



**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:

*Bianca Beerman, Tribal Council/FDA Coordinator  
1485 Mno-Bmadzewen Way, Fulton, MI 49052  
Fax: 269-704-8582, Email: bianca.beerman@nhbp-nsn.gov*

## 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:

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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:

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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.

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

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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

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### **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: \_\_\_\_\_