**Section 9 – Grant Application Forms**

**Grant Application Package Checklist**

The following items must be included in your grant application package. These items should be assembled in the order as 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.

|  |  |  |
| --- | --- | --- |
| ü | **Item** | **Page Number Reference** |
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**Department of Hawaiian Home Lands**

Grant for Community Capacity Building (Statewide)

RFP-23-HHL-004

**PART I. Application Cover Sheet**

**Department of Hawaiian Home Lands**

RFP-23-HHL-004

**Application Cover Sheet**

*Print or Type*

|  |  |
| --- | --- |
| Applicant Legal Name | *Applicant legal name, exactly as it appears in Hawaii Compliance Express (HCE)*  *DBA (if on HCE certificate)*: |
| Organization website (if any) |  |
| Mailing Address | *Town Zip* |
| Street Address | *Town Zip* |
| Primary Contact Person | *Name Title* |
| Contact information | *Telephone Fax Email* |
| Contact Person  (alternative) | *Name Title* |
| Contact information | *Telephone Fax Email* |

We are:

\_\_\_\_\_ A federal US Internal Revenue Service Section 501c3 tax-exempt nonprofit corporation

\_\_\_\_\_ A nonprofit organized under HRS Chapter 414D Nonprofit

Corporation Act

\_\_\_\_\_ A nonprofit organized under HRS Chapter 421J Planned Community

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 64 - 65.*

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

I certify that the governing body of the organization approves the submittal of this grant application and the information contained herein is true and correct. If awarded, your signature indicates the organization’s consent to having its contact information made available on the DHHL website.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name and Title*

**Department of Hawaiian Home Lands**

Request for Proposals number: RFP-23-HHL-004

**PART II. Proposal Request**

**Department of Hawaiian Home Lands**

Grant for Community Capacity Building (Statewide)

RFP-23-HHL-004

Write your proposal by responding to the following 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. **ORGANIZATIONAL READINESS for Capacity Building**
2. **Organization, Membership, and Mission**
3. Provide a description of your organization and membership
4. How many members does your organization have?
5. Attach your membership application and cite the page number(s) in your Bylaws regarding membership qualifications
6. Any other information you wish to share about your members
7. **Relationship to HHCA Beneficiaries**
8. Describe your connection and relationship to HHCA beneficiaries, homestead associations, and other beneficiary-serving organizations.

1. Attach a board resolution from the homestead(s), or other evidence of engagement, participation, or support from the homestead(s) and other HHCA beneficiaries that your project intends to serve.
2. Provide specific examples or documentation of active collaboration with homesteads, beneficiary-serving organizations, and other community resources.
3. **Organization’s Capacity and Capability**
4. Strong organizations are self-aware and objective about what life cycle stage they are in – emerging, start up, growth, maturity, renewal, decline. Describe your organization’s current capacity and the proposed capacity building project.

A partial list of organizational capacity areas includes:

1. Strategic planning;
2. Board governance;
3. Leadership succession;
4. Project management;
5. Financial management (fund development, grant writing, grants management);
6. Marketing/ community outreach;
7. Programs and services research, development, delivery, evaluation;
8. Human resource development (e.g., board members, paid staff, volunteers, contractors, consultants); and
9. Administrative systems including record keeping and nonprofit compliance.
10. Describe the purpose of your proposed capacity building project and why you applied for the project at this time. Please explain how your organization determine a need for this capacity building activity.
11. Describe your project team and key partners, include information on their qualifications and their specific role in the proposed project. If the project team member or partner is a membership organization, please provide the following information.
12. How many members does the organization have?
13. Provide a description of the organization’s membership
14. Attach the membership application and describe member eligibility and qualifications
15. Include any other information you wish to share about the members
16. Describe your organization’s track record, in carrying out projects and projects on a similar scale that you are proposing (in scope and budget).
    1. How many years has your organization been in operation?
    2. In the last five years, provide specific example(s) that demonstrate your organization’s track record to successfully carryout projects and rapidly deploy resources. Include the: funding entity name and contact information; dollar amount and funding period; what was accomplished; and the impact or benefits to the homestead(s) and other HHCA beneficiaries.

Attach documentation such as a board resolution, letter of engagement, intent to participate, support letter, contract, etc…

1. Explain your organization’s expected outcomes at the end of this grant (i.e., what does your organization envision to be the positive outcome in your community at the conclusion of the project?).
2. **PROJECT READINESS**
3. **Description of the Proposed Project**

Provide a narrative and supporting data of the proposed project. Include the following information:

1. Purpose and goals of the proposed project.
2. Scope of work outlining the activities and tasks you will carry out along with an estimated work schedule.
3. If the proposed project is part of a larger project supported by DHHL funds or other sources, explain what has been accomplished so far and the need for DHHL grant funds at this time.
4. How does the proposed project connect to the outcomes of the HHCA or improve the general welfare and conditions of native Hawaiians?
5. Address the timeline of when the objective will be accomplished, the population of a specific group the objective will focus on; the indicators of measurable signs that something has been done; and targets of the amount of change, increase, decrease, or improvements that will be achieved.
6. Describe your recruitment and selection process for project participants.
7. Describe your data collection and verification procedures that HHCA beneficiaries will be served.
8. Describe how you will measure change in the capacity of your organization and/or community through obtaining this grant.

All plans/specifications and design must be reviewed and approved by DHHL prior to installation or construction. The Applicant must comply with all federal, state, and county statutes, ordinances, regulations, rules, and permitting prior to installation or construction on Hawaiian Home Lands.

1. **BENEFICIARY INVOLVEMENT**
   1. **Planning, Implementation, and Evaluation of the Proposed Project**
2. Describe how DHHL homestead lessees and other beneficiaries, homestead associations and other beneficiary organizations will be involved in the planning, implementation, and evaluation of the proposed project.
3. Describe your community outreach plan to inform DHHL Lessees and other beneficiaries on your proposed project during the grant period, if awarded.
   1. **Detailed Work Plan**

The work plan is your opportunity to describe exactly what you will be using the grant funds for. It should provide the details of how your project will be carried out. You should include specific activities, when they will be conducted, who will be involved, what you expect to achieve with each activity (the outcome), and what resources will be used.

In addition to a narrative description of your workplan, provide a summary in table form using the format below. 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Outcome** | **Responsible Party** | **Start Date** | **End Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If you will be using this grant to hire a consultant(s), describe what they will do and attach their resume or statement of qualifications. If you have not yet engaged with a consultant(s), please describe the qualifications you are seeking.

1. **SUSTAINABILITY**
   1. **Sustainability Plan and Partial Funding**
      1. Provide a plan for how the project will be sustained after the DHHL grant is over and a contingency plan if you receive partial funding from DHHL:
2. Describe how you will maintain the project after the grant funds are spent. In your explanation, please include a description on how you will transfer the knowledge/skills learned from this project to future leaders and HHCA beneficiaries and plans to leverage this DHHL grant. Explain how your organization operations will be maintained and managed and will be financially supported.
3. Please explain if you have a strategic plan. Will this grant be used to prepare or update your strategic plan?
4. Describe how your organization recruits new board members and key staff/volunteers; orients and trains them; and your plans for leadership succession.
5. Explain what you will do if you only receive a portion of the funds you are requesting or the proposed project is not awarded funds from DHHL.
   1. **Budget Information**
6. Complete a detailed budget breakdown using the Budget Information Sheet, including the Expense Budget and Income Budget using the attached forms on pages 64n – 65. The totals for each should be the same.
7. Include a budget narrative to explain each budget expense item and to show the calculations of how you arrived at each budget figure.
8. Explain how you will adjust the budget if not all anticipated funding is received.
9. 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.

**Department of Hawaiian Home Lands**

Budget Information

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

1. Please complete each form for the Project Expense Budget and Project Income Budget. You may attach separate sheets if 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. Attach separate sheets with a budget justification narrative including details and cost calculations for all budget items.

**Project Expense Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION** | **DHHL FUNDS REQUESTED** | **OTHER FUNDS** | **IN-KIND** | **TOTAL** |
|  |  |  |  |  |
| **PERSONNEL** |  |  |  |  |
| Salary |  |  |  |  |
| Fringe |  |  |  |  |
| TOTAL PERSONNEL |  |  |  |  |
|  |  |  |  |  |
| **NON-PERSONNEL** |  |  |  |  |
| Travel |  |  |  |  |
| Lease/purchase equipment |  |  |  |  |
| Supplies |  |  |  |  |
| Contract Services  (please specify): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Insurance |  |  |  |  |
|  |  |  |  |  |
| Other (please specify): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL NON-PERSONNEL |  |  |  |  |
| **TOTAL EXPENSES** |  |  |  |  |

**Project Income Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cash** | **In-Kind** | **Total** | **Status\***  (secured, committed, or pending) |
| DHHL grant |  |  |  | Pending |
| Applicant contribution |  |  |  |  |
|  |  |  |  |  |
| 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 on 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.

**Department of Hawaiian Home Lands**

Request for Proposals number: RFP-23-HHL-004

**PART III. Required Forms and Attachments**

**Department of Hawaiian Home Lands**

**Assurance of Service to native Hawaiians**

**Form A**

RFP-23-HHL-004

|  |
| --- |
| **Instructions:** Insert Applicant’s name in the blank. Form must be signed by an authorized person of the Applicant.  Per 10-6.1-5, HAR, beneficiaries that receive assistance must be native Hawaiian.  Beneficiaries of funding under a DHHL grant award 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 grantee.  This is to certify that, when requested, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Applicant name) will provide genealogies or other appropriate proof of at least 50% Hawaiian ancestry, for the beneficiaries of any project operating with the support of DHHL grant funds.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name Title |

**Department of Hawaiian Home Lands**

**Assurance of Acknowledgment and Support**

**Form B**

RFP-23-HHL-004

|  |
| --- |
| **Instructions:** Insert Applicant’s name in the blank. Form must be signed by an authorized person of the Applicant.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Applicant’s name) 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 |

**Department of Hawaiian Home Lands**

**Sample Board List**

**Form C**

RFP-23-HHL-004

|  |
| --- |
| **Instructions:**   * Please provide a complete list of current board members. * Provide contact information for each board member. * For each board member, please indicate if he/she is a HHCA beneficiary. * If your organization is registered with the DCCA, please ensure your board list with DCCA is the same as listed below. |

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**Department of Hawaiian Home Lands**

**Applicant’s Articles of Incorporation and Bylaws**

**Form D**

RFP-23-HHL-004

**Department of Hawaiian Home Lands**

**SAMPLE Required Board Resolution**

**Form E**

RFP-23-HHL-004

**Instructions**:

1. Please print on organization letterhead
2. You may use your own organization’s board resolution format or customize this sample to meet your needs, if the information on your resolution is like the sample provided.
3. The signer must be someone different than the person(s) named in the resolution. Consider identifying more than one signer and people who are accessible.

|  |
| --- |
| 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);  Be it resolved that the Board of Directors approves the submittal of this grant application for the Department of Hawaiian Home Lands RFP-23-HHL-004.  This resolution is certified to be true by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name and Board Position |

**Department of Hawaiian Home Lands**

**SAMPLE Board Governance Certification**

**Form F**

RFP-23-HHL-004

|  |
| --- |
| Print on Letterhead  (must include mailing address and telephone number)  Subject: DHHL RFP-23-HHL-004  We the undersigned of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Applicant name) verifies that board members are not compensated and the organization has bylaws and/or policies that govern how business is conducted which includes policies on conflicts of interest and nepotism and conflict and dispute resolution.  This is to certify that when requested by DHHL, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Applicant name) will provide copies.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name Board President  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name Chief Executive Officer |

**Department of Hawaiian Home Lands**

**Most Recent Financial Statement (Organization’s Financial Statement, Treasurer’s Report, or US Internal Revenue Service Form 990)**

**Form G**

RFP-23-HHL-004

**Department of Hawaiian Home Lands**

**Certificate of Vendor Compliance (CVC) from**

**Hawaii Compliance Express and**

**Certificate of Good Standing from DCCA**

**Form H**

RFP-23-HHL-004

**Department of Hawaiian Home Lands**

**US Internal Revenue Service 501(c)(3) Determination letter**

**Form I**

RFP-23-HHL-004

**Department of Hawaiian Home Lands**

**Indirect Cost Agreement (If Applicable)**

**Form J**

RFP-23-HHL-004

**Department of Hawaiian Home Lands**

**Assurance of Dedicated Matching Funds and In-Kind Services**

**(If Applicable)**

**Form K**

RFP-23-HHL-004

|  |
| --- |
| **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 |

**Department of Hawaiian Home Lands**

**Evidence of Support**

**Form L**

RFP-23-HHL-004

**Department of Hawaiian Home Lands**

**Partner Certification**

**Form M**

RFP-23-HHL-004

|  |
| --- |
| Print on Partner Letterhead  (must include mailing address and telephone number)  Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subject: DHHL RFP-23-HHL-004  We the undersigned of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Project Team Member or Key Partner name) certify that we are committed in partnership with the above organization in the proposed project. Our organization’s role is as follows.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name Board President  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name Chief Executive Officer |

**Department of Hawaiian Home Lands**

Request for Proposals number: RFP-23-HHL-004

**PART IV. Other Materials**

Insert any other supporting materials, as necessary