



APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____ EMAIL: _____

ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

TYPE OF REQUEST: Money _____ In-Kind _____

Have you previously requested money from SLCo?

If yes, when and how much (previous three years)? _____

What is the amount of your request? _____

The amount you are requesting is _____ of your annual agency budget.

What is the purpose of the money you are requesting?:

PLEASE ATTACH:



Copy of 501(c)(3)

Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

You will be expected to report to the Salt Lake County Mayor on how the money was used and the success of the project.

The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the application. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this application. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the grantee from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer or employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.

Dated this _____ day of _____, ____.

Applicant Susi Feltch-Malohifo'u



820 East 9400 South
Sandy, Utah 84094

Phone (801) 501-7200
(801) 545-6000

FDIC



PACIFIC ISLAND KNOWLEDGE 2
ACTION RESOURCES, INC.
3616 W GOOSEBERRY CT
TAYLORSVILLE, UT 84129

.46

September 30, 2018

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Account	BUSINESS FREE CHECKING	September 1, 2018 thru September 30, 2018
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FinWise is pleased to announce that they have joined the Star Surcharge Free ATM network. This will give you even more access to FREE ATMs nationwide. Check the FinWise Bank mobile app for up to date locations.

Beginning Balance		32.03
Deposits	0	.00
Checks	0	.00
Electronic Checks	0	.00
Withdrawals	0	.00
Ending Balance		32.03



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Account Balancing Worksheet

To report lost or stolen ATM cards, call us at the phone number on the front of this statement.

In Case of Errors or Questions about Your Electronic Transfers “For accounts that are maintained primarily for personal, family or household purposes”

1. If you think your statement or receipt is wrong or if you need more information about a transfer on your statement or receipt, telephone or write us at the phone number and/or address on the front of this statement as soon as possible.
2. We must hear from you no later than 60 days after we send you the first statement on which the error or problem appeared.
3. Provide us with your name and account number, the dollar amount of the transaction in question, and describe the error or problem in detail.
4. We will investigate this transaction for you. Issue you a provisional credit, while we are conducting this investigation, and inform you of the outcome of the investigation within 45 days.

How Finance Charges are Calculated on Overdraft Checking and Lines of Credit

A. Finance Charges are imposed on principal advances under your line and begin to accrue on the day an advance is posted to your line: THERE IS NO GRACE PERIOD. We figure (a portion of) the finance charge on your account by applying the periodic rate to the "Daily Balance" of your account (including current transactions). To get the "Daily Balance" we take the beginning balance of your account each day, add any new (purchases/advances/loans), and subtract any payments or credits (and unpaid finance charges). This gives the "Daily Balance".

Outstanding Deposits\$		+
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B. **New Balance Calculation**
The New Balance shown on the face of this statement is calculated by (1) starting with the "Beginning Balance" (the New balance from the previous month's statement) (2) subtracting total payments and (3) adding total advances (including, if applicable, Credit Life Premiums, check printing charges, returned check charges, or any other miscellaneous charges outlined in your loan agreement) and (4) adding total Finance Charges.

C. **Payments**
The minimum periodic payment shown on the front of this statement:

- (1) Will in the case of **OVERDRAFT CHECKING ACCOUNTS**, be automatically deducted from your checking account at the end of each billing cycle, normally thirty (30) days.
- OR
- (2) Must, in the case of **LINE OF CREDIT ACCOUNTS**, be delivered or mailed with the coupon section of this statement and check, money order or cash to the bank account.

Payments shall be applied first to any unpaid Finance Charges and second to the principal balance outstanding.

In Case of Errors or Questions About Your Bill

If you think your bill or statement is wrong, or if you need more information about a transaction on your bill, write us (on a separate sheet) at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number
- The dollar amount of the suspected
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.



Date Received: 9/11/15

Received by: HH

Tasked to: SPW
INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 04 2015

PACIFIC ISLAND KNOWLEDGE 2 ACTION
RESOURCES INC
C/O STEPHEN P WALTER
8 EAST BROADWAY STE 550
SALT LAKE CITY, UT 84111

Employer Identification Number:
47-4185069

DLN:
17053203345045

Contact Person:
FAITH E CUMMINS

ID# 31534

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990 Required:
Yes

Effective Date of Exemption:
June 3, 2015

Contribution Deductibility:
Yes

Addendum Applies:
No

Dear Applicant:

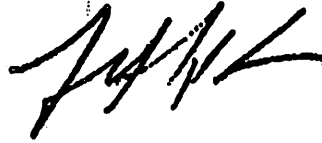
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

PACIFIC ISLAND KNOWLEDGE 2 ACTION

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey I. Cooper', written in a cursive style.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

November 6, 2018

The Honorable County Council
2001 S. State Street, Suite N2200
Salt Lake City, Utah 84190

Attn: Aimee Winder Newton, Chair

Re: Community Contribution Recommendation

Council Members:

I have reviewed and approved the Salt Lake County Contribution Review Committee's recommendations for the following community contribution amount under the Mayor's Contribution Fund, subject to the ratification of the County Council as outlined in county ordinance:

Entity	Granted
Pacific Island Knowledge 2 Action Resources	\$750.00
<hr/>	
	\$750.00 Cash

Purpose: To support the work of Pacific Island Knowledge 2 Action Resources (PIK2AR). PIK2AR is a community organization whose mission is to help Utah's Pacific Islander communities flourish through providing culturally-relevant resources, opportunities and services in order to help build alliances and bridge communities.

This contribution is approved under the authority of **County Wide Policy 1200:**

- 2.9 Public Purpose - Salt Lake County government's authority or responsibility to promote the safety, health, prosperity, moral well-being, peace, order, comfort, or convenience of County inhabitants.

This contribution will be appropriated in the Salt Lake County Mayor's 2018 budget. Please place this item on your next available agenda for action. Thank you for your help in this matter.

Sincerely,

Ben McAdams
Mayor, Salt Lake County