PONC STEWARDSHIP GRANT REQUEST

A. NAME AND ADDRESS OF ORGANIZATION:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

B. REQUIRED DOCUMENTS:

___ Non-profit (501(c)(3), IRS letter of determination

___ Copy of organization bylaws and mission statement

___ DCCA Certificate of Vendor Compliance

C. PERSON TO CONTACT: _____________________________

PHONE -Work: ___________; Mobile: ___________ Email: ____________

D. PROJECT PERIOD: ___________ to ___________

E. PROJECT AREA: _____________________________
F. PROJECT COST

Applicant share: $________

Other resources: $________

Amount requested: $________

Total Project Cost: $________

G. CERTIFICATION:

The applicant certifies that the information contained in this application is true and correct to the best of his/her knowledge.

NAME OF AUTHORIZED OFFICIAL: ________________________________

TITLE OF AUTHORIZED OFFICIAL: ________________________________

SIGNED: _________________________ DATE: _______________
BUSINESS PLAN

I. PROPOSAL  *(Detailed plan can be attached to application)*:

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II. PROJECT DESCRIPTION

A. Location of Project: _____________________________

B. Number of Persons Who Will Benefit: _________

C. Project Description (Give a brief description of the work that will be done with the funds requested, including a timeframe and activities to accomplish stated purpose. Additional pages may be attached):

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DEPARTMENT OF PARKS & RECREATION
Page 4
III. PERMITS/APPROVALS REQUIRED

A. Environmental Assessments (EA’s): ____________

B. Special Management Area (SMA) Permit: _____

C. Other: ________________________________

______________________________

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## IV. PROJECT BUDGET

### BUDGET DETAILS

<table>
<thead>
<tr>
<th>PROJECT BUDGET</th>
<th>APPLICANT SHARE</th>
<th>OTHER RESOURCES</th>
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V. APPLICANT INFORMATION

A. Brief history of the applicant organization. Include the date of incorporation as a non-profit organization (use attachments where appropriate):

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B. Main source(s) of financial support:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

C. Please list prior projects successfully completed:

1. _____________________________________________

2. _____________________________________________

3. _____________________________________________
D. Please initial below that the applicant understands the following documents shall be required if awarded stewardship grant funds:

___ Certificate of insurance shall be required with County of Hawai‘i named as additional insured.

___ Organization shall provide annual report which shall include accomplishments, financial statements including but not limited to report of grant expenditures, and status of overall project.