



nəx^wqíyt nəx^ws'káyámí **PORT GAMBLE S'KLALLAM TRIBE**

Community Awards Program – TRIBAL PROGRAMS

To qualify for a “community award” your program/project must meet the following requirements:

1. Must be sponsored by a Tribal Department Director or Administration
2. Program/Activity must be centered in the Port Gamble S'Klallam Community;
3. Must not be recurring annually;
4. Program/Activity MUST be ready to implement and complete before the grant deadline.

The Port Gamble S'Klallam Tribal Council has further prioritized the granting of awards to those applicants with projects that accomplish one or more of the following categories:

- Youth education activities
- Youth prevention/recreation
- Activities for senior citizens
- Food and nutrition programs
- Wellness and mental/physical health
- Family oriented community events
- Family strengthening projects
- Environmental preservation and restoration
- Community planning processes
- Art/cultural projects or events
- Local historical projects
- Veterans assistance/support

Project applicants are not limited to these categories and are encouraged to submit regardless of a projects focus. Application deadlines are biannually and are due by January 1 and June 1 of each year. January awardees MUST have projects COMPLETED by June 30. July awardees MUST have projects completed by December 31.

Grant requests should not exceed \$ 2,500

Projects will be awarded within 30 days of the application deadline. Your application can be submitted via mail, fax, or email at:

Attention: Community Awards Program
Natashe Streun, Legal Administrative Assistant

31912 Little Boston Road NE
Kingston, Washington 98346

tashejoy@pgst.nsn.us
360/297-7097

If you have any questions Natashe can be reached by phone at 360/297-6229.

Electronic submissions are encouraged. Grant information and the form is available on the Tribe's website at <https://www.pgst.nsn.us/community-awards-program>

**Port Gamble S’Klallam Tribe
Community Awards Program
Application Form**

(Attach additional sheets as necessary, but no more than 2 pages)

1. **Name of Department and program:**
2. **Application Date:**
3. **Contact person:**
4. **Phone number of contact person:**
5. **E-Mail address of contact person:**
6. **Funds Requested:**
7. **Describe how funds will be used:**
8. **Provide project budget breakdown:**
9. **List consortium partners or programs, if any:**
10. **Project Title:**
11. **Expected participation:**
Youth: Adults: Elders: Volunteers: Others:
12. **Start Date:**
13. **End Date:**
14. **Signature:**
15. **Title:**
16. **Printed name:**
17. **Phone Number:**

**Port Gamble S’Klallam Tribe
Community Awards Program
Instructions for Completing Application**

1. **Name of program or community organization:** Please give the name of the program or community organization or fiscal agent for the consortium that is responsible for this application. The other participants for a consortium who are not acting as the Fiscal Agent will be listed in Section #9 of the application.
2. **Application Date:** Write in the date this request is being submitted to the Port Gamble S’Klallam Tribe.
3. **Contact person, title, and mailing address:** Give the name, title, and mailing address of the person responsible for this contract.
4. **Phone number of contact person:** Please provide the telephone number where the contact person can be reached.
5. **E-mail address of contract person:** Provide the electronic mail address where the contract person can be reached.
6. **Funds Requested:** Please indicate the total amount of Community Award funds requested.
7. **How the funds will be used?** Describe how the funding will be used.
8. **Attach project budget:** Provide a budget for the period of the grant, itemizing how funds will be used.
9. **List consortium partner, if any:** List the partnering tribal programs or community organizations.
10. **Special Project Title:** What will the project be called?
11. **Expected Participation:** Indicate the anticipated number expected to participate.
12. **Start Date:** Give date when you expect to start this project.
13. **End Date:** Give date when you expect to complete this project.
14. **Signature:** Signature of Person Authorized by Tribal Program or Community Organization to apply for these funds.
15. **Title:** Give the formal title of the authorized person.
16. **Printed Name:** Print name of authorized person.
17. **Phone number:** Phone number of authorized person.