

Hawaii Invasive Species Council

REQUEST FOR PROPOSALS FY 2005 Invasive Species Outreach Projects

All applicants must complete this form. (NO FAX applications will be accepted.) Do not send any items that must be returned. One grant request per applicant.

Application must be emailed or postmarked on or before 5:00 p.m. November 30th 2004.

Project Title _____

Grant Amount Requested \$ _____ *Estimated Match (cash or in-kind) \$* _____

Source/s of Match _____

Proposed Start Date _____ *Finish Date* _____

Grant Applicant (Organization) _____

Address _____ City _____ Zip _____

Phone _____ Email address _____

Name of Contact Person: _____

Address _____
(If different from above)

Title: _____ Phone: _____

Email address _____ Fax: _____

If awarded a grant, make check payable to:

Is your organization a not-for-profit corporation? Yes ___ No ___

Is your organization tax exempt under IRS code? Yes ___ No ___

Federal Tax ID # _____