

The 41th Annual Visitor Industry Charity Walk Oahu Grant Application Form

(downloadable version at www.charitywalkhawaii.com.)

The Visitor Industry Charity Walk on Oahu is always on the 3rd Saturday in May.

ELIGIBLE APPLICANTS

Non-profit organizations are eligible to apply for Visitor Industry Charity Walk Oahu Grants, including, but not limited to, Corporations, Associations, Foundations and Schools.

SUBJECT AREA OF INTEREST

Preference is giving to organizations that provide the following services:

1. Homelessness (social/welfare)
2. Children and Education
3. Elderly
4. Crime
5. Veterans
6. Health and Physical Fitness
7. Environment
8. Cultural and Arts

All applicants are also encouraged to participate (as walkers, HLTA Course Marshals, or by donating door prizes, goods, or services) in the 2019 Visitor Industry Charity Walk on Oahu, scheduled for May 18, 2019.

USE OF FUNDS

All grant funding must be used to fund programs in the City and County of Honolulu and utilized to benefit the Oahu community. (Note: *An organization must apply separately to each county for funding to be used in that county*)

Funds will NOT be granted for:

- Capital Fund Drives
- Purchase of tangible real property or personal property.
- Interest or reduction of deficits or loans.

SIZE OF ALLOCATION

- Grants will be considered on the basis of an organization's community impact and may vary widely in scope and size.
- Grants range in size up to a total of \$10,000 per organization (not per program); *however*, grants of more than \$10,000 per organization will be considered on special and rare occasions. (Note: *Organization must complete a separate grant application for each program*)
- Grants from the Visitor Industry Charity Walk are not a source of guaranteed continuous funding.

APPLICATION PROCESS

- Applicants are encouraged to read all materials carefully and to call the Hawaii Lodging & Tourism Association Office (808/923-0407) with any questions before turning in applications.
- All applications must be typed. The application form can be completed on computer as long as the format is similar to the original.
- Incomplete applications will **NOT** be considered for funding.
- Faxed or electronically mailed applications will **NOT** be accepted.
- The VICW Allocation Committee may request modifications or additions to the application at any time.
- Do not assume that the VICW Allocation Committee maintains information on file on your organization or know about your organization.
- All materials submitted will **NOT** be returned.
- Support materials will **NOT** be accepted after the deadline date unless requested.

APPROVAL REVIEW

Funding allocations from the 2019 OAHU VICW are solely at the discretion of the VICW Allocation Committee, which is comprised of industry representatives from selected Hawaii Lodging & Tourism Association member properties and companies in good standing. The identity of the committee members will **NOT** be made public.

APPENDIX

(ADDITIONAL INFORMATION TO BE INCLUDED WITH THE GRANT APPLICATION)

- Description of organization.
- Description of program requesting funds.
- Itemized cost breakdown of VICW funds requested. *(Should EQUAL total amount being requested)*
- Update on past use of 2018 VICW funds (if applicable).
- List of current board of directors.
- General list & general description of your entire staff.
- Copy of your IRS tax status letter. *(This is NOT a copy of your tax returns)*
Copy of financial data for 2019 (proposed budget) and 2017 and 2018. *(This is NOT a copy of your tax returns)*

INFORMATION

All Oahu VICW Grant Applications should be sent to:

2019 VICW ALLOCATION COMMITTEE
c/o THE HAWAII LODGING & TOURISM ASSOCIATION
2270 KALAKAUA AVE., SUITE 1702
HONOLULU, HAWAII 96815
Attn: Jessica Caires

If you have any questions concerning the application procedures, please contact Jared Higashi at the Hawaii Lodging & Tourism Association at (808) 923-0407 or jcaires@hawaiilodging.org

APPLICATION INFORMATION

Application Form

TOTAL AMOUNT OF FUNDS REQUESTED: This is not the total amount for the project, but the total allocation funding you are requesting from the Visitor Industry Charity Walk.

NATIONAL AND LOCAL ORGANIZATION AFFILIATION: List all national and local organization affiliations of your group. This could include but not be limited to hospitals, schools, and churches.

ORGANIZATION & PROGRAM ESTABLISHMENT DATE: Provide the date that the local organization in Hawaii was established. Also provide the date that the program requesting funds was established.

PARTICIPATION IN THE 2019 OAHU VICW: Participation includes (1) Walking in the 2019 OAHU CHARITY WALK; (2) Being an HLTA Course Marshal(s) at the OAHU VICW; and (3) Donating Door Prizes or goods to the Oahu VICW. ***Please note that your organization will be credited ONLY if participating under your organization's name.*** Those who participate under the name of other companies or organizations (i.e. hotels, airlines, retail stores..) will **NOT** be credited with participating. Priority will be given to those charities who participated in the walk on OAHU.

PEOPLE SERVICED: Provide the number of people who have benefited or will benefit from the Program requesting funds. This number is **NOT** to include the total number of people your organization services through other various programs.

REVENUE/FUNDING: Provide the 2018 total actual revenue for your organization in Hawaii. This number should show the revenue from your organization and not reflect that of a national or local affiliation. Additionally, provide the total actual revenues for the program for which funds are being requested. This should not show the total actual revenues from a national or local affiliation with the same program. (**Note:** *If the program began in 2019, use your projected revenue and funding for 2019.*)

EXPENDITURES/EXPENSES: Provide the 2018 total actual expenditures for your entire organization. This number should show the expenditures from your local organization and not reflect that of a national or local affiliation. Additionally, provide the total actual expenditures of the program for which funds are being requested. Please provide the expenditure breakdown of 2018 Charity Walk, if applicable. This should not show the total actual expenditures from a national or local affiliation with the same program. (**Note:** *If the program began in 2019, use your projected expenditures/expenses for 2019.*)

APPENDIX

APPENDIX A: DESCRIPTION OF ORGANIZATION: Attach a brief description of your ORGANIZATION, the mission statement, and the programs. The description should not exceed 250 words.

APPENDIX B: DESCRIPTION OF PROGRAM REQUESTING FUNDS: Attach a brief description of the program requesting funds. Include a succinct and accurate description of the number of years the program has been in existence, who the primary beneficiaries are, and the overall objective of the program. The description should not exceed 250 words.

APPENDIX C: ITEMIZED LISTING OF COST BREAKDOWN OF VICW FUNDS REQUESTED: Provide a detailed itemized listing of how VICW monies will be spent to include the cost break down of each item. **Be specific.** The price breakdown should include ALL products and/or services (i.e. Office Supplies = \$150; Stamps = \$25). The total of all itemized expenses should equate to the amount of funds requested. Do not include the entire program budget

APPENDIX D: UPDATE ON PAST USE OF VICW FUNDS (IF APPLICABLE): For those charities who received funding from the 2018 Charity Walk, you must attach an explanation detailing the actual use of funds, to include the number of people serviced, the success rate of the program, and the budget breakdown on how the funds were expended.

APPENDIX E: LIST OF CURRENT BOARD OF DIRECTORS: List should include names and affiliation.

APPENDIX F: LIST & DESCRIPTION OF ENTIRE STAFF: Provide a brief list of staff members, to include title and description of duties, for the program requesting funds. Also note the total number of employees in your organization.

APPENDIX G: COPY OF YOUR IRS TAX STATUS LETTER: Include a copy of your current tax status IRS Letter of Exemption. Please note that **THIS IS NOT A COPY OF YOUR TAX RETURNS.** If you are not tax exempt, please explain.

APPENDIX H: COPY OF FINANCIAL DATA FOR 2019 (proposed), 2018 and 2017: Provide an audited copy of your financial data for 2017 and 2018. If an audited copy is not available, please note and provide the data from non-audited financial reports and statements. We would also like a copy of your 2019 projected budget. All data is to include: (1) the total actual revenue and the breakdown of sources and the amount of funding; (2) the total actual expenditures and the breakdown by programs to include the programs requesting funds; and (3) an explanation of any excess or shortages in your budget for 2017 and 2018.

2019 OAHU VISITOR INDUSTRY CHARITY WALK GRANT APPLICATION FORM

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NOTE: You must submit a separate Grant Application Form for each PROGRAM requesting funds.

Full Name of the Organization: _____

Address: _____

City: _____ State: HAWAII Zip: _____

Contact Person: _____ Title: _____

Executive Director: _____ E-mail: _____

Phone: _____ Ext.: _____ E-mail: _____

INFORMATION ABOUT ORGANIZATION:

Federal Tax Exempt ID Number: _____ State Tax Exempt ID Number: _____
(please attach copy of IRS Letter of Exemption)

Name(s) of National Organization Affiliation (if any):

Name(s) of Local Organization Affiliation (if any):

Charity Walk participation years:

Name of the **PROGRAM** requesting funds:

Description of Program Requesting Funds based on HLTA's Support Pills (please select one):

1.) Homelessness 2.) Children & Education 3.) Elderly 4.) Crime 5.) Veterans

6.) Health & Physical Fitness 7.) Environment 8.) Cultural & Arts

Total amount of funds requested for this program: \$ _____

List the number of Oahu residents serviced by your program per year:

2016: _____ 2018: _____

2017: _____ 2019 (projected): _____

Year **ORGANIZATION** was established in Hawaii: _____

Year the **PROGRAM (requesting funds)** was established: _____

2019 OAHU VISITOR INDUSTRY CHARITY WALK GRANT APPLICATION FORM

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Did your organization participate in last year's Oahu Visitor Industry Charity Walk? YES: NO:

NOTE: If you participated with another organization/company, under another organization/company name, or with a checkpoint – i.e. hotel, airline, store —the other organization/company is credited with the participation and NOT your organization.

If YES,

Name of organization your group participated under (include acronyms as well):

Number of WALKERS on OAHU: _____

Number of HLTA Course Marshals on OAHU: _____

OTHER (specify): _____

Is your organization a first time applicant? YES: NO:

If YES, did your organization utilize youth groups/high schools (please list):

If NO, list years organization received funding from Oahu VICW:

The 2018 breakdown of total revenue/funding and total expenditures/expenses for your organization.

Note: If program started in 2019, use your 2019 projected revenue & expenditures.

2018 Total Revenue/Funding: \$ _____

2018 Total Expenditures/Expenses: \$ _____

The 2018 breakdown of the total revenue/funding and total expenditures/expenses for the program requesting funds. **Note:** If program started in 2019, use your 2019 projected revenue & expenditures

2018 Total Revenue/Funding: \$ _____

2018 Total Expenditures/Expenses: \$ _____

**REMEMBER TO INCLUDE ALL REQUESTED APPENDICES WITH YOUR COMPLETED
GRANT APPLICATION FORM.**

DEADLINE TO SUBMIT/(postmarked)

Wednesday, MAY 15, 2019 5:00 pm, Late Applications Will Not Be Accepted