Confederated Tribes of the Umatilla Indian Reservation

46411 Timíne Way Pendleton, OR 97801

www.ctuir.org Phone 541-276-3165

email: info@ctuir.org Fax: 541-276-3095

Board of Trustees

REQUEST FOR BOARD OF TRUSTEES DONATION

The Confederated Tribes of the Umatilla Indian Reservation's Board of Trustees (BOT) allocates a limited amount of funding each year for donations to individuals and groups for purposes related to education, culture, and recreation. Maximum funding is capped at the limits shown below. Donations shall be for enrolled CTUIR members only (for teams, the team must be composed of at least 50% CTUIR enrolled members) and one request per individual, team or organization can be made per calendar year.

The application form and any attachments must be submitted to the Office of Enrollment at least three (3) days prior to when the funds are needed. The applicant is required to provide a detailed budget and documentation on the event or activity.

Funding limits – one request per individual, team or organization per calendar year.

Individuals (educational, cultural, recreational)	\$250.
Sports Team	\$350.
Community Group	\$500.

<u>Note</u>: If the donation will benefit a sports team, composed of at least 50% CTUIR-enrolled member, that sports team may NOT apply as individuals. If individual CTUIR Tribal members are on a sports team that is NOT composed of mostly CTUIR enrolled members, the individual CTUIR Tribal member may apply for a donation as an individual.

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Board of Trustees

BOARD OF TRUSTEES DONATION APPLICATION

Completed applications must be submitted to the Office of Enrollment at least three (3) days prior to when the funds are needed. Please submit application to Enrollment@ctuir.org or mail to CTUIR Office of Enrollment, 46411 Timíne Way, Pendleton, Oregon 97801.

Name o	of person completing tl	his application (l	ead contact person):				
Home I	Phone:		Cell Phone:	Wo	Work Phone:		
If fundi	ng is provided, who sho	ould the check be	made payable to:				
Will yo	u pick up the check at E	Enrollment or do y	you want it mailed?	Pick-up	Mail		
Address	s where it should be ma	iled:					
Who is	the donation for? (che	eck only one)	(Applicants and	donation recipients mu	ust be enrolled CTUIR members) CTUIR Enrollment		
	Individual (Age)	Name:		Number:		
	Sports Team (youth-und	ler age 18)		Name:			
	Sports Team (adult-over	r age 18)		Name:			
	Community Group (loc	ated on Umatilla Ir	ndian Reservation)	Name:			
	Community Group (loc	ated off Umatilla I	ndian Reservation)	Name:			
What i	s the primary purpose	of your project/	activity/event? (check	only one)			
	Educational (not tuition,	, books, school loar	ns)	When are the fund	ds needed?		
Cultural (learning or participating in a Tribal cultural event/project			al cultural event/project)				
	Recreational (promoting	g physical fitness)					
Describe your project/activity/event request (attach documention):							
Who will benefit from this project, activity or event? (who, how many are CTUIR enrolled members, etc.)							
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Reason application denied:

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Board of Trustees

BOARD OF TRUSTEES DONATION APPLICATION

Amount you are requesting from the	e Board of Trustees:		\$	
Total cost of your project: (attach a l	budget)		\$	
Amount you are contributing from y	\$			
Amount you are contributing from a	\$			
This section to be completed by Office	ce of Enrollment only:			
Date received by Office of Enrollment:		Date reviewed by Enrollment Staff:		
Staff member reviewing this application	on:	Approved	Denied	
Amount funded: \$		Purchase Requis	ition submitted on:	
Check mailed on:	Check picked up by:		When:	
If denied, notification given to application	nt on:			