

For Office Use Only:
Application No. _____



Requests require a
30 day or more
advance notice

Date of Application: _____

Please submit application to:
Agua Caliente Band of Cahuilla Indians
ATTN: Charitable Donations Department
5401 Dinah Shore Drive
Palm Springs, CA 92264

Agua Caliente Band of Cahuilla Indians – Charitable Application

Organization Information

Legal Name of Organization Applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Principal Address: _____

City: _____ State/Prov: _____ Postal Code: _____

Mailing Address: _____ City: _____ State/Prov: _____ Postal Code: _____
(If different from Principal Address)

Phone Number: _____ Fax Number: _____ E-Mail: _____

Website: _____ Executive Director/CEO: _____

Contact Person/Title (if different from Executive Director): _____

Organization is tax-exempt under IRS Code 501 (c) ____ (please fill in section number and attach copy of determination letter)

Federal Tax ID# _____ Year Organization Founded: _____

Organization is a non-governmental organization (NGO); if outside the U.S. please attach copy of certification letter

Date of Organization's Fiscal Year: _____ to _____. Total operating budget for current year: \$ _____

Program Area Served (check only one box) Education Civic & Community Arts & Culture Health & Human Services

Geographical Areas Served (check all that apply): Palm Springs Rancho Mirage Cathedral City Desert Hot Springs

Palm Desert Thousand Palms Indio Indian Wells Other (Please specify): _____

Estimate number of people actively involved in organization as board/executive members _____; volunteers _____; employees _____.

Are you a United Way Agency? Yes No If yes, current allocation: _____

Have you submitted any requests to ACBCI in the last 12 months? Yes No

Has the ACBCI previously donated to your organization? Yes No If yes, please provide history including year, amount, purpose/project:

Date: _____ Amount: \$ _____ Purpose/Project: _____

Date: _____ Amount: \$ _____ Purpose/Project: _____

Donation Request Instructions

Please answer all questions with complete information.

Project/Program/Event Title: _____

Type of Project: • Event/Sponsorship • Program • General Financial Support • Special Need • Other

Date of Event: _____ Location of Event: _____

Total Project/Program/Event Cost: \$ _____ Request Amount: \$ _____ Amount Raised to Date: \$ _____

Deadline by which the ACBCI must commit in order to be listed as a sponsor in all printed materials: _____

Please state how the funds will be directed, should the ACBCI fulfill your request: _____

If the ACBCI fulfills your request, will you be able to provide data of results, and how the money was spent? Yes No

Please attach the following information:

One page event/project budget

Source of other funds to support this project

Objectives of project to be funded

Signatory Information

It is fully understood that this donation and / sponsorship is not an admission of any liability, and that _____ is fully responsible for, and shall indemnify and hold Agua Caliente Band of Cahuilla Indians harmless for and against any liability or claim arising from the above described event. I have read and understood the foregoing.

Authorized Signature: _____

Type/print name and title: _____



www.aguacaliente-nsn.gov