

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

Instructions for Completing Application

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

1. To evaluate each donation request fairly and comprehensively, donation applications need to be submitted at least six weeks before the donation is required to ensure adequate time for the review process and determination. There is no rush processing, so plan ahead of time if your organization has a deadline to meet.
2. Confirm the organization's name, mailing address, point of contact, contact phone number, and email address are filled out completely. Some questions may not apply to your organization or project, but please answer all questions that do apply.
3. Specify what donation amount and/or goods are being requested. Any application that does not have this information completed will not be considered.

Review of Application

The Tribal Council will review the application and base the decision solely on the information provided. Applicants may provide additional information or attachments relevant to the funding request; however, a concise statement of the project methods and goals will help evaluate the application. Only send copies of additional materials as those documents received with the donation application will not be returned.

Granted Donation's

A valid email address is required on this application. You will be contacted via email to notify you that your donation request was approved. **Due to the volume of donation requests received, only those donation requests approved will receive an email. If you do not receive an email from us during the six-week timeline, your donation request has not been approved, and this office will take no further action.**

Additional Information

Donation applications are approved and dispersed at the discretion of the Tribal Council. The Tribe receives numerous requests for funding each month. The Tribe tries to provide financial assistance to various organizations that enrich our local communities; however, they cannot fund every request. New donation requests are not guaranteed even if you have received a donation from the Tribe in the past. **Any inquires as to why a request was not approved will not receive a response.**

Payment Information Form

At the end of this application, the payment information form must be completed and returned upon submitting the donation application. Failure to fill out this form can result in the application being rejected or delayed donation funding.

Contact Information

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

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

Email: donations@augustinetribe.com

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 (Please Specify) _____ |

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 by promoting the communities' cultural values and relevance and enhancing the people's lives in those communities.



Organization Information

Name of Organization (Complete Name)

Name of Organization's President, Executive Director, or Leader

Address

Telephone Number of Organizations Office

Fax Number

Name of Contact Person (This Must be Provided)

Telephone Number of Contact Person

Email Address of Contact Person

Organization Website

Additional Information

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 provided below, provide a short description of the organization and the activities, purpose, and location/service area.

Project or Event Information

Donation amount requested: _____

Start date of your event: _____

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

Payment Information Form

Check Payable To: _____

Address: _____

City: _____ State: _____ Zip: _____

Attn: _____

This document must be returned with the completed donation application.