



## **FY 2023 Stillaguamish Tribe of Indians Community Contribution Application**

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

- Complete Community Contribution **Application**
- Project **Budget**
- Completed & Signed (current year) **W-9**
- Copy of **Proof of Current Registration with the Secretary of State of Washington**  
(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 registered with the Secretary of State to provide services 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. **Proof of Current Registration with the Secretary of State of Washington required**
- **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 last day 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 proof of current registration with the Secretary of State of Washington, if applicable. Your request will not be considered for the funds distributed without these documents.**



**FY 2023 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:** \_\_\_\_\_



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**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**

- |                                 |                                     |  |
|---------------------------------|-------------------------------------|--|
| <input type="radio"/> Youth     | <input type="radio"/> Community     | <input type="radio"/> Animal Care, Rescue & Welfare          |
| <input type="radio"/> Veterans  | <input type="radio"/> Elders        | <input type="radio"/> Substance Abuse Prevention & Awareness |
| <input type="radio"/> Education | <input type="radio"/> Public Safety | <input type="radio"/> 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 2023 Stillaguamish Tribe of Indians Community Contribution Application**

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

**Stillaguamish Tribe of Indians  
Attn: Community Contributions  
3322 236th ST NE  
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 as close to 45 business days after the application deadline as possible.**
- **You must submit all required documentation to have a complete application packet. If your application packet is not complete it will not be considered for review.**