

**PUYALLUP TRIBE OF INDIANS  
CHARITY TRUST BOARD  
Charity Fund Application Form**

**3<sup>rd</sup> Quarter 2016, Deadline: September 30<sup>th</sup>, 2016**

In order to qualify for an award, this application form must be **completed in full and handwritten** and **submit only 1 copy** to the Puyallup Tribe's Gaming Advisory Commission via **email, fax or regular mail**  
5580 Pacific Hwy. E. Suite "F"; Fife, WA 98424.

Fax: (253) 382-6015

**charitytrustboard@puyalluptribe.com**

Date of Application: \_\_\_\_\_ **County:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

**No - P.O. Boxes**

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

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Non-Profit Federal I.D. Tax Number: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please attach copies of the following:

- your organization's 501 (c) 3 or letter of determination from the IRS
- a copy of your W-9 form, signed
- Proposed budget

This application form must be attached to the following:

1. Specific expenditures which are anticipated
2. The specific use of the charitable gaming proceeds
3. The organization shall specifically state what portion of the proceeds, if any, will be used for administration, operations and salaries.

PREFERENCE WILL BE GIVEN TO: projects that demonstrate benefits or services to Indians as part of their service population, and are located in Pierce County. Projects will be considered which offer:

**\*Please indicate one category qualifies your funding request.**

- Educational Services
- Elder Services
- Health Services
- Food Services
- Social Services
- Religious Services
- Youth Services
- Amateur Sport Services
- Cultural Services
- Other bona fide charitable purpose. Please describe. \_\_\_\_\_

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Has this organization ever applied for charitable funding within the Charity Trust Board or any other entity of the Puyallup Tribe?    NO \_\_\_\_\_    YES \_\_\_\_\_ if yes, please list where/who/when and amount funded:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe how your program would benefit the Puyallup Tribe's Community and the surrounding area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your organization staffed by volunteers, or is the staff paid?

\_\_\_\_\_

Has this organization used any other names?

\_\_\_\_\_

How will the award be expended? **Please be specific.**

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***Failure to submit all documents required, will delay your application. All applications are due by the end of each quarter, and will be reviewed the following month.***

\* Revised 11/15gac/ctb

\* No monies from this award may be used to pay anyone's finder fees. The Commission reserves the right to request copies of your organization's financial statement for the previous three (3) years.