

HAWAI'I STATE CENTER FOR NURSING

PROPOSAL COVER SHEET

(Please type or print clearly.)

Date

Organization Information

Name of Requesting Organization (or Individual)		
Primary Contact	Title	
Address		
City	State	Zip Code
Telephone	Facsimile	E-mail

Proposed Project

Project Title
Brief Summary of Proposed Project

Tax Status

<input type="checkbox"/> Tax exempt, charitable organization (<i>Attach copy of IRS determination letter</i>)	<input type="checkbox"/> Government tax-exempt unit
<input type="checkbox"/> For Profit (<i>Attach completed IRS W9 form</i>)	<input type="checkbox"/> Other, please specify: _____

Proposed Budget & Timetable

Project Budget	Project Timetable (# of months)
\$	

Signatures

Project Director	Organization

For HSCFN use only

Tracking Number	Date Received