



HAWAII STATE - COMMISSION ON FATHERHOOD (HS-COF)

Fatherhood Event / Program 2025 Sponsorship Award

Application Deadline: April 16, 2025

The mission of the Hawaii State - Commission on Fatherhood (HS-COF) is to promote healthy family relationships by emphasizing the important role fathers play in the lives of their children. The Commission serves in an advisory capacity to state agencies and makes recommendations on programs, services, contracts, policies and laws relating to children and families.

Description:

The HS-COF is accepting applications from Hawaii State nonprofit organizations to qualify for funds up to **\$1,500.00** to support a Father's Day event or program or other fatherhood services offered in their community. Funds will be used for supplies (non-payroll expenses) associated with an event or program.

Restrictions:

- A 501(c)(3) nonprofit organization that has an office established in and which operates in the State of Hawaii.
- Event, program, or services must be within the State of Hawaii.
- Funds must be used within the State of Hawaii.
- Funds may be used in conjunction with an existing planned event or program and in partnership with other nonprofit agencies.
- Funds may only be used for activity/service applied for and awarded, and legitimate receipts imprinted by June 30, 2025.
- Preference given to events taking place prior to June 30, 2025, however program can take place by October 30, 2025.
- Sponsorship award will be a reimbursement check mailed from the Department of Human Services (DHS) and made out to the non-profit organization within 30-45 days of a satisfactory final report submission.

To Apply:

1. Complete and sign the application.
2. Send application by e-mail to fatherhoodcommission.hi@gmail.com, or by regular mail (via certified signature or priority mail) with attention to Hawaii State Commission on Fatherhood Chair, at P.O. Box 339, Honolulu, HI 96809-0339.
3. Contact email above or call 808-550-0080 if your request was mailed out.
4. All requests must be received no later than Friday, April 16, 2025.

The Hawaii State Commission on Fatherhood was created by Act 156 of the 2003 Hawaii State Legislature and placed under DHS under Act 148 of the 2005 Hawaii state Legislature.

Send application (and final report if you are a recipient) by e-mail to fatherhoodcommission.hi@gmail.com, or by regular mail (certified signature or priority mail) with attention to Hawaii State Commission on Fatherhood Chair, P.O. Box 339, Honolulu, HI 96809-0339.



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Selection:

1. Award recipients and amounts will be determined at the April 25, 2025 HS-COF meeting (Meeting date may be updated).
2. Recipients will be notified by April 30, 2025, or as soon as possible thereafter.
3. Award recipients will receive:
 - a. Electronic flyers/brochures from the HS-COF to distribute at event or agency.
 - b. A digital HS-COF logo to be included on collateral produced for the event's media and print material.
 - c. Contact information for your county/district HS-COF commissioner.

Completion:

1. A final report must be submitted within 30 days upon event completion or expenditure of awarded funds for programmatic purposes. Report to include:
 - a. Estimated total number of fathers/male-caregivers & additional participants served.
 - b. How funds were used (i.e. gifts for fathers, program supplies, etc.).
 - c. A brief description or impact of the event, program and related activities.

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Application

Name of Organization:		Founding Year:	Date of Request:
Mailing Address:		Email:	
City:	Zip:	Website URL:	
Director:	Phone:	Email:	
Project Contact Person:	Phone:	Email:	
Your agency's mission statement:			
Purpose of your organization:			
1. \$ Amount request:	2. Est. \$ cost of event/program:	3. Event / program location:	
4. Brief description of event / program:			
(cont):			
(cont.):			
5. Specific use of requested funds:			
(cont):			
6. Who will benefit from the event / program? Please state if directly / indirectly:			
(cont):			
7. How will success of this event / program be determined or measured?			

I have read and understand the directions and requirements:

_____, / /
Authorized Signature, Title , *Date*

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Final Report

Name of Organization:		Founding Year:	Report Date:
Mailing Address:		Email:	
City:	Zip:	Website URL:	
Director:	Phone:	Email:	
Project Contact Person:	Phone:	Email:	
1. Brief description of event / program:			
2. Amount \$ received:	3. Event / program location(s):		
4. Funds were specifically used for:			
(cont):			
5. Who benefited from the event / program? Please state if directly / indirectly:			
(cont):			
6. What were the successes of this event / program? How was it determined or measured?			
(cont):			

I verify this final report to be true and accurate: _____, ____/____/____
Authorized Signature, Title *Date*

Please attach copies of receipts with this final report.

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