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:

Approved: March 5, 2026
Revised: June 5, 2026

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
☐ Roster
☐ 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 for this event? (October 1-September 30)**

☐ Yes
☐ No

If yes, please explain:

Approved: March 5, 2026
Revised: June 5, 2026

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:

Approved: March 5, 2026

Revised: June 5, 2026