



Pauma Band of Luiseño Indians (PBLI)

Charitable Contributions Application

1010 Reservation Road P.O. Box 369 Pauma Valley, CA 92061 760-742-1289
Main 760-742-3422 Fax

Charitable Contribution/Sponsorship Guidelines

The following instructions must be adhered to and understood in order to process your sponsorship/donation request.

Request must be submitted in writing on official organizational letterhead.
Use the suggested format below.

Requests must be mailed to:

The Pauma Band of Luiseño Indians Attn: Public Relations
Request P.O. Box 369 Pauma Valley, CA 92061

All requests must be received at least 60 days prior to when the requested donation or sponsorship is needed.

Requests must include a fully completed application form **and required attachments**. Any missing information may result in delay and/or denial of request.

Complete and return the Release and Waiver form.

Only one request per organization will be considered during a 12-month period.



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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 _____

Name of organization _____

Return Address: _____

Contact Person:

Phone: _____ Fax: _____

Email: _____ Web site (if applicable): _____

Federal Tax Identification Number: _____

Is your organization tax-exempt under IRS Code 501 (c)? _____ **If yes, please provide section number and attach a copy of determination letter:** _____

Is your organization a non-governmental organization (NGO)? _____ **If outside the U.S., please attach a copy of certification letter.**

Please provide a brief description of your organization's history, mission and goals:

Please attach a list of members of your governing body including their addresses. Include the address and phone number for the primary contact person below:

Name _____
Address _____
Phone _____ Fax _____
Email _____

Please provide a brief summary of your request and project, including the goals, location and key dates:

Project Start Date: _____

Project Completion Date: _____

Expected attendance or number of people served by project: _____

What is the geographic region served by your project? _____

Who will benefit from the project? Who is the target population served by your project? .

How will your organization benefit from this sponsorship?

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

What is your annual operating budget? _____

What are your annual sources of income? _____

What is the total cost of the project? \$ _____

Please attach a line item project budget and a current audited financial statement/990 form.

What percentage of the dollar amount of the total cost of the request/project are you requesting from the PBLI? _____

Why should the PBLI Nation fund this request? _____

Who are the other funding partners (if any)? _____

What other funding sources have you sought out? _____

What was the outcome? _____

How will your organization recognize the contributions made by the PBLI Nation? What are your plans for promoting PBLI's sponsorship of the project?

If funded, your organization may be asked to attend an event highlighting the donation and/or PBLI's support of the project. Do you accept this responsibility? Yes / No

Please include additional information you want the PBLI to know:

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

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Donations/Charitable Contributions Release and Waiver

I hereby authorize the Pauma Band of Luiseño Indians (PBLI) 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 is not limited to, the right to use and publish any personal/organization information that I have given the PBLI such as organization name and address.

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

ACKNOWLEDGED AND AGREED:

Signature of Authorized Individual or
Officer of Organization

Date

Printed Name

Address

Phone

Witness:

Address