

**Alliance Française of Hawaii**  
***Application for a Local Grant***

Name: \_\_\_\_\_ Position /Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Activity: \_\_\_\_\_ Amount Requested \_\_\_\_\_

Total Budget for the Proposed Activity: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Other community groups or organizations funding this activity: \_\_\_\_\_

Please use this page to describe your proposed activity. Be as specific as possible. The more we understand the scope of your project and the plans to finance it, the more intelligently we can respond to your request.

Please be aware that Alliance Française of Hawaii members will be given first consideration. Please describe the ways in which your proposal would benefit the Francophone and Francophile community in Hawaii.

Thank you. If desired, you may attach an additional page.

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_