



**NOTTAWASEPPI HURON
BAND OF THE POTAWATOMI**

A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

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:

*Robyn Burlingham, NHBP Tribal Council Coordinator
1485 Mno-Bmadzewen Way, Fulton, MI 49052
Fax: 269-704-8582, Email: rburlingham@nhbpi.com*

1. General Information

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? _____

2. Donation Request Information

A. State your Organization's Mission:

B. 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:

C. 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.

D. Describe how your program would benefit the NHBP Tribe's Community and the surrounding area (be as specific as possible):

E. If approved, who does the Tribe make the check payable to? _____

Provide mailing address where donation is to be sent _____

F. 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: _____