



# 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:

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\_\_\_\_\_

Date

\_\_\_\_\_

Signature and Title

\_\_\_\_\_

Printed Name

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

Please send your application to:  
Contribution Fund Application  
c/o Skokomish Tribal Attorney's Office  
N. 80 Tribal Center Road  
Skokomish Nation, WA 98584