



TULE RIVER CARES PROGRAM
Funding / Sponsorship Application
Submit completed applications to:
TuleRiverCares@eaglemtncasino.com

- Applications must be submitted **30 calendar days prior to the date of the event, deadline, or activity.**

SECTION 1 — APPLICANT INFORMATION

Applicant Type (Check One)

- Individual** → One person requesting funding (example: travel to a sports competition, educational activity, registration fee).
- Family** → A household applying for assistance together.
- Organization** → A club, team, school group, or nonprofit.

Name of Individual / Organization:

Contact Person (if organization):

Mailing Address:

City / State / Zip:

Phone Number:

Email Address:

Are you a Tule River Tribal Member?

- Yes
 No

SECTION 2 — EVENT / ACTIVITY INFORMATION

Name of Event or Activity:

Type of Event:

- Educational Activity
 Sports Participation
 Youth Activity
 Community Event
 Other: _____

Event Date:

Event Location:

Brief Description of Event or Activity:

SECTION 3 — FUNDING REQUEST

Amount Requested:

\$ _____

Funding may be approved **in full or partially depending on available program funds.**

Please describe how the funds will be used:

- Event Registration
- Travel Expenses
- Lodging
- Tickets
- Equipment
- Other: _____

Detailed explanation of requested funding:

SECTION 4 — SUPPORTING DOCUMENTATION

The following documents **must be attached** to your application:

- Event Flyer or Announcement
- Registration Information
- Ticket Quotes
- Hotel Quotes
- Vehicle Rental Quotes
- Other Supporting Documentation

Incomplete applications may be denied.

SECTION 5 — FUNDING DISCLOSURE

Have you received **funding or sponsorship from any Tribal organization during this fiscal year? (October 1-September 30)**

- Yes
- No

If yes, please explain:

SECTION 6 — APPLICANT CERTIFICATION

I certify that the information provided in this application is **true and correct**. I understand that:

- Funding approval is **subject to availability of CARES Program funds**.
- Funding may be **approved in full or partially**.

Applicant Signature:

Date:

SECTION 7 — OFFICE USE ONLY

Date Application Received:

Application Complete:

Yes

No

Reviewed by CARES Board on:

Board Decision:

Approved

Approved (Modified Amount)

Denied

Amount Approved:

Check No.

Date of Issuance:

\$ _____

Comments:

Board Secretary/Treasurer Signature:

Date: