

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE REQUIREMENTS FOR DONATION APPLICATIONS.**

**Instructions for Completing the Donation Request**

Those seeking donations for community projects or assistance with fundraising programs must complete this application in its entirety. Any request submitted without completing this application will not be considered.

1. To evaluate each donation request, applications must be submitted at least six weeks in advance to ensure sufficient time for review and determination. There is no expedited processing, so if your organization has a deadline to meet, plan accordingly.
2. Ensure that the organization's name, mailing address, point of contact, contact phone number, and email address are accurately completed. Some questions may not apply to your organization or project, but please answer all questions that apply.
3. Specify what donation amount and/or goods are being requested. Any application that does not have this information completed will not be considered.

**Review of Application**

The Tribal Council will review the application based on the information provided. Applicants may include additional information or attachments relevant to the funding request; however, a clear and concise summary of the project's goals and methods is strongly encouraged to support a thorough evaluation. Please submit copies only, as materials submitted with the donation application will not be returned.

**Granted Donations**

A valid email address is required on this application. You will be emailed to notify you that your donation request has been approved. Due to the volume of donation requests received, only those donation requests that are approved will receive an email. If you do not receive an email from us during the six-week timeline, your donation request has not been approved, and this office will take no further action.

**Additional Information**

Donation applications are approved and distributed at the sole discretion of the Tribal Council. While the Tribe strives to support a variety of organizations that enrich our local communities, it is not possible to fund every request due to the large number of applications received each month. Approval of a donation request is not guaranteed, even if your organization has received funding from the Tribe in the past. Please note that inquiries regarding the reasons for denial will not receive a response.

**Payment Information Form**

The payment information form must be completed and submitted with the donation application. Incomplete forms may result in the application being rejected or cause delays in the funding process.

**Contact Information**

Completed applications and any other related information can be submitted via regular mail or email at the following:

ATTN: Donation Committee  
Augustine Band of Cahuilla Indians  
84100 Avenue 54  
Coachella, CA 92236

Email: [donations@augustinetribe.com](mailto:donations@augustinetribe.com)

**\*\*Do not return these instructions with your donation request\*\***

# Augustine Band of Cahuilla Indians Donation Request Form

Please check the applicable box:

Local Public Agency	Local Event Sponsorship
Children's Sporting Event	Children's Activity Event
County School	Other (Please Specify)

Project Name: \_\_\_\_\_

## Committed to the Community

The Augustine Band of Cahuilla Indians is dedicated to supporting and enriching surrounding communities by promoting cultural values, honoring their relevance, and enhancing the lives of the people within them.



## Organization Information

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Name of Organization (Complete Name)

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Name of Organization's President, Executive Director, or Leader

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Address

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Name of Contact Person (This Must be Provided)

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Telephone Number

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Email Address of Contact Person

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Organization Website (If Applicable)

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Additional Information (If Applicable)

Is your organization non-profit?      Yes \_\_\_\_\_      No \_\_\_\_\_

If your organization is non-profit, attach proof to this application.

Organization's Federal Tax ID Number: \_\_\_\_\_

## Event or Project Information

Donation amount requested: \_\_\_\_\_

Start date of your event: \_\_\_\_\_

Please provide a summary of the project or event, including: who it will serve, the need it addresses, its goals, the anticipated benefits to the community, and the execution plan. (Attach additional sheets if more space is needed.)

## Payment Information Form

Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**This form must be completed and returned with the completed donation request package.**