



# Makana Gifting Program

3608 Diamond Head Circle

Honolulu, Hawaii 96815 USA

[www.UnityHawaii.org](http://www.UnityHawaii.org) / [makana@unityhawaii.org](mailto:makana@unityhawaii.org)

## Purpose and particulars

### Where does the money come from?

A percentage of money from all sources coming to the Unity Church of Hawaii on Oahu, Hawaii is being made available for worthy projects, organizations, and individuals in the community surrounding our church, within Hawaii, the United States and the world. The members of our church believe in sharing our prosperity. Makana, Hawaiian for 'gift', is our way to contributing to the greater good of the world.

### How much is given away?

The amount of funds distributed monthly varies. Ask for what you need, and we will decide if we can fund all, partial, or none of your request. Funds are distributed in the forms of checks, direct payments for goods or services (such as rent or utilities paid directly to the vendor), gift certificates, etc. We do not give cash. Right now, we want to give to as many different organizations or individuals as possible so a person can only receive one funding request in a 12-month period.

### Is anyone eligible?

The Unity Church of Hawaii believes strongly that EVERYONE has sacred worth and thus, we ONLY support efforts that are free of discrimination. Below you will be asked to state your non-discrimination policies with the clients you serve if you are an organization. If your organization excludes people on the basis of race, color, gender, age, creed, religion, national origin, ethnicity, physical disability, and/or sexual orientation, then this is not the right gifting program for your needs.

### What is the application process?

Please complete this form to initiate the process. The Makana Gifting Review Committee will meet the last Sunday each month to allocate funds to the

highest priority needs. Projects will be reviewed by a selection committee made up of church members (not including the Senior Minister or Board chair) and objectively ranked on meeting the following criteria (among others): the magnitude of impact of our investment, alignment with our church's vision of inclusiveness, and the specifics of the requested funds. We do not give money for any overhead costs. The Makana review committee will also accept ideas for support from members of Unity Church of Hawaii.

### When will I know if I am awarded funds?

You will be notified within the first 2 weeks of the following month if your request will be funded. Upon notification that you have been awarded a Makana gift, please do not contact the church regarding status of your check unless you have been requested to do so. If we have exhausted our allocated funds for the month, but feel your application has a chance of receiving funds, we will hold it over to the next month and you will be contacted.

### Is this a private process?

All funded individuals and entities will have their name (only initials in the case of individuals) and city posted publicly on the Unity Church of Hawaii's website. However, the amount of funds will not be posted.

### Where do I turn in the forms?

Please mail (address above) / fax (808.737.0890) / email ([makana@unityhawaii.edu](mailto:makana@unityhawaii.edu)) the completed application to the address above by the close of business by the 21st day of the month to be considered for that month's review process.

**Who can apply?**

This fund will support the efforts/needs of individuals, and for-profit and non-profit organizations. If the request is for individual assistance, and you are receiving assistance from a social service agency, we will need to get your permission to obtain objective information from your case worker so that our gift is legal and appropriate. If you are desperate for help with your situation, please call 2-1-1, Catholic Charities (536-1794) or the Lokahi Giving Project (591-4295) on Oahu, because our process *cannot be rushed*.

**Your contact information – please fill out what is appropriate and please be as neat as possible**

Please check – are you applying as an:  Individual  Family  Non-profit org  For profit org

Your full name: \_\_\_\_\_

Your organization’s name: \_\_\_\_\_

Your organization’s web address: http://\_\_\_\_\_

Your CEO’s name: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

Your phone / cell / fax number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your email address: \_\_\_\_\_

Your Federal Tax ID or Hawaii GET: \_\_\_\_\_

Have you ever received a Makana (gift)? \_\_\_Yes \_\_\_No

If so, when and for how much: date \_\_\_\_\_ \$\_\_\_\_\_

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**If you are an individual and receiving public assistance please answer these additional questions**

Are you receiving state/federal assistance? Y / N. If so, what type?

\_\_\_\_\_

Do you have a caseworker? Y / N. If so, who is it? \_\_\_\_\_ phone \_\_\_\_\_

Are you presently working? Y / N. If so, where? \_\_\_\_\_

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**RELEASE OF INFORMATION WAIVER FOR INDIVIDUALS RECEIVING FINANCIAL AID**

If the Makana Team decides they would like to consider your application, we will ask you to then fill out this Release of Information Waiver. *Do not fill it out now, we will contact you if we need it.*

I, \_\_\_\_\_ (your name) hereby authorize, \_\_\_\_\_ (name of Makana Team member) to release information regarding my benefits to (Makana Team member) for the exclusive and limited purpose of a Makana review. Please list the name and contact of your financial service provider.

\_\_\_\_\_  
\_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your SSN \_\_\_\_\_

**Your request for support**

**1. What is your challenge/need/task/desire and/or who is your target audience for this request (3-4 sentences, about 100 words):**

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**2. How much money do you need in total now \$\_\_\_\_\_. Please provide a budget in the space below. (NOTE: Makana can pay for products, utilities, services and the like, but it will not pay for organizational overhead. We may choose to pay by check, directly for goods or services, gift certificates, etc. Individuals: we can only pay for rent, certain services, or utilities.)**

Item/service	Amount
1. Rent and/or deposit	\$
2. Utilities (gas)	
3. Utilities (electricity)	
4. Utilities (water)	
5. Other critical services/needs (explain) _____	
6. Other critical services/needs (explain) _____	
7. Other critical services/needs (explain) _____	
<b>TOTAL REQUEST</b>	<b>\$</b>

**Please list the names, full addresses, and phone numbers of those companies who would be receiving a payment from us on your behalf should you receive a Makana gift. For example, if we were to pay your rent, this would be your landlord’s business mailing address.**

Potential payment 1.

Make check out to (Name/Entity/Company): \_\_\_\_\_

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

Name of person to receive the payment: \_\_\_\_\_

Phone number: \_\_\_\_\_

Potential payment 2.

Make check out to (Name/Entity/Company): \_\_\_\_\_

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

Name of person to receive the payment: \_\_\_\_\_

Phone number: \_\_\_\_\_

Potential payment 3.

Make check out to (Name/Entity/Company): \_\_\_\_\_

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

Name of person to receive the payment: \_\_\_\_\_

Phone number: \_\_\_\_\_

**3. What other funding sources are you pursuing?**

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**4. If you do not receive a Makana gift from us to address your needs, how will you address your immediate challenge?**

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**5. Briefly explain the short and/or long-term impacts of receiving a Makana. Tell us how many people will be served and for how long. In the case of individuals, please speak about what you are doing to move your life forward with this gift (3-4 sentences, about 100 words):**

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**6. (This question does not apply to individuals). Briefly explain your organizations' non-discrimination policy and how it is put into effect relative to this request (3-4 sentences, about 100 words).**

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*Thank you! We will contact you within the first two weeks after the last Sunday of the month you submitted this request. We will be in contact, please do not call the church.*

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FOR OFFICIAL MAKANA TEAM SCORING

Date reviewed \_\_\_\_\_

Request was: \_\_\_ sent in by individual/organization and/or \_\_\_ recommended by a Unity member

Who recused themselves from review process: \_\_\_\_\_

Request was: \_\_\_ funded in total \_\_\_ partially funded \_\_\_ not funded\* \_\_\_ withdrawn

Request was paid by: \_\_\_ check \_\_\_ directly \_\_\_ gift certificate \_\_\_\_\_ other

\* Explanation of why this application was not funded \_\_\_\_\_