HAWAIIAN HOME LANDS TRUST Department of Hawaiian Home Lands		
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Pro	posed Legislative Action R	equest for 2020
Name:		
Organization:		
Address:		
Email:		
Lessee: Y / N	Applicant: Y / N	Beneficiary: Y / N
Issue:		
Bill: Y / N	Resolution: Y / N	Other: Y / N

Statement explaining why you need the legislative action and what problem the legislative action is designed to correct?

Does your proposal require an amendment to the HHCA? Y / N

Does your proposal require funding? Y / N

If yes, how much funding?