PUYALLUP TRIBE OF INDIANS
CHARITY TRUSTBOARD

Charity Fund Application Form

1st Quarter Deadline: Dec. 30, 2026

In order to qualify for an award, this application must be completed in full, typed and with a handwritten signature. Submit only 1 single PDF copy via email, fax, or regular mail to:

Puyallup Tribe's Gaming Advisory Commission.
5580 Pacific Hwy. E. Suite "F"; Fife, WA 98424.
Phone: (253) 382-6012 Fax: (253) 382-6015
charitytrustboard@puyalluptribe-nsn.gov

Date of Application:_____ **County:**_____

Name of Organization:_____

No – P.O. Boxes
Street Address:_____

City:_____ State:_____ Zip:_____

Contact Person:_____ Title:_____ Phone:_____

Email Address:_____

Non-Profit Federal I.D. Tax Number: _____

Amount Requested: _____ **Signature:**_____

Please attach copies of the following:

- your organization's 501 (c) 3 or letter of determination from the IRS
- a copy of your W-9 form, signed
- Proposed budget

This application form must be attached to the following:

1. Specific expenditures which are anticipated
2. The specific use of the charitable gaming proceeds
3. The organization shall specifically state what portion of the proceeds, if any, will be used for administration, operations and salaries.

PREFERENCE WILL BE GIVEN TO: projects that demonstrate benefits or services to Indians as part of their service population, and are located in Pierce County. Projects will be considered which offer:

***Please indicate *one category* qualifies your funding request.**

- Health Services
- Food Services
- Social Services
- Religious Services
- Youth Services
- Amateur Sport Services
- Cultural Services

Other bona fide charitable purpose. Please describe:

_____

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Has this organization ever applied for charitable funding within the Charity Trust Board or any other entity of the Puyallup Tribe?

NO ☐ YES ☐ if yes, please list where/who/when and amount funded:

_____

Give a brief (50 words or less) summary of your program and the reason for this grant request

_____

_____

_____

_____

_____

Briefly describe how your program would benefit the Puyallup Tribe's Community and the surrounding area:

_____

_____

_____

_____

_____

Is your organization staffed by volunteers, or is the staff paid?

_____

Has this organization used any other names?

_____

How will the award be expended? ***Please be specific.***

Failure to submit all documents required, will disqualify your application. All applications are due by the end of business day each quarter, and will be reviewed the following month.

* Revised 7/2023 GAC/CTB
* No monies from this award may be used to pay anyone's finder fees. The Commission reserves the right to request copies of your organization's financial statement for the previous three (3) years.