2019 Lummi Nation Community Contribution Application

Check List:

- ☐ **Application** - Completed Community Contribution Application
- ☐ **Budget** - Attach project budget
- ☐ **W-9** - Completed W-9 & it must be signed
- ☐ **501(C)** - Copy of IRS Final Determination *(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 Contribution:** funds that can be distributed to non-tribal local governmental agencies, for reimbursement for actual or potential impacts from Class Ill 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 the Lummi government. Other Tribes who have bona fide nonprofit or charitable organizations are eligible to petition for funds. Lummi Nation controlled programs are not eligible for these funds. Non-profit letter must be submitted for proof of status. *(501(c) Letter Required for this category)*
- ☐ **Community Impacts:** These funds are for tribal governmental programs that promote the tribe and its members to become self sustaining. *(Lummi 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. Lummi Nation programs can petition for these funds.
- ☐ **Smoking Cessations:** funds dedicated to smoking cessation, prevention, education, awareness, and treatment in the State of Washington. Lummi Nation programs can petition for these funds.

Award Schedule:

All applications are due December 31st. Awards for each category will be announced as follows:

January 15th – Smoking Cessation & Problem Gambling

March 31st – Community Contribution, Charitable Donation, & Community Impacts

Date: _____

Project Name: _____

Name of person or organization (Same as on W-9): _____

_____

Contact Person: _____ **Phone #:** _____

Email: _____

Address: _____

City, State, Zip: _____

Geographic Area Served: _____

Est. # of people served annually:_____ **Age of Persons Served:** _____

 # Of Employees: _____ **# of Volunteers:** _____ **Est. # of Lummi people served:** _____

Was your organization a Lummi Nation Community Contribution recipient last year?

☐ Yes ☐ No

Target Population:

☐ Youth	☐ Veterans	☐ Prevention Awareness
☐ Education	☐ Elders	☐ Other:
☐ Community	☐ Public Safety	_____

What is your organization's mission or purpose?

Give a brief (5O words or less) summary of your program:

Briefly describe how your program would benefit the Lummi Nation and/or the surrounding geographic area served:

Project Budget - Specific Purpose for Funds:

Amount Requested: _____ **Total Budget Requesting:** _____

Duration of Project: _____ **From:** _____

Specific Purpose of Funds: _____

_____

_____

_____

Check if this applies:

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

Submission of Application:

- Email completed application to LNCC@lummi-nsn.gov
  ***Electronic copies only**

If you have any questions concerning your application, please feel free to call or email:

Lummi Indian Business Council
Attn: Chairman's Office
2665 Kwina Road, Bellingham, WA 98226
Phone: 360-312-2142
Email: *LNCC@lummi-nsn.gov*

PLEASE NOTE:

- **Award Letters will be emailed by the end of March**; if no letter is received you will not be awarded for the current year. Please apply again for the following year.
- You must **submit all required documentation** to have a complete application. Otherwise, your application will not be complete and will not be considered for review.

Certification: By signing the application form, the signer certifies:

- The information provided is accurate and that any grant funds received will be used according to the stated purpose and approved awarded purposes only.
- The organization will comply with the Lummi Nation regulations and guidelines as stated.
- All awarded funds will be used only for the purposes awarded.
- If awarded, reasonable efforts shall be made to publicly announce the award.
- The organization will provide the final evaluation report in a timely manner including at a minimum how the funds were used.
- The person signing this application should have the authority to commit the organization to these conditions.

Contact person's signature: _____ Date: _____