



Soboba Foundation Sponsorship Application

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 sponsorship:

Project Title:	
Describe the problem or community need that your project will address:	
Amount of Request:	
Project Start Date:	

Project End Date:	
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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 a sponsorship is 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:

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Describe how your the organization will acknowledge the sponsorship, should it be approved:

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List the sources of funding for the project and describe the means by which the project will be financially sustained in the future:

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Have you applied for sponsorships with any other entities of the Soboba Band of Luiseño Indians during the past year? If yes, which entity?

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How did you learn about our sponsorship program?

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