



**Kaua'i Island Utility Cooperative**  
**"Sharing of Aloha Committee"**  
 4463 Pahe'e Street, Suite 1  
 Lihue, HI 96766-2000  
 Fax: 246-8266    Tel: 246-4341

## "SHARING OF ALOHA" GRANT APPLICATION

The Committee meets the 2nd Friday of each month. Applications MUST be received by the first week of the month to be considered for that month. This form must be used for all grants or donation requests. ALL sections of the application MUST be completed. Please **DO NOT indicate "please see attached"** although other documents may be attached to assist in the evaluation process. Applicant must be 18 years of age or older. Once the application has been reviewed, the applicant will be notified of the results. Please submit completed and signed applications to the above address. The application form may be downloaded at [www.kiuc.coop](http://www.kiuc.coop).

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<b>Name of Applicant</b>	<b>Phone</b>	<b>Email Address</b>
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<b>Check Payable to: Name of Organization</b>	<b>Tax ID of Organization</b>
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<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Date of Event, if applicable:</b>	<b>Amount Requested:</b>
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**NOTE: If APPROVED, it may take up to 30 days for check to be processed)**

**Describe Program or Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Who Will Benefit** (For sports, state team name & number of members): \_\_\_\_\_

\_\_\_\_\_

**How Will They Benefit:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Itemize Cost Breakdown** (you may be required to provide receipts for verification): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Explain Your Involvement:** \_\_\_\_\_

\_\_\_\_\_

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<b>Signature</b>	<b>Date</b>
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