

SQUAXIN ISLAND CHARITABLE CONTRIBUTION APPLICATION

2nd Quarter 2010 Deadline: April 30th

Date: _____

Name of Applicant*: _____

Contact Person: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Email: _____

Program Name: _____

Duration of Project: From _____ to _____

Amount Requested***: _____

Total Proposed Project/Program Budget: _____

EIN Number: _____

***Please attach a copy of the organizations 501(c)3 Letter or a W9
Funds will not be distributed without these documents.***

Nature of Request:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Capital | <input type="checkbox"/> Operating |
| <input type="checkbox"/> Project | <input type="checkbox"/> Other _____ |

Is the applicant a:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Tribe | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole proprietorship |
| <input type="checkbox"/> Other _____ | |

Does the applicant qualify as a:

- | | |
|--|---|
| <input type="checkbox"/> Non-profit organization? | <input type="checkbox"/> Charitable organization? |
| <input type="checkbox"/> IRC 501(c)(3) organization? If so, provide copy of IRS letter ruling. | |

Give a brief (50 words or less) summary of your program and the reason for this grant request:

*Applicant name must match the name on the 501(c)3 Letter or a W9 submitted

** Amounts in excess of \$2500 are discouraged and will be subject to special review.

Briefly describe how your program would benefit the Squaxin Island Tribal Community and the surrounding area.

What is your organization's mission? What part of the community is served by your organization? Is the organization staffed by volunteers, or is the staff paid?

Do you expect funds from other sources to carry out the project; if so, from whom?

Submission of Application:

Applications are reviewed on a quarterly basis, after each deadline.

Be certain the application is complete.

Attach a copy of your IRS 501(c)(3) letter ruling or a completed Form W-9

Submit completed application on or before the deadline to:

Melissa Puhn, Executive Services
Squaxin Island Tribe
10 SE Squaxin Lane
Shelton, WA 98584
Phone: 360.426.9781
Fax: 360.426.6577

If you have any questions concerning the application or its status, please email to [mpuhn\(at\)squaxin.nsn.us](mailto:mpuhn(at)squaxin.nsn.us).

PLEASE NOTE: Unfunded Applications are not retained. Entities are eligible for funding only once per year.

*Applicant name must match the name on the 501(c)3 Letter or a W9 submitted

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