



Hui O' Wahine Spouses Club
20011-2012 Welfare Requests

Date of Request:

Organization Name and Mailing address:

Point of Contact:

Email Address:

Phone:

Date of Event/Activity:

Description of Event/Activity/Equipment:

Estimated Number of People to Participate:

Estimated Total Cost of Event/Activity:

Amount Requested from Hui O'Wahine:

Amount Provided by Fundraisers:

Amount Requested from Other Organizations:

Amount Received from Other Organizations:

Amount to be paid by Individual Participant:

Detailed use of Hui O'Wahine Funds (attach additional paper if necessary):

Previous donations received from Hui O'Wahine (within last 12 months):

Operating Statement

- Number of staff employed (paid)
- Number of volunteers
- General source of funding
- Program Support/Expenditures (annual)
- Tax ID Number: _____

***Participants benefiting during 2011: _____% military; _____% civilian**

***Estimated participants benefiting in 2012: _____% military _____% civilian**

Please Note: This request **MUST** be submitted to the

Hui O'Wahine, ATTN: Welfare

4285 Lawehana St. PMB # A-8

Honolulu, HI 96818-3128

ALL applications must be postmarked no later than 15 March 2011. Any funds received as a result of this request must be used within ninety days of receipt and for the intended purpose as outlined above. If your event falls after the ninety days please submit a request for approval for additional time. If you have any questions, please contact huiowahinewelfare@gmail.com.