THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Type of Grant Request:

☐ Operating ☐ Capital

Legal Name of Requesting Organization or Individual: Dba:

Amount of State Funds Requested: $_____

Brief Description of Request (Please attach word document to back of page if extra space is needed):

Amount of Other Funds Available:

State: $_____

Federal: $_____

County: $_____

Private/Other: $_____

Total amount of State Grants Received in the Past 5 Fiscal Years:

$_____

Unrestricted Assets:

$_____

New Service (Presently Does Not Exist): ☐ Existing Service (Presently in Operation): ☐

Type of Business Entity:

☐ 501(C)(3) Non Profit Corporation

☐ Other Non Profit

☐ Other

Mailing Address:

City: State: Zip:

Contact Person for Matters Involving this Application	
Name:	Title:
Email:	Phone:

Federal Tax ID#:	State Tax ID#

Authorized Signature | Name and Title | Date Signed