

**Historic Hawai'i Foundation  
NATIVE HAWAIIAN ORGANIZATION STEWARDSHIP TRAINING PROGRAM  
PROPOSAL COVER SHEET**

Native Hawaiian Organization:	
Federal Tax ID or EIN:	
Organization Street Address (street, city, state, zip):	
Organization Mailing Address (if different):	
Telephone:	
Email:	
Website:	
Project Point of Contact (first, last name):	
Point of Contact Telephone:	
Point of Contact Email:	
Name of Historic Property:	
Island:	
Ahupua'a:	
Historic Property Address:	
Historic Property Tax Map Key (TMK) Number:	
Short Description of Historic Preservation Stewardship Training Project:	
Amount of Funding Requested:	

By signing this proposal, I certify as the authorized representative of the Native Hawaiian Organization that the statements contained herein are true, complete and accurate to the best of my knowledge. The proposal has been reviewed and approved by the organization's governing body.

\_\_\_\_\_  
Authorized Representative Name (Printed)

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Date