



## CCT CHARITABLE CONTRIBUTION FUND GRANT APPLICATION

Please only use space that is provided for each section. Do not alter the application. Entire application is 7 pages with only 2 attachments allowed.

Date:																													
Applicant Organization:																													
Contact Name:										Title:																			
Daytime Phone:										Email Address:																			
Mailing Address:																													
City:						State:						Zip:																	
County:																													
If funds are awarded, to whom do we make the check payable?																													
How did you hear about the CCT Charitable Contribution Fund?																													
<input type="checkbox"/> Word of Mouth			<input type="checkbox"/> Internet			<input type="checkbox"/> Newspaper			<input type="checkbox"/> Radio			<input type="checkbox"/> Other																	
Other (please describe)																													

## PROJECT INFORMATION

How many will benefit from the proposed project?

Proposed Date of Project: (REQUIRED) \*  
(cannot occur before distribution of funds)

Grant Category (select one)

The Arts	Drug & Alcohol Treatment	Prevention
Cultural Activities	Environment & Natural Resource Preservation	Housing
Historical Preservation	Gambling Addiction	Public Safety
Health	Education	Other (please describe)

Other:

## PROJECT SUMMARY

- Briefly summarize (*approximately 3-4 sentences*) the purpose of this request. Include what will be done, where, for whom and when

## CAPACITY & PROGRAM SUSTAINABILITY

- If funding is requested for an ongoing program, please provide information to demonstrate the organization's ability to manage and report the grant funds, complete the proposed project and sustain the program beyond the term of the grant.
- For equipment requests, describe the expected "life" (i.e. years used) of equipment and available storage/security.
- Include information regarding collaborations and partnerships related to the project.

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### GOALS & OUTCOMES

- Describe up to three primary goals of the organization, demonstrating how the proposed project will address those goals.
- Effective goals are specific, measurable, achievable, and realistic, have a defined time frame.

Goal	Strategy	Outcome

### ORGANIZATION DESCRIPTION

Use only the space provided below to describe your organization. This information will be used for public media releases and announcements of awarded grants.

## PROJECT DESCRIPTION

- In one page or less, provide the specifics of the project.
- Briefly explain how the grant funds will be used.

## PROPOSED PROJECT BUDGET

		Amount
A	Total Matching Funds SECURED to date (may include fundraising, in-kind, donated materials, services, labor, etc.)	0.00
B	Total Matching Funds PROPOSED but NOT secured (may include fundraising, in-kind, donated materials, services, labor, etc.)	0.00
C	Total Funds REQUESTED from CCT Tribal Charitable Fund	
D	TOTAL cost of the Project (equals total of A+B+C above)	0.00

### Summary of Secured and Proposed Matching Funds

Funding Source	Secured Amount	Proposed Amount	If Proposed, indicate date.
	Total Secured 0.00	Total Proposed 0.00	Total Combined 0.00

If no other sources of cash, in-kind or fundraising is being solicited for this project, please explain why.



**CERTIFICATION:**

By signing the application form, the signer certifies:

- The information provided is accurate and that any grant funds received will be used according to the stated purpose and approved awarded purposes only.
- The organization will comply with the CCT Charitable Contribution Fund regulations and guidelines as stated.
- All awarded funds will be used only for the purposes awarded.
- If awarded, reasonable efforts shall be made to publicly announce the award.
- The organization will provide the final evaluation report in a timely manner including at a minimum how the funds were used.
- The organization will return all unused funds to the CCT Charitable Contribution Fund, unless other arrangements are made and approved, in writing, by the CCT Charitable Contribution Fund Advisory Board.
- The person signing this application should have the authority to commit the organization to these conditions.

Contact Person's Signature		Date	
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\* If submitting application by e-mail, your email will be used as the signature.  
Please remember to PRINT and or SAVE a copy for your records.

Please submit the completed application via Email at  
CCT is not responsible for any technicalities resulting in the delay of submission by any deadline.

**OR**

Mail **ONE** complete copy of the application through US Postal Mail to:

Youth Development  
Meghan Francis  
PO Box 150  
Nespelem, WA 99155

Hand Delivery

Or

UPS or FedEx Delivery:

Lucy Covington Government Center  
Youth Development  
Floor 3  
21<sup>st</sup> Colville Street  
Nespelem, WA 99155