

Colusa Indian Community Council



APPLICATION FOR FUNDING

ATTENTION: You must fully complete the attached IRS W-9 Form along with this application BEFORE your request will be reviewed.

Please check the applicable boxes:

Request Type:

- | | |
|--|---|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Other _____ |

Project Type:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Event | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Program | <input type="checkbox"/> Other _____ |

Purpose:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Education |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Other _____ |

*PROJECT NAME: _____

* For the purpose of this application, the term “project” represents the project, fundraiser, program, event, or any other applicable intention for this funding request.

Committed to Community

The mission of the Colusa Indian Community Council, in conjunction
with Colusa Casino Resort, is to improve the surrounding communities,
and to enhance the lives of the people in them. To that
end, we focus our charitable resources and try to help at the community
level, as much as possible.

Process

An internal committee will review your application and will base their decision solely on the information that is provided on this application. Applicants may provide additional information or attachments if they are directly applicable to the funding request, but realize that a concise statement of the project methods and goals will help us best evaluate your application. Please ensure that you supply us with COPY of any supplemental documents, as we are at the discretion to keep any and/or all of the materials for our records.

Deadlines

Since our goal is to evaluate each application to the fairest extent, we ask that you submit applications for grants no less than 45 days in advance of the time the funding is needed. This gives us ample time to review and process requests.

Organizational Information

a. ORGANIZATION

- i. _____
COMPLETE NAME OF ORGANIZATION

- ii. _____
NAME OF ORGANIZATION'S PRESIDENT, EXECUTIVE DIRECTOR OR LEADER, AND TITLE

- iii. _____
ORGANIZATION'S TELEPHONE AND FAX

- iv. _____
ORGANIZATION'S WEB PAGE

b. APPLICANT / PERSON OF CONTACT

- i. _____
NAME OF PERSON RESPONSIBLE FOR THIS APPLICATION

- ii. _____
APPLICAN'T TELEPHONE

- iii. _____
APPLICAN'T EMAIL ADDRESS

c. PAYABLE TO

- i. _____
NAME OF "PAYABLE TO" CONTACT

- ii. _____
MAILING ADDRESS (STREET ADDRESS - NO PO BOXES PLEASE) CITY, STATE, ZIP

X _____
AUTHORIZED SIGNATURE (ALLOWS US PERMISSION TO USE ORGANIZATION'S NAME,
PERTINENT STORIES AND PHOTOS FOR RELEASES TO THE LOCAL PRESS)

Project Information

In this section include the following: Who it would directly serve or benefit, the reason for your project, and the details/plan for implementing the requested funds. (If you have a budget or other attachments prepared, please include).

1. Please specify if you are asking for a grant or funding assistance.

2. What are your goals for this project?

3. What group of people will benefit from this project?

4. What is the date/duration for your project? Please be specific.

5. Please explain which specific components of the project will the grant money be applied to.

6. Do you have a plan for marketing or promoting this project? If so, please summarize.

7. Tell us how the proceeds of this project will be used, and how it will benefit your community.

Grant Amount Requested

8. What is your budget for the entire project?

9. What is the amount of your grant request or are you seeking gifts in-kind, (gift certificates, coupons, etc.)? Record a dollar amount, along with any supporting comments.

10. By when do you need the funds?

Organizational Service Information

11. Is your organization a non-profit? (Attach supplementing records in support of non-profit status, if applicable).

12. Has your organization participated in or executed similar projects or fundraising events in the past?

13. Is your organization planning to partner with other groups during this project? Please specify.

14. What community, region, or constituency does your organization serve?

Contact Information

Upon completion, please submit your application and any related materials to:

Colusa Indian Community Council
Community Development Program
3730 Hwy 45
Colusa, Ca 95932

or you may
fax the application to:
(530) 458-4186

Please allow us a full 45 days for review and a decision. In order to maintain our evaluation process at its best efficiency, please do not pursue any follow up until 45 days has elapsed. For questions, please contact the Executive Affairs Manager, at (530) 458-6512.
