance Measures
- ☐ D. Discuss the results of your marketing/public outreach efforts
- ☐ E. Provide two anecdotal stories on how this grant funding assisted our community
- ☐ F. Describe how this program/project/event could be improved
- ☐ G. Include 5 digital photos on a USB flash drive with the Final Report that best depicts your program/project/event
- ☐ H. Attach a Report of Actual Expenses and Income for Completed Project form

County of Maui
Office of Economic Development
REPORT OF ACTUAL EXPENSES AND INCOME FOR COMPLETED PROJECT

Grant Organization: _____

Grant Project/Event: _____

Grant Number: _____

| INCOME DESCRIPTION | COUNTY | OTHER CASH | IN KIND | TOTAL |
|-----------------------|---------|------------|---------|---------|
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| TOTAL INCOME | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| EXPENSE DESCRIPTION | COUNTY | OTHER CASH | IN KIND | TOTAL |
| ADMINISTRATION | | | | |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| OPERATIONS | | | | |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| MARKETING | | | | |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| OTHER | | | | |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| TOTAL EXPENSE | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

I hereby certify that all financial statements represented in this Final Report to the **County of Maui** relating to Grant Agreement G: _____, are accurate and that funds allocated through the **County of Maui, Office of Economic Development** under this Agreement have been expended in accordance with the provisions set forth in this Agreement.

SIGNATURE: _____

PRINT NAME: _____

IX. AMENDMENTS TO GRANT AGREEMENT

GENERAL TERMS AND CONDITIONS:

13. MODIFICATION OF AGREEMENT. Any modification, alteration or change to this Agreement, including, but not limited to, modification of the services to be performed, modification of the scope of services to be performed, extension of time of performance, or changes to the approved budget, shall be made by written supplemental Agreements executed by the County and Grantee.

Requirements for Extension of Time of Performance:

1. Grantee Extensions will only be allowed in **exceptional circumstances** and must be requested in writing 60 days prior to the end of your performance period.
2. A written justification outlining the reason and details for your reallocation, signed by an authorized representative of the organization, is required.
3. The request should not change the scope of the grant.

Examples of Exceptional Circumstances:

- Natural disasters (like hurricanes, fires, or floods)
- Major, unexpected changes in rules or laws
- Unanticipated life changing events such as, a global pandemic
- Delays caused by partner organizations or required approvals outside your control
- Sudden loss of critical project resources (facility closures, equipment failure)

Requirements for Budget Reallocation:

1. Budget Reallocations will only be allowed in exceptional circumstances and must be requested in writing prior to any deviation to your approved budget.
2. A written justification outlining the reason and details for your reallocation, signed by an authorized representative of the organization, is required.
3. Submit a "Request for Budget Reallocation Form" outlining the proposed changes to your budget, with specific narratives describing how the funds will be used.
4. Your request for Budget Reallocation should not change the scope of your grant.
5. Your request should not exceed approved funding allotments outlined by the OED.

Budget Adjustments Within Existing Categories:

1. You may move up to 20% of funds between line items within the same approved budget category without routing your agreement through a formal amendment if:
 - a. No new line items are created.
 - b. The changes are reasonable and does not change the scope of the grant.
 - c. Your request does not exceed approved funding allotments outlined by the OED.

Note: You are still required to submit reallocation documents as outlined above (#2 and #3) to the officer in charge for review and internal approval.

Processing time for amendments can take up to 8 weeks to fully execute. Grant amendments are subject to approval by the officer in charge. If the amendment is not approved prior to the use of County funds, you will not be reimbursed for those expenses.

SAMPLE REQUEST FOR TIME EXTENSION LETTER

(Organization's Letterhead)

ALOHA FLAVOR
P.O. Box 177
Kaunakakai, HI 96748
aloha.flavor@gmail.com
(808) 658-1505

Subject: GXXXX - [Project Title] - Time Extension Request

[Date]

Aloha OED Grants Management Team,

On behalf of Aloha Flavor, I am requesting a time extension for our [Grant Name] agreement, Contract No. GXXXX.

Our current contract period is scheduled to end on [Current End Date]. We are requesting an extension until [Proposed New End Date].

Reason for Extension:

[Provide a concise explanation for why additional time is needed and how it will support the successful completion of the project.]

We understand this request will be reviewed in accordance with our grant agreement and the Office of Economic Development Grant Handbook.

Thank you for your consideration. Please contact me at (808) 658-1505 or aloha.flavor@gmail.com for any additional information.

Sincerely,

[Signature]

[Name of Authorized Officer]

[Title]

Aloha Flavor

- **Justification should be specific and detail the reason an extension is necessary.**
- **Time Extension should not change the scope of the grant.**
- **An authorized signature from the organization is required.**

SAMPLE REQUEST FOR BUDGET REALLOCATION LETTER

(Organization's Letterhead)

ALOHA FLAVOR
P.O. Box 177
Kaunakakai, HI 96748
aloha.flavor@gmail.com
(808) 658-1505

Subject: GXXXX - [Project Title] - Budget Reallocation Request

[Date]

Aloha OED Grants Management Team,

On behalf of Aloha Flavor, I am requesting a budget reallocation for our [Grant Name] agreement, Contract No. GXXXX.

We are requesting to reallocate funds as follows:

From: [Current Budget Category] - \$[Amount]

To: [New Budget Category] - \$[Amount]

Reason for Reallocation:

[Provide a concise explanation for the change and how it will support the project.]

We understand this request will be reviewed in accordance with our grant agreement and the Office of Economic Development Grant Handbook.

Thank you for your consideration. Please contact me at (808) 658-1505 or aloha.flavor@gmail.com for any additional information.

Sincerely,

[Signature]

[Name of Authorized Officer]

[Title]

Aloha Flavor

- **Justification should be specific and detail the reason a reallocation is necessary.**
- **Reallocations should not change the scope of the grant.**
- **An authorized signature from the organization is required.**

SAMPLE REQUEST FOR BUDGET REALLOCATION FORM

1. Original Approved Budget line items in first column
2. Original awarded amounts in the second column
3. New proposed amounts in the third column
4. Each line item needs a narrative

FILL-IN GRANT PROPOSAL BUDGET & NARRATIVE
ORGANIZATION NAME

ITEMIZED BUDGET AND NARRATIVE: Please list all sources of income and expense for this project; then describe each line item in Narrative form to your right, be specific and clear in your descriptions of what you intend to use the funds for.

| INCOME DESCRIPTION | Original Budget | Proposed Budget | OTHER CASH | IN KIND | TOTAL | NARRATIVE (two lines - approx 160 characters) |
|--|-----------------|-----------------|------------|---------|-------|--|
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| TOTAL INCOME | 0.00 | | 0.00 | 0.00 | 0.00 | |
| EXPENSE DESCRIPTION | COUNTY | | OTHER CASH | IN KIND | TOTAL | NARRATIVE (two lines - approx 160 characters) |
| ADMINISTRATION (PERSONNEL) | | | | | | |
| | | | | | 0.00 | <p>Narratives should identify how the fund will be used, specifically and clearly. Every line item needs it's own narrative. If the narrative is being revised, that justification should be outlined in your request letter.</p> |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| OPERATIONS (INCLUDING CONTRACTED WORK) | | | | | | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
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| | | | | | 0.00 | |
| | | | | | 0.00 | |
| MARKETING | | | | | | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| OTHER | | | | | | |
| | | | | | 0.00 | |
| | | | | | 0.00 | |
| TOTAL EXPENSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Narratives should identify how the funds will be used, specifically and clearly. Every line item needs it's own narrative. If the narrative is being revised, that justification should be outlined in your request letter.

Double check that your math is correct

X. GENERAL TERMS AND CONDITIONS

In consideration of the grant of County funds, Grantee covenants and agrees to the following terms and conditions in the use and administration of County funds. In the event the following conditions conflict with any term, provision, condition and/or covenant contained in the body of the Agreement and any subsequent amendments, the terms, provisions, conditions and/or covenants contained in said body shall prevail.

1.RECORD KEEPING. Grantee shall keep records and prepare reports, including detailed, separate financial records relating to all grant funds received from the County. All accounts shall be prepared and maintained according to generally accepted accounting principles and as otherwise provided by law to ensure the effective administration of the grant. Grantee shall maintain such accounts and documents in a manner as to permit an expeditious determination to be made at any time of the status of funds within the award, including any disposition of all funds received from County and the nature and amount of all charges claimed to be against such funds. To facilitate the auditing process, Grantee's general ledger shall be organized to reflect the separation of County grant funds and expenses from other funds of the Grantee. Grantee shall maintain in its files, at all times, documentation certifying that the work described in any invoices, executed contracts or reimbursement requests submitted to the County are complete, correct, and in accordance with the terms of this Agreement. Grantee and any subcontractors shall maintain the files, books, and records that relate to the Grant, for at least three years after the date of final payment under the Grant.

2.QUARTERLY REPORTS. Grantee shall provide County with written, narrative, quarterly status reports within three weeks after the end of each quarter of the fiscal year (excluding the final quarter). These reports shall contain the following information:

- a. Summary of program status in relation to goals, objectives and scheduled actions steps outlined in the grant application;
- b. Summary of participant characteristics;
- c. Financial status of County funds used; and
- d. If appropriate, a report regarding progress towards meeting performance standards and economic self-sufficiency.

3.FINAL REPORT. Within three weeks of the expiration of the Performance Schedule or completion of the Project, or termination of the Agreement, whichever is sooner, Grantee shall submit to County a final project report, in a form satisfactory to the County agency administering this grant. This report shall document Grantee's efforts toward meeting the requirements of this Agreement, and contain the following:

- a.An inventory of all equipment costing \$250.00 or more acquired with funds provided under this Agreement;
- b.A list of expenditures incurred in the performance of this Agreement;
- c.A summary of program status in relation to goals, objectives, and scheduled action steps outlined in the grant application;
- d.Contact information and all other relevant information regarding people or businesses served;
- e.Financial status report of County funds used; and
- f.If appropriate, a narrative report regarding progress towards meeting performance standards and economic self-sufficiency.

X. GENERAL TERMS AND CONDITIONS (cont'd)

4.FINANCIAL AUDITS. Grantee shall supply County with a copy of its annual financial statements that shall be prepared by a Certified Public Accountant. Grantee shall allow County to audit Grantee's records, report books, and other financial records upon request of County to determine compliance with the terms of this Agreement. Grantee shall cooperate fully and assist County in such an audit.

5.NONPROFIT STATUS. If Grantee is a nonprofit organization, Grantee shall establish and be governed by bylaws or policies that shall include provisions relating to nepotism and management of potential conflict of interest situations, as required by Section 3.36.040(c), Maui County Code.

6.INSURANCE. During the term of this Agreement, Grantee shall maintain at all times or cause to be maintained commercial general liability insurance coverage for Grantee and its employees. The insurance policies shall be issued by a company or companies authorized to do business in Hawaii and approved by the County, with combined single limits of not less than ONE MILLION DOLLARS (\$1,000,000) per occurrence and TWO MILLION DOLLARS (\$2,000,000) in the aggregate for, or such greater amount as may be required from time to time by the County. The insurance policies shall provide for "NO EROSION OF LIMIT BY PAYMENT OF DEFENSE COSTS." Grantee shall provide County not less than thirty (30) days' notice prior to any cancellation or material change or reduction in coverage. No such material change or reduction may be made without approval from the County. The County shall be listed as an additional insured on all policies. Prior to the commencement of this Agreement, Grantee shall provide the County with a certificate of insurance. Thereafter, prior to the expiration of each policy period, Grantee shall provide the County with certificates of insurance evidencing the foregoing coverage and provisions. The County reserves the right to request and receive a copy of the policies. Grantee shall also carry workers' compensation insurance for Grantee's employees in the amounts required by applicable law. Failure to maintain the necessary insurance in accordance with the provisions set forth herein shall constitute a material breach of this Agreement and the County shall thereafter have the options of pursuing remedies for such breach and/or immediate termination of this Agreement.

Other Insurance Provisions. For any claims related to this Agreement, Grantee's insurance coverage shall be primary insurance as respects County, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by County, its officers, officials, employees, and volunteers shall be excess of Grantee's insurance and shall not contribute with it. The submission of insurance documentation to and acceptance by County that does not meet the requirements herein shall not be considered a waiver of Grantee's obligations or County's rights under the terms of this Agreement.

7.INDEMNIFICATION. To the extent permitted by law, Grantee shall indemnify, defend, release, and hold harmless the County, its officers, agents, and employees from and against any and all manner of action and claim arising, either directly or indirectly, out of or resulting from the errors, omissions, or acts of Grantee, its officers, its employees, or its agents occurring during, or in connection with, the performance of the Grantee's services under this Agreement. The Grantee's obligations under this section shall survive and shall continue to be binding upon Grantee notwithstanding the expiration, termination or surrender of this Agreement.

8.SUBCONTRACTS. The Grantee shall not procure or subcontract any part of the services under this Agreement without the prior written consent of the County. All subcontracts entered into by the Grantee shall be in writing.

9.FISCAL SPONSORSHIPS. The Grantee shall disclose to the County whether it is acting as the fiscal sponsor the Project and provide copies of all fiscal sponsorship agreements. Fiscal sponsorship agreements must include the scope of work the Grantee is providing for the Project and shall not overlap with other requests for reimbursement.

10.EMPLOYEE COMPENSATION. Grantee shall not compensate its employees more than the wages then prevailing in the State of Hawaii for employees with similar skills and abilities. Grantee shall not pay any commissions, bonuses or similar to its employees.

X. GENERAL TERMS AND CONDITIONS ^(cont'd)

11.COUNTY RECOGNITION. Grantee shall give the County and State of Hawaii, if applicable, appropriate recognition in all grant-funded programs and printed materials. All such printed materials must be approved by the County prior to printing and/or use.

12.GRANTEE COMPLIANCE. Grantee shall strictly comply with its articles of incorporation and/or bylaws and all relevant County, State and Federal rules and regulations concerning Grantee's policies and operations. Grantee shall update the County, in writing, on any changes to its governance body, including changes to authorized signatories.

13.NO DISCRIMINATION. Grantee shall not discriminate in the hiring of staff, compensation, terms or conditions of employment of individuals, use of volunteers, or delivery of client services on the basis of sex, sexual orientation, national origin, age, race, color, religion or disability. Grantee shall comply with all applicable Federal and State laws prohibiting discrimination.

14.MODIFICATION OF AGREEMENT. Any modification, alteration or change to this Agreement, including, but not limited to, modification of the services to be performed, modification of the scope of services to be performed, extension of time of performance, or changes to the approved budget, shall be made by written supplemental Agreements executed by the County and Grantee.

15.DEFAULT, SUSPENSION, OR TERMINATION OF AGREEMENT. Grantee shall be deemed to be in default of the Agreement if:

- a. Any of Grantee's representations or warranties made to the County with respect to this Grant shall have been false in any material aspect when made;
- b. Grantee fails to faithfully and timely perform any of the promises, terms, or conditions of this Agreement;
- c. Grantee abandons or discontinues its operations for a period in excess of thirty (30) days; or

- d. Grantee (i) files a petition in bankruptcy, reorganization, or similar proceedings under the bankruptcy laws of the United States, (ii) has filed against it a petition in bankruptcy, reorganization, or similar proceedings under the bankruptcy laws of the United States which petition is not dismissed within sixty (60) Days, (iii) is adjudicated bankrupt under the bankruptcy laws of the United States, (iv) has a receiver, permanent or temporary, appointed for it by a court of competent jurisdiction, (v) requests the appointment of a receiver; (vi) makes a general assignment for the benefit of creditors, (vii) has its bank accounts, property or receivables attached and such attachment proceedings are not dismissed within sixty (60) Days, or (viii) is dissolved or liquidated.
- Should the default or noncompliance continue for thirty (30) days after written notice thereof is delivered to Grantee or mailed to its last known address, County may, at its sole discretion:
 - a. Suspend or terminate, wholly or partially, this Agreement by giving written notice to the Grantee of such suspension or termination;
 - b. Withhold grant fund payments pending correction of the noncompliance;
 - c. Disallow all or part of the cost/expense of the activity or action not in compliance;
 - d. Withhold additional award(s) to Grantee; and
 - e. Terminate this agreement without service or notice or legal process and without prejudice to any other remedy or right of action for breach of contract

Further, the County may suspend or terminate this Agreement without cause by giving written notice to the Grantee thirty (30) calendar days before the effective date of such suspension or termination. Upon termination of this Agreement, all finished or unfinished documents, data, studies, and reports purchased or prepared by the Grantee pursuant to this Agreement shall be transferred to the County.

X. GENERAL TERMS AND CONDITIONS (cont'd)

16.COSTS INCURRED DUE TO SUSPENSION OR TERMINATION.

The County shall not reimburse the Grantee for any costs incurred by the Grantee during suspension or after termination of this Agreement unless the County authorizes such costs in the Notice of Suspension or Termination issued to the Grantee.

17.WITHHOLDING OF PAYMENTS. County may withhold any and all payments to Grantee if the costs set forth in a reimbursement request are, in the County's determination, unreasonable, or if Grantee fails to comply with the terms of this Agreement in any manner whatsoever.

18.PROSELYTIZATION PROHIBITED. Grant funds shall not be used to recruit or convert a person to a new faith, institution, or cause.

19.ENTERTAINMENT OR PERQUISITES PROHIBITED. Grantee shall not use any grant funds for purposes of entertainment or perquisites. For purposes of this Agreement, "perquisites" means a privilege provided or service rendered by Grantee to an employee, officer, director, or member of Grantee to reduce that individual's personal expenses.

20.LOBBYING PROHIBITED. Grantee shall not use grant funds for lobbying purposes or activities.

21.REVERSION OF ASSETS. The Grantee is prohibited from disposing any real or personal property acquired with County funds received under this Agreement, without first receiving prior written consent of the County. Should the Grantee cease to use any real or personal property acquired with County funds for the purposes described in this Agreement, the Grantee shall either:

- a. Pay the County the current fair market value of the asset; or
- b. Transfer control of the asset to the County.

Unless instructed otherwise by the County in writing, within thirty (30) days of the expiration or termination of this Agreement, the Grantee shall transfer to the County:

- a. Any County funds on hand at the time of expiration or termination of this Agreement;
- b. Any account receivables attributed to the use of County funds; and
- c. Any real and/or personal property acquired or improved in whole or in part with County funds.

This section survives the expiration or earlier termination of this Agreement.

22.PRODUCTION OF INFORMATION. If applicable, Grantee shall comply with all requests of the State of Hawaii for information and reports regarding the project and Grantee's operations.

23.COMPLIANCE WITH LAWS. Grantee shall comply with all applicable Federal, State and County laws, rules, regulations, licensing requirements, applicable accreditation and other standards of quality generally accepted in the field of Grantee's activities and provide documentation evidencing compliance at the request of the County.

X. GENERAL TERMS AND CONDITIONS ^(cont'd)

24. METHOD OF PAYMENT. Disbursements shall be made in accordance with the purposes of the Grant, at the sole discretion of the Officer-in-Charge.

a. REIMBURSEMENT. Grantee shall submit on its company/agency's letterhead written reimbursement requests to the County for payment of grant funds. Payment shall be made as work is performed and the required invoices, billing statements, or other documents are submitted. Each reimbursement request shall:

- 1. Identify the Project, the nature of the work or materials provided, and the specific Phase of the Project for which the work or materials were provided;
- 2. Be signed by an authorized representative of Grantee as to its accuracy and verified by a designated County official;
- 3. Include a certification by Grantee that the work for which payment is requested was performed in accordance with the terms of this Agreement;
- 4. Include copies of receipts, canceled checks, certified payroll records for the applicable time period or phase for which payment is requested, vendor Agreements, and/or other documents providing verification of work completed in accordance with this Agreement; and
- 5. Be presented in duplicate, with two (2) complete sets of all items submitted.
- 6. The County will not reimburse for any cash payments made by Grantee.
- 7. Only payments made directly by the Grantee are eligible for reimbursement.

The County will reserve 10% of the grant award as a final payment. Final payment on this Agreement shall be available upon completion of Grantee's program, receipt by County of a final report which County finds to be acceptable, and if applicable receipt of a certified copy of a State of Hawaii Tax Clearance Certificate for the Grantee validated by the State of Hawaii Department of Taxation and the Internal Revenue Service or other forms of documentation that meet the requirements of County policy and are deemed acceptable by County.

b. UPFRONT DISBURSEMENT. At the discretion of the Officer-in-Charge, advance disbursement of twenty-five (25) percent or more of grant funds may be issued to Grantee.

- 1. Upfront disbursements must be directly related to the Project. Grantee shall submit a written request with justification for the request, including as vendor estimates, to the Officer-In-Charge for review and approval. If approved, the advance disbursement shall be for the amount stated in the Agreement.
- 2. Within 30 days after receipt of an advance disbursement, Grantee shall submit on its letterhead written documentation to the County for expenditure of such funds, in accordance with subsection a above. If Grantee fails to provide the required written documentation, no further grant funds will be disbursed until the County determines it has received sufficient written verification for the expenditure of the upfront disbursement, and the County may require Grantee to reimburse any unverified advancements.
- 3. If advance disbursement totals less than ninety (90) percent of the total grant funds, the County will reserve 10% of the grant award as a final payment. Final payment on this Agreement shall be available upon completion of Grantee's program, receipt by County of a final report which County finds to be acceptable, and if applicable receipt of a certified copy of a State of Hawaii Tax Clearance Certificate for the Grantee validated by the State of Hawaii Department of Taxation and the Internal Revenue Service or other forms of documentation that meet the requirements of County policy and are deemed acceptable by County.
- 4. Any remaining grant funds shall be paid through the reimbursement process in subsection a. above.

Grantee shall maintain in its files, at all times, documentation verifying that work described in any contract, bill, invoice, purchase order, or request for payment sent to the County is correct, complete, and in accordance with the terms of this Agreement. Initial and final payment under this Agreement shall be subject to receipt by the County or original tax clearance certificates for the Grantee from the State of Hawaii.

X. GENERAL TERMS AND CONDITIONS ^(cont'd)

25.PROGRAM INCOME. "Program Income" means gross income received by Grantee generated from the use of County funds. In no event shall any of the income, earnings, or assets of the Program, including any and all grant funds, surplus funds, or Program Income as described herein, be distributed by Grantee to, or for the benefit of, its corporate directors, officers, members, employees, or consultants. Discretionary use of Program Income by Grantee is strictly prohibited.

26.PROCUREMENT. If Grantee contracts for the design and/or construction of any structure, defined for purposes hereof as any construction involving a load-bearing wall, Grantee shall comply with the Hawaii Public Procurement Code, Chapter 103D, Hawaii Revised Statutes, any County procurement policies for the procurement of contracts for design and/or construction of any structures as defined herein. Grantee shall ensure that all procurement transactions for construction of non-structures, as defined herein, and all procurement transactions for goods and services are conducted in a manner to provide, to the maximum extent possible, open and free competition.

27.INSPECTIONS AND MONITORING. Grantee shall permit the County or its duly authorized agent free access to any and all Grantee programs, facilities, event or activities without advance formal notification or appointment when such access is for the express purpose of monitoring, investigation, researching or formulating programs, services or related policies and procedures or when County is otherwise in the pursuit of any official business relative to any aspect of this Agreement

28.PERSONNEL REQUIREMENTS.

- a.The Grantee shall secure, at the Grantee's own expense, all personnel required to perform this Agreement.

- b.The Grantee shall ensure that the Grantee's employees or agents are experienced and fully qualified to engage in the activities and perform the services required under this Agreement, and that all applicable licensing and operating requirements imposed or required under Federal, State or County law, and all applicable accreditation and other standards of quality generally accepted in the field of the activities of such employees and agents are complied with and satisfied.
- c.The Grantee and the Grantee's employees and agents are not by reason of this Agreement, agents or employees of the County for any purpose, and the Grantee and the Grantee's employees and agents shall not be entitled to claim or receive from the County any vacation, sick leave, retirement, workers' compensation, unemployment insurance, or other benefits provided to the County employees.

In the event Grantee fails to adhere to any of the conditions of this Grant, including the general and special conditions (if any), County may withdraw any part or all of the grant at the County's sole discretion and without advance notice. Grantee shall be held liable for any grant funds expended in a manner inconsistent with this Agreement, including any attachments incorporated therein.

29.PREVAILING WAGES. If applicable, the Grantee shall ensure that all contractors and subcontractors comply with all applicable provisions of the prevailing wage schedule as required under chapter 104, Hawaii Revised Statutes, and further, shall require all contractors and subcontractors to submit the certified payroll records required under section 104-3(a), Hawaii Revised Statutes, to the Grantee on a periodic basis for the Grantee's and the County's review and files.

29.TAXES. Grantee is responsible for the reporting and payment of all taxes imposed, if any, that relate to the receipt and use of County grant funds.