

ALOHA UNITED WAY · PARTNER AGENCY GRANTS PORTAL

2027 Community Capacity Grant Funding Application Instructions

Welcome! This guide will walk through creating an account and navigating AUW's grants portal.

PORTAL OPENS

The Community Capacity Grants will be available in Aloha United Way's Partner Agency Grants Portal starting **October 1, 2026**:

<https://auw211.my.site.com/grants/s/>

LEARN MORE

More information about the opportunity can be found here:

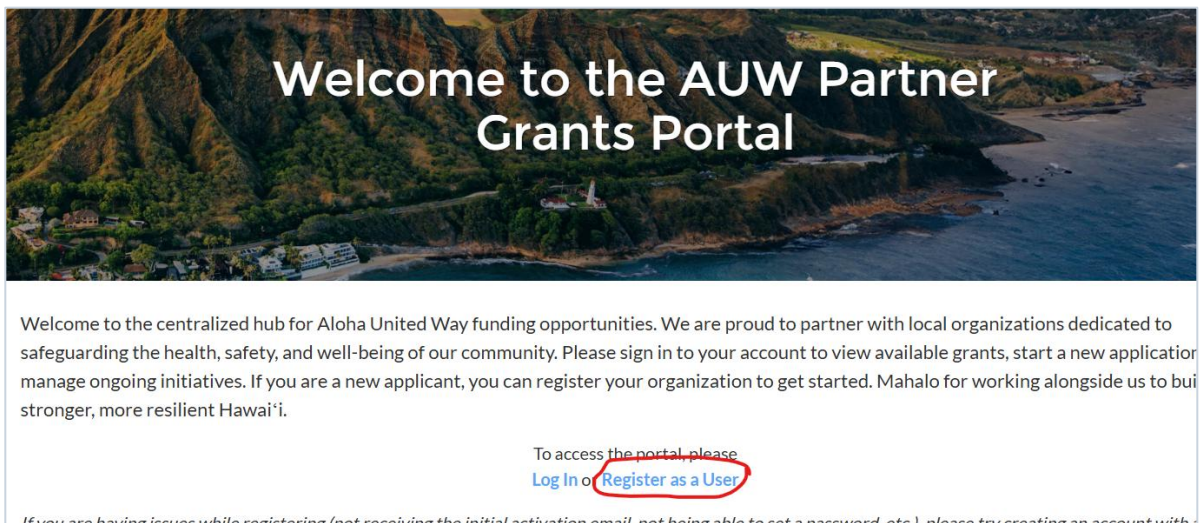
<https://www.auw.org/communitycapacitygrants/>

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01 Making an Account

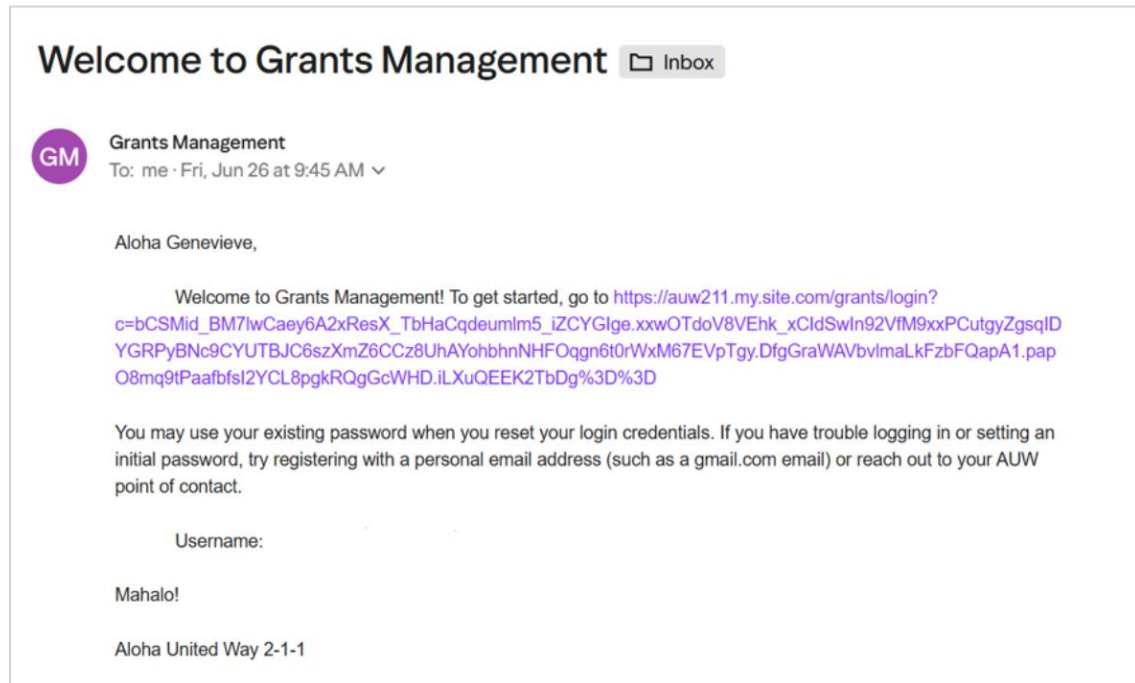
1. Click here to create a new account: <https://auw211.my.site.com/grants/s/>



2. Follow the prompts to register as a member of your organization.
 - a. Under **“Agency Name”** please put the same name as is registered on AUW211.
 - i. If your organization typically uses an acronym or abbreviation, please spell out the full name.
 - ii. e.g. your organization’s name is “Best Nonprofit in Hawaii” but is commonly abbreviated as “BNIH”. Write out the entire agency name to ensure that your profile is connected to your organization.
 - b. Click **“Sign up”** once all information is completed.
 - c. A verification email will be sent to you shortly. Please check your spam/junk email, as it may get sent there in error.

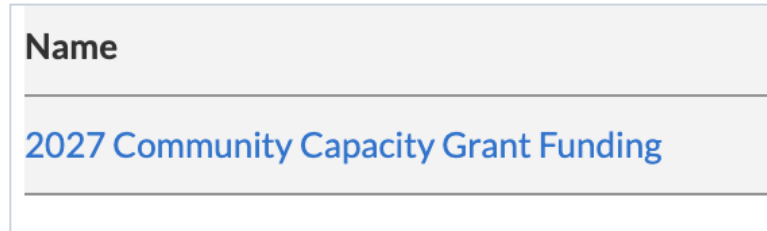
HEADS UP — 24-HOUR WINDOW

You will have 24 hours to activate your account using the link in this email. After 24 hours the link will be inactive. Should this happen, navigate back to the registration page and select “Forgot Password”. Another email will arrive.

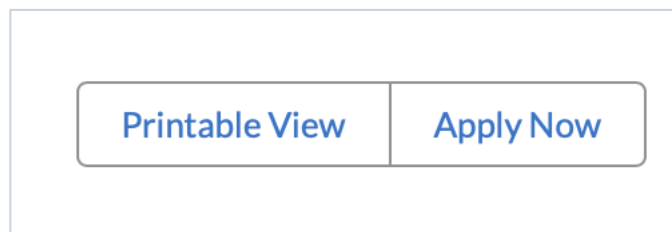


02 Finding the Grant Application

1. Once you have successfully logged in, click on “**2027 Community Capacity Grant Funding**” to open an application.



2. In the upper right hand corner, click on “**Apply now**” to begin the application.



TIP

Applicants are encouraged to prepare all required materials before beginning the application.

3. Review all of the required materials, and complete the budget template that is provided on the instructions page. Click “**CCG Budget Template**” to download the Excel file. You will be asked to upload a completed budget at the end of the application.

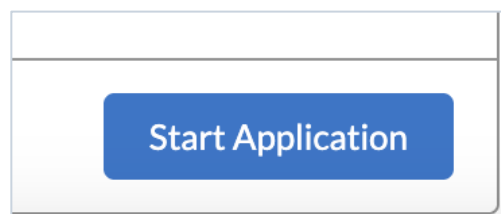
Before you apply, prepare:

- Completed Budget Template
- Organizational chart
- Viable financial plan (as applicable)
- Co-applicant documentation (as applicable)
- Most recent audit
- Proof of demonstrated capability

Please download the excel and complete it and upload it in the appropriate section in the application.

[CCG Budget Template](#)

4. Scroll to the bottom of the page and select “**Start application**”.



5. Complete the criteria assessment.

#1: Your organization is enrolled in or intends to enroll in the HOKU system as an eligible HRSN provider type.

☐ I Attest

#2: If your organization is not yet enrolled in the HOKU system, your organization does not appear on applicable federal or state exclusion lists, including:

- Hawaii Provider Exclusions/Reinstatement List
- U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) Sanctions Lists
- Social Security Administration Death Master File (SSADMF)
- System of Award Management (SAM) Exclusions Database
- U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) List of Excluded Individuals and Entities (LEIE)

☐ I Attest

#3: Your organization intends to serve as an HRSN provider for at least one HRSN service

☐ I Attest

#4: Your organization has demonstrated capability to provide one or more HRSN services delivered to Medicaid beneficiaries in Hawaii. For the purposes of this requirement, capability is defined as having either:

- One (1) or more years of relevant experience providing HRSN, similar, or related services in Hawai'i; OR
- Demonstrated experience operating in Hawai'i for at least one (1) or more years and capacity to participate in the delivery of one (1) or more HRSN services.

☐ I Attest

#5: Your organization has demonstrated capacity to deliver culturally and linguistically appropriate services by:

- Demonstrating a willingness and ability to draw on community-based values, traditions, and customs to devise strategies to better meet culturally diverse member needs, and to work with knowledgeable people of and from the community in developing focused interactions, communications, and other supports.
- Demonstrating a willingness to provide services to people of all cultures, races, ethnic backgrounds, and religions, including those with limited English proficiency and/or disabilities, and regardless of gender, sexual orientation, or gender identity, in a manner that recognizes, affirms, and respects the worth of the individual member and protects and preserves the dignity of each.

☐ I Attest

#6: Your organization is financially stable with a current external audit indicating no material weakness or significant deficiencies that would impede responsible management of public funds.

☐ I Attest

#7: If awarded, Community Capacity Grant funding will not duplicate other federal, state, and local funding for the same purpose.

☐ I Attest

#8: If awarded, your organization will participate in federal and state required reporting, monitoring, and external evaluation activities.

☐ I Attest

ELIGIBILITY

If an applicant does not meet all of the criteria, they will be unable to continue with the application. Only eligible applicants will be able to proceed to the next page.

03

General Agency Information

PART 1: GENERAL AGENCY INFORMATION

All questions with asterisks are required. If you are not ready to complete the entire application, please add a placeholder text to those fields to allow you to click "Save & Next"

* Organization Name

Complete this field.

* Mailing Address

* Country

US

* Street

* City

* State/Province

HI

* Zip/Postal Code

Authorized Contact

First Name

First Name

Last Name

Last Name

* Phone

* Email

you@example.com

* Title

Point of Contact

First Name

First Name

Last Name

Last Name

* Phone

* Email

you@example.com

* Title

* Is your organization currently enrolled in HOKU?

--None--

* Organization Type

--None--

* Funding Amount Requested (per year, up to two years)

* What is the length of the program?

--None--

Save & Next

1. Complete this section to the best of your abilities. All boxes with an asterisk are required.
 - a. If you select **Yes**, that you are enrolled in HOKU, a new question will pop up. Please put your Med-QUEST Provider ID in that box.

* Please provide your Medquest Provider ID

- b. If you select **No**, that you are not enrolled in HOKU, a new question will pop up. Please answer if you will be enrolled by the time of the grant award period/funding disbursement.

* Will you be enrolled in HOKU by the time of the grant award period

--None--

2. To **SAVE** a draft:

- All required boxes must be filled out to click **“Save & Next”**.
- The application will allow you to save one page at a time. Partially filled pages will not be saved.
- If necessary to save a page before filling it out, insert a placeholder text in the boxes with an asterisk to allow the Save & Next feature to work.

04 Organizational Background

- Complete the information for your organization to the best of your abilities. You may make multiple selections on the questions with a picklist.

Organizational Background

Hold "ctrl" and click to select multiple items

* Which types of HRSN services does your organization currently deliver or plan to deliver to Medicaid beneficiaries in Hawaii?

Nutrition Supports Providers
Community Integration Services Plus (CIS+) Providers
Medical Respite Providers

* Please describe your organization's experience providing HRSN or similar services.

* How many Hawaii-based staff does your organization currently employ?

Hold "ctrl" and click to select multiple items

* Which island(s) is your organization currently serving? Select all that apply

Hawai'i (Big Island)
Kaua'i
Lana'i
Maui
Moloka'i

* Please describe your organization's role in the community and experience providing services in a culturally and linguistically appropriate manner.

* Please identify any other federal, state, local, or private funding sources currently supporting, or expected to support, the same or similar activities included in this application.

Hold "ctrl" and click to select multiple items

* Please select focus area(s) of the application. Select all that apply

Business and Operational Practices
Technology Investments
Workforce Development
Education and Outreach

* For providers not yet enrolled in HOKU, please describe how funds will support readiness for participation in Medicaid HRSN program activities and your plans for HOKU enrollment.

* Describe how the expenditures and activities listed in your budget will help develop your organization's capacity to implement and continue to deliver HRSN services.

* If awarded funding, what is your anticipated timeline for fund expenditure?

* Are you applying jointly with other eligible organizations (up to 3 other organizations)?

--None--

- Once you select the island(s) you are serving, a new question will pop up. Please continue on by selecting the specific region(s) for each island you serve or plan to serve.

Hold "ctrl" and click to select multiple items

* What region(s) will you be serving on Hawai'i Island as an enrolled HRSN provider? Select all that apply

Hilo (East Hawai'i)

Puna

Ka'u

Kona (North & South Kona)

Kohala (North & South Kohala)

- If you select **Yes**, you will be applying with co-applicants, you will be presented with another page after you select Save & Next. This page will collect the co-applicant information.

05 Upload Supporting Documentation

- Using the **Upload Files** function, please upload all of the required documents listed.

Upload Supporting Documentation

The following documents are required:

- Completed Budget Template
- Organizational Chart
- Viable Financial Plan (as applicable)
- Documentation for co-applicants (as applicable)
- Most recent audit
- Proof of demonstrated capability

Please attach any documents that support your request

 Upload Files

Or drop files

06 Co-Applicants

1. Please fill out all applicable information for up to 3 co-applicants.
2. All co-applicants are required to meet the same eligibility criteria.

If applying jointly with other eligible organizations,
please provide the following information for each organization on whose behalf you are applying as the lead applicant

Co-Applicant Organization Name 	Co-Applicant Organization Name #2 	Co-Applicant Organization Name #3
Co-Applicant Organization Type --None--	Co-Applicant Organization Type #2 --None--	Co-Applicant Organization Type #3 --None--
Co-Applicant Address 	Co-Applicant Address #2 	Co-Applicant Address #3
Country US	Country US	Country US

07 Signature & Submit

1. Once all required information is collected, you will be prompted to sign and submit the application.

Applicant Signature

Authorization Confirmation

☐ By checking this box and providing your name below, you attest that you are authorized to submit this application and that the information provided is true and accurate to the best of your knowledge.

* Name * Date

Once you click **Submit**, your application can no longer be edited. If you need to make changes before submitting, close this window and return to your application from the **My Applications** tile. Applications may be revised at any time prior to the submission deadline.

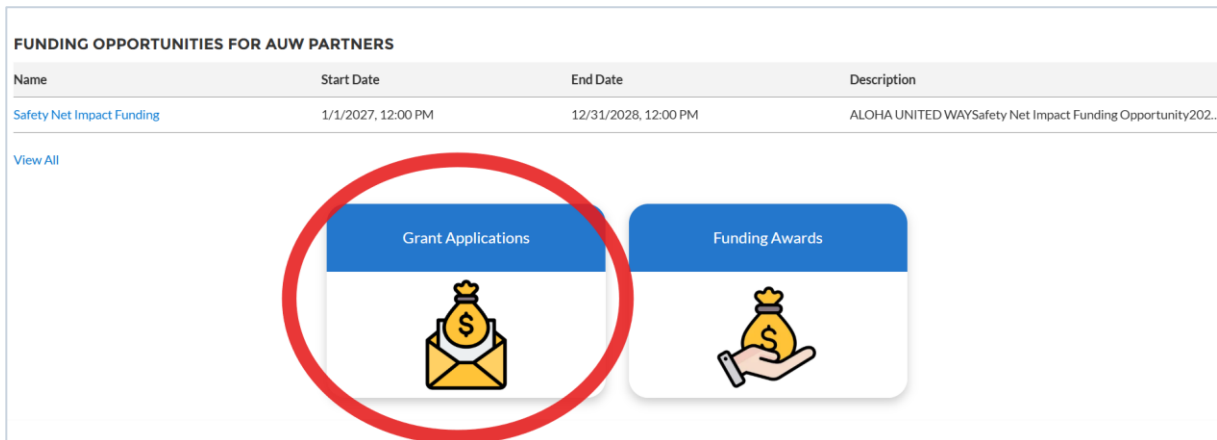
2. Use the “**Previous**” button to go back and further edit the application if needed.

IMPORTANT

Once submitted, you will not be able to edit your application.

08 Returning to Draft Applications

1. If your agency needs to return to an incomplete application, or another user needs to review or edit your agency application, navigate to the **"Home"** page.
2. Click on the **Grant Applications** button.



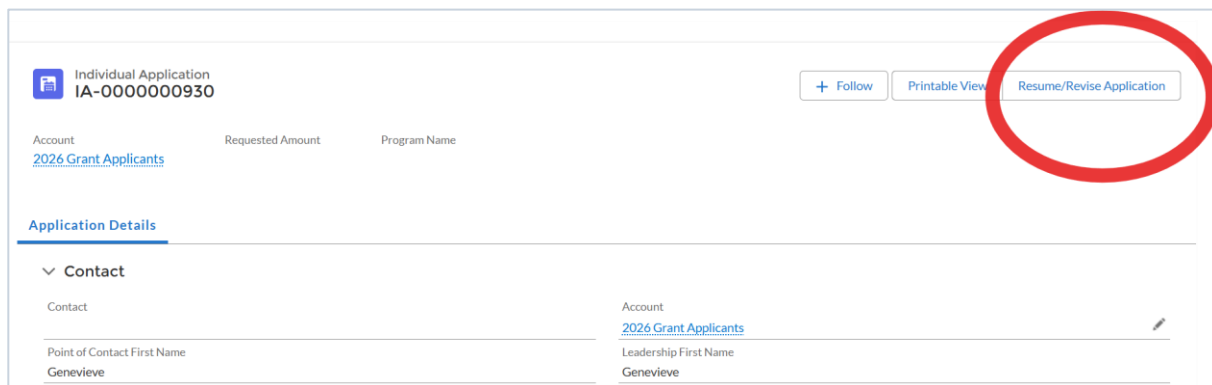
3. All open Drafts and Submissions for your agency will be listed:

Individual Applications									
All Individual Applications ▾									
3 items • Sorted by Application ID • Filtered by All individual applications • Updated a few seconds ago									
Search this list... New Printable View Delete									
☐	Application ID ↑	Organization Name	Co...	Appl...	Applicant Phone	Ap...	Applied Date	Application Sta...	Application Type
1	☐ IA-0000000930	Aloha United Way			(808) 543-2259			Draft	Innovative Program or Pilot
2	☐ IA-0000000931	Aloha United Way					6/29/2026, 2:00 ...	Submitted	Innovative Program or Pilot
3	☐ IA-0000000932	Aloha United Way			(808) 543-2259			Draft	Established Program

4. Only Applications in a **DRAFT** status may be edited.
5. Click on the **Application ID**.

Individual Applications									
All Individual Applications ▾									
3 items • Sorted by Application ID • Filtered by All individual applications • Updated 4 minutes ago									
Search this list... New Printable View									
☐	Application ID ↑	Organization Name	Co...	Appl...	Applicant Phone	Ap...	Applied Date	Application Sta...	
1	☐ IA-0000000930	Aloha United Way			(808) 543-2259			Draft	
2	☐ IA-0000000931	Aloha United Way					6/29/2026, 2:00 ...	Submitted	
3	☐ IA-0000000932	Aloha United Way			(808) 543-2259			Draft	

6. Then click on **Resume/Revise Application**. You will be directed to the start of the Application Flow and can proceed to edit sections as needed from there.



The screenshot shows a web application interface for an 'Individual Application' with ID 'IA-0000000930'. At the top right, there are three buttons: '+ Follow', 'Printable View', and 'Resume/Revise Application'. The 'Resume/Revise Application' button is circled in red. Below the header, there are fields for 'Account' (with a link to '2026 Grant Applicants'), 'Requested Amount', and 'Program Name'. A section titled 'Application Details' is expanded, showing a 'Contact' section with fields for 'Point of Contact First Name' (Genevieve) and 'Leadership First Name' (Genevieve). There is also an 'Account' field with a link to '2026 Grant Applicants' and an edit icon.

QUESTIONS? WE'RE HERE TO HELP.

For additional questions, concerns, or support, please connect with our team at

communitycapacitygrants@auw.org