



Skokomish Indian Tribe

Tribal Center (360) 426-4232

N. 80 Tribal Center Road

FAX (360) 877-5943

Skokomish Nation, WA 98584

CHARITABLE FUND GRANT APPLICATION (1% Funds)

Legal Name of Organization/Project and name of CEO or President of said organization

Does your organization have 501(c) (3) status? _____

If yes, please attach to this application a copy of the document or letter substantiating non-profit status.

Contact Person

Telephone number

Address

Fax number

City, State and Zip

Email address

Principal Purpose and Service of Your Organization

Approx. # of persons served annually

Age range of persons served

Amount Requested

Duration of Project

Brief summary of project & description of what social, educational, cultural or civic goals your organization plans to achieve with the requested funding:

Who is being served and how will your project benefit the Skokomish community:

Do you expect funds from other sources to supplement this contribution? _____

If Yes, please specify as follows:

Source	Amount Requested	Anticipated	Committed

Please attach to this application a copy of your projected budget which outlines, in detail, anticipated expenses and operating costs.

Any additional information you wish to have considered:

Date

Signature and Title

Printed Name

All applications must be received by December 30th to be considered for a grant.
A W9 must accompany your application.

Please send your application to:
Contribution Fund Application
c/o Skokomish Tribal Council Executive Secretary
N. 80 Tribal Center Road
Skokomish Nation, WA 98584