



HonuaTree Give Back Program

Grant Application Form

Mission Statement:

The HonuaTree Give Back Program supports community-based organizations committed to delivering impactful social and health services, particularly in areas affected by government funding cuts.

SECTION 1: Organization Information

1. **Legal Name of Organization:**

2. **DBA (if applicable):**

3. **EIN (Tax ID Number):**

4. **Year Established:**

5. **Mailing Address:**

6. **Website (if any):**

7. **Contact Person:**

- Name: _____
- Title: _____
- Phone: _____
- Email: _____

SECTION 2: Program Overview

1. **Program Title:**

2. **Brief Summary of the Program or Project (max 300 words):**

Describe what the grant will fund and who it will benefit.

3. **Target Population:**

(e.g., youth, elderly, veterans, underserved families)

4. **Geographic Area Served:**

5. **Primary Goals of the Program (check all that apply):**

☐ Health Services

☐ Education/Training

☐ Food Security

☐ Youth Empowerment

☐ Mental Health

☐ Housing Support

☐ Other: _____

SECTION 3: Funding Request

1. **Total Amount Requested:** \$ _____

2. **Total Project Budget:** \$ _____

(Attach itemized budget breakdown as an attachment)

3. **Describe how the requested funds will be used:**

4. Timeline for Use of Funds:

Start Date: _____ | End Date: _____

SECTION 4: Organizational Capacity

1. Brief History of Your Organization (max 150 words):

2. Key Achievements in the Past 2 Years:

3. Staff or Volunteer Structure:

Number of Paid Staff: _____

Number of Volunteers: _____

4. Have you received funding from other sources in the past 12 months?

☐ Yes ☐ No

If yes, briefly list the sources and amounts:

SECTION 5: Community Impact

1. Expected Outcomes and Community Impact:

What will success look like?

2. How will you measure success or progress?

(e.g., surveys, attendance, health metrics)

3. How will the program sustain itself beyond HonuaTree's funding?

SECTION 6: Attachments Checklist

Please include the following documents with your application:

- ☐ 501(c)(3) Determination Letter (or proof of nonprofit status)
- ☐ Itemized Budget
- ☐ List of Board of Directors
- ☐ Most Recent Annual Report or Financial Statement
- ☐ Letters of Support (optional)

SECTION 7: Certification

I certify that the information provided in this application is true and correct to the best of my knowledge. I am authorized to submit this application on behalf of the organization named above.

Authorized Representative Name:

Title:

Signature:

Date: