

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



REQUEST FOR SHARP GRANT FUNDS FORM

Grantee/Primary Sponsoring Organization: Grant Number:	Check your grant type: <input type="checkbox"/> General Operating Costs Grant: <ul style="list-style-type: none"> • Project Period: October 15, 2021 to • Activities must <u>start no later than January 1, 2022</u>, and grant <u>must be fully expended by July 1, 2022</u>. • Final report due August 1, 2022. <input type="checkbox"/> Humanities Programming Grant <ul style="list-style-type: none"> • Project Period: October 15, 2021 to • Activities must <u>start no later than January 1, 2022</u>, and grant <u>must be fully expended by November 30, 2022</u>. • Final report due January 13, 2023.
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Amount of Funds Requested: Please refer to the award agreement (Grant Award Agreement and Contract) for the total amount of grant funds which may be requested.

Cash Advances	\$
Reimbursements	\$
Total Requested:	\$

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.
SHARP Budget: Be sure to review your application budget. Your final report budget should reflect your application budget.
Any budget changes must be submitted for review and approval by Hawai'i Council for the Humanities.
Retention Requirements for Records: SHARP Grants are federal subawards. Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report (the final report). Refer to ecf.gov: [§ 200.334 Retention requirements for records.](#)

Mail check to:

Print Name: _____

Organization: _____

Address: _____

City, State Zip: _____

Certification: 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:	For HCH USE ONLY	
	Amount: \$	Transaction #:
		Account #:
		Date:
		Approved by: