



4463 Pahe'e Street, Suite 1 • Lihue, Hawai'i 96766-2000  
Tax ID: 51-0592268

# Grant Application

Application Date: \_\_\_\_\_

1. Name of Organization : \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

Street or Post Office Box

City

State

Zip

3. Contact Person: \_\_\_\_\_

Name

Title

4. Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

5. Is your organization an IRS 501(c)(3) not-for-profit?  Yes  No

*Please submit verification of 501(c)(3) tax-exempt status, organization structure, and a summary of your financial statement and/or operating budget (not to exceed two pages).*

6. Amount Requested: \_\_\_\_\_

7. State Purpose of Organizations/Agency Request: (Include specifics as to how funds will be used.)

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8. List other sources of funding and the amount provided by each contributor for this project:

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9. How are programs measured for effectiveness?

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10. Please list three references:

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Name	Phone	Address, City, State, Zip Code
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Name	Phone	Address, City, State, Zip Code
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Name	Phone	Address, City, State, Zip Code
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The information contained in this statement is for the purpose of obtaining funding from the KIUC Charitable Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding the grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the KIUC Charitable Foundation may consider this statement as continuing to be true and correct until written notice of a change is provided. The KIUC Charitable Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

As a condition of receiving and accepting these grant funds, the undersigned agrees that all funds will be used for the project approved and as stated on the application. Any funds not used shall be returned to the KIUC Charitable Foundation.

On behalf of, and as a representative of the organization, I the undersigned agree to the terms stated above.

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**NAME OF ORGANIZATION**

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**SIGNATURE OF REPRESENTATIVE**

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**DATE**

**Please be sure application is complete and all requested information is provided. Incomplete applications will be returned without consideration by the Board. Questions? Please email [kiuc.charity@gmail.com](mailto:kiuc.charity@gmail.com). Mahalo!**