

REQUEST

		Page 1 of 2	Today	's Date:	
The following information is	required to participate in the	ne Community Event Serv	rice, please make su	re each section is completed:	
Partner					
Organization Name:	Tribe Name:				
Address:	Office		ce Phone #:		
City, State, Zip		0	ffice Fax #:		
D. C.		Alternate Phone #:			
Primary Contact:		(other than office number)			
Title:		Eı	mail address:		
		Alterr	Alternate Phone #:		
Secondary Contact:		(other than o	fice number)		
Title:		E,	mail address:		
Title.			man address.		
Is the storage location secu	are and lockable? \Box	Yes □ No			
Delivery Location (e.g. S	enior Center):	Dimensi	on of Storage (e.g	g. 2 x 8): X	
Physical Driving Direction	ons:				
Goal 1:	ur organization (for exa	ample, PWNA's Goal i	s "promote self-s	sufficiency on reservations"):	
Goal 2:					
Please help PWNA to undo listed above. Select your t		nity Events Service is g	oing to help your	organization achieve the goal(s	
☐ Increased Resources ☐ ☐ Improved Health ☐	Increased Community I Improved Public Safety			Improved Education oved Results	
Please explain how your 2	selections above will hel	lp you achieve your org	anizational goals:		
How will you advertise the	e event? (Please attach)	Flyer/Poster □ Social	Media □ Radio [☐ Phone ☐ Other:	
		•	7		
Date of Event*	Start time	Finish time		rep our office informed nt date or title change.	
What is the title of the e	vent?				
What is the purpose of the	ne event?				

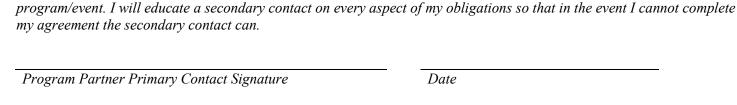


NOTE: If there are multiple events, we may ask for a calendar



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What communities will the event serve? Without duplicating, how many people are you planning to serve? Everyone that will receive products must place signature Youth Adults Elders Total on the sign out sheet provided. (5-18)(19-64)(65+)Total number of signatures should be close to the number expected. How many volunteers/staff have been recruited to assist with your program event? Total Are your volunteers staff members? ☐ Yes \square No **Items requested:** Please place a check mark by the types of items that will best fit your program needs. PWNA will fill requests in accordance with the number of participants on your proposal request form and based on inventory available at the time of the request. ☐ Cleaning Supplies ☐ Personal Care Items ☐ Food (non-perishable) ☐ Drinks ☐ Other (please list items not included): How will you distribute the incentives received by PWNA? **Other Resources** As a reminder, PWNA is a supplementary service. Please list all other organizations supporting your program and the resources they will provide. Approval of your proposal is not contingent upon this information. Program Partner Agreement guarantee that the products requested with this Community Events Service request form will be used in the manner specified. Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is



informed that a Program Partner and/or program volunteers have used the products in such a manner, PWNA will be

I will provide a secure and safe storage facility and volunteers to help the driver. I will send a follow-up report of the



forced to drop the Program Partner.