Quinault Indian Nation Charity Fund
Distribution Policy

To qualify for a grant your group/organization must fall into one of three classifications: 501C-3 private not for profit organization, charitable group/organization, or a Tribal government program which has an impact on the community.

The Quinault Indian Nation has further prioritized the granting of awards to those applicants with projects that accomplish one or more of the following categories:

- Youth education/activities
- Wellness, Mental, Emotional and Physical Health
- Environmental preservation and restoration

Project applicants are not limited to these categories and are encouraged to submit regardless of the project focus. Application deadlines are January 1, April 1, July 1, and October 1 of each year. Projects will be awarded within thirty (30) days of the application deadline. If you have any questions you may call Mandy Hudson-Howard, Tribal Secretary, at (360) 276-8215 ext. 2555 or email qin1percentapps@quinault.org.

Quinault Indian Nation Charity Fund
Application Form

1. Name of Organization: _____
2. Address: _____
   _____,_____,_____
3. Name of CEO or Board Chair (*must sign application*): _____
4. Contact Person: _____Title: _____
5. Mailing Address: _____
   _____,_____,_____

   Phone: _____Cell: _____

   E-mail: _____Website: _____
6. Employer Identification Number: _____
7. List consortium partners or programs, if any: _____
   _____
8. Describe the purpose of your organization:

9. Type of Organization (*check one*):
   - ☐ Public School
   - ☐ Government Agency
   - ☐ Church
   - ☐ Non-Profit Organization (**NOTE:** *If you are applying as a non-profit organization, you must attach a copy of your current IRS non-profit determination letter*)

10. Have you received previous grants through the Quinault Charity Fund?
    ☐ Yes ☐ No

    If so, provide dates and amounts:

    Date: _____Amount: $_____ Date: _____Amount: $_____

    Date: _____Amount: $_____ Date: _____Amount: $_____

    Date: _____Amount: $_____ Date: _____Amount: $_____

11. Has your organization provided services to Native American people during the past two years? (If yes, briefly describe the level and scope of services provided)
    ☐ Yes ☐ No

12. Project Title: _____

13. Funds requested $: _____

14. In the space provided, please describe the project or activity for which funding is sought.

15. Please describe any favorable publicity you expect to generate for the Quinault Indian Nation if you receive a grant. Possible examples might include radio, television or newspaper coverage, newsletter stories, event-based recognition, annual reports, etc. If previously funded, attach copies of any such items. (Do not enclose large documents – copy specific pages only)

16. Please provide any other information your organization wishes to have considered.

17. Please attach a list of your board of directors and their affiliation.

I do hereby certify that the above information, to the best of my knowledge, is true and accurate. (*Please note that an individual that is authorized to incur legal obligations on behalf of your organization must sign this application. This may differ from the contact person.*)

PRINTED NAME	SIGNATURE
DATE	TITLE

REMINDER: Non-profit organizations must provide a copy of their current FEDERAL (not State) proof of non-profit. This is a document from the Internal revenue Service.

Please feel free to copy this logo for use in any event publicity such as posters and programs.

Please mail completed application to:

QUINAULT INDIAN NATION
P.O. Box 189
Taholah, Washington 98587

Attn: Tribal Secretary