



Association of Hawaiian Evangelical Churches OF THE UNITED CHURCH OF CHRIST

Aloha e Applicant:

This packet contains the Grant Application for the Nā Lima Hō'ike "E" Program Funds. We encourage you to read through this packet, as well as the Nā Lima Hō'ike "E" brochure provided online at www.hcucc.org/ahec.

We look forward to reviewing your application in a timely manner.

Program Committee
Assoc. of Hawaiian Evangelical Churches

Application Guidelines

Purpose: This application is for assistance in funding a new or existing church program. It may be a one-time program. In this application, the word "Program" applies to all types of requests. The application is required to meet the criteria of the Five "E's," as outlined in the AHEC Nā Lima Hō'ike "E" brochure, provided online.

1. **TIMELINE:**

- (a) To avoid receiving any approved funds after the program date, it is recommended that the Grant Application be submitted 30 days prior.
- (b) An Application will not be considered for award if received after the program date.
- (c) Email a copy of the completed application to Program Chair at arinagakalei@gmail.com
- (d) Completed original applications with required signatures must be mailed to:

AHEC/Hawaii Conference UCC
ATTN: Christine Nu'uhiwa
700 Bishop Street, Suite 825
Honolulu, HI 96813

2. **FINAL REPORT:**

- (a) The Final Report form will be sent with the check for approved grant funds.
- (b) Final Report summarizing the program must be submitted (30) thirty days following the completion of the event/program.
- (c) Future applications will not be considered until Final Report has been received.
- (d) Copies of all receipts for expenditures must be included with the Final Report for accounting/audit purposes.
- (e) Any unused funds must be refunded and submitted with the Final Report. Checks must be made payable to AHEC, with notation *Nā Lima Hō'ike E Refund*.
- (f) Mail Original Final Report, copies of receipts, and any refund checks to AHEC, as shown above in 1(d).

Association of Hawaiian Evangelical Churches

Nā Lima Hō'ike "E"

A funding program for local Hawaiian Churches

GRANT APPLICATION

ALL SECTIONS MUST BE COMPLETED

Church's Name: _____ Date of Application: _____

Church's Physical Address: _____

Church's Mailing Address: _____

Church's Phone No.: _____ Church's Fax No.: _____

Contact Person(s) familiar with Application:

Name: _____ Church Position/Title: _____

Email: _____ Phone number: _____

Additional Contact Person: (Optional)

Name: _____ Church Position/Title: _____

Email: _____ Phone number: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

A. EVENT/PROGRAM DETAILS:

1. NAME OF THE EVENT/PROGRAM: _____
2. EVENT/PROGRAM DATES: _____
3. LOCATION OF EVENT/PROGRAM: _____
4. NUMBER OF CHURCH MEMBERS ATTENDING THIS EVENT/PROGRAM: _____
5. EVENT/PROGRAM FLIER INCLUDED: YES _____ NO _____

B. OBJECTIVE/PURPOSE:

List at least one (1) of the Five E's (Evangelism, Education, Enhancement, Evolution, Environment), in your own words, relates to this event/program, and how.

5 "E": _____ and _____.

Brief explanation how: _____

C. **BUDGET:** The section below consists of the estimated Income and Expenses for the Church's event/program. When entering figures, please round off to the nearest whole dollar amount. Amounts 50¢ or more, increases to the next whole dollar (as shown).

Example: \$246.27 = \$246.00 \$246.72 = \$247.00

If more space is needed for any section, you may attach an additional sheet of paper.

ESTIMATED INCOME	ESTIMATED EXPENSES
Contributions/Donations:	Air Travel:
Church's Contribution:	Ground Travel:
NLHE Grant:	Hotel:
Other Income/Grant:	Registration:
	Other Expenses (list): _____

TOTAL ESTIMATED INCOME:	TOTAL ESTIMATED EXPENSES:
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Grant Amount Requesting from AHEC NLHE: \$ _____ .00

(The NLHE Committee reserves the right, after discernment, to approve the appropriate grant award amount.)

D. **FINAL REPORT:** Final Report summarizing the program must be submitted to AHEC within (30) thirty days following the completion of the event/program.

Name of Person submitting Final Report: _____

Church Position/Title _____

Email: _____ Phone number: _____

TWO SIGNATURES REQUIRED: One must be the Church Moderator/President, and the second, Pastor or authorized Church official if there is no Pastor.

Moderator/President's Signature: _____ Date: _____

Signature: _____

Position/Title: _____

Date: _____