

Please fill out this form and mail or PDF and email to:  
 Hawai'i Council for the Humanities  
 c/o Director of Community Grants  
 3599 Wai'ala'e Avenue, Room 25  
 Honolulu, HI 96816  
 (808) 469-4551  
 shoshino@hihumanities.org



**REQUEST FOR GRANT FUNDS FORM**

<b>Grantee/Primary Sponsoring Organization:</b>	<b>Project Title:</b>
<b>Grant Number:</b>	<b>Grant Period: (mm/yyyy to mm/yyyy)</b>

**Amount of Funds Requested:** Please refer to the award agreement (Attachment to the Grant Award Agreement and Contract) for the total amount of grant funds which may be requested during the project's duration (usually 90%) and the amount which shall be withheld until the submittal of all required project reports (usually 10%).

In accordance with federal guidelines (and as specified in the grant conditions), requests for grant fund advances are limited to \$10,000 for a three-month period. If your cash needs are expected to exceed this limit, you must submit requests based upon your anticipated expenditures for a one-month or 30-day period only.

<b>Cash Advances</b>	\$	For the period (mm/yyyy) <b>From:</b>
<b>Reimbursements</b>	\$	
<b>Total Requested:</b>	\$	

**Check disbursement:** Please allow up to 30 days processing time.  
 For subawards, checks will be made out to the payee specified in the Grant Award Agreement and Contract.

**Mail check to:**

Print Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

<b>Certification:</b> I certify to the best of my knowledge and belief that this request is an accurate assessment of our project needs.	Signature:	Date:
	Print name and title:	

Payee:	<b>For HCH USE ONLY</b>	
	Amount:	Transaction #:
	\$	Account #:
		Date:
	Approved by:	