

PROJECT FUNDING REQUEST SUMMARY

LEAGUE OF WOMEN VOTERS OF HONOLULU
EDUCATION FUND
49 SOUTH HOTEL STREET, ROOM 314
HONOLULU, HAWAII 96813
(808) 531-7448; EMAIL: President@lwvedfund.org

INSTRUCTIONS: Please complete this Project Funding Request Summary and Project Budget Estimate forms to apply for a grant. Send the forms to the above address.

Name of Project: _____

Estimated Total Expense _____

Organization: _____

Address: _____

Phone Number and E-mail Address: _____

Requestor Name, Officer Title, and Contact Information

DESCRIPTION OF PROJECT INCLUDING ESTIMATED START/FINISH DATES, PLAN WITH RELEVANT ESTIMATED DATES, PURPOSE AND EXPECTED OUTCOMES. PLEASE BE AS DESCRIPTIVE AS POSSIBLE AND USE SEPARATE SHEETS AS NEEDED. NON-PROFIT ORGANIZATIONS NEED TO ATTACH A COPY OF THEIR CURRENT STATE OF HAWAII DOMESTIC NON-PROFIT CORPORATION ANNUAL REPORT.