



## Grant/Loan Application

Please Type or Print

Name of Individual/Organization \_\_\_\_\_

(Other Names used, if any) \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Tax Identification Number or Social Security Number \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Grant/Loan Amount Requested \_\_\_\_\_

Date Submitted \_\_\_\_\_

Name and Signature of Board Member, If Applicable \_\_\_\_\_

Funding Date Requirement \_\_\_\_\_

Did your organization receive Kina'ole Foundation funding in any of the 3 previous years? NO YES

Do you or your organization have a personal and/or business relationship with any officer/director of Kina'ole Foundation? NO YES

If YES, please provide the name of officer/director and your relationship:

\_\_\_\_\_  
\_\_\_\_\_

**Self Identification (Circle as appropriate)**

| <b>Type of Organization</b> | <b>Location</b> | <b>Purpose of Funding Request</b> |
|-----------------------------|-----------------|-----------------------------------|
| Individual                  | Statewide       | Start-Up                          |
| Health & Human Services     | Oahu            | Operating                         |
| Education                   | Kauai           | Special Purpose                   |
| Sports                      | Molokai         | Tuition                           |
| Community                   | Lanai           | Training                          |
| Culture & Arts              | Maui            |                                   |
| Military Related            | Big Island      |                                   |

Describe Individuals/Organization's qualifications, purpose, history, accomplishments:

Describe purpose of request, what need is being fulfilled and who will benefit:

Describe how administered and results evaluated:

Why Kina'ole Foundation was considered as an appropriate donor:

Provide at least two (2) references:

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