



## 2017 Lummi Nation Community Contribution Application

### Check List:

- Complete Community Contribution **Application**
- Project **Budget**
- Completed **W-9** & it **must be signed**
- Copy of IRS Final Determination **501(c) Letter** (*Applicable to Charitable Donations*)

### Community Contribution Categories:

There are five (5) separate fund categories, please select the category you are applying for (only check one box):

- Community Contribution:** funds that can be distributed to non-tribal local governmental agencies, for reimbursement for actual or potential impacts from Class III gaming activities. (*I.E. Police, Sheriff and Fire Departments, etc.*)
- Charitable Donations:** funds for non-tribal bona fide nonprofit and charitable organizations in the State of Washington. Non-tribal meaning it cannot be owned by the Lummi government. Other Tribes who have bona fide nonprofit or charitable organizations are eligible to petition for funds. Lummi Nation controlled programs are not eligible for these funds. Non-profit letter must be submitted for proof of status. (*501(c) Letter Required for this category*)
- Community Impacts:** These funds are for tribal governmental programs that promote the tribe and its members to become self sustaining. (*Lummi and other tribal programs can be considered for this category*)
- Problem Gambling:** funds dedicated to problem gambling education, awareness, and treatment in the State of Washington. Lummi Nation programs can petition for these funds.
- Smoking Cessations:** funds dedicated to smoking cessation, prevention, education, awareness, and treatment in the State of Washington. Lummi Nation programs can petition for these funds.

### Award Schedule:

All applicants shall be due December 31<sup>st</sup>. Awards for each category will be announced during the following schedule:

**January 15<sup>th</sup>** – Smoking Cessation & Problem Gambling

**March 31<sup>st</sup>** – Community Contribution, Charitable Donation, & Community Impacts

**2017 Lummi Nation Community Contribution Application**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Name of person or organization (Same as on W-9): \_\_\_\_\_

**\*\* Please attach a signed W-9. Also, attach a copy of the non-profit organizations determination letter, if applicable. Otherwise, your request will not be considered for funds distributed without these documents.**

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Message #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Est. # of people served annually: \_\_\_\_\_ Age of Persons Served: \_\_\_\_\_

# Of Employees: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_ Est. # of Lummi people served: \_\_\_\_\_

Was your organization a Lummi Nation Community Contribution recipient last year?

- Yes       No

**Target Population:**

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Youth     | <input type="checkbox"/> Veterans      | <input type="checkbox"/> Prevention Awareness |
| <input type="checkbox"/> Education | <input type="checkbox"/> Elders        | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Community | <input type="checkbox"/> Public Safety | _____   |

**2017 Lummi Nation Community Contribution Application**

**What is your organization's mission or purpose?**

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**Give a brief (50 words or less) summary of your program:**

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**Briefly describe how your program would benefit the Lummi Nation and/or the surrounding geographic area served:**

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**2017 Lummi Nation Community Contribution Application**

Project Name: \_\_\_\_\_

**Project Budget - Specific Purpose for Funds:**

Amount Requested: \_\_\_\_\_ Total Budget Requesting: \_\_\_\_\_

Duration of Project: \_\_\_\_\_ From: \_\_\_\_\_

Specific Purpose of Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check if this applies:**

- Your organization receives support from the Federal funding.  
If so, please attach a list of grants your organization receives and the amount awarded.

**Submission of Application:**

Applications are reviewed as applications are received. Please attach a copy of your IRS non-profit letter ruling, and a completed W-9 Form.

**Submit Application on or before the deadline to:**

Lummi Indian Business Council

Attn: Council Operations

2665 Kwina Road, Bellingham, WA 98226

Phone: 360-312-2142

Email: [LNCC@lummi-nsn.gov](mailto:LNCC@lummi-nsn.gov)

If you have any questions concerning the application, please feel free to call or email.

**PLEASE NOTE:**

- **Award Letters will be sent out by the end of March**, if no letter is received you will not be awarded for the current year. Please apply again for the following year.
- You must **submit all required documentation** to have a complete application. Otherwise, your application will not be complete and will not be considered for review.