Marilyn Sheldon, Director
Pronouns: she/her/hers
Tulalip Tribes Charitable Contributions
8802 27th Avenue NorthEast
Tulalip, WA 98271
Office: 360 716 5070 early only
Cell: 360 913 1546

The below information and the links to the application are on this web page:
https://www.tulalipcares.org/Applications/Charitable_Contributions_Grant_Application

CHARITABLE CONTRIBUTIONS FUNDS GUIDELINES

To Apply for Charitable Support

- Read the general guidelines below to determine if your organization or project will qualify for consideration.
- Note the time period an application must be received by for consideration.
- Complete the **Charitable Fund Grant Application**.

General Guidelines:

- You must be a U.S. based 501 [c] [3] qualified charitable or educational organization, or an accredited K-12 education institution, operating within the exterior boundaries of the State of Washington.
- We will not support an individual person or family.
- We will not provide support for a political candidate or organization.
- We generally do not fund memorials or endowments.
- We do not fund travel expenses.
- We do not fund legal fees.
- We will consider Arts, Music, Community and Cultural needs.
- We will consider community and culture -based activities.
- We will consider pre-Kindergarten educational needs.
- We will consider funding youth athletic programs.

Note: Grants are typically non-recurring.

Grant Recipients will be notified within 90 days of the deadline for the quarter in which funding was requested. Those who are not funded will not be notified.

Successful applicants are eligible to receive a grant once every 12 months.

A list of grant recipients will be available on the Tulalip Tribes website. **www.tulaliptribes-nsn.gov**

DEADLINE FOR RECEIPT OF APPLICATIONS:

- March 1
- June 1
- September 1
- December 1

Application must be postmarked on or before the due date.

If there is concern that your application may be incomplete or in error, please submit two weeks prior to the deadline. This will give the review committee time to review the submittal and allow time for corrections.

Year	Quarter
2020	1

Legal name of organization: Pacific Education Institute

Application packet postmark date: March 1, 2020

Organization's 501(c)(3) name (if different than above):

Tulalip Tribes Charitable Contributions

Application Packet Compliance Form

Organization's Chief Executive Officer (CEO) or President: Kathryn Kurtz360 7005 9294

CEO/President's telephone:

CEO/President's e-mail address:

Contact person for application (if different than CEO/President): Henry Smith hsmith@pacificeducationinstitute.org

Contact person's telephone:

Contact person's e-mail address:

Approximate number served annually: 35000

Age range of persons served: 5-75

Number of employees: 10

Number of volunteers: 17

Area of focus (check all that apply)

☐ Art/Culture ☒ Education ☐ Health ☐ Natural Resources ☐ Public Services ☐ Social Services ☐ Youth

☐ Other:

Application packet

	Received	Missing
1. Charitable Fund Application, completed and signed	☒	☐
2. Proposal Summary	☒	☐
3. Narrative.	☒	☐
4. Financial Statement(s)	☒	☐
5. Operating Expenses report	☒	☐
6. Current Funding Sources list	☒	☐
7. Solicited Funding Sources list	☒	☐
8. Board/Commissioner and Affiliations list	☒	☐
9. IRS Letter, verifying this organization's 501(c)(3) designation (except government or school)	☒	☐
10. Key Staff/Volunteers brief resume(s) list	☒	☐
11. Annual Report (optional)	☐	

PACKET MEETS CRITERIA	PACKET DOES NOT MEET CRITERIA
☒ Packet satisfactorily contains all documents requested above	☐ Packet is missing requested documents as checked above
☒ Organization has not received funding in the last 12 months	☐ Organization has received funding in the last 12 months:

Vendor number		Previous funding date	Amount $
Remit number	Amount $	Next eligibility date	

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Applying for Charitable Support Checklist

(do **not** include this checklist with your application packet)

Thank you for applying with Tulalip Cares on behalf of your 501(c)(3) status organization or government/school. The Tulalip Tribes community impact funds are committed to improving arts and culture, education and youth, the environment, health care, public safety, and social services in our communities.

Reminder: Fund distributions are made four times a year. Application and attachments for them are due March 1, June 1, September 1, and December 1 of each year and must be postmarked on or before the due date.

Please find document labels on page 7. Print and attach them to each of your documents and use this checklist to help ensure your application packet is complete and provided in desired order.

☐ 1. **Charitable Fund Grant Application.** Found on pages 3 and 4 and should be the first document in your application packet. It must be filled out completely including signature.

☐ 2. **Proposal Summary.** Summarize in a short paragraph the purpose of your organization. Briefly describe why a grant is requested, what outcomes you hope to achieve, and how funds would be spent if a grant is made.

☐ 3. **Narrative.** The narrative should include:

- Some background describing the work of your organization. Give the needs or problems that your organization works to address and the population served—including geographic location, socio-economic status, race, ethnicity, gender, and age group. List current programs and accomplishments and the number of paid full-time, part-time, and volunteer staff. Describe your organization's relationships—both formal and informal—with other organizations working to meet the same needs or providing similar services and explain how you differ from these other organizations.
- Your funding request. If applying for general operating support, briefly describe how this grant would be used. If your request is for a specific project, please explain its primary purpose and the need or problem that you are seeking to address. Give the names and titles of the individuals who will direct the project. Include the anticipated length of the project and how it contributes to your organization's overall mission.
- An evaluation of how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

Applying for Charitable Support Checklist continues on page 2...

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...Applying for Charitable Support Checklist continued from page 1

- ☐ 4. **Financial Statement(s).** This can be audited financial statements to a copy of the most recent bank statement, depending on size of charity. This statement should reflect actual expenditures and funds received.
- ☐ 5. **Operating Expenses.** A report specific to the project.
- ☐ 6. **Current Funding Sources.** List other sources and amounts that are already secured for your project.
- ☐ 7. **Solicited Funding Sources.** List other foundations you are currently seeking support from.
- ☐ 8. **Board/Commissioner and Affiliations.** A list of your Board of Directors, Council, Commissioners or Officers with their affiliations. This adds credibility to your project, as we want adequate oversight with credible community members.
- ☐ 9. **IRS Letter with 501 (c)(3) or Government/School Designation.** Submit a copy of the letter from the Internal Revenue Service where designation of 501 (c)(3) status for your organization is mentioned. If not available, provide an explanation, such as Federally recognized Tribe, Educational Institution, etc.
- ☐ 10. **Key Staff/Volunteers.** One paragraph resumes of key staff/volunteers, including qualifications relevant to the specific request.
- ☐ 11. **Annual Report** (optional). To show capability to fulfill other similar projects and run an efficient organization.

To save paper, please print multi-page documents double sided if possible. Please note that submitted materials, pictures, and documents will not be returned.

Mail completed application packet (which must be postmarked on or before the due date) to:

Tulalip Tribes Charitable Fund
8802 27th Ave NE
Tulalip, WA 98271

If your application packet is approved and funds received, we would appreciate a follow-up report upon the completion of your project for posting to our website. Please email along with pictures to msheldon@tulaliptribes-nsn.gov

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Charitable Fund Grant Application

ALL FIELDS ARE REQUIRED TO BE CONSIDERED FOR REVIEW

CONFIDENTIAL

Legal name of organization		Employer Identification Number (EIN)
Physical address		
City	State **WA**	Zip Code
Mailing address (if different than above)		
City	State **WA**	Zip Code

Chief Executive Officer (CEO) or President	Contact person for this application (if different than CEO/President)
If name is different than the name listed on the IRS exemption letter please explain relationship to exempt organization:	Contact person's title
	Contact person's telephone
Organization's main or CEO/President telephone	Contact person's e-mail address
CEO/President e-mail address	Organization's website address

Principal purpose and service of your organization	Number of employees
	Number of volunteers
	Approximate number of persons served annually
Geographic area served	Age range of persons served

application continues on next page...

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Charitable Fund Grant Application

ALL FIELDS ARE REQUIRED TO BE CONSIDERED FOR REVIEW

CONFIDENTIAL

...application continued from previous page

Organization's annual months of operation	Organization's weekly days of operation	Times
☐ Year-round	☐ Monday through Friday:	
☐ January	☐ Mondays:	
☐ February	☐ Tuesdays:	
☐ March	☐ Wednesdays:	
☐ April	☐ Thursdays:	
☐ May	☐ Fridays:	
☐ June	☐ Saturdays:	
☐ July	☐ Sundays:	
☐ August		
☐ September		
☐ October		
☐ November		
☐ December		

Specific purpose for which funds are requested

Amount requested	Period of time in which funds will be spent
$	From: To:

☐ Yes ☐ No Does your organization receive support from the United Way or other federated funds? If yes, attach a list of which ones.

☐ Yes ☐ No Does your organization have 501(c)(3) status? If yes, include a copy of IRS letter stating your organization's non-profit status (with label #9, IRS Letter). If no, include the name of sponsoring organization with your organization name at top.

Signature date	CEO/President or Representative's signature
	X

Sign plz

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Charitable Fund Grant Application

SAMPLE

ALL FIELDS ARE REQUIRED TO BE CONSIDERED FOR REVIEW

CONFIDENTIAL

Legal name of organization MyOrganization	Employer Identification Number (EIN) 12-3456789
Physical address 1234 Main St	
City MyCity	State WA Zip Code 98765-4321
Mailing address (if different than above)	
City	State WA Zip Code
Chief Executive Officer (CEO) or President Jane Smith	Contact person for this application (if different than CEO/President) John Jones
If name is different than the name listed on the IRS exemption letter please explain relationship to exempt organization: Enter any name difference explanation here.	Contact person's title Executive Assistant
	Contact person's telephone 360-987-6543
Organization's main or CEO/President telephone 360-123-4567	Contact person's e-mail address johnjones@myorganization.org
CEO/President e-mail address ceo@myorganization.org	Organization's website address www.myorganization.org
Principal purpose and service of your organization Enter your mission statement for example. Please do not leave blank or refer to another document in your application packet.	Number of employees 10
	Number of volunteers 20
	Approximate number of persons served annually 1,000
Geographic area served Puget Sound area	Age range of persons served 18-50

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Charitable Fund Grant Application

SAMPLE

ALL FIELDS ARE REQUIRED
TO BE CONSIDERED FOR REVIEW

CONFIDENTIAL

...application continued from previous page

Organization's annual months of operation	Organization's weekly days of operation	Times
☒ Year-round	☒ Monday through Friday:	9 AM - 5 PM
☐ January	☐ Mondays:	
☐ February	☐ Tuesdays:	
☐ March	☐ Wednesdays:	
☐ April	☐ Thursdays:	
☐ May	☐ Fridays:	
☐ June	☐ Saturdays:	
☐ July	☐ Sundays:	
☐ August		
☐ September		
☐ October		
☐ November		
☐ December		

Specific purpose for which funds are requested

Describe a specific project or initiative to help us understand where funding would go and how it would impact the community.

Amount requested	Period of time in which funds will be spent
$ 500	From: 06/2017 To: 12/2017

☐ Yes ☒ No Does your organization receive support from the United Way or other federated funds? If yes, attach a list of which ones.

☒ Yes ☐ No Does your organization have 501(c)(3) status? If yes, include a copy of IRS letter stating your organization's non-profit status (with label #9, IRS Letter). If no, include the name of sponsoring organization with your organization name at top.

Signature date	CEO/President or Representative's signature
02/21/2017	Jane Smith

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Document Labels

Please attach the labels below to the top of each of the documents in your application packet. They can be printed upon Avery® label stock 5160 or hand cut and applied (document #1 **Charitable Fund Grant Application** already includes its label preprinted at top).

2 **Proposal Summary**	3 **Narrative**	4 **Financial Statement(s)**
5 **Operating Expenses**	6 **Current Funding Sources**	7 **Solicited Funding Sources**
8 **Board/Commissioner and Affiliations**	9 **IRS Letter**	10 **Key Staff/Volunteers**
11 **Annual Report** *(optional)*		

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