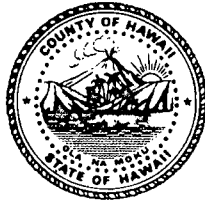


Harry Kim
Mayor



Lincoln S.T. Ashida
Corporation Counsel

Gerald Takase
Assistant Corporation
Counsel

COUNTY OF HAWAII
OFFICE OF THE CORPORATION COUNSEL

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July 9, 2008

Sent via email; no hard copy will follow

Corporation Counsel Numbered Memorandum 2008-01

Memorandum

TO: OFFICE OF THE MAYOR
HAWAII COUNTY COUNCIL
OFFICE OF THE COUNTY CLERK
ALL COUNTY DEPARTMENTS AND AGENCIES
ALL COUNTY BOARDS AND COMMISSIONS

FROM: LINCOLN S. T. ASHIDA *LSA*
Corporation Counsel

RE: **Council-Administration Policy for the Processing of Council
Contingency Relief Requests – Amended July 9, 2008**

The County of Hawaii Policy for Processing of Council Contingency Relief Requests (originally placed into effect July 1, 2007) has been amended to have Item 6 read as follows:

6. Is it a 501(c)(3)? YES NO
**If YES, IRS determination letter must be attached to this form*

Attaching the IRS determination letter for all beneficiary organizations will assist both Council staff and the designated department to ensure compliance with applicable laws regarding the expenditure of government funds. Please use the enclosed updated Contingency Relief Funds Request form when processing all requests in the future. An electronic version of the form is enclosed for your convenience.

If you have any questions or require any assistance, please feel free to contact our office. Thank you for your anticipated cooperation.

Encl.

LF: Other Communication/Corporation Counsel/LSA Outgoing/2008/Numbered Memorandums/07-09-08 Numbered Memorandum 2008-01/LSAmr

Hawaii County is an Equal Opportunity Employer and Provider

COUNTY OF HAWAII
CONTINGENCY RELIEF FUNDS REQUEST

TO: _____ **DATE:** _____
Department

FROM: _____ **PHONE/FAX:** _____
Council Member

A. REQUEST (ATTACH BACKUP INFORMATION, IF AVAILABLE)

1. AMOUNT: \$ _____ 2. TO ACCOUNT # (i.e., 010.500.5503.02): _____

3. TO ACCOUNT NAME (i.e., P&R Admin. OCE): _____

4. PURPOSE(S) OF TRANSFER: _____

5. IF THE MONEY IS DESIGNATED FOR A NONPROFIT ORGANIZATION, NAME OF ORGANIZATION: _____

6. IS IT A 501(C)(3)? YES NO
**If YES, IRS determination letter must be attached to this form*

7. COUNTY-RELATED PROGRAM(S) OR ACTIVITY(IES) TO BE FUNDED: _____

8. DEPARTMENTAL GOALS AND OBJECTIVES TO BE ADDRESSED: _____

9. FUNDING TO BENEFIT THE PUBLIC-AT-LARGE (AS OPPOSED TO PRIVATE BENEFIT)? YES NO

10. IS THE PROGRAM OR ACTIVITY FUNDED ESTABLISHED BY CHARTER, ORDINANCE, OR DIRECTION OF THE MAYOR? YES NO

B. DEPARTMENT'S RECOMMENDATION:

APPROVE DENY DEFER: _____

RATIONALE: _____

Department Head **DATE:** _____

C. MAYOR'S ACTION

APPROVED DENIED DEFERRED: _____

COMMENTS: _____

Mayor **DATE:** _____