



ALEXANDER & BALDWIN, INC.

## KOKUA GIVING PROGRAM

### Grant Application Form: Program/Project Support

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Cash donations and sponsorships will be considered for Federally recognized charities with IRS Section 501(c)(3) status, other registered non-profit organizations OR community-based projects or groups that serve geographic areas where A&B has business operations and its employees reside.

Our priorities are organizations and projects that:

- address significant and/or high priority community needs;
- have a nexus to A&B's business activities and/or employees;
- and have the proven support of the community.

Requests may be submitted to A&B staff for processing by email to [giving@abinc.com](mailto:giving@abinc.com) OR by mail to Alexander & Baldwin, Inc. P.O. Box 3440, Honolulu, HI 96801, Attn: A&B Kokua Giving. If submitting by email, please send supporting materials as Word or PDF attachments. For questions, contact us at [giving@abinc.com](mailto:giving@abinc.com) or call the A&B Kokua Giving staff at 525-6642.

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## ABOUT YOUR ORGANIZATION

Name of organization: \_\_\_\_\_

EIN/Federal Tax ID: \_\_\_\_\_ (if registered) Awarded IRS 501(c)(3) status? (Y/N)

Website: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PRIMARY CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECONDARY CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ORGANIZATIONAL LEADERSHIP**

TOP PAID STAFF:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**BOARD/ORGANIZATIONAL VOLUNTEER LEADERSHIP**

Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Board Members: (if more than 6, please attach list)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

If you would like confirmation of receipt of your application, please indicate the contact person's name and email address:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

## CHARITABLE DONATION - PROGRAM OR PROJECT SUPPORT

Submittal date: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

Type of organization:

HHS  Education  Culture/Arts  Community  Other \_\_\_\_\_

Type of funding requested:

Start-up  Operating  Special Project  Minor Capital  Other \_\_\_\_\_

Geographic area served: \_\_\_\_\_

Summary of organizational mission/objectives: (max 100 words)

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Summary of request: (max 200 words)

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Total project budget: \$ \_\_\_\_\_

Organizational budget for the current year: \$ \_\_\_\_\_

Current sources of support which exceed 10% of your budget: (list all)

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other organizations you are soliciting for program or project support: (list all)

Potential sources: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Potential sources: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Potential sources: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Potential sources: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Timetable for project (relevant deadlines):

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Recognition opportunities:

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**DESCRIBE LINKS TO YOUR PROGRAM OR PROJECT AND A&B OR ITS COMPANIES:**

Please describe why you believe A&B is an appropriate donor, including any volunteer affiliation or past alliance which warrants consideration. (100 words)

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