

In order for your donation request to be considered, this application form must be completed in full and submitted via email or regular mail to:

# General Information

*Robyn Burlingham, NHBP Tribal Council Coordinator 1485 Mno-Bmadzewen Way, Fulton, MI 49052*

*Fax: 269-704-8582, Email:* *rburlingham@nhbpi.com*

Date of Application:

Name of Organization:

Street Address (No PO Boxes):

City:

State:

Zip:

Contact Person:

Title:

Phone:

Email Address: Non-Profit Federal Tax I.D. Number:

Amount Requested: Overall Cost of your Event/Project/Campaign:

Has your organization ever received support from NHBP for this Event/Project/Campaign in the past?

# Donation Request Information

* 1. State your Organization’s Mission:
	2. Give a brief (50 words or less) summary of your program (including name, dates, and location if applicable) and the reason for this donation request:
	3. State other information that will assist in a favorable decision on behalf of this function or provide additional information about additional non-monetary requests (i.e., land, building use, etc). Use a separate page if necessary and attach to this application.
	4. Describe how your program would benefit the NHBP Tribe’s Community and the surrounding area (be as specific as possible):
	5. If approved, who does the Tribe make the check payable to?

Provide mailing address where donation is to be sent

* 1. Please attach copies of the following (required):
		1. Your organization’s 501(c)3 or letter of determination from the IRS
		2. A copy of your W-9 form, signed
		3. Annual Report (upon request)
		4. Optional: any other documentation you feel would be beneficial for your request

***Failure to submit all documents requested will delay your application.***

***All applications are reviewed on a monthly basis.***

*The Nottawaseppi Huron Band of the Potawatomi Tribal Council reserves the right to request copies of your organizations financial statement for the previous three (3) years.*

# 3. Applicant Signature Required:

I 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 the Tribe, its community, and its members.

Signature of Applicant and/or Parent/Legal Guardian Date

# FOR OFFICIAL USE ONLY

Date Presented to Nottawaseppi Huron Band of the Potawatomi (NHBP):

Decision of the NHBP:

Approved

Denied

Amount and/or Type of Donation Approved: