

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	FR-6700-N-99
Opportunity Title:	Preservation and Reinvestment Initiative for Community Enhancement (PRICE) Competition
Opportunity Package ID:	PKG00285107
CFDA Number:	14.024
CFDA Description:	Community Development Block Grant- PRICE Competition
Competition ID:	FR-6700-N-99
Competition Title:	Fiscal Years 2023 and 2024 Preservation and Reinvestment Initiative for Community Enhancement (PRICE) Competition MODIFICATION
Opening Date:	02/28/2024
Closing Date:	07/10/2024
Agency:	Department of Housing and Urban Development
Contact Information:	Robert Peterson

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01365376
Application Filing Name:	Developing a Sixty (60) Unit Affordable Rental Manufactured Housing Community at Makawao, Maui, Hawaii named "Oluwahi Ohana Village"
UEI:	QDG6CJ4H8146
Organization:	MAUI OLUWAHI HOMES, INC.
Form Name:	Disclosure of Lobbying Activities (SF-LLL)
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Jul 09, 2024 07:52:27 PM EDT
Form State:	No Errors

FORM ACTIONS:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name: Maui Oluwahi Homes, Inc.

* Street 1: 130 Heaaula Street Street 2: _____

* City: Haiku State: HI: Hawaii Zip: 96708

Congressional District, if known: HI-002

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: HUD	7. * Federal Program Name/Description: Community Development Block Grant- PRICE Competition
	CFDA Number, if applicable: 14.024

8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ 20,000,000.00
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10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name N/A Middle Name _____

* Last Name N/A Suffix _____

* Street 1 N/A Street 2 _____

* City N/A State _____ Zip _____

b. Individual Performing Services (including address if different from No. 10a)

Prefix _____ * First Name N/A Middle Name _____

* Last Name N/A Suffix _____

* Street 1 N/A Street 2 _____

* City N/A State _____ Zip _____

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature: Completed on submission to Grants.gov

* Name: Prefix _____ * First Name Crystal Middle Name Ying
* Last Name Schmitt Suffix _____

Title: President Telephone No.: 8082646127 Date: Completed on submission to Grants.gov