



Cooke Foundation, Limited
827 Fort Street
Honolulu, HI 96813-4317

Grant Application Cover Sheet

Page 1 of 2. Please complete both pages.

Organization	
Name:	Website:
Address:	Tel:
City, State, Zip:	Fax:
Executive director If no ED, name chief compensated staff person.	
Name:	E-mail:
Title:	Tel:
Contact person for this project	
Name:	E-mail:
Title:	Tel:
Project	
Project title:	
Amount requested: \$	If more than \$20,000, name sponsoring Trustee:
The purpose of this project is: (one sentence)	
Attach all documents listed below. Incomplete applications will be returned.	
<input type="checkbox"/> Executive summary	
<input type="checkbox"/> Proposal narrative	
<input type="checkbox"/> Project budget showing: <ul style="list-style-type: none">▪ Anticipated income (source, amount, restrictions, and whether secured or pending)▪ Anticipated expenses (overall expenses, and expenses for which Cooke Foundation grant will be used)	
<input type="checkbox"/> Board of directors list	
<input type="checkbox"/> IRS 501(c)(3) determination letter (not required if applying through a fiscal sponsor)	
<input type="checkbox"/> Organization's annual operating budget for the current year	
<input type="checkbox"/> Organization's balance sheet for the most recently completed fiscal year	
<input type="checkbox"/> Organization's income statement (or profit/loss statement) for the most recently completed fiscal year	
<i>Audited financial statements are preferred but not required.</i>	
<i>Local units of national organizations must submit local unit financial information.</i>	

Grant Application Cover Sheet

Page 2 of 2. Please complete both pages.

Fiscal sponsor organization, if applicable			
Name:		Website:	
Address:		Tel:	
City, State, Zip:		Fax:	
Executive director of fiscal sponsor organization, if applicable <small>If no ED, name chief compensated staff person.</small>			
Name:		E-mail:	
Title:		Tel:	
If a fiscal sponsor is involved, attach these additional documents. <small>Incomplete applications will be returned.</small>			
<input type="checkbox"/> Resolution by fiscal sponsor's board of directors authorizing fiscal sponsorship of this project <input type="checkbox"/> Fiscal sponsor's Agreement form <i>Sample at www.hawaiicommunityfoundation.org/seekingagrant</i> <input type="checkbox"/> Fiscal sponsor's board of directors list <input type="checkbox"/> Fiscal sponsor's IRS 501(c)(3) determination letter <input type="checkbox"/> Fiscal sponsor's annual operating budget for the current year <input type="checkbox"/> Fiscal sponsor's balance sheet for the most recently completed fiscal year <input type="checkbox"/> Fiscal sponsor's income statement (or profit/loss statement) for the most recently completed fiscal year <i>Audited financial statements are preferred but not required.</i> <i>Local units of national organizations must submit local unit financial information.</i>			
Term and conditions			
<p>Grants are subject to the following terms and conditions: Grantees must use the grant only for the purpose described in the grant application, subject to any additional conditions set forth in the grant award letter. Grantees must submit a final report no later than thirteen months after the date of the award letter. The Foundation reserves the right to conduct site visits and to require interim reports. Grantees must report any unexpended funds at the end of the grant period. Grantees may be required to return unexpended funds. Grantees must notify the Foundation immediately if they cannot perform in accordance with the terms of the grant, materially change their mission or activities, or lose exemption from federal income taxes under 26 USC § 501(c)(3). In these circumstances, grantees may be required to return the grant.</p>			
Two signatures are required. <small>Incomplete applications will be returned.</small>			
_____		_____	
Executive Director <i>If no ED, chief compensated staff person must sign.</i>		President of the Board of Directors	
_____		_____	
Type or print name	Date	Type or print name	Date
If a fiscal sponsor is involved, two additional signatures are required. <small>Incomplete applications will be returned.</small>			
_____		_____	
Executive Director of fiscal sponsor organization <i>If no ED, chief compensated staff person must sign.</i>		President of the Board of Directors of fiscal sponsor organization	
_____		_____	
Type or print name	Date	Type or print name	Date