KAUA‘I KALO FARMER CERTIFICATION OF NEED INTAKE AND FOLLOW UP FORM

Emergency funding assistance is a one-time financial assistance to ONE (1) kalo farmer per farm that meets the eligible criteria below:

(1) Applicant kalo farmer must be Native Hawaiian (Verification Required);
(2) Kalo farm located in the area affected by the April 2018 heavy rains and flooding in the County of Kaua‘i.

<table>
<thead>
<tr>
<th>Applicant Name: (Print Name)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>Email:</td>
</tr>
<tr>
<td>Place of Residence: (leave blank if same as above)</td>
<td>Cell Phone: Work Phone:</td>
</tr>
<tr>
<td>Business Name:</td>
<td>Location of Farm:</td>
</tr>
<tr>
<td>Business Address:</td>
<td>Size of Farm (acres):</td>
</tr>
</tbody>
</table>

Who are your customers, who do you sell kalo to?

- [ ] Farmers Market
- [ ] Commercial Markets
- [ ] ‘Ohana
- [ ] General Public
- [ ] Wholesale Distributors

Where or who processes your kalo?

<table>
<thead>
<tr>
<th>Anticipated loss of income due to damage to your kalo crop? $</th>
<th>Amount Requested: $</th>
</tr>
</thead>
</table>

Please explain how the heavy rains and flooding damaged your kalo farm.

Native Hawaiian

- [ ] Yes
- [ ] No

I authorize OHA to retrieve vital records from the OHA Hawaiian Registry Program database on my behalf to verify NH ancestry during this emergency period.

Need for additional labor?

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Number of Hours:</th>
<th>Hourly Wage:</th>
</tr>
</thead>
</table>

Please identify the equipment and tools which is considered lost and/or damaged and no longer usable.

1. ___________________________________________ $ ______________
2. ___________________________________________ $ ______________
3. ___________________________________________ $ ______________
4. ___________________________________________ $ ______________

Please identify the supplies and fertilizer which is considered lost and/or damaged and no longer usable.

1. ___________________________________________ $ ______________
2. ___________________________________________ $ ______________
3. ___________________________________________ $ ______________
4. ___________________________________________ $ ______________

By signing this I agree the information above is provided to the best of my knowledge and I allow the information to be shared between the Waipā Foundation and the Office of Hawaiian Affairs. I agree to provide receipts for goods and services paid for with this one-time emergency funding and agree to participate in a 30-day and 60-day follow up report with the Waipā Foundation and/or the Office of Hawaiian Affairs.

Applicant Signature ____________________________ Print Name __________________ Date __________________