## THE THIRTIETH LEGISLATURE APPLICATION FOR GRANTS

CHAPTER 42F, HAWAII REVISED STATUTES	
Type of Gra	nt 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: \$	Total amount of State Grants Received in the Past 5 Fiscal Years:
Federal: \$	\$
County: \$	Unrestricted Assets:
Private/Other: \$	\$
New Service (Presently Does Not Exist):	Existing Service (Presently in Operation):
Type of Business Entity: 501(C)(3) Non Profit Corporation	Mailing Address:
Other Non Profit Other	City: State: Zip:
Contact Person for Matters Involving this Application	
Name:	Title:
Email:	Phone:
Federal Tax ID#:	State Tax ID#