



HOSC Charitable Request Form

Please see guidelines and sample on our website before completing this form.
Please complete and deliver the form at least 3 weeks before the event for which you are requesting money.

1. Today's Date _____

2. Date by which funds are needed: _____

3. Organization requesting funds:

4. Point(s) of Contact, phone numbers and e-mail:

5. Mailing address for funds (if approved): _____

6. Federal Tax ID number (if applicable): _____

7. Amount requested: _____

8. If this request is for a school-- Principal's Signature required:

Guidelines: **Welfare requests from any schools** (public or private) or from any school groups, clubs or PTSO's must have the school principal's signature and approval. The request must use schools tax ID #.

9. Number of persons and the age groups impacted by these funds, how many will these funds benefit?

10. Specifically what other fund raisers have you accomplished throughout your fiscal year to meet the funding for your event, what additional sources of income do you have?

11. How will these funds impact the military community and /or the greater Oahu community?

12. Please itemize your intended purchases and attach a dollar amount to each item. You may estimate if the exact cost is not known. This allows us to fund parts of a request if we cannot fund the entire request. **Please prioritize your needs if you have some items more urgently needed than others.**

13. Is there any further information you would like to tell us about your organization and the needed funding?

Committee use only: Date received _____

Amount requested _____

Previous requests by this organization(date, amount, decision)

Current Request Decision

Welfare decision: Approved Denied

Amount Approved: _____

Specific donations itemized: _____

Board decision (if required) : Approved Denied

Amount Approved: _____

Specific donations itemized: _____

Date Check written: _____

Date Check sent: _____

Notes:
