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@poncatribe-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
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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

If Approved, Amount or Item of Award:

_____

Conditions of Award _____

_____

Finalized By: _____ Date: _____