



Request for Assistance

Oahu Agriculture and Conservation Association: Grant and Loan Support

Please complete this form in its entirety and return it to us via:

Email: oahuaca@gmail.com

Mail: P.O. Box 700489, Kapolei HI, 96709

We will contact you within 10 business days to discuss next steps. Should you have any questions, please call us at 808-729-1676 or email oahuaca@gmail.com

Name of Farm/Ranch/Agriculture Organization:											
Contact:	Phone:										
Address:	Email Address:										
	Web Address:										
Agricultural Cooperative/Group? Yes ___ No ___	Non-Agricultural Cooperative/Group? Yes No										
Type of Business (Please check all that apply) Purchasing Processing Marketing Housing Retail Service Tourism Ranching Farming Other	Business Status (Please check all that apply) Pre-Venture Private Non-Profit In Business LLC Other If in business, how long has it been in operation? <1 year 1–3 years >3 years										
Business Information Number of paid employees (including owners): Number of unpaid workers (volunteers, WWOOFers, owners, family, etc.): Acres in production (if applicable): What products/services do you offer to customers?											
Financial Information Hawai'i Revenues Last Tax Year: \$ Out-of-State Revenues Last Tax Year: \$ Net Income Last Tax Year: \$											
Has your group previously received assistance from other organizations? Yes No If yes, what other organizations have assisted your group? (Please check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Local Chamber of Commerce</td> <td style="width: 50%;">Local Farm Bureau</td> </tr> <tr> <td>College/University</td> <td>Legal Counselor</td> </tr> <tr> <td>Other Existing Cooperative</td> <td>Cooperative Extension Service (UH – CTAHR)</td> </tr> <tr> <td>Local Economic Development</td> <td>Professional Small Business Development Center</td> </tr> <tr> <td>Other</td> <td>Government Agency (County, State or Federal)</td> </tr> </table>		Local Chamber of Commerce	Local Farm Bureau	College/University	Legal Counselor	Other Existing Cooperative	Cooperative Extension Service (UH – CTAHR)	Local Economic Development	Professional Small Business Development Center	Other	Government Agency (County, State or Federal)
Local Chamber of Commerce	Local Farm Bureau										
College/University	Legal Counselor										
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Local Economic Development	Professional Small Business Development Center										
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Best Practices Checklist

We strongly encourage each client to follow best practices; please check the activities below that have been completed. Please write: Y for Yes; N for No; NA for Not Applicable

- | | |
|--|--|
| <input type="checkbox"/> An idea has been discussed among a small group of potential cooperative members | <input type="checkbox"/> Financing has been discussed with lenders |
| <input type="checkbox"/> Steering committee established | <input type="checkbox"/> Market analysis |
| <input type="checkbox"/> Mission and vision developed | <input type="checkbox"/> Feasibility study |
| <input type="checkbox"/> Action items have been established with timelines | <input type="checkbox"/> Business plan developed |
| <input type="checkbox"/> Articles of Incorporation filed | <input type="checkbox"/> Management and employees hired |
| <input type="checkbox"/> Bylaws have been adopted | <input type="checkbox"/> Operations have begun |
| | <input type="checkbox"/> Board of Directors has been formed |

Type of assistance requested (Check all that Apply)

- | | |
|--|--|
| <input type="checkbox"/> Cooperative business development | <input type="checkbox"/> Business plan development |
| <input type="checkbox"/> Funding research | <input type="checkbox"/> Market plan development |
| <input type="checkbox"/> Loan preparation assistance — Name of loan(s) (if known): | |
| <input type="checkbox"/> Grant preparation assistance — Name of grant(s) (if known): | |
| <input type="checkbox"/> Other | |

If you are seeking funding to expand your cooperative or business, what activities will the funds be used to support? (For example: payroll, supplies, market research, equipment purchase, construction, etc.)

Project description and vision statement

Please tell us more about your business or cooperative. Provide a description of your current activities, successes, and challenges, how you are working to address them, and visions for the future.

Current activities:

Successes:

Challenges and how you are working to address them:

Visions for the future:

Food and Agricultural Production

Please tell us more about your business or cooperative's agricultural production activities by providing information about the following:

Number of acres in production:

Pounds of food produced (last calendar year or annual average):

Please share the types of agriculture products you sell commercially:

Gross revenue from food and/or agricultural products sold (last calendar year):

Number of years in business:

1-3 years

4-5 years

6-9 year

Over 10 years

Number of paid full-time workers (including owners):

Number of paid part-time workers (including owners):

Please complete for following for support in applying for Federal or State Grants:

Title of Grant you are interested in applying for:

Deadline for grant submission:

EIN:

Are you taxes current? Yes No

What is the match requirement? _____% In-Kind, Cash, or both

Do you have a current DUNS #? Yes No Please write it here: _____