



UAIC Community Giving Committee

2020 Application and Guidelines for Non-profit Organizations

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. SEND ONLY THE INFORMATION REQUESTED. ADDITIONAL MATERIALS WILL NOT ENHANCE THE CHANCES OF YOUR REQUEST BEING FUNDED.**
3. **PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING:**
 - EVIDENCE OF YOUR 501(C)(3) TAX EXEMPT STATUS (NOT APPLICABLE FOR SCHOOLS)
 - YOUR LATEST AUDITED FINANCIAL STATEMENTS (BUDGETS OVER \$500,000)
 - 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.
 - A COPY OF YOUR TAX FORM W-9

4. GENERALLY, THE UAIC COMMUNITY GIVING PROGRAM WILL NOT FUND THE FOLLOWING INELIGIBLE ORGANIZATIONS:

- LOANS
- DEFICITS OR RETROACTIVE FUNDING
- ADVERTISING OR PROMOTIONAL SPONSORSHIPS
- RELIGIOUS-BASED ACTIVITIES
- INDIVIDUALS OR INDIVIDUAL SPONSORSHIPS
- POLITICAL OR LEGISLATIVE, CAUSES, ORGANIZATIONS OR INDIVIDUALS
- GOVERNMENT PROGRAMS
- ENDOWMENTS OR COMMUNITY FUNDS
- SERVICE CLUBS/ORGANIZATIONS
- UMBRELLA OR PASS-THROUGH AGENCIES
- PERSONNEL/STAFFING EXPENSES
- AGENCIES/ORGANIZATIONS SUCCESSFULLY OPERATING FOR LESS THAN THREE (3) YEARS

5. PLEASE SUBMIT ONLINE OR MAIL TO THE ADDRESS BELOW:

DANIELLE ASHMUN
COMMUNITY GIVING PROGRAM
UNITED AUBURN INDIAN COMMUNITY
TRIBAL OFFICE – BUILDING C
10720 INDIAN HILL ROAD
AUBURN, CALIFORNIA 95603

DEADLINE TO SUBMIT APPLICATION IS MARCH 6, 2020

2020 NON-PROFIT APPLICATION

NAME OF ORGANIZATION _____

PHYSICAL ADDRESS OF ORGANIZATION _____

MAILING ADDRESS OF ORGANIZATION _____

PROGRAM DIRECTOR _____

GRANT WRITER _____

TELEPHONE NUMBER _____ FAX _____ E-MAIL _____

By my signature below, I certify that the information contained in this application and any documents submitted in support of my application is true, accurate, and complete to the best of my knowledge.

Signature

Date

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?
4. WHAT IMPACT WILL YOUR PROJECT/PROGRAM HAVE ON THE COUNTY IN WHICH IT IS LOCATED?
5. HOW WILL YOU (AND WE) KNOW WHETHER OR NOT YOUR PROJECT/ PROGRAM IS SUCCESSFUL?
6. LIST ANY FUNDING, SPONSORSHIPS OR GRANTS RECEIVED FROM THUNDER VALLEY CASINO.

ARE YOU PLANNING TO APPLY FOR FUNDING FROM THUNDER VALLEY CASINO?

7. HAS YOUR ORGANIZATION/PROGRAM EVER RECEIVED A UAIC GRANT? _____

IF YES, PLEASE LIST THE YEARS AND AMOUNTS RECEIVED AND A BRIEF DESCRIPTION OF WHAT THE GRANT WAS USED FOR.

8. HOW DID THE GRANT AFFECT THE RESIDENTS OF PLACER OR NEVADA COUNTY?

9. IF THIS IS A REQUEST FOR PARTICIPATION IN A CAPITAL CAMPAIGN:

- i. WHAT IS THE TOTAL GOAL OF THE CAMPAIGN?
- ii. WHAT IS THE DURATION OF THE CAMPAIGN?
- iii. HOW MUCH HAS CURRENTLY BEEN RAISED?
- iv. PLEASE PROVIDE A LIST OF MAJOR DONORS WITH THE AMOUNTS PLEDGED OR GIVEN.

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