



SHOALWATER BAY TRIBE TWO PERCENT APPLICATION

Two Percent Summary:

'The Tribe recognizes that the activities directly and indirectly associated with the operation of the Gaming Facility on the Shoalwater Bay Indian Reservation may impact local law enforcement agencies, emergency services, and other services and place an increased burden on them. The Tribe hereby agrees to establish a fund for purposes of providing assistance to law enforcement, emergency services, and/or other service agencies (including those agencies responsible for traffic and transportation) impacted by the Class III Gaming Facility...

Application for 2% Impact Mitigation Fund

Information required for application purposes:

In order for an application to be considered, all fields must be filled out.

Name of Applicant: _____

Name of Program/Service Agency: _____

Duration of Program/Service Agency: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Amount of grant requested: \$_____ Total Budget nature of Request: \$_____

Are you as the applicant Tribal/Non Tribal Law Enforcement, Emergency, Local, State, County or other service agency?

Has the casino impacted you or your Program/Service Agency in any way?

Give a brief description (**less than 50 words**) of the need for a grant:

(Please attach any additional information for consideration by the committee)

A brief description of how the Program/Service Agency benefits the community (whether Tribal or Non-Tribal):

Is your organization volunteer or is the staff paid, and if paid by whom?

EIN, UBI or SSN: _____

Do you expect funding from other sources to carry out projects, and if so by whom?

Date of application: _____

Signature: _____

Applications for Two Percent Impact Mitigation Fund will be accepted by November 30th of each year with funds being distributed by January of each year.

**Please note that applications that are not funded are not retained.
All fields must be filled out. Be certain it is complete.
Submit completed 2% applications on or before November 30th to:**

Attn: Jim Anderson
Shoalwater Bay 2% Committee,
P. O. Box 130, Tokeland WA 98590 or Fax: 360-267-0422.
Or by E-mail janderson@shoalwaterbay-nsn.gov