Applicants are encouraged to use space on the back or attach additional sheets to provide further detail.

Choose one. Funds sought are for:

- [ ] ACCESS to quality educational options
- [ ] SUPPORT for teachers or schools
- [ ] ENRICHMENT through at- and after-school programs

### Habele Grant Application and Agreement Form

**Mail to:** Habele, 701 Gervais Street, Suite 150-244, Columbia SC 29201

**Form last revised:** Friday, April 27, 18

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Postal Address</td>
</tr>
<tr>
<td>Email Address</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Website</td>
<td>Skype/Chat/Facebook</td>
</tr>
</tbody>
</table>

What is the mission of your organization or personal application?

What was your income or organization’s budget last year? From where did you draw your funding?

What is the goal of the program for which you request support?

What is the total budget for the program and what other funding sources are involved?

What are the program deliverables and what is the timeframe?

Did you or your organization receive funding from any local, state or national government(s)? Which?

What is the governance structure of your organization?

How will this program pursue you or your organization’s own mission and fit within Habele’s stated mission of promoting educational access and achievement in Micronesian Communities?
Habele Grant Application and Agreement Form

Choose one. Funds or materials sought will be provided by Habele to:

_____ A. An individual person
_____ B. An organization
_____ C. An individual acting in their official capacity with an organization
_____ D. An organization or business, for goods or services provided to the applicant

I. **Applicant confirms** (initial each only if B or C is checked above):

_____ It is organized exclusively for charitable purposes
_____ It operates exclusively for charitable purposes
_____ It's assets will be used for charitable purposes in perpetuity
_____ It neither lobbies nor engages in political activity
_____ It's activities do not benefit private persons or non-charitable organizations
_____ It has not been designated a terrorist organization by the U.S. Government
_____ It does not deal with anyone subject to Office of Foreign Assets Control (OFAC) sanctions, known to support terrorism, or to have violated OFAC sanctions
_____ It will maintain and provide records of receipts and expenditures to Habele
_____ It will furnish periodic accountings demonstrating the funds were expended for the purposes approved
_____ It will repay any funds not used for grant purposes

II. **Applicant confirms** (initial each only if A, C, or D, are checked above)

_____ They are not a US citizen living outside the United States at the time of distribution
_____ They have not been designated, or individually identified as, a terrorist organization by the U.S. Government
_____ They do not deal with anyone subject to Office of Foreign Assets Control (OFAC) sanctions, known to support terrorism, or to have violated OFAC sanctions
_____ They will maintain and provide records of receipts and expenditures to Habele
_____ They will repay any funds not used for grant purposes

To the best of my knowledge all the information I have provided is correct. I recognize the authority of the Habele Outer Island Education Fund to rescind or reclaim funds or material in the event that any funds or materials have been misused or misdirected, or appears to have been misused or misdirected, or which were received as the result of information that was known to be false when provided. I will provide Habele with copies of ALL receipts and invoices related to the project, whether or not this spending is drawn from Habele donation funds or not.

SIGN ____________________ PRINT ____________________ DATE ____________

Applicants are encouraged to use space on the back or attach additional sheets to provide further detail.