Community Impact Funds
Applying for Charitable Support
All fields are required to be considered for review

SWINOMISH INDIAN TRIBAL COMMUNITY

Thank you for applying with the Swinomish Indian Tribal Community on behalf of your 501(c)(3) status organization. The Tribe is committed to helping grow and improve our local community in the areas of arts and culture; education and youth services; the environment; health care; public safety; and social services.

IMPORTANT: Community impact funds are limited to organizations operating within the state of Washington only. Fund distributions are made once a year. **Applications and supplemental attachments are due <u>April 14 by 6PM</u>.**

COMMUNITY IMPACT FUNDS APPLICATION CHECKLIST

☐ 1. **Community Impact Funds Application.** Found on pages 3 and 4, this should be the first document in your application packet. It must be filled out completely and include a signature.

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

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

- **Background information describing the work of your organization.** Illustrate the needs or problems your organization works to address and the population it serves, including geographic location, socio-economic status, race, ethnicity, gender, and age group. List current programs and accomplishments, as well as the number of paid full-time, part-time, and volunteer staff. Describe your organization's relationships with other organizations, both formal and informal, working to meet the same needs or provide 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, explain its primary purpose and the need or problem you are seeking to address. Include 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 achieve by the end of the funding period.

☐ 4. **Operating Expenses.** A report specific to the project.

☐ 5. **Current Funding Sources.** List other sources and amounts already secured for your project.

☐   **6. Board/Commissioner and Affiliations.** A list of your board of directors, council, commissioners, or officers and their affiliations. This adds credibility to your project, as we want adequate oversight with credible community members.

☐   **7. 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.
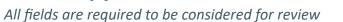
SUBMITTING YOUR APPLICATION PACKET

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

Mail your completed application packet, which must be postmarked on or before April 14, to:

Swinomish Indian Tribal Community
Attention: Community Impact Funds
11404 Moorage Way
La Conner, WA 98257

If your application is approved and you receive a contribution from the Swinomish Indian Tribal Community, we would appreciate a follow-up report upon the completion of your project for our annual community impact funds report and website. *Please email your follow-up report and project photographs to Shelley Roberts at sroberts@swinomish.nsn.gov.*

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Grant Application

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CONFIDENTIAL

Legal name of organization	Employer Identification Number (EIN)
Physical address	

City	State	Zip Code

Mailing address (if different from above)

City	State	Zip Code

Chief Executive Officer (CEO) or President	Application contact (if different than CEO/President)
If different than 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 email address
CEO/President's email 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

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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		
☐ July	☐ Saturday	
☐ August	☐ Sundays	
☐ September		
☐ October		
☐ November		
☐ December		

Specific purpose for which funds are requested

Amount requested	Period of time in which funds will be spent

☐ 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. If no, include the name of sponsoring organization with your organization name at top.

Signature date	CEO/President or representative's signature