



Prairie Band Potawatomi Nation  
Government Center

Charitable Contributions Coordinator  
PRAIRIE BAND POTAWATOMI NATION  
CHARITABLE CONTRIBUTIONS COMMITTEE  
16281 Q Road  
Mayetta, KS 66509  
(785) 966-3918

Dear Charitable Contributions Applicant:

Thank you for contacting the Prairie Band Potawatomi Nation as a possible sponsor for your organization. The Nation continually strives to build relationships with neighboring communities in which we live and do business. We strive to be responsible citizens. Today we feel we can achieve this goal by sponsoring community events and organizations.

Sponsorships will be distributed four times a year during the third week of January, April, July and October. To receive consideration, a request must be made on or before the 1<sup>st</sup> day of prior distribution quarter in order to be considered and approved (i.e., contribution awarded in July proposal must have been submitted or post marked on or before June 1). The Nation's Charitable Contributions Committee will determine the funding amount.

Sponsorships are selected based upon need, and awarded on a first-come, first-served basis. Also, the Nation will require proof that the group or organization making the request has obtained non-profit status. Otherwise the group or organization must complete a W-9. In either event, the requestor will be required to complete a Release and Waiver form if sponsorship is granted.

**REQUESTS TO BENEFIT AN INDIVIDUAL OR AN INDIVIDUAL FAMILY WILL NOT BE CONSIDERED.**

In order for us to consider a sponsorship request, please include on your letterhead the information as outlined in the attached Donation and Sponsorship Policies and Guidelines.

All requesters must adhere to the PBN Charitable Contribution Policies and Guidelines. If not, your request cannot be processed and may be disqualified from current funding cycle. The Charitable Contributions Committee will refrain from honoring funding to any group or organization that provides, promotes or participates in any event that sells or allows the use of illegal drugs or alcohol.

You may send your information to the Prairie Band Potawatomi Nation Attn: Charitable Contributions Coordinator, 16281 Q Road, Mayetta, KS 66509. If you have any questions, please call (785) 966-3918

Thank you for your interest.

Charitable Contributions Committee  
Prairie Band Potawatomi Nation

**PRAIRIE BAND POTAWATOMI NATION**  
**Charitable Contributions Committee**  
**Donation and Sponsorship Policy**

The Prairie Band Potawatomi Nation Charitable Contribution Committee (CCC)  
was formed at the request of the PBP Nation General Council to have  
representation in the distribution of charitable funds.

The primary duty of the PBP Nation Charitable Contribution Committee is to act as the clearinghouse for all funding requests and make recommendations to the PBP Nation Tribal Council as to which requests will benefit our community directly or indirectly and meets the sponsorship guidelines. Reports will be presented to the PBP Nation Tribal Council quarterly and bi-annual reports for General Council. PBP Nation members will focus its human and financial resources on education and health issues in the Prairie Band Potawatomi Nation community.

**EDUCATION:** The Prairie Band Potawatomi Nation will support educational program that will assist in developing skills to create a better workforce for the benefit of the whole business community, including the PBP Nation.

**HEALTH & COMMUNITY SERVICES:** The PBP Nation will support programs that address the mental and physical health issues that impact on the PBP Nation. We will support drug and alcohol programs, domestic violence programs, family service programs, senior citizen programs, diabetes programs, youth programs, wellness programs, fitness programs, and other programs that are identified as having impact on a significant number of our community members. We will support the fight against cancer, heart, and lung disease in the greater community.

**ENVIRONMENT:** The PBP Nation will support programs that impact on the protection and preservation of natural resources and the care of Mother Earth, essential to the well being of all.

**RELIGION:** The PBP Nation will support organizations that impact on spiritual wellness and quality of life for all.

**CULTURE, ARTS, SPORTS & RECREATION, OFF-RESERVATION, FAITH BASED ORGANIZATION, AND SET-ASIDE OF NON-COMMITTED FUNDS:** We will avoid contributions that impact only a few individuals or that might set a precedent in supporting controversial events, in addition we will avoid funding for salaries and initial start up cost for organizations. We will avoid funding individual's requests due to hardship, illness, travel or competition. We may be able to sponsor a league or donate funds for lighting the fields so that the impact is wider and we avoid playing favorites when other teams or groups seek similar donations. We will avoid sponsoring individual contestants or individual teams needing funds for travel.

Non-Committed funds will be used for local, state and national political campaign contributions (excluding all Native American Indian Tribal Elections) or assistance needed when a natural disaster or tragedy occurs.

The PBP Nation will support issues, programs and events that are aligned with our culture, social responsibility, and business goals. Each request will be individually evaluated for the positive impact that it will have on the community. Donations and sponsorship will be made based on the availability of resources, both monetary and human. We will support umbrella organizations and events that have a high profile impact over a significant group of people to maintain better relationships and assist as many as possible. We will support umbrella organizations that support other organizations, such as a baseball league as opposed to individual teams, a pageant as opposed to an individual entrant. We will support events that involve many individuals with possible photo and advertising opportunities as opposed to fund drives. *We will not fund any event or service that is associated with the use of illegal drugs or alcohol.* Sponsoring umbrella organizations and event will enable us to be more consistent in handling request for groups.

# PRAIRIE BAND POTAWATOMI NATION

## Charitable Contribution

16281 Q Road, Mayetta, KS 66509

(785) 966-3918

### Sponsorship Guidelines

The following information must be provided in order to process your sponsorship request. If any of the following is omitted this will delay processing of your request.

- 1 Date of Request.
- 2 Name of Organization.
- 3 Mission and goals of your organization.
- 4 List members and addresses of your governing body including primary contact.
- 5 Brief summary of your request and how the request will improve relationship with or from the PBP Nation and why the PBP Nation should fund this request.
- 6 Total cost of project.
- 7 What percentage (%) or dollar amount of the total cost of project are you requesting for the Prairie Band Potawatomi Nation?
- 8 What other funding sources have you sought out? If so, what was the outcome?
- 9 How will your organization benefit from this sponsorship?
- 10 How will Native Americans in your community benefit from this sponsorship?
- 11 Provide letter of non-profit status, if not your group will be required to complete a W-9 tax form.
- 12 Complete a Release and Waiver form.
- 13 How will your organization recognize the contributions made by the Prairie Band Potawatomi Nation?
- 14 Funded project will be required to send a report within 90-days upon completion of project informing the Charitable Contribution Committee whether or not the stated guidelines have been met. All expenditures receipts will be provided to the PBPN Charitable Contribution Coordinator.
- 15 If funded your organization may be asked to attend an informational workshop on the Prairie Band Potawatomi government programs and a reception to receive the funds.
- 16 Non-compliance of reporting requirements will disqualify awardees of all future funding requests.
- 17 **The Charitable Contribution Committee reserves the right to request the grant be refunded if not used within one calendar year of the initial request. The recipient may request a meeting with the Charitable Contribution Committee to justify keeping the grant. Failure to comply may result in the denial of future funding.**

# PRAIRIE BAND POTAWATOMI NATION

Charitable Contributions Committee  
16281 Q Road, Mayetta, Kansas 66509  
Phone # 785-966-3918 Fax # 785-966-3990

The following information must be provided in order to process your sponsorship request. If any of the following omitted this will delay processing of your request.

Date of Request \_\_\_\_\_

Name of Organization \_\_\_\_\_

Mission of your Organization \_\_\_\_\_

Goals of your Organization \_\_\_\_\_

Members of your governing body including addresses and primary contact person

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Brief summary of your request and how the request will improve relationships with or for the PBP Nation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why should the PBP Nation fund this request? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total cost of project \$ \_\_\_\_\_

What percentage of dollar amount of the total cost of project are you requesting from the PBPN?

\_\_\_\_\_

What other funding sources have you sought out? \_\_\_\_\_

\_\_\_\_\_

What was the outcome? \_\_\_\_\_

\_\_\_\_\_

How will your Organization benefit from this sponsorship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you in a League, Association or other umbrella group? \_\_\_\_\_

\_\_\_\_\_

If so, please **attach** a letter of membership with this application. \_\_\_\_\_

Provide a letter of non-profit status? \_\_\_\_\_

If not, **COMPLETE** the W-9 tax form attached.

**COMPLETE** the Release and Waiver form attached.

How will your organization recognize the contributions made by the PBP Nation?

\_\_\_\_\_

\_\_\_\_\_

All funded project will be **REQUIRED** to send a report **within 90-days** upon completion of funded project, informing the Charitable Contribution Committee whether or not the stated guidelines have been met. \_\_\_\_\_

All expenditure receipts **must be provided** to the PBPN Charitable Contribution Coordinator in a timely manner. Can you complete this? \_\_\_\_\_

If funded your organization may be asked to attend an information workshop on the PBPN government programs. Can you participate in this? \_\_\_\_\_

If funded your organization will be asked to attend a reception to receive the funds. Can you participate in this given ample time? \_\_\_\_\_

Non-compliance of reporting requirements will **DISQUALIFY** awardees of all future funding requests. Do you understand this statement? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

# PRAIRIE BAND POTAWATOMI NATION

Charitable contributions committee  
16281 Q Road, Mayetta, Kansas 66509  
785-966-3918

## RELEASE AND WAIVER

I hereby authorize the Prairie Band Potawatomi Nation (PBPN) and the PBPN Charitable Contributions Committee, to use and reproduce organization name and likeness, and to make use of organization name and likeness, in reports, still photographs, video pictures and/or voice recordings, in any manner whatsoever for purposes of government reporting, advertising, publicity or promotion of any kind including, but not limited to, print and broadcast media. This includes, but not limited to, the right to use and publish any personal/organization information that I have given the Prairie Band Potawatomi Nation's Charitable Contribution Committee such as organization name and address.

I further agree that I will not seek and am not entitled to consideration or compensation from the Prairie Band Potawatomi Nation by reason of any such uses of organization name, likeness, voice or personal information.

ACKNOWLEDGED AND AGREED:

\_\_\_\_\_  
Signature of Individual or  
Officer of Organization

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

# IMPORTANT

**THIS MUST BE FILLED OUT TO BE ABLE TO PROCESS CONTRIBUTION:**

**CHECK PAYABLE TO** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ATTN:** \_\_\_\_\_

**PLEASE PRINT**

**SEND IN WITH APPLICATION.**