



Qagan Tayagungin Tribe Donation Program

Instructions:

1. **Complete** following application.
2. **Copy** for your records, if desired.
3. **Mail** completed application along with any supplemental materials to:

Qagan Tayagungin Tribe
P.O. Box 447
Sand Point, AK 99661

Guidelines (please read before completing Application Form):

1. Duplicate or repeat applications will not be considered.
2. If approved, applicants can expect a response within 2 weeks, of the next regular meeting of the Qagan Tayagungin Tribal Council following receipt of the request. *If you have any questions about an approved donation, please send your questions in writing to the address on your **approval letter**. If you do not receive a response, please consider your request denied.*
3. If you intend to request assistance under this policy, funds will not exceed \$5,000 in a 12 month period. Any request for more than \$5,000 will not be considered for acceptance.
4. Requests **MUST** be on the Qagan Tayagungin Tribe Donation Application Form.
5. Be brief but specific in your application. Supplemental Sheets or information are accepted, but the application form must contain the primary information.
6. **No phone calls please.**



Qagan Tayagungin Tribe Donation Program

(Please Submit Application Form Only)

GENERAL INFORMATION

Today's Date: _____

Contact Person: Mr. Mrs. Ms. Miss _____

Beneficiary (*example: Sand Point School*) _____

Name of group or individual to be referenced: (*example: Ski Team*) _____

Tax ID number (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Phone number (*with area code*) _____

Fax # _____ Email: _____

If approved: Who should check be made out to? _____

If approved: Mailing address of donation recipient: _____

City _____ State _____ Zip _____ County _____

PROJECT INFORMATION

Project/event name: _____

Event date: _____

Date Response Requested by: _____

Description: _____

Population Served (*examples: QT Tribal members, community of Sand Point*) _____

Have you sought other sources of funding? Yes No

If yes, explain: _____



Qagan Tayagungin Tribe Donation Program

Donation type categories (select **ONLY** one)

- Cash Donation – Amount Requested \$ _____
- Use of Community Center – Date(s) _____
- Ad Sponsorship – Amount Requested \$ _____
- Youth Sports/Team Sponsorship – Amount Requested \$ _____
- Raffle/Auction – Select **ONLY ONE** item listed Below
 - Mug & pin
 - Gift Certificate
 - Other _____

FOR OFFICIAL USE ONLY

Date Presented to QT Tribal President: _____

Decision of the QT Tribal Council: Approved Denied Refer to Council

Date Presented to QT Tribal Council: _____

Decision of the QT Tribal Council: Approved Denied Tabled for More Information

If Tabled, Date Represented: _____

Decision on Resubmitted Request: Approved Denied Other: _____

Amount and/or Type of Donation Approved: _____

Other Information: _____

Date Submitted to Finance Director for processing: _____

Executive Directors

Date

Resolution No.
(If applicable)