



Community Advisory Grant Request

Thank you for inquiring about the Young Brothers Community Advisory Grant Program. Each year Young Brothers receives numerous requests from various non-profit organizations requesting assistance for their respective projects throughout the islands. Each application and project is reviewed and priority is given to those projects that provide the greatest benefits to children, education, health and human services, environmental stewardship, and agriculture as well as to a broad community.

Attached is the application form that must be completed and returned with your IRS Certification of Tax Exempt Status 501(c)(3) for non-government agencies. The application must be filled out in its entirety regardless of whether your organization is a repeat applicant and **RECEIVED BY YOUNG BROTHERS NO LATER THAN FRIDAY, DECEMBER 12, 2014**.

Completed applications may be sent by e-mail (preferred), fax, or mail to:

E-mail: cab@htbyb.com **Fax:** 808 543-9489 **Mail:** Young Brothers, Limited

PO Box 3288

Honolulu, Hawaii 96801 Attn: Tiff Whitworth

Your application cannot be approved if it is incomplete or an IRS Certification of Tax Exempt Status letter is not submitted. Please note that the name or organization on the application must match the name on the IRS Certification of Tax Exempt Status letter, *i.e.*, the requesting party must be a non-profit organization and the application must be in connection with a project administered by the non-profit organization. For more information regarding IRS Tax Exempt Status 501(c) 3, please visit <a href="http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Exemption-Requirements-Section-501(c)(3)-Organizations

We ask that you provide as much information about your project and organization as possible. You may also include pamphlets, news articles, etc. to make it clear how your organization will or has benefited the community. You should also explain how your present project furthers your organization's purpose and who it benefits. It is also helpful to describe your organization's government, non-profit or other community partners and how your organization works with these other entities. The Community Advisory Board for your respective county will review your application and Young Brothers will notify your organization via mail and/or e-mail if your application has been approved or disapproved. In order to qualify for a grant, your organization must be based within the county for which it is applying for the CAB grant (e.g. Kauai County, Maui County or Hawaii County).

If your application is approved, checks will be cut by December 31st and presentations will be scheduled for early 2015. **ALL PREVIOUS VERSIONS OF THIS FORM WILL NOT BE ACCEPTED.**



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County Applying for (please apply for only one): Kauai County Maui County Hawaii County Organization Information: Attach a copy of your 501(c)-3 Tax-exempt IRS Letter of Approval. Name of Requesting Organization: Phone: Fax: **Organization's Contact Person:** Name: Title: Address (if different from above): Day Time Phone: _____ Fax: ____ E-mail: _____ Project Title: Amount Requesting: \$_____ Date Funds Are Needed: _____ Project Information: (Attach additional pages if needed) 1. Describe your organization's purpose and it's past service and contributions to the community.

2. List your community partners and/or other organizations with which your organization works, such as government agencies or other non-profits, and describe how you work with these other entities.



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3. Describe the objective/purpose of your upcoming project or event and how it furthers your organizations purpose.
4. Who will benefit from this project? Please be specific on the number of beneficiaries or participants and how the project benefits children, education, health and human services, environmental stewardship and/or agriculture. Please include here any other information you would like us to consider on how the funds will be utilized.
5. What is the projected timetable and budget for your project and what are the other sources of support your project is receiving? Please be specific as to when you plan to make a final disbursement of the funds.



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6. What plans does your organization approved grants?	n have to provide re	cognition to Yo	oung Brothers for receiving	
Please read the following carefully:	•			
On behalf of my organization (named requested, my organization will submitem 6 above that shows recognition of is an ongoing project then I will provof funds. A grant utitilization report proof of reconition.	nit proof that my org of Young Brothers, ide proof of recogn	ganization has (within seven (7 ition within sev	completed the items described in ') days of my event. If my project ven (7) days of final disbursement	
Name of Requesting Organization:				
Signature of Authorized Representative:			Date:	
Print Name:				
Title/Position with Requesting Org	anization:			
YB USE ONLY:				
Date Received:	501(c)3:	Verified	Revoked/Unverifiable	
Approved Amount \$	Reje	Rejected		
Board Comments/Notes:				
CAB Chairperson Signature:			Date:	
Letter: Check	No.:	Check Date:		
Tax Acknowledement:	x Acknowledement: YB Recognition/Grant Report:			