



Chun Foundation

In Memory of
Say Chong Chun, Chew Hoong Lum Chun
and Bowman Michael Chun

Request for Proposals

The Chun Foundation in Memory of Say Chong Chun, Chew Hoong Lum Chun, and Bowman Michael Chun was created in 1994 for the purpose of funding organizations primarily for medical research into the causes and cures of the diseases of children, and secondarily to provide funds for the medical care of such children, particularly the children of Hawaii.

The donor, Bowman Michael Chun, established the foundation in honor of his parents and in recognition of his concern for the plight and suffering of children in Hawaii who are afflicted with disease.

Grantmaking Policy

- Only proposals for projects submitted by organizations determined to be tax exempt, publicly supported and charitable by the Internal Revenue Service as a 501 (c)(3) organization, or a unit of government will be reviewed.
- Grant awards generally range between \$10,000 - \$ 25,000.
- Proposals will be considered for either research (basic or clinical research); or medical care.
- Indirect and/or administrative costs are limited to 5% of the project/program budget.
- All recipient organizations should plan to submit a financial report for the project or program for the period in which grant monies were spent (but no less often than annually) and a brief narrative report describing the process, completion or summary of the funded project or program. Organizations that fail to submit progress reports or a final report may not be considered for additional funding.
- **DEADLINE DATE:** All applications must be postmarked or delivered via email by APRIL 15th
- **NOTIFICATION OF AWARD DECISIONS:** Usually made by AUGUST 31

**MEDICAL RESEARCH INTO THE CAUSES AND CURES OF THE DISEASES OF CHILDREN,
PARTICULARLY THE CHILDREN OF HAWAII**

Please Submit a Completed Set of the Proposal Containing:

- A) Funding Request Cover Sheet – to be placed on top of each set (see Page 4)
- B) Proposal Narrative – 2 Pages MAXIMUM to include the following information:
- Brief description of the applicant organization and its purpose
 - Research description (hypotheses, objectives, methodology, expected outcomes) – in laymen’s terms
 - Provide an estimated UNDUPLICATED number and age range of the eligible children you propose to serve
 - Significance of project: how it relates to the advancement of science and medicine.
 - Statement as to how the research results will be used or made public
 - The duration of time over which funds will be needed
 - Staff – Describe the qualifications of those who will oversee and coordinate the program (can be added as a separate sheet)
 - Information about the project director or principal investigator (can be added as a separate sheet)
 - Describe how your organization will market the availability of funds for this program
 - Disclose any administrative fee (Note: Indirect costs are limited to 5% of project budget)
- C) **These 2 items must be attached to the proposal narrative:**
- Project Budget – List ALL sources of revenue and expenses
 - Financial Statements – Income Statement & Balance Sheet for last accounting period
- D) **One copy of the following:**
- Internal Revenue Service determination letter for the organization dated after 1969
 - Charter and Bylaws for the organization if a proposal has never been submitted to the Foundation; or if the documents have been revised
 - NOTE: *The above are not necessary if your organization is a unit of government or if your organization has received prior funding from the Chun Foundation or any other foundation administered by Bank of Hawaii Charitable Foundation Services.*

MEDICAL CARE OF CHILDREN (Aged 15 and under)

Grants will be made to community-based charitable organizations, which in turn distribute these funds in the form of financial assistance for eligible children. Assistance is intended to provide help in areas where other services are unavailable.

Eligible child means a person who (ALL criteria must be applicable to each child):

1. Is aged 15 and under, born, raised and living in the State of Hawaii.
2. Is suffering from a childhood disease.
3. Is in financial need.

Examples of assistance for medical care:

1. Medical expenses for health care, not covered by insurance or other health care programs
2. Prescription costs, not covered by insurance or other health programs
3. Transportation costs to receive treatment
 - a. Airplane and hotel costs for children coming to Oahu from other islands in order to receive treatment (requires explicit information)

Each expenditure must respond to a specific request made by a professional service provider (such as a social worker, therapist, physician, etc.) for a specific item or service.

Payments must be made to vendors for the benefit of eligible individuals. Payments must not be made directly to the child or his or her family member.

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DEADLINE DATE: All applications must be postmarked, delivered, or emailed to jadeen.sakaue@boh.com by APRIL 15th.

Mailing Address

Chun Foundation
c/o Bank of Hawai'i
P. O. Box 3170, Dept. 758
Honolulu, HI 96802-3170

Delivery Address

Chun Foundation
c/o Bank of Hawai'i
Charitable Foundation Services
111 S. King Street, 4th Floor
Honolulu, HI 96813

Contact Information for Chun Foundation

Website address: <https://www.boh.com/philanthropy/grants/chun-foundation>

Jadeen Sakaue, Officer
Phone: (808) 694-4399
Email: jadeen.sakaue@boh.com

Chun Foundation

Funding Request Cover Sheet

(TYPE all information, except for signatures, and submit with your request for funding.)

Date _____

Organization Information (Must be a 501 (c)(3) tax-exempt organization or a unit of government)

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Executive Director of applicant organization (If no ED, name of chief compensated staff person.)

Name: _____ Title: _____

Address: _____ Email: _____

Contact person for this application

Name: _____ Title: _____

Complete Address: _____

Phone: _____ Email: _____

Project Information

Check One: Medical Research Medical Care

Project Title: _____

Amount requested: \$ _____

Purpose of project (one sentence): _____

Two signatures are required

Executive Director (Chief Compensated Staff)

Board Chair or President (Chief volunteer)

Type Name and Title

Date

Type Name and Title

Date