

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.

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- 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)
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Physical address

City	State WA	Zip Code
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Mailing address (if different than above)

City	State WA	Zip Code
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Chief Executive Officer (CEO) or President	Contact person for this application (if different than CEO/President)
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If name is different than the name listed on the IRS exemption letter please explain relationship to exempt organization:	Contact person's title
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	Contact person's telephone
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Organization's main or CEO/President telephone	Contact person's e-mail address
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CEO/President e-mail address	Organization's website address
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Principal purpose and service of your organization	Number of employees
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	Number of volunteers
--	----------------------

	Approximate number of persons served annually
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Geographic area served	Age range of persons served
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application continues on next page...

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
<input type="checkbox"/> Year-round	<input type="checkbox"/> Monday through Friday:	
<input type="checkbox"/> January	<input type="checkbox"/> Mondays:	
<input type="checkbox"/> February	<input type="checkbox"/> Tuesdays:	
<input type="checkbox"/> March	<input type="checkbox"/> Wednesdays:	
<input type="checkbox"/> April	<input type="checkbox"/> Thursdays:	
<input type="checkbox"/> May	<input type="checkbox"/> Fridays:	
<input type="checkbox"/> June	<input type="checkbox"/> Saturdays:	
<input type="checkbox"/> July	<input type="checkbox"/> Sundays:	
<input type="checkbox"/> August		
<input type="checkbox"/> September		
<input type="checkbox"/> October		
<input type="checkbox"/> November		
<input type="checkbox"/> 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 ptz

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Charitable Fund Grant Application

ALL FIELDS ARE REQUIRED TO BE CONSIDERED FOR REVIEW



SAMPLE

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

application continues on next page...

Charitable Fund Grant Application

ALL FIELDS ARE REQUIRED TO BE CONSIDERED FOR REVIEW



SAMPLE

CONFIDENTIAL

...application continued from previous page

Organization's annual months of operation	Organization's weekly days of operation	Times
<input checked="" type="checkbox"/> Year-round	<input checked="" type="checkbox"/> Monday through Friday:	9 AM - 5 PM
<input type="checkbox"/> January	<input type="checkbox"/> Mondays:	
<input type="checkbox"/> February	<input type="checkbox"/> Tuesdays:	
<input type="checkbox"/> March	<input type="checkbox"/> Wednesdays:	
<input type="checkbox"/> April	<input type="checkbox"/> Thursdays:	
<input type="checkbox"/> May	<input type="checkbox"/> Fridays:	
<input type="checkbox"/> June	<input type="checkbox"/> Saturdays:	
<input type="checkbox"/> July	<input type="checkbox"/> Sundays:	
<input type="checkbox"/> August		
<input type="checkbox"/> September		
<input type="checkbox"/> October		
<input type="checkbox"/> November		
<input type="checkbox"/> 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

\$ 500

Period of time in which funds will be spent

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

02/21/2017

CEO/President or Representative's signature

Jane Smith

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).

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Proposal Summary

5

Operating Expenses

8

**Board/Commissioner
and Affiliations**

11

Annual Report
(optional)

3

Narrative

6

**Current
Funding Sources**

9

IRS Letter

4

**Financial
Statement(s)**

7

**Solicited
Funding Sources**

10

Key Staff/Volunteers

