

# Augustine Band of Cahuilla Indians Donation Request Form

Please check the applicable box:

- |  |  |
|--|--|
| <input type="checkbox"/> Local Public Agency | <input type="checkbox"/> Local Event Sponsorship   |
| <input type="checkbox"/> Religious           | <input type="checkbox"/> Children's Sporting Event |
| <input type="checkbox"/> County School       | <input type="checkbox"/> Other                     |

PROJECT NAME: \_\_\_\_\_

## *Committed to the Community*

The Augustine Band of Cahuilla Indians is committed to improving the communities around us and to enhancing the lives of the people in those communities.



## Request Timeline

To assist us in our efforts to evaluate each request fairly and completely, we ask that you submit applications for donations A MINIMUM OF ONE - TWO MONTHS ahead of the time the donation is needed. **We do not do rush processing. If your organization has a timeline they need to operate by, please plan accordingly on your organizations behalf.** Should your donation request be approved you will be contacted via e-mail to notify you of the granted request. **Please make sure you provide a valid e-mail address.**

**Please note that we receive numerous requests for funding each month and we try to provide financial assistance to a variety of organizations which enrich our local communities, however we cannot fund every request, and donations ARE NOT guaranteed to be granted once an application has been submitted.**

## Instructions on Completing Form

Those seeking donations for community projects or our assistance with fundraising programs must complete this application in its entirety. **Any donation request's that are submitted without completing this application will not be considered.**

Please make sure that the name of person or organization, mailing address, contact phone number and e-mail address are **COMPLETELY** filled out. Some questions may not apply to your organization or project, but please answer all questions that do apply.

Please make sure to specify exactly what donation amount and/or goods you are requesting. Any applications that do not have this information completed will not be considered.

An internal selection committee will review your application and base their decision solely on the information you give us. Applicants may provide additional information or attachments if they are relevant to their funding request; but realize that a concise statement of the project methods and goals will help us best evaluate your application. Please send only copies of your materials as we will not return any of the materials we receive with the donation application.

**\*\*IMPORTANT- Please make sure all of your contact information is correct so that in the event we need to get ahold of you we have the right information\*\***

## Organizational Information

---

**Name of Organization (COMPLETE NAME)**

---

**Name of Organization's President, Executive Director or Leader (If Applicable)**

---

**Mailing Address (If P.O. BOX Provide Physical Street Address As Well)**

---

**Telephone Number of Organizations Office**

---

**Fax Number**

---

**Name of Contact Person**

---

**Telephone Number of Contact Person**

---

**E-Mail Address of Contact Person**

---

**Organization Website (IF APPLICABLE)**

---

**Any Additional Contact Information**

**In the space provide below, please provide a short description of the organization and the activities, purpose and location/service area that they serve.**

---

---

---

---

---

---

---

---

---

---

**Project or Event Information**

Please summarize your project or event to include: whom it would serve, why it is needed, the goals of the project, how it will benefit your community and how it will be executed. (Attach additional sheets if needed for event information)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

What is the donation amount requested? What is the start date of your event?

---

---

### **Organizational Service Information**

Is your organization non-profit? Yes  No  (attach proof of non-profit to application if applicable)

What is your organization's Federal Tax ID number?

---

### **Tribal Contact Information**

When completed, you can return your application and any other related information to us via regular mail, e-mail or fax at the following:

ATTN: Heather Haines/Victoria Martin  
Augustine Band of Cahuilla Indians  
P.O. Box 846  
Coachella, Ca 92236

FAX: (760) 369-7161

E-MAIL: [hhaines@augustinetribe.com](mailto:hhaines@augustinetribe.com)  
[vmartin@augustinetribe.com](mailto:vmartin@augustinetribe.com)

For questions, contact Heather Haines OR Victoria Martin at (760) 398-4722 or  
[hhaines@augustinetribe.com](mailto:hhaines@augustinetribe.com)  
[vmartin@augustinetribe.com](mailto:vmartin@augustinetribe.com)

---