

# 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 per project, event or individual.
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       Referred to Tribal Council

Tribal Council Date: \_\_\_\_\_

Approved       Declined

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If Approved, Amount or Item of Award:

\_\_\_\_\_

Conditions of Award \_\_\_\_\_

\_\_\_\_\_

Finalized By: \_\_\_\_\_ Date: \_\_\_\_\_