



Prairie Band Potawatomi Nation – Charitable Contributions  
16281 Q Road, Mayetta, KS 66509  
P: 785-966-3918

Dear Charitable Contributions Applicant:

Thank you for your interest in the Prairie Band Potawatomi Nation as a possible sponsor for your organization. The Nation continually strives to be responsible citizens and build relationships with neighboring communities in which we live and do business. One way we achieve this goal is through sponsorship of community events and organizations.

Sponsorships are selected based upon need and are awarded on a first-come, first-served basis, in accordance with the PBPN Charitable Contributions Donation and Sponsorship Policy.

To receive consideration, an application must be completed in full and received by the appropriate deadline.

Sponsorships are distributed four times a year during the third week of January, April, July and October. To receive consideration, a completed request packet must be received before or on the 1<sup>st</sup> day of month, prior to distribution quarter in order to be considered and approved. The Nation's Charitable Contributions Committee will make final determination of the sponsorship award amount.

January Award Distribution	Packet submitted before or post marked on December 1
April Award Distribution	Packet submitted before or post marked on March 1
July Award Distribution	Packet submitted before or post marked on June 1
October Award Distribution	Packet submitted before or post marked on September 1

Send completed packets to:

**Prairie Band Potawatomi Nation ATTN: Charitable Contributions Coordinator,  
16281 Q Road, Mayetta, KS, 66509**

or via email to [wandatreinen@pbpnation.org](mailto:wandatreinen@pbpnation.org). For questions, call (785) 966-3918.

Thank you for your interest,

Prairie Band Potawatomi Nation Charitable Contributions Committee

---

***\*\*Failure to adhere to the PBPN Charitable Contribution Donation and Sponsorship Policy, or submission of incomplete applications will result in disqualification from current funding cycle.***

***\*\*Requests to benefit an individual or an individual family will not be considered.***

***\*\*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.***



Prairie Band Potawatomi Nation – Charitable Contributions  
16281 Q Road, Mayetta, KS 66509  
P: 785-966-3918

## Prairie Band Potawatomi Nation Charitable Contributions 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 meet the sponsorship guidelines.
- Reports will be presented to the PBP Nation Tribal Council quarterly and bi-annually 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.
- We will not fund any event or service that is associated with the use of illegal drugs or alcohol.

**EDUCATION:** The PBP Nation will support educational programs 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 mental and physical health issues that have impact on the PBP Nation. Funding 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. The PBP Nation will support the fight against cancer, heart, and lung disease in the greater community.

**ENVIRONMENT:** The PBP Nation will support programs with impact on the protection and preservation of natural resources and the care of Mother Earth, essential to the wellbeing 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 ORGANIZATIONS, AND**

**SET-ASIDE OF NON-COMMITTED FUNDS:** The PBP Nation will avoid contributions that impact only a few individuals or that might set a precedent in supporting controversial events. In addition, the PBP Nation will avoid funding for salaries and initial start-up costs for organizations. The PBP Nation will avoid funding individual requests due to hardship, illness, travel or competition. Funding may be available to sponsor a league or to fund lighting for fields, so the impact is wider and the PBP Nation avoids playing favorites when other teams or groups seek similar donations. The PBP Nation 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. Sponsoring umbrella organizations and events will enable us to be more consistent in handling requests for groups.



Prairie Band Potawatomi Nation – Charitable Contributions  
16281 Q Road, Mayetta, KS 66509  
P: 785-966-3918

## Prairie Band Potawatomi Nation Charitable Contributions Sponsorship Application

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.

Date of request

Organization Name

Organization Mission

Organization Goals

Is your organization in a League, Association or other umbrella group?      Yes      No

***If yes, include letter of membership with this application.***

Provide members of your governing body - list primary contact first and include email addresses for all

Brief summary of request and how it will improve relationship with or for the PBP Nation.



Prairie Band Potawatomi Nation – Charitable Contributions  
16281 Q Road, Mayetta, KS 66509  
P: 785-966-3918

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 PBP Nation?

What other funding sources have you sought?

What was the outcome?

How will your organization benefit from this sponsorship?

How will Native American in your community benefit from this sponsorship?

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



Prairie Band Potawatomi Nation – Charitable Contributions  
16281 Q Road, Mayetta, KS 66509  
P: 785-966-3918

All awarded projects are required to send a report within 90-days upon completion of project informing the PBPN CCC how the above guidelines have been met.

As a duly authorized member of my organization, I understand and agree to comply.

All expenditure receipts must be provided to the PBPN CCC Coordinator within 90-days upon completion of funded project.

As a duly authorized member of my organization, I understand and agree to comply.

Non-compliance of reporting requirements will disqualify awardees of any future funding requests.

As a duly authorized member of my organization, I understand.

If awarded, your organization will be asked to attend a reception to receive award.

As a duly authorized member of my organization, I understand.

The PBPN CCC reserves the right to request the award be refunded if not used within one calendar year of initial request. The recipient may request a meeting with the PBPN CCC to justify keeping the award. Failure to comply may result in the denial of future funding.

As a duly authorized member of my organization, I understand.

- Submit letter of non-profit status
- Submit completed W-9 Tax form
- Submit completed Release and Waiver form
- Submit completed Payment Information form
- Submit completed Tribal Seal Request for Use form (optional)
- Submit additional information you want the CCC to know (optional)

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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) ▶ _____	<b>4</b> 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>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**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.

## 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.

<b>Sign Here</b>	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](http://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 – Charitable Contributions  
16281 Q Road, Mayetta, KS 66509  
P: 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

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

Witness:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone



Prairie Band Potawatomi Nation – Charitable Contributions  
16281 Q Road, Mayetta, KS 66509  
P: 785-966-3918

## AWARD DISTRIBUTION PAYMENT INFORMATION

**THIS MUST BE COMPLETED TO PROCESS AWARD CONTRIBUTION - PLEASE PRINT**

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

ADDRESS \_\_\_\_\_

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

ATTN \_\_\_\_\_