

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 dedicated to supporting the community, committed to enriching the communities around them through promoting the cultural values and relevance of the communities, and enhancing the lives of the people in those communities.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE REQUIREMENTS FOR DONATION APPLICATIONS

Instructions for Completing Application

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

1. To assist us in our efforts to evaluate each request fairly and completely, we ask that you **submit applications for donations a minimum of two months** ahead of the time that the donation is needed in order for the Tribal Council to review the application and make a determination. If your organization has a timeline they need to operate by please plan accordingly as **we do not do rush processing**.
2. Ensure that the name of the 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.
3. Confirm that all of your contact information is correct in the event that we need to contact you.
4. Specify exactly what donation amount and/or goods you are requesting. Any applications that do not have this information completed will not be considered.

Review of Application

The Tribal Council 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. Only send copies of your materials as we will not return any of the materials we receive with the donation application.

Granted Donations

A valid e-mail address is required on this application. You will be contacted via e-mail to notify you that your donation request has been granted. **Due to the volume of donation request's the Tribe receives we will only notify you should your donation be approved. If you do not receive an e-mail from us during the timeline outlined above, then your donation request has not been granted and no further action by our office will be taken.**

Additional Information

Donation applications are approved and dispersed at the discretion of the Tribal Council. Please be advised that the Tribe receives numerous requests for funding each month and they try to provide financial assistance to a variety of organizations which enrich our local communities, however they cannot fund every request. Donations are not guaranteed to be granted once an application has been submitted even if you have received a donation from the Tribe in the past. Once the Tribal Council has made their decision it is final. Tribal staff are not aware of the reasons that the Tribal Council may decline a donation request. **Any inquires as to why a request was not approved will not receive a response.**

Organization Information

Name of Organization (COMPLETE NAME)

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

Address

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)

Additional Information (If applicable)

Is your organization non-profit: Yes _____ No _____

(If your organization is non-profit attach proof to this application)

Organization's Federal Tax ID Number: _____

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

Contact Information

Completed applications and any other related information can be submitted via regular mail or e-mail at the following:

ATTN: Donation Committee
Augustine Band of Cahuilla Indians
P.O. Box 846
Coachella, CA 92236

E-Mail: donations@augustinetribe.com

For questions please contact us at: donations@augustetribe.com

IMPORTANT

THE FOLLOWING MUST BE FILLED OUT TO BE ABLE TO PROCESS THE DONATION

Check Payable To: _____

Address: _____

City: _____ State: _____ Zip: _____

Attn: _____

PLEASE PRINT

****This document must be returned with donation application****