HAWAII BAPTIST FOUNDATION

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Honolulu, HI 96826
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MINISTRY/GRANT APPLICATION

CONTACT INFORMATION:

Name: _____ Email Address: _____

Title: _____ Phone Number: _____

Organization: _____

Mailing Address: _____

Street *City* *State* *Zip Code*

ORGANIZATION INFORMATION:

Total Organization Budget: $ _____

PROPOSAL REQUEST:

Program/ Project Name: _____

Total Program Budget: $ _____

Requested Amount: $ _____

Percent of Total Budget: _____

Type of Request (select all that apply):

☐ Professional Development/ Education ☐ Ministry Support ☐ Support for Pastors

Please provide an overview of your request, including a brief description of the need:

Purpose and key anticipated outcomes:

Overview of how funds will be spent:

If your request is for Professional Development, please explain how this will support your current ministry position.

Timeline: _____

Please attach any supporting documents that provide additional information.

LEADERSHIP SUPPORT:

A letter of support for this request must be provided by your Senior Pastor. For Senior Pastors, please provide a letter from another church leader (i.e. Elder, Executive Committee Chair, another Senior Pastor, etc.)