

Organization Profile

Legal Organization Name *

Organizational Name for Publication *

Is your organization a 501c3? *

Yes No

EIN *

Founding Year *

IRS Exemption Letter

Select or drag files

Non-profit organizations are required to include this as proof of non-profit status.
File Type: PDF
20 MB Max File Size

W-9 Form *

Select or drag files

File Type: PDF
20 MB Max File Size

Organization Overview

Organizational Description *

Up to 2500 Characters. Describe the history and mission of your organization.

Number of People Served Annually *

Service Locations *

Select the island(s) your organization provides service on. (Check all that apply)

Age *

Select the age group(s) that your organization primarily serves. (Check all that apply)

Ethnic/Racial Groups *

Select the ethnic and racial group(s) targeted as the intended beneficiary of your services. (Check all that apply.)

Target Population *

Select the population(s) targeted as the intended beneficiary of your services. (Check all that apply.)

Organization's Chief Staff or Volunteer

Name *

Title *

Organization's Primary Contact for Funding Request

Name *

Phone *

Email *

Website

Organization Primary Location

Address *

Address 2

City *

State *

Zip/Postal Code *

Local Hawai'i Mailing Address for National Organizations

Are you a nationally affiliated organization? *

Yes No

If you are a nationally affiliated organization with headquarters located outside of Hawai'i, do you have a local Hawai'i address?

If you selected, "No" in the previous question, please select "No".

Yes No

Financials

Annual Financial Statement *

Select or drag files

Please upload your organization's income statement (or profit/loss statement) for the most recently completed fiscal year. (Audited financial statements are preferred but not required. For nationally affiliated organizations without audited local financials, please provide national audited financials instead.)
File Type: PDF
20 MB Max File Size

Current Operating Budget *

Enter the amount of your current annual operating budget.

Board

Board of Director's List *

Select or drag files

Please upload your current Board of Director's list. A board list might not be required for units of government, churches, or public schools. If you do not have this document, please upload a brief statement explaining why.
File Type: PDF
20 MB Max File Size

Event/Program Overview

Funding Request *

Event/Program Title *

Date(s) of Event/Program *

Format "MM/DD/YYYY"

Event/Program Type *

If "Other" was selected, please provide information.

Area of Interest *

Select the primary area of interest your event/program addresses.

Age *

Select the age group that your event/program primarily serves.

Community Health Needs Assessment (CHNA) Priorities *

Select the Queen's CHNA priorities that your event/program most closely aligns with. (Check all that apply.)

For more information on our CHNA priorities, visit our website

Queen's Strategic Pillars of Excellence *

Select the Queen's Strategic Pillars that your event/program most closely aligns with. (Check all that apply.)

Do you have a fiscal sponsor? *

Yes No

If yes, who is the fiscal sponsor?

Event/Program Information

Implementation Experience *

Up to 3000 Characters. What is your organization's experience implementing this event/program and staff capabilities to conduct the proposed work?

Problem or Opportunity *

Up to 3000 Characters. Describe the problem or opportunity to be addressed by the event/program. Describe the population that will benefit from the event/program, including an estimate of size or numbers.

Event/Program Activities *

Up to 4500 Characters. Describe the activities that will be completed to address the problem/opportunity. Explain why you chose this approach. Provide an event/program timeline. If this is an ongoing program provide past results and achievements.

Networks and Partnerships *

Up to 2000 Characters. Explain how the organization partners or collaborates with other organizations to achieve its mission. If this event/program is a partnership, describe each partner's role.

Expected Results *

Up to 4000 Characters.

- How much will you do? Once the activities are complete, what are the expected outputs of the program? (ex. # of people served, # of tickets sold, # of acres cleared of debris, etc.)
- What difference will you make? What are the anticipated results of the program like changes in behavior, attitudes, conditions, knowledge, or skills? (ex. 80% of participants (16/20) increase knowledge)
- How will you know? What will you use to measure results? (ex. surveys, pre/posttests, observation, etc.)

Partnership with Queen's *

Up to 2000 Characters. Please explain any former or present connection/partnership with any of The Queen's Health System entities.

Additional Documents

Please upload any supporting documents you would like to add to your application.

<input type="button" value="PDF"/>	PDF 10.46 MB Download	<input type="button" value="x"/>
<input type="button" value="PDF"/>	PDF 697.23 KB Download	<input type="button" value="x"/>

Select or drag files

File Type: PDF

File Limit: 10 PDFs

Max File Size: 20 MB

Certification

I certify that the Executive Director (or Chief Staff/Volunteer) and the Board of Directors have approved submittal of this application, and all information is accurate to the best of my knowledge. By submitting this application, I understand Queen's may share my application and information with internal and/or external evaluators, and I authorize the release of such information.