$5,000.00 and Above Grant Application

Please note that applications may take up to 90 days to review following each deadline. We will contact you once your proposal has been considered and a determination has been made.

Please provide us with the following organization information:

Organization Name:		
Also Known As:		
Address:		
City:	**State:**	**Zipcode:**

Website Address:	
Tax ID Number:	
Main Office Line:	
Fax Number:	
Tax Code:	
Formation Date:	
Organization's Fiscal Year Start/End Date:	

CEO/Executive Director:	
Phone Number:	
Email:	

Primary Contact:	
Phone Number:	
Email:	

Organization's Mission:

Organization's History:
Concise summary of the primary activities of the organization:

Organization's Service Area:	
Requesting Organization Type:	

Additional Descriptive Information
Please indicate if you are a nonprofit/community services organization, tribal government, city or state agency, private operating foundation, private school, public school-traditional/system, public school-charter/charter organization, faith-based organization, or other entity:

Organization Board of Directors

List individual members and their business affiliations.
If additional space is needed, then please upload a separate document.

Board Member 1	
Name:	
Company/Business	

Board Member 2	
Name:	
Company/Business	

Board Member 3	
Name:	
Company/Business	

Board Member 4	
Name:	
Company/Business	

Board Member 5	
Name:	
Company/Business	

Board Member 6	
Name:	

Company/Business	

Board Member 7	
Name:	
Company/Business	

Board Member 8	
Name:	
Company/Business	

Board Member 9	
Name:	
Company/Business	

Board Member 10	
Name:	
Company/Business	

Affiliation - Please list any Soboba Tribal Member and/or Soboba Employee who is affiliated with the organization and may be contacted regarding the organization (if applicable):

Representation – Please list any Soboba Tribal Member and/or Soboba Employee who serves on the organization's board of directors (if applicable):

Please provide us with the following information about the project for which you are seeking a grant:

Project Title:		
Describe the problem or community need that your project will address:		
Request Type (Cash/In-Kind):		
Amount of Request:		
Project Start Date:		
Project End Date:		

Description of Population Served:	
Number to be Served:	
Primary Age Group:	

Ethnicities Served – Must Total 100 %		
American Indian		
African American		
Hispanic/Latino		
Asian/Pacific Islander		
Caucasian		
Other		
% of Veterans Served		

Describe the activity for which grant funds are being sought:
Please describe how your project fits within and supports one or more of the Soboba funding priorities:
Describe the goals and objectives of the proposed activity:
Describe your methods/strategies for implementing the proposed activity:
Describe your plans for evaluating the impact and success of the proposed activity:
Describe how your the organization will acknowledge the grant, should it be approved:

List the sources of funding for the project and describe the means by which the project will be financially sustained in the future:
Have you applied for sponsorships with any other entities of the Soboba Band of Luiseño Indians during the past year? If yes, which entity?
How did you learn about our grant program?