**Organization Information**

**Organization Name:**

**Organization Location: leave this blank; field should auto populate with headquarters**

**Primary Contact Name:**

**Primary Signatory:**

**Financial Contact:**

**Beneficiary Contact (if applicable):**

**Board Chair (or School Principal):**

**Does this grant include a Fiscal Sponsor?**

**If Yes, please provide narrative details of the Fiscal Organization (text box provided)**

**Additional questions:**

1. **Fiscal Org Name:**
2. **Fiscal Org Location/Address:**
3. **Fiscal Org Contact Name:**
4. **Fiscal Org Signatory Name:**

**Grant Information**

**Project Title (One sentence):**

**Amount Requested:**

$0.00

**Project Summary (please be brief):**

**Primary Youth Contact Information:**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Youth Phone Number** |  |
| **Youth Contact Email** |  |

 **Primary Adult Contact Information:**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Adult Phone Number** |  |
| **Adult Contact Email** |  |

**Describe your group. What is your purpose?  What activities do you do?  Who are the youth involved (ages, schools, etc.)?  What is your affiliation with Windward Oahu?  How have you raised funds in the past?**

**Describe why you need to raise funds. Is it for an off-island trip?  New equipment, uniforms, or supplies?  A social event?**

**Describe your community service project. What will you do?  What are your goals?  How will you keep track of whether you have achieved those goals?**

**Describe the NEED for your community service project.  Whom will the project help?  Why is your help needed and how do you know it is needed?  What problems or issues does your project address?**

**What will be the role of youth in the project?**

**What will be the role of adults in the project?**

 **Location of your community service project.  If the exact location is not yet known, please provide possible locations.**

**Are you partnering with an organization?  If yes, please provide the organization's contact name and phone number.**

 **When will your project start?  If exact date is not yet known, please give the approximate date.**

**When will your project end?  If exact date is not yet known, please give the approximate date.**

**Fundraising Needs - If a grant is awarded, how will you use the funds?  Please provide a detailed list with specific amounts to describe the needed funds (off-island travel, airfare, hotel, food, equipment, uniforms, etc.)**

**Service Project Costs - Please provide a detailed list with specific amounts to describe the costs associated with your community service project.**

**Other Sources of Funding - Please list any other sources of funding that you have obtained, or plan to obtain, for this project or for your organization's fundraising needs.**

**Documents and General Documents**

**If your application is approved, you will be notified if any documents are required.**