



## SMALL BUSINESS REVITALIZATION GRANT PROGRAM

### A. PURPOSE OF THE PROGRAM

The purpose of the Small Business Revitalization Grant Program is to provide expanded opportunities for residents of Hana (Keanae through Kipahulu), and Molokai to increase their ownership, employment and income from local economic enterprises.

To accomplish this purpose, the program provides funds at no cost to coordinate and leverage its resources with those of other private sources.

### B. ELIGIBLE ACTIVITIES

- The program provides assistance for a broad range of business projects.
- The primary place of business must be located in the Hana area (Keanae through Kipahulu), and on the island of Molokai
- Priority is given to businesses, which are likely to provide increased income, ownership and employment opportunities.

### C. ELIGIBLE APPLICANTS

**Requirements are that an applicant:**

- Shall be a citizen of the United States of America or a legally registered alien and a resident within the grant regions of Hana, or the island of Molokai;
- Must submit a plan for the use of the funds and how it will impact the business;
- Must demonstrate the ability to fund the 40% match.
- Must have been in business long enough to file at least one federal and one state tax return.

**Applicants will be screened by the Grant Committee to determine that there is:**

- A potential for broadening the employment base for the low-income residents within the Hana area, or the island of Molokai;

### D. TERMS AND CONDITIONS OF THE GRANT

Grant limits are:

- \$500.00 - \$5,000
- Grants will be made to Sole Proprietors, Corporations, Partnerships or LLCs with less than 10 employees. Non-profit or not-for-profit organizations are not eligible to receive this grant.

### E. PROCESS & EXPECTATIONS

- Applicant will present an estimate of the cost of the product or service to be purchased with this grant application.
- Provide proof of 40% match (cash and/or in-kind).
- Upon notification of award of a grant, applicant will provide an invoice showing 40% paid and amount due of 60% of purchase price to be paid by the grant.

Please contact the Lokahi Pacific office at (808) 242-5761 and ask to speak with Susie Thieman. You can also email her at [susie@lokahipacific.org](mailto:susie@lokahipacific.org) for further assistance.

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, D.C. 20250*





**HANA & MOLOKAI SMALL BUSINESS REVITALIZATION GRANT PROGRAM  
- APPLICATION**

1935 Main Street, Suite 204, Wailuku, HI 96793 ♦ Tel. No. (808) 242-5761 ♦ Fax No. (808) 244-2057 ♦ email: [susie@lokahipacific.org](mailto:susie@lokahipacific.org)

***Deadline: Application must be emailed, faxed, or postmarked by October 17, 2016***

**Please fill out the form completely. Put "n/a" when not applicable. Thank you.**

PURPOSE OF GRANT <input type="checkbox"/> EXPANSION <input type="checkbox"/> EQUIPMENT REPAIR OR PURCHASE	AMOUNT REQUESTED
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**PERSONAL INFORMATION**

APPLICANT				CO-APPLICANT			
NAME (LAST, FIRST, MIDDLE, SUFFIX)				NAME (LAST, FIRST, MIDDLE, SUFFIX)			
MARITAL STATUS <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated				MARITAL STATUS <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated			
RESIDENCE STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other				RESIDENCE STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other			
DATE OF BIRTH		PLACE OF BIRTH		DATE OF BIRTH		PLACE OF BIRTH	
SSN#	RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other:			SSN#	RACE <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Polynesian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other:		
HOME TELEPHONE	BUSINESS TELEPHONE	CELLPHONE		HOME TELEPHONE	BUSINESS TELEPHONE	CELLPHONE	
STREET ADDRESS			HOW LONG?	STREET ADDRESS			HOW LONG?
CITY	STATE	ZIP		CITY	STATE	ZIP	
MAILING ADDRESS, IF DIFFERENT FROM ABOVE				MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
CITY	STATE	ZIP		CITY	STATE	ZIP	
PREVIOUS ADDRESS, CITY, STATE, ZIP			HOW LONG?	PREVIOUS ADDRESS, CITY, STATE, ZIP			HOW LONG?
DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE		DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP			
STREET ADDRESS, CITY, STATE, ZIP				STREET ADDRESS, CITY, STATE, ZIP			

**AUTHORIZATION TO RELEASE INFORMATION**

*I/We hereby authorize the release to Lokahi Pacific any information they may require at any time for any purpose related to my/our credit transaction with them. I/We further authorize Lokahi Pacific to release such information to any entity they deem necessary for any purpose related to my/our credit transaction with them. I/We hereby certify that the enclosed information, including any attachments provided herewithin or at a later date, is valid and correct to the best of my/our knowledge.*

APPLICANT'S SIGNATURE		CO-APPLICANT'S SIGNATURE	
APPLICANT'S NAME	DATE	CO-APPLICANT'S NAME	DATE

## **Instructions for Getting Certificate of Compliance From State Website**

Log on to: ehawaii.gov

At the HOME page select the BUSINESS icon

Type in: Certificate of Compliance in the query box

Select: Hawaii Compliance Express

If you don't already have an account, you must create one, follow the prompts and provide the necessary information.

To create an account you will need to provide the following:

- Taxpayer FEIN

- Taxpayer SSN

- Hawaii Tax ID

- State Department of Labor UI ID#

To "View/Print Certificate" click on the print function located on the right-hand side of the screen.

**John Q. Public**  
111 Main Street  
Hana, HI

**Personal Financial Statement**  
**As of 6/30/16**

**Assets:**

Cash in Bank	\$1,500	
Cash in Savings Account	<u>\$2,500</u>	
Total Cash		\$4,000

**Fixed Assets:**

House	\$250,000	
Furniture & fixtures	\$10,000	
Vehicles	\$12,000	
Value of Business	\$25,000	
Total Fixed Assets		<u>\$ 297,000</u>
Total Assets		\$ 301,000

**Liabilities:**

Mortgage on House	\$ 200,000	
Loans on vehicles	<u>\$ 7,500</u>	
Total Liabilities		<u>\$ 207,500</u>

**Net Worth** **\$ 93,500**