

APPLICATION COMMUNITY FUNDING PANEL MENOMINEE INDIAN TRIBE OF WISCONSIN

COMPLETE THE FOLLOWING AND DESCRIBE THE REQUEST USING THE GUIDELINES PROVIDED

Date Submitted _____ Applicant's DOB: _____

Name of Applicant _____

Mailing Address _____

City _____ State _____ Zip Code _____ Telephone _____

Physical Address _____

City _____ State _____ Zip Code _____ E-Mail _____

AMOUNT REQUESTED _____ Date Needed: _____

Signature: _____ Guardian's Name _____

(If applicant is under 18 years of Age)

Guardian's Signature _____

*** APPLICATION MUST BE FULLY COMPLETED. IF NOT, APPLICATION WILL NOT BE CONSIDERED ***

In Completing this application, if you need assistance please let us know.

Place a check mark by those that apply:

I. I/We are applying for:

- Myself – (Up to \$200)
- A group (an informal organization; group is not a family) – (Up to \$500)
- An organization (an entity organized under articles of incorporation, charter or by-laws, etc. – (Up to \$800)
- Must demonstrate you have raised a minimum of 50% of your request – (Proof is required)

II. This funding request will benefit a majority of Enrolled members of the Menominee Indian Tribe of Wisconsin.

III. I am an enrolled tribal member of the Menominee Indian Tribe of Wisconsin.
Enrollment No: _____
(Will be verified with the Enrollment Dept.)

IV. Should the Funding Review Panel decide to fund the request, the check can be made out to:
(NOTE: within 30 days you are required to come back and inform us how it helped; otherwise you're next request will be denied for 3 years. Please see G under Restrictions in the Operational Procedures.)

V. I/We have contacted the following agencies for funding assistance

- Casino
- Johnson O'Malley Program
- Menominee Tribal Clinic
- Menominee Tribal Housing Authority
- Menominee Tribal Enterprise
- Other Tribes
- Other (Explain)

VI. These funding requests WILL NOT be funded.

- * Health related issues, including but not limited to
 - * AODA assessments, traditional medicine, mental health issues, physical therapy, dental or other medical conditions.
- * Catastrophic related issues, including but not limited to fire, death in family, natural disasters.
- * Post-Secondary Education or Professional Licensure/Certification Fees
- * Legal Representative / Fees
- * Political or lobbying organization
- * Events involving consumption of drugs/alcohol
- * Non-Tribal Members, groups or organizations.
- * Utilities, rent, or any other monthly expenses. etc
- * Business or Entrepreneurial expenses
- * Panel will not consider any previous activities and/or expenses for reimbursement.

Your request WILL NOT be considered if you have received any other type of Tribal funding from Tribal Programs or the Menominee Tribal Legislature.

2) Justify why you should receive funding. Demonstrate your financial need and provide supporting documentation. (1 - 15 points)

3) Provide a line item budget indicating expenses/income sources and how the funding if awarded will be spent. Supporting documentation is required (1 - 20 points)

4) If your approved how will it impact you, your group, organization, or others? (1 - 10 points)

Please do not write below this line

Total Points Scored: _____ Approved Denied

Signature: _____ Date: _____
(Chairman or Vice Chair)

Signature: _____ Date: _____
(Panel Member)

From Account #: _____ Amount: _____