



ALEXANDER & BALDWIN
PARTNERS FOR HAWAII

KOKUA GIVING PROGRAM

Grant Application Form: Program/Project Support

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@abhi.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@abhi.com or call the A&B Kokua Giving staff at 525-6642.

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)

Summary of request: (max 200 words)

Total project budget: \$ _____

Organizational budget for the current year: \$ _____

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

Source: _____ Amount: \$ _____

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

Potential sources: _____ Amount: \$ _____

Timetable for project (relevant deadlines):

Recognition opportunities:

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)
