



Farrington High School
 1564 North King Street
 Honolulu, Hawaii 96817
 808-305-5139
facf@gogovs.com

P.O. Box 17001
 Honolulu, Hawaii 96817
<https://www.facebook.com/farringtonalumni/>
<https://www.instagram.com/farringtonalumni/>

"Enter to Learn..."

FARRINGTON ALUMNI AND COMMUNITY FOUNDATION

...Go Forth to Serve"

REQUEST FOR FUNDS/SUPPORT APPLICATION

Procedures for Funds / Support Requests:

The purposes of the Farrington Alumni and Community Foundation (dba Farrington Foundation), as stated in its Charter of Incorporation are:

1. To maintain, promote, and foster the development of Farrington High School
2. To grant scholarships, loans, and other assistance to young students of promise;
3. To encourage and provide funds for innovative school projects;
4. To provide funds encouraging student and teacher accomplishments, and
5. To promote the general welfare of Farrington High School.

During the school year, activities and events occur for which needed funds are neither budgeted for nor provided by the Department of Education. FACF is a source of financial support in these instances.

The following are guidelines for such funding and support:

1. Any faculty or staff member may initiate the request.
2. The request must be submitted on FACF's Request for Funds/Support form (see reverse) stating the purpose of the request, the amount of the request. When the funds are needed, how the funds will be used the expected benefits, how the benefits will be shared with the school/students, and reference to other fund-raising efforts.
3. **The request must be reviewed and signed by the Department Head and School Principal.**
4. The request must be reviewed and signed by members of the FACF Fund Request Committee.
5. **The request must be submitted to FACF via The FACF Box by Business Office and email a digital copy to FACF@gogovs.com by the 15th of the month prior to being acted upon by the FACF Board.**
6. Requests are acted upon at the monthly meetings of the FACF Board of Directors, usually on the first Wednesday of each month.
7. **The requesting party must attend the Board meeting after a confirmation email from Fund Request committee at which its request is to be acted upon to answer any questions that may arise.**
8. A follow-up of the actual use and amount used is required in the form of a short article or photo with caption submitted for the FACF newsletter.
9. The following Time Zone Travel Allowance will be utilized as a general guideline. The listed dollar amounts are intended to be maximum(s) per traveler.
 - Interisland \$200.00
 - Pacific Time-zone (West Coast) \$500.00
 - Central Time-zone \$600.00
 - Eastern Time-zone (East Coast) \$700.00

FUND REQUEST APPLICATION

Organization Name:	Date:
Requestor:	Title:
Contact Number:	Date Funds Needed:
Email:	
Total Amount Requested:	

Describe Program (How many students may benefit and in what way? What activities/events does this program involve in that provides a benefit to Farrington High School/Kalihi Community? How has this program represented the school/community in a positive way?):

State Purpose of the Request (Include details such as dates, times, itinerary, community involvement, etc.):

Expected Benefits (explain how funds will be used, shared with the school/students):

Describe Fund-Raising Efforts Held or Planned that will Help to Supplement this Event/Project/Activity:
Attach additional necessary documents:

 Print Name of Requestor

 Requestor Signature

Date: _____

 Print Name of Department Head

 Department Head Signature of Approval

Date: _____

 Print Name of Principal

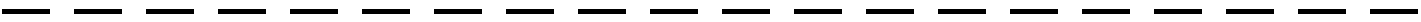
 Principal Signature of Approval

Date: _____

MANDATORY FINANCIAL REPORT

List all expense below as confirmed in application. Attach all Additional Supporting Documents.

	Cost:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total:	



FACF USE ONLY

Requestor Name:	Date:
Request Approval Status:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason:	
Amount Granted:	Request Reviewed by: <hr style="border: 0.5px solid red;"/> Print Name of FAFCF Fund Request Committee Member <hr style="border: 0.5px solid red;"/> Signature of FAFCF Fund Request Committee Member
Check Number:	
Check Date:	
Check Amount:	
Account Number:	

For additional information, contact our Fund Request committee via email Facf@gogovs.com or contact our office (808) 305-5139