

COMMUNITY GIVING PROGRAM

APPLICATION

NAME OF ORGANIZATION\_\_\_\_\_

ADDRESS OF ORGANIZATION\_\_\_\_\_

CONTACT PERSON\_\_\_\_\_TITLE\_\_\_\_\_

TELEPHONE NUMBER\_\_\_\_\_FAX\_\_\_\_\_E-MAIL\_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. GIVE A BRIEF HISTORY OF YOUR ORGANIZATION AND ITS MISSION.

2. BRIEFLY DESCRIBE THE PROJECT/PROGRAM FOR WHICH YOU ARE REQUESTING FUNDING.

3. WHAT IS THE SPECIFIC AMOUNT OF YOUR REQUEST?



UNITED AUBURN INDIAN COMMUNITY – COMMUNITY GIVING PROGRAM

APPLICATION INSTRUCTIONS

1. DO NOT SEND A PROPOSAL WITHOUT AN APPLICATION. IT WILL NOT BE REVIEWED.
2. FILL OUT THE ATTACHED APPLICATION COMPLETELY AND THOROUGHLY. YOU MAY RE-PRODUCE THE APPLICATION OR ANSWER ITS QUESTIONS ON A SEPARATE PAPER, UTILIZING APPROXIMATELY THE SAME AMOUNT OF SPACE ALLOTTED.
3. SEND ONLY THE INFORMATION REQUESTED. ADDITIONAL MATERIALS WILL NOT ENHANCE THE CHANCES OF YOUR REQUEST BEING FUNDED.
4. PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING:
  - EVIDENCE OF YOUR 501(C)(3) TAX EXEMPT STATUS
  - YOUR LATEST AUDITED FINANCIAL STATEMENTS (BUDGETS OVER \$100,000)
  - CURRENT ANNUAL OPERATING BUDGET (INCLUDING INCOME & EXPENSES)
  - BUDGET OF PROGRAM/PROJECT FOR WHICH GRANT IS BEING REQUESTED
  - A LIST OF OTHER FUNDING SOURCES WITH AMOUNTS PLEDGED AND GIVEN
  - A LIST OF THE MEMBERS OF YOUR BOARD OF DIRECTORS AND THEIR PRIMARY WORK AFFILIATIONS.

SEND ONE COPY OF YOUR APPLICATION AND ATTACHMENTS TO:

KRISTEN L. MARTIN-MIDDLETON, DIRECTOR  
COMMUNITY GIVING PROGRAM  
UNITED AUBURN INDIAN COMMUNITY  
TRIBAL OFFICE  
10720 INDIAN HILL ROAD  
AUBURN, CALIFORNIA 95603