

Request for Donation

Instructions:

1. Complete attached application.
2. Make a copy for your records, if desired.
3. Mail or present completed request along with any supplemental materials to:

Ponca Tribe of Nebraska
Donation Committee
PO Box 288
Niobrara, NE 68760-0288
janc@poncatribе-ne.gov

Guidelines:

1. Applications are limited to one per year (October 1 to September 30) per individuals (on behalf of themselves or another organization) or organization.
2. Duplicate or repeat applications will not be considered.
3. Applicants can expect a response within 30 days.
4. All requests must be on the Ponca Tribe "Request for Donation" form.
5. Be brief but specific in your request. Supplemental sheets of information are accepted, but the form itself must contain the primary information.
6. Applicants for emergency assistance must exhaust other potential sources of funding before applying.
7. No phone calls please.

Donation Request

General Information

Today's Date: _____

Contact Person: Mr. Mrs. Ms. Miss. _____

Beneficiary: *(Example: Niobrara High School)* _____

Name of Organization or Individual Seeking Donation: *(Example, Football Team)* _____

Tax ID or Social Security Number: _____

Tribe: _____

Enrollment Number: _____

Phone Number, *(with area code)* _____ Email: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ County: _____

If Approved: Who should check be made payable to? _____

If Approved: Mailing address of recipient? _____

Project Information

Project/Event Name: _____

Event Date: _____ Response Needed By: _____

Event Description: _____

Have you sought other sources of funding? _____ Yes _____ No

Please explain: _____

Donation Request

Page Two

Donation Type, *(Select Only One)*

___ Cash Grant, (Amount Requested) _____

___ Ad Sponsorship, (Amount Requested) _____

___ Youth Sports/Team Sponsorship, (Amount Requested) _____

___ Raffle/Auction

___ Other, (Specify) _____

For Internal Use Only

Date Received: _____ Initial Review Date: _____

Committee Date: _____

Committee Action: *(Select One)*

___ Approved ___ Declined

If Approved, Amount or Item of Award:

Conditions of Award _____

Finalized By: _____ Date: _____