

Friends of Waimanalo, Inc.

P.O. Box 503
Waimanalo, Hawaii 96795

Grant Application

Name of Organization: _____

Contact Person: _____

Day Phone: _____ Evening Phone: _____

Address: _____

Project Information

Briefly describe the project: _____

Estimated total cost of project: \$ _____ Amount requested from FOW: \$ _____

What other sources of funding are you currently seeking? _____

If you have a 501c-3 number, please list it: _____

Would your organization be willing to do community service if called upon by the Friends of Waimanalo, Inc.? _____

Comments or concerns regarding this application: _____

Applicant's signature

Date

Date Rec'd: _____

Rec'd By: _____