



## Quinault Indian Nation Charity Fund Distribution Policy

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To qualify for a grant your group/organization must fall into one of three classifications:

- \*501C-3 private nonprofit organization
- \*Charitable group/organization
- \*Tribal government program which has an impact on the community.

The Quinault Indian Nation has further prioritized the granting of awards to those applicants with projects that accomplish one or more of the following categories:

- \*Youth education/activities
- \*Wellness, Mental, Emotional, and Physical Health
- \*Environmental preservation and restoration

Project applicants are not limited to these categories and are encouraged to submit regardless of a project focus. Application deadlines are **January 1, April 1, July 1, and October 1** of each year. Projects will be awarded within thirty (30) days of the application deadline.

**If you have any questions you may call:**

**Latosha Underwood, Tribal Secretary**  
**(360)276-8211 ext. 555**  
**[lunderwood@quinault.org](mailto:lunderwood@quinault.org)**



**Quinault Indian Nation Charity Fund  
Application Form**

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1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name of CEO or Board Chair (must sign application): \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

6. Employer Identification Number: \_\_\_\_\_

7. List consortium partners or programs, if any: \_\_\_\_\_  
\_\_\_\_\_

8. Type of Organization (check one)

- Public School
- Government Agency
- Church
- Non-Profit Organization (**Note:** If you are applying as a non-profit organization, you must attach a copy of your current IRS non-profit determination letter)

9. Describe the purpose of your organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has your organization provided services to Native American people during the past two years?

- No
- Yes, Please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has your organization received previous grants through the Quinault Indian Nation Charity Fund?

- No
- Yes

If so provide dates and amount:

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

12. Project Title: \_\_\_\_\_

13. Funds requested: \$ \_\_\_\_\_

14. In the space provided, please describe the project or activity for which funding is sought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide any other information your organization wishes to have considered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please attach a list of your board of directors and affiliation.

I do hereby certify that the above information, to the best of my knowledge, is true and accurate. (Please note that an individual that is authorized to incur legal obligations on behalf of your organization must sign this application. This may differ from the contact person.)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

REMINDER: Non-profit organizations must provide a copy of their current FEDERAL (non state) proof of non-profit. This is a document from the Internal Revenue Service.



Please feel free to copy this logo for use in any Event publicity such as posters and programs.

**Please mail complete application to:**

**QUINAULT INDIAN NATION  
P.O. Box 189  
Taholah, Washington 98587**

**Attn: Tribal Secretary**