



CONFEDERATED TRIBES OF THE COLVILLE RESERVATION



DONATION APPLICATION FORM

A
DO NOT LEAVE ANY QUESTION BLANK – USE BLUE INK – PLEASE WRITE LEGIBLY

APPLICANT, ORGANIZATION, CLUB OR GROUP REQUESTING FUNDING:		TODAY'S DATE:
MAILING ADDRESS:		TELEPHONE:
CBC APPROVED ANNUAL: Yes/No IF YES, RESOLUTION NUMBER:		MSG:
DISTRICT:		

B

List the names, ages, birthdates and Tribal ID#'s of Individuals:

(If applicable, attach a copy of the agenda, roster or any additional information that would help support this effort)

C

I am requesting funding in the amount of:	\$	For the following:
Name of activity:		
Dates of activity:	Location:	
How much matching funds can you provide:	\$	

List source of matching funds and attach proof (receipts, record of sales, copies of checks, etc...)

FUND RAISING ACTIVITY OR WHO WILL SPONSOR THE EVENT	RECEIVED?	AMOUNT
		\$
		\$
		\$
		\$
TOTAL REVENUE SOURCES		\$

Funds will be used for (be specific):

DESCRIPTION	AMOUNT
	\$
	\$
	\$
	\$
TOTAL EXPENDITURES	\$

BRIEF DESCRIPTION OF PURPOSE AND NAME OF ORGANIZATION, CLUB, OR GROUP:

APPLICANT SIGNATURE REQUIRED:

I have read and understand the Policies and Procedures for applying for CCT funds. I agree to abide by these Policies. I further attest that the information provided is true and correct to the best of my knowledge and that any false information provided may disqualify my application for funding. I understand these funds are to be used to help promote Colville Confederated Tribes and aide towards the prevention of substance abuse, violence or other unhealthy behavior.

SIGNED:	DATE:

CHECK PAYABLE INFORMATION:

If approved, who does the committee make check payable to?

Check Payable to:

*****MUST RETURN ALL RECEIPTS (FOR ENTIRE AMOUNT OF ACTIVITY AND YOUR MATCH) AS REQUIRED***
You must return receipts or you will receive an invoice to pay back entire amount of donation. No exceptions**

REQUIRED SIGNATURES:

APPROVED	DATE	DISAPPROVED	DATE

COMMITTEE COMMENTS:

Dollar Amount:	\$
Check Payable to:	
Other Comments:	

Submit to: DONATION COMMITTEE
 Colville Confederated Tribes
 P.O. Box 150
 Nespelem, Washington 99155
 (509) 634-2838 FAX
 Tissi.marchand@colvilletribes.com

**Youth are considered: Kindergarten-Twelve Grade (K-12)
 Elders are 55 and older**

Individual Youth = Will Match up to \$150.00
 Education and Sports Activity

Youth Groups = Will Match up to \$500.00
 Education or School Related Activity

Elder Activity = up to \$150.00

Community Events = up to \$150.00