



## FY 2019 Stillaguamish Tribe of Indians Community Contribution Applications

### Check List (If application is not complete, your organization will not be eligible for funding)

- Complete Community Contribution **Application**
- Project **Budgets**
- Completed & Signed **W-9**
- Copy of IRS Final Determination **501(c) Letter** (*Applicable to Charitable Donations*)

### Community Contribution Categories:

There are five (5) separate fund categories, please select the category you are applying for (only check one box):

- **Community Impact Grants:** Funds that can be distributed to **non-tribal local** Governmental agencies, for reimbursement for actual or potential impacts from class III gaming activities. (*I.E. Police, Sheriff and Fire Departments, Etc.*)
- **Charitable Donations:** Funds for **non-tribal bona fide nonprofit and charitable organizations in the State of Washington**. Non-tribal meaning it cannot be owned by Stillaguamish Tribe of Indians. Other tribes who have bona fide nonprofit or charitable organizations are eligible to petition for funds. Stillaguamish Tribe of Indians controlled programs are not eligible for these funds. Non-profit letter must be submitted for proof of status. (*501 (c) Letter Required for the category*)
- **Tribal Community Funds:** These funds are for **Tribal Governmental Programs** that promote the tribe and its members to become self-sustaining. (Stillaguamish and other tribal programs can be considered for this category)
- **Problem Gambling:** Funds dedicated to problem gambling education, awareness, and treatment in the State of Washington. Stillaguamish Tribe of Indians program can petition for these funds.
- **Smoking Cessation:** Funds dedicated to the smoking cessation, prevention, education, awareness, and treatment in the State of Washington. Stillaguamish Tribe of Indians program can petition for these funds.

### Check if this applies:

- Your organization receives support from Federal funding. If so, please attach a list of the grants your organization receives and the amount awarded.

### Award Schedule:

All applications shall be due by the end of **March, June, September and December**, to be considered for the following funding period.

**\*\*Please attach a signed W-9. Also, attach a copy of the non-profit organizations determination letter, if applicable. Your request will not be considered for the funds distributed without these documents.**



**FY 2019 Stillaguamish Tribe of Indians Community Contribution Application**

Date: \_\_\_\_\_

Name of Person or Organization (Same as on W-9): \_\_\_\_\_

Project Name: \_\_\_\_\_

Checks Payable to: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Project Budget Requesting: \_\_\_\_\_

Duration of Project: \_\_\_\_\_ From: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Was your organization a Stillaguamish Tribe of Indians Community Contribution recipient in the last 12 months?**

- Yes
- No

**If checked yes, date and amount of contribution received:** \_\_\_\_\_



**FY 2019 Stillaguamish Tribe of Indians Community Contribution Application**

**Project Name:**

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**Est. # of People Served Annually:** \_\_\_\_\_ **Ages of Persons Served:** \_\_\_\_\_

**# of Employees:** \_\_\_\_\_ **# of Volunteers:** \_\_\_\_\_

**Est. # of Stillaguamish members served:** \_\_\_\_\_

**Target Populations**

- Youth
- Veterans
- Education
- Community
- Elders
- Public Safety
- Animal Care, Rescue & Welfare
- Substance Abuse Prevention & Awareness
- Other \_\_\_\_\_

**Specific Purpose of Funds:**

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**What is your organization's mission or purpose?**

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**Give a brief (50 words or less) summary of your program:**

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**Briefly describe how your program would benefit the Stillaguamish Tribe of Indians and/or the surrounding community served:**

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**Additional Comments:**

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**FY 2019 Stillaguamish Tribe of Indians Community Contribution Application**

**Submissions of Application:**

**Applications are reviewed as applications are received. Please attach a copy of your IRS non-profit letter ruling, and completed W-9 Form.**

**Submit Application on or before the deadline to:**

**Stillaguamish Tribe of Indians  
P.O. Box 277  
Arlington, WA 98223**

**E-mail : [Donations@stillaguamish.com](mailto:Donations@stillaguamish.com)**

**If you have any questions concerning the application, feel free to email.**

**PLEASE NOTE:**

- **Determination letters will be sent out within 45-days of the application deadline.**
- **You must submit all required documentation to have the complete application. Otherwise, your application will not be complete and will not be considered for review.**