



Hawaii Life Charitable Fund I Agent Request Form

Please note that all organizations must be a federally recognized 501c3 non-profit organization in good standing. They must also be in alignment with the general mission of the HLCF and the theme chosen for the year. Maximum funds awarded to any organization on behalf of each agent shall be \$250 for the 2017 year. All requests must be received at least 30 days prior the the date needed and are subject to approval by the HLCF Board and the Hawaii Community Foundation.

Agent Name: _____

Hawaii Life Office: _____

Organization Requesting Funds on Behalf of: _____

Amount Being Requested: _____

Date Funds Need By: _____

Are they a federally recognized 501c3 non-profit organization? _____ (yes or no)

What will the funds be used for? Please be sure to state how this supports the HLCF mission and theme selected for the year.

Why do you feel the HLCF should support this organization?

What you personally doing to support this organization (i.e. donation money, giving time, etc.)

