

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



REQUEST FOR GRANT FUNDS FORM

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

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%).

Cash Advances	\$	For the period (mm/yyyy) From: To:
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.

Mail check to:

Print Name: _____
Organization: _____
Address: _____
City, State Zip: _____

Please verify that your UEI (SAM) is active by checking the box: ☐

Note: Your UEI (SAM) must remain active during the project period and the final report approval period. Grant funds cannot be distributed until UEI (SAM) is active.

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	NEH Award:
	Amount:	Transaction #:
	\$	Account #:
		Date:
		Approved by: