#### Rotary Club of Hilo Bay Disaster Grant Application 2020

# **Project Information** Project Name: Ohana and Kupuna of Keaukaha Emergency Meal Service 2.500 2,500 Project Budget: \$ Grant Funds Requested: \$ Email address: mrstyrin@gmail.com Misti R Tyrin Project Leader Name: Phone Number: (808) 756-8811 **Project Narrative** Proposed Project: Please see attached (Description) Location of Project: Please see attached How will the community Identified high risk families in low income community will be able to pick up family size benefit from this project? healthy/hearty meals for their household. Please see attached for more details Equipment and Supplies will be owned by Hawaii Rise Foundation which is a 501c(3) Who will own equipment or supplies? This project will be publicized via social media, e newsletters, all meals will be labeled with Rotary of Hilo Bay Logo and PSA on the radio if spot is available. How will this Project be publicized? **Project Budget** Items to be purchased Cost 1. Food and Food Safe Packaging 2,500 2. Use of HYC Kitchen and Staff - donated 3. Use of Keaukaha General Store and Staff for Distribution - donated 0 0 0

0

2,500

Total

## **Project Financing**

Club or Organization Cash <sup>1</sup>		Cash <sup>1</sup>	<b>Grant Funds</b>			Total	
Rotary Club of Hilo Bay	lub of Hilo Bay		0	\$	2,500	\$	2,500
	\$		0	\$	0	\$	0
	\$		0	\$	0	\$	0
	\$		0	\$	0	\$	0
2	\$		0	\$	2,500	\$	2,500

<sup>&</sup>lt;sup>2</sup> The total amount shown must match the total amount budgeted

### **Project Reporting**

The Rotary Club of Hilo Bay requests that a presentation and/or final report be presented or submitted to the club upon completion. Indicate below the individual who will take primary responsibility for submitting this report.

Name: Misti R	Tyrin	_ Signature:	Misti Tyrin	•
Name of Club:	Rotary Club of Hilo		0	

#### **Authorization**

The signature at the bottom of this page confirms that the organization understands and accepts responsibility for the project. Organization President or representative may either sign this page or submit a separate letter of commitment.

By signing below, we agree to the following:

• All information contained in this application is true and accurate, to the best of our knowledge.

President/Representative	Misti R Tyrin	
Signature Misti Tyri	Date	