

'Eleu Grant Application



'Eleu means active, alert, energetic, nimble, agile, prompt: the qualities Hawai'i Island United Way is looking for in the on-the-ground disaster recovery initiatives we will fund up to \$2,500 through this process.

Initiative Name

Initiative Lead Person Name, Phone, Email

Organizing Group/Agency Name

Amount Requested From HIUW

Application Date

How many people will be served?

Brief Description Of Initiative

Timeline Of Initiative

How will you use the awarded funds?

What districts of Hawai'i Island will your initiative serve?

Kohala Hāmākua Hilo Puna Ka'ū Kona

If granted restricted funds, are you able to certify that the funds you are applying for were used for the benefit of Puna residents? Yes No

Will you be able to submit a report including photos and/or video of your initiative in action to HIUW within 90 days of a grant award? Yes No

Non-Profit Organization Receiving Funds

Hawai'i Island United Way 'Eleu Grant Requirements

Funds will be transferred electronically to a non-profit agency. Community initiatives are encouraged to partner with a non-profit to act as fiscal agent for this grant. Grantee will be responsible for the submission of a report including photos and/or video of your initiative in action will be required within 90 days of the award, or before any additional funding is requested from HIUW. If funds are awarded, grantee will recognize HIUW as a funder in communications with recipients and the public at large, including media interviews, signage, etc. By submitting this 'Eleu Grant application, you agree to these requirements. Additional requirements specific to funding sources may be communicated to you upon the award of an 'Eleu Grant.

Initiative Lead Person

Signature, Name, Title, Organization & Date

Fiscal Agent Representative (if different)

Signature, Name, Title, Organization & Date

Authorization Agreement for Automatic Deposits (ACH Credits)

Hawai'i Island
United Way
HIUW.org



AGENCY NAME:	
ADDRESS:	
PHONE:	E-MAIL:

We, hereby authorize the **HAWAI'I ISLAND UNITED WAY** to initiate credit entries to our

() **CHECKING** () **SAVINGS account** (select one)

Indicated at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of U. S. Law.

DEPOSITORY INFORMATION:

BANK NAME :

BRANCH :		
CITY:	STATE:	ZIP CODE:

ROUTING #:	ACCOUNT #:
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This authorization is to remain in full force and effect until HAWAI'I ISLAND UNITED WAY has received written notification from either of us of its termination in such time and in such manner as to afford HAWAI'I ISLAND UNITED WAY and DEPOSITORY a reasonable opportunity to act on it.

NAME: (Please Print)	E-MAIL ADDRESS:
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AUTHORIZED BY:	TITLE:	DATE:
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NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

THIS FORM CAN BE MAILED OR SCANNED AND EMAILED TO:

Hawai'i Island United Way, Inc.
P. O. Box 745, Hilo, HI 96721-0745
(808) 935-6393 | carol@hiuw.org