

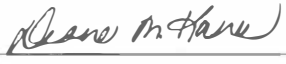
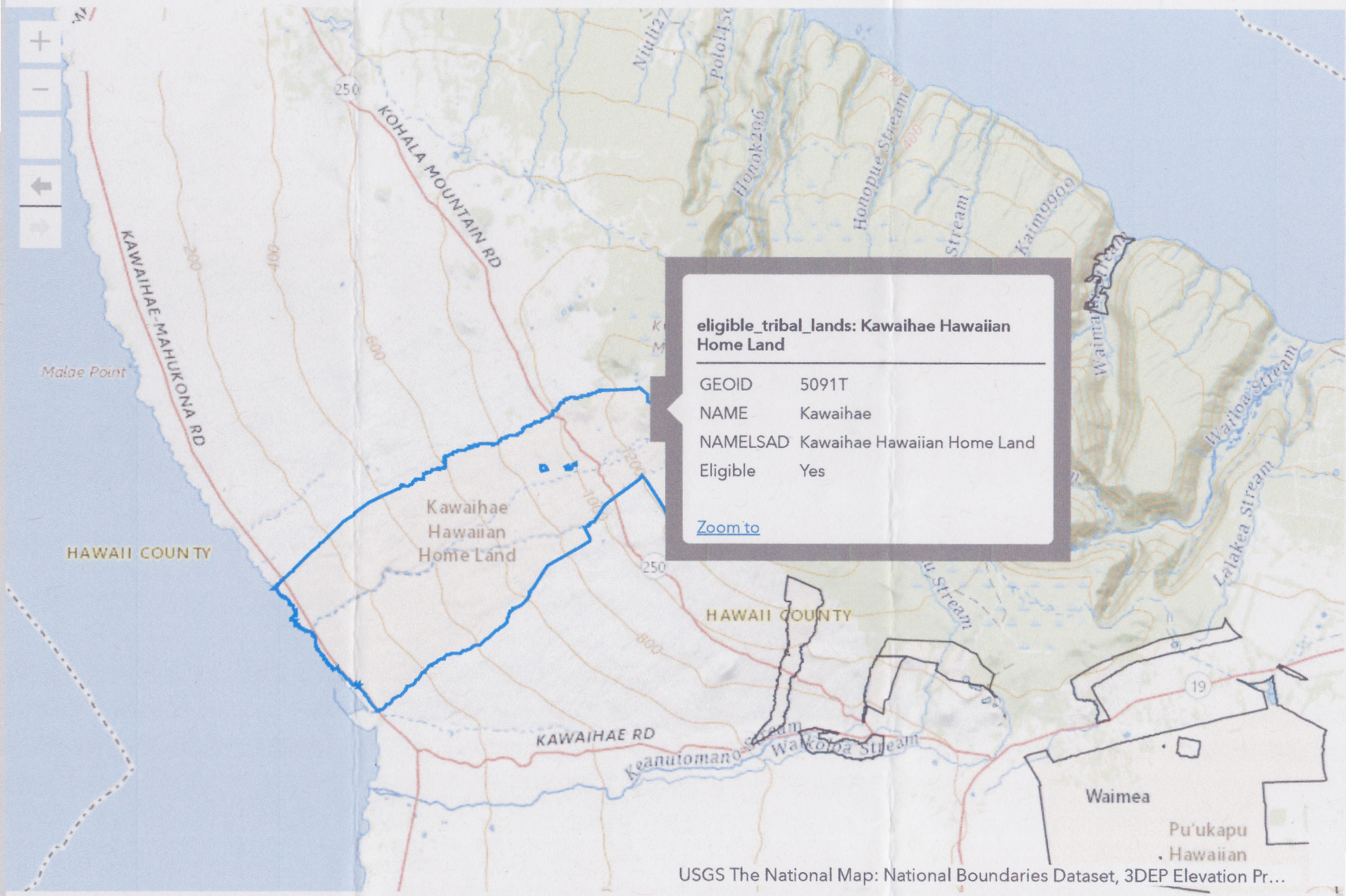


Homestead and Beneficiary Associations (HBA) List Registration Document Provided for the Convenience of HBA

**Organization Name (optional – please translate any Hawaiian names to English as best as possible)			‘ĀāĒēĪŌōŪū
Kailapa Community Association			
** Your organization is a (please check the appropriate box): →		<input checked="" type="checkbox"/> Homestead Association	<input type="checkbox"/> HHCA Beneficiary Association
**Mailing Address (P.O. Box, Street, City, State, Zip Code) 61-4016 Kai Opae Pl., Kamuela, HI 96743			
**Electronic Mail Address to be listed kca.org@gmail.com	Telephone Number to be listed 808-880-9798	World Wide Web address to be listed www.kailapa.org	Year Association founded 2010
**Please summarize the services your organization provides: Kailapa Community Association (KCA) is a non-profit org. serving the needs of our residents living in Kawaihae on Hawaiian Homelands. KCA works on building community facilities as well as residents capacity to manage Residential, Agriculture & Pastoral lands as well as to improve the health of our natural resources to promote food security & self-sufficiency. Programs focus on teaching youth and families to care for and improve the health of our natural resources. I.e decrease erosion, sediment reduction, increase native plant propagation and out-planting, unqulate removal and understanding the natural cycles of our environment			
** For Homestead Associations: Please provide a description of the territory or geographic area your organization represents Kawaihae I geographic region from the top of the Kohala Mountains to the ocean of Kawaihae. See attached geographical map		** For HHCA Beneficiary Associations: Please provide a description of the beneficiaries your organization represents	
**Please attach to this form a statement of your organization’s governing procedures and check the box for completion: → (e.g., a copy of your organization’s charter or other governing documents)			<input checked="" type="checkbox"/> Documents attached
**Please check the appropriate box below and sign and date the accompanying statement certifying that your organization is a Homestead Association or HHCA Beneficiary Association, and giving the U.S. Department of the Interior Office of Native Hawaiian Relations permission to list the information above and post it for public access on the Office’s website.			
<input checked="" type="checkbox"/> Homestead Association: I/we the undersigned certify that I/we are the governing body for the organization listed above and that our organization is: controlled by HHCA beneficiaries; represents and serves the interests of its homestead community; and has as a stated primary purpose the representation of, and provision of services to, its homestead community.		<input type="checkbox"/> HHCA Beneficiary Association: I/we the undersigned certify that I/we are the governing body for the organization listed above and that our organization is: controlled by beneficiaries who submitted an application to the State of Hawai‘i Department of Hawaiian Home Lands for a homestead and are awaiting the assignment of a homestead; represents and serves the interests of those beneficiaries; and has as a stated primary purpose the representation of, and provision of services to, those beneficiaries.	
	Wyman "Keala" Drummond KCA Board President		4/5/2020
Signature	Printed Name and Title	Date	
	Tani Waipa KCA Board Secretary		4/5/2020
Signature	Printed Name and Title	Date	
	Diane M. Kanealii KCA Board Executive Director		4/5/2020
Signature	Printed Name and Title	Date	

(if more signature lines are needed, please continue on the back of this page)

**Denotes required field. All others are optional.



eligible_tribal_lands: Kawaihae Hawaiian Home Land

GEOID	5091T
NAME	Kawaihae
NAMELSAD	Kawaihae Hawaiian Home Land
Eligible	Yes

[Zoom to](#)

USGS The National Map: National Boundaries Dataset, 3DEP Elevation Pr...