

**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#
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Authorized Signature

Name and Title

Date Signed