

## DONATIONS AND GRANT APPLICATION

All requests must be submitted by the **first of the month** and at a **minimum of at least (30) Days** in advance prior to the event and must be approved by the Board of Directors of Aaniih Nakoda Community Foundation. All requests will need to follow the grant guidelines and be presented to the Board in the regular monthly board meetings.

### DONATION CATEGORY TYPE

I-Individual (education, youth sports, etc) Up to \$1,000  II – Community-based Project/Event, School/Educational Institute Minimum of \$1,000 and a maximum of \$25,000 (non-profit 501c3 required)

### INDIVIDUAL INFORMATION – CATEGORY I

Contact Person

Full Name:

Physical Address

Number/Street:

Apt/Unit:

City:

State:

Zip:

Mailing Address, if different from above (for Example, PO Box)

Contact Numbers

Main: ( )

Message/Cell: ( )

Other: ( )

Contact E-Mail

Reason for Request

### SUPPORTING DOCUMENTATION FOR INDIVIDUAL DONATION IS ATTACHED (CHECK ALL THAT APPLY)

FBIC Enrollment card

### ORGANIZATION INFORMATION – CATEGORY II – COMMUNITY-BASED PROJECT/EVENT

Organization Name

Contact Person

Name:

Title:

Physical Address

Number/Street:

Apt/Unit:

City:

State:

Zip:

Mailing Address, if different from above (for Example, PO Box)

Contact Numbers

Main: ( )

Message/Cell: ( )

Other: ( )

Contact E-Mail

Reason for Request

**EVENT OR PROJECT DETAILS**

Event or Project Title

Please give a brief description of project or event

Event or Project Dates

Event or Project Location

**EVENT OR PROJECT DETAILS (CONT'D)**

Expected participation/attendance

Age groups likely to attend

Who will attend this event?

**SUPPORTING DOCUMENTATION FOR COMMUNITY PROJECTS IS ATTACHED (CHECK ALL THAT APPLY)** Event Flyer    Registration Form    Evidence of fund-raising activities**DONATION AND GRANT REQUEST**

What is the amount of grant you are requesting?

Please describe your fundraising efforts to date and any scheduled fundraising efforts (raffles, food sales, other grant applications) Provide flyer, picture, approval/denial letter, etc.

Has ANCF supported your organization in the past year?

If Yes, please state the date or estimate how long ago and what the grant was for and dollar amount granted

 Yes    No

In the event the request is approved, who is the check payable to?

**SUPPORTING DOCUMENTATION FOR COMMUNITY PROJECTS IS ATTACHED (CHECK ALL THAT APPLY)** Copy of 501c3

EIN

**CERTIFICATION**

I hereby certify that I have personally completed each page of this form and attached any supporting documents and/or supplemental pages. I certify that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; if a donation/grant is awarded, may disqualify me and/ or the organization I represent from continued donations or grants in the future.

Signature in Full: ► \_\_\_\_\_ Date: \_\_\_\_\_