



# Jackson Rancheria Grant Program

(see Application Form below)

## Instructions:

- 1 **Complete** following application.
- 2 **Copy** for your records, if desired.
- 3 **Mail** completed application along with any supplemental materials to:  
Jackson Rancheria Grant Application Office

P.O. Box 1090  
Jackson, CA 95642

## Guidelines (please read before completing Application Form):

- 1 Applications are limited to one application per year per project.
- 2 Duplicate or repeat applications will not be considered.
- 3 If approved, applicants can expect a response within six weeks.

*If you have any questions about an approved grant, please send your questions in writing to the address on your **approval letter**. If you do not receive a response, please consider your request denied.*

- 1 If you intend to request assistance under this policy, funds will not exceed \$2,000 in a 12 month period. Any request for more than \$2,000 will not be considered for acceptance.
- 2 Requests **MUST** be on the [Jackson Rancheria Grant Application Form](#)
- 3 Grant Application Forms are only accepted by US Postal mail. ([See above instructions for address](#))
- 4 Be brief but specific in your application. Supplemental sheets or information are accepted, but the application form must contain the primary information.
- 5 Application forms must be received by the **15th** of the month for funding consideration the following month. (*For example, Application Forms must be received by May 15 in order to be considered for funding by the end of June.*)
- 6 **No phone calls please**



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(Please Submit Application Form Only)

## GENERAL INFORMATION

Today's Date: \_\_\_\_\_

Contact person: Mr. Mrs. Ms. Miss \_\_\_\_\_

Beneficiary (example: Amador High School) \_\_\_\_\_

Name of group or individual to be referenced: (example: Ski Team) \_\_\_\_\_

Tax ID number (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone number (with area code): \_\_\_\_\_

Fax # \_\_\_\_\_ Email: \_\_\_\_\_

If approved: Who should check be made out to? \_\_\_\_\_

If approved: Mailing address of grant recipient: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

## PROJECT INFORMATION

Project/Event name: \_\_\_\_\_

Event date: \_\_\_\_\_

Date Response Requested by: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you sought other sources of funding? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Grant Type Categories (select **ONLY** one)

- Cash Grant - Amount requested \$ \_\_\_\_\_
- Ad Sponsorship - Amount requested \$ \_\_\_\_\_
- Youth Sports/Team Sponsorship - Amount requested \$ \_\_\_\_\_
- Raffle/Auction - **Select ONLY ONE Item Listed Below**

### If Amador, Calaveras, or El Dorado county:

- \$25 Coupon for Lone Wolf Restaurant (COUPON)

### If other county:

- 1 night's stay at the Hotel + \$25 coupon for Lone Wolf Restaurant (COUPON)

### For internal use only

Rec'd Date: \_\_\_\_\_

Reviewed Date: \_\_\_\_\_

Approved Amount \$ \_\_\_\_\_ Raffle/Auction item \_\_\_\_\_

Denied

Comments \_\_\_\_\_