

ONE PERCENT FUND APPLICATION

Application for Charitable Donations from
Non-Tribal Charitable and Tribal Programs

Shoalwater Bay Tribal-State Compact Section 14.2, “...shall be donated to non-tribal bona fide nonprofit and charitable organizations in the State of Washington.”

Shoalwater Bay Tribal-State Compact Section 14.3, “...shall be applied to Tribal governmental programs which have an impact on the community by assisting the Tribe and its members in becoming self-sufficient, such as programs concerned with Tribal law enforcement, education, housing, health, elderly care, safety, and gaming regulation.”

Date: _____

Name of Applicant: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Email: _____

Program Name: _____

Duration of Project: From _____ to _____

Amount¹ Requested: _____

Total Proposed Project/Program Budget: _____

A W9 form or EIN Number will be required upon approval

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"/> IRS 501(c) (3) organization? If so, provide copy of IRS letter ruling. | |

¹ Applications in excess of \$2,500.00 are discouraged and will be subject to special review.

Give a brief summary (**less than 50 words**) of your program and why you are asking for a grant.

Briefly describe how your program would benefit the Shoalwater Bay Tribal Community.

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?

Signature: _____

Submission of Application:

All fields must be filled out. Be certain it is complete.

Attach a copy of your IRS 501(c) (3) letter ruling or a completed Form W-9 (can be found at irs.gov (See forms and publications).

Submit completed application by September 25th to:

Attention:
Jim Anderson
1% Committee
Shoalwater Bay Tribe
P.O. Box 130
Tokeland, WA. 98590

Phone: 360.267.8213
Fax: 360.267.0422

If you have any questions concerning the application or its status, please email:

janderson@shoalwaterbay-nsn.gov

PLEASE NOTE: Unfunded Applications are not retained. Entities are eligible for funding only once per year (Oct. 1-Sept. 30).