



# Tulalip Tribes Charitable Contributions

*Marilyn Sheldon, Director  
Tulalip, WA*

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# Mission Statement

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The Tulalip Tribes Charitable Fund provides the opportunity for a sustainable and healthy community for all.

# Tulalip Charitable Contributions History

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- Tulalip & Washington State negotiate gaming compact.
- Tulalip opens casino 1992.
- Percentage dedicated to various segments of the community:
  - 14.2 Community/Region
  - 14.3 Tribal Community
  - 14.1 Community Impact

# Guidelines for Funding

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- [www.tulalipcares.org](http://www.tulalipcares.org)
- Compliance & Fairness count-adds credibility to our program.

*checks & balances at each stage.*

*anonymous committee-no solicitations...treated fairly.*

# Why?

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The compact we have with the State of Washington provides opportunity to share with 51 C 3 organizations located within the State. We are audited each year and make sure compliance is upheld.

We remember what its like to be in need...as we succeed because of our community, we have a responsibility to give back.

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# Checklist:

## 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...*

...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](mailto:msheldon@tulaliptribes-nsn.gov)

# Application

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

application continues on next page...



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
<input checked="" type="checkbox"/> Year-round <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	<input checked="" type="checkbox"/> Monday through Friday: <input type="checkbox"/> Mondays: <input type="checkbox"/> Tuesdays: <input type="checkbox"/> Wednesdays: <input type="checkbox"/> Thursdays: <input type="checkbox"/> Fridays: <input type="checkbox"/> Saturdays: <input type="checkbox"/> Sundays:	9 AM - 5 PM

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
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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 <i>Jane Smith</i>
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## Document Labels

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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**

**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**

Year <b>2020</b>	Quarter <b>4</b>	Legal name of organization <b>Name on the 501 c 3 letter from IRS</b>
Application packet postmark date <b>MONTH 1, 202X</b>		Organization's 501(c)(3) name (if different than above) <b>Doing charity work as...could be using org 501 c 3</b>



Tulalip Tribes Charitable Contributions  
**Application Packet Compliance Form**

Organization's Chief Executive Officer (CEO) or President <b>Person LOCALLY in charge</b>		Approximate number served annually <b># for grant applying for</b>
CEO/President's telephone	CEO/President's e-mail address	Age range of persons served <b>0-101</b>
Contact person for application (if different than CEO/President) <b>Whoever wrote grant</b>		Number of employees <b>combine ft &amp; part time</b>
Contact person's telephone	Contact person's e-mail address	Number of volunteers <b>#</b>

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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Proposal Summary .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Narrative .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Financial Statement(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Operating Expenses report .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Current Funding Sources list .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Solicited Funding Sources list .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Board/Commissioner and Affiliations list .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. IRS Letter, verifying this organization's 501(c)(3) designation (except government or school) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Key Staff/Volunteers brief resume(s) list .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Annual Report (optional) .....	<input type="checkbox"/>	<input type="checkbox"/>

PACKET MEETS CRITERIA		PACKET DOES NOT MEET CRITERIA	
<input checked="" type="checkbox"/> Packet satisfactorily contains all documents requested above		<input type="checkbox"/> Packet is missing requested documents as checked above	
<input checked="" type="checkbox"/> Organization has not received funding in the last 12 months		<input type="checkbox"/> Organization has received funding in the last 12 months:	
Vendor number		Previous funding date	Amount \$
Remit number	Amount \$	Next eligibility date	

TDS-HEB03

# Compliance & Fairness

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- ❑ All application packets need to be consistent.
  - ❑ Audited by State of Washington.
  - ❑ Sign in **Blue Ink** so I know its original
  - ❑ Use all Labels and attach at top-put in order
  - ❑ Mail early-like 2 weeks(review x)
  - ❑ Local leadership -not out of state ppl
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# Make a Difference!

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We host a “Raising Hands” event once a year to honor all those charities we have gifted funding to and we showcase a unique selection to demonstrate the variety of gifts Tulalip bestows to the region. This is the highlight of my year! I love supporting organizations and helping them feel respected.

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# FAQ

How much can I ask for? \$\$\$

When will I know?

What can I ask for? Operational support?

Fundraising?

What are your priorities?

Questions?

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# Thank you

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We are grateful to provide the opportunity for a healthy and more sustainable community.

[www.TulalipCares.org](http://www.TulalipCares.org)

[msheldon@TulalipTribes-nsn.gov](mailto:msheldon@TulalipTribes-nsn.gov)

Work 360 716 5070

Email is best 😊