

Hawaii State Bar Foundation

Grant Application

Please complete and submit with an Executive Summary (one page), including a 3-5 sentence summary of the proposed use of funds and a 3-5 sentence overview of the applicant.

Date _____

Applicant Information

Name: _____

Complete Address: _____

Phone: _____ Fax: _____ Email: _____

Federal Employer Identification Number: _____ Tax Exempt Status*: _____

* If you are a tax-exempt organization under the Internal Revenue Code (the "Code"), indicate the Code section that you are exempt under and attach a copy of your determination letter.

Contact Information

Name: _____ Title: _____

Complete Address: _____

Phone: _____ Email: _____

Project Information

(Must be consistent with the charitable and educational missions of the HSBF)

Purpose of Grant Request: _____

Amount requested: \$ _____ (Please attach budget of how funds will be spent)

Period(s) for which funds are requested: _____

One Signature Required

By signing below, the applicant acknowledges and agrees that it will, if selected, provide written reports to the HSBF concerning the use of grant funds upon request, within established HSBF guidelines. The HSBF reserves the right to withhold and recover grant funds that are, or appear to be, misused.

Applicant (Organization) Name: _____

By (signature): _____

Signatory's Printed Name: _____

Signatory's Title: _____