



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 1st 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 PBPB 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 individuals 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 CCC 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-compliancy of reporting requirements will disqualify awardees of all future funding requests.
- 17 **The CCC 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 CCC 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

785-966-3918

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. _____

Please 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 CCC whether or not the stated guidelines have been met. Can you complete this?

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-compliancy of reporting requirements will **DISQUALIFY** awardees of all future funding requests. Do you understand this statement? _____

ADDITIONAL INFORMATION YOU WANT THE CCC TO KNOW:

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

I M P O R T A N T

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.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Prairie Band Potawatomi Nation Official Tribal Seal
(Request to Use)

The official seal of the Prairie Band Potawatomi Nation is registered with the United States Patent and Trademark Office tribal insignia database. The official seal may only be used with the approval of the Prairie Band Potawatomi Nation Tribal Council or an individual designated by the Council to approve such use. Because the official seal is a registered official tribal insignia, you must complete the following and receive approval prior to use.

Applicant Name _____

Agency _____ Phone: _____

Proposed Use of Seal: _____

Terms and Conditions

By completing this form you agree to the following conditions:

1. The Prairie Band Potawatomi Nation official seal is the official seal of the Prairie Band Potawatomi Nation. This seal is registered as an official tribal insignia with the United States Patent and Trademark Office.
2. The use of the official seal of the Prairie Band Potawatomi Nation is restricted to the above date and use only.
3. The approval of this use cannot be transferred to any other person or for any other use.

Applicant Signature: _____ Date: _____

I hereby approve ____, deny ____, the above-stated use of the official Prairie Band Potawatomi Nation tribal seal.

Tribal Council Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

_____, Notary Public

My Commission expires: _____