

**ATTACHMENT B  
5.2 PROPOSAL APPLICATION FORM**

Project Title:	Increasing capacity for childcare program
Organization Name:	Akahiao Nature Institute
Contact Name:	Julie Rogers
Telephone:	808-781-4563
Email Address:	julie@akahiao.org

**Project Category: EARLY CHILDHOOD INITIATIVES PROGRAM**

<b>Funding Summary.</b>	<b>Amount</b>
SLFRF Funds Requested.	\$ 600,000
Funds From Other Sources (if available).	\$
In-kind Contribution Value (if available).	\$
Total Project Cost.	\$ 600,000

**ACKNOWLEDGEMENT**

I, the undersigned, hereby certify that the information provided in this County of Hawai'i Request for Proposals has been reviewed in its entirety and the affixed signature accepts responsibility on behalf of said organization to inform its members of the content herein. All terms and conditions of this County of Hawai'i Request for Proposals shall be a part of any contract entered into as a result of this proposal.

Signature:	<i>Julie Rogers</i>
Name (please type or print clearly):	Julie Rogers
Title:	Director
Date Signed:	5/17/2024