



ALEXANDER & BALDWIN, INC.

## KOKUA GIVING PROGRAM

### Grant Application Form: Fundraising Event Sponsorships

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#### FUNDRAISING EVENT SPONSORSHIP

Non-profit organizations and community groups seeking support for fundraising dinners/events/activities should submit letters of request which include the information below, or complete the application below.

Requests may be submitted to A&B staff for processing by email to [giving@abinc.com](mailto:giving@abinc.com) OR by mail to Alexander & Baldwin, Inc. P.O. Box 3440, Honolulu, HI 96801, Attn: A&B Kokua Giving. If submitting by email, please send supporting materials as Word or PDF attachments. For questions, contact us at [giving@abinc.com](mailto:giving@abinc.com) or call the A&B Kokua Giving staff at 525-6642.

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#### ABOUT YOUR ORGANIZATION

Name of organization: \_\_\_\_\_

EIN/Federal Tax ID: \_\_\_\_\_ (if registered) Awarded IRS 501(c)(3) status? (Y/N)

Website: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### PRIMARY CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### SECONDARY CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### ORGANIZATIONAL LEADERSHIP

TOP PAID STAFF:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**BOARD/ORGANIZATIONAL VOLUNTEER LEADERSHIP**

Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Board Members: (if more than 6, please attach list)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**ABOUT THE EVENT**

Type of event: (dinner, lunch, golf tournament, other): \_\_\_\_\_

Day/Date/Time: \_\_\_\_\_

Name/Theme: \_\_\_\_\_

Honoree(s) (if any): \_\_\_\_\_

If a seated event: Tables of (number of seats) \_\_\_\_\_ If golf tournament: Teams of (number) \_\_\_\_\_

Sponsor Levels: (if more than 3, please attach list):

Sponsor level: Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_ Tax-deductible (total): \$ \_\_\_\_\_

Sponsor level: Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_ Tax-deductible (total): \$ \_\_\_\_\_

Sponsor level: Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_ Tax-deductible (total): \$ \_\_\_\_\_

Event Volunteer Leadership - Event Chair (s): (if more than 2, please attach list)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Event Volunteer Leadership - Event Committee members or Vice Chairs: (if more than 3, please attach list)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Recognition Opportunities:

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**OTHER CONFIRMED SPONSORS:** (if more than 3, please attach list)

Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Total: \$ \_\_\_\_\_

**DESCRIBE LINKS BETWEEN YOUR EVENT AND A&B OR ITS COMPANIES:**

Please describe why you believe A&B is an appropriate donor, including any volunteer affiliation or past alliance which warrants consideration. (100 words)

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If you would like confirmation of receipt of your application, please indicate the contact person's name and email address:

Name: \_\_\_\_\_ Email: \_\_\_\_\_