**REQUEST**

The following information is required; please make sure each section is completed: Today’s Date\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Partner Organization Name: |  | Tribe Name: |  | |
| Address: |  | Office Phone #: |  | |
| City, State, Zip: |  | Office Fax #: |  | |
| Primary Contact: |  | Alternate Phone #:  *(other than office#)* |  | |
| Title: |  | Email address: |  | |
| Secondary Contact: |  | Alternate Phone #:  *(other than office#)* |  | |
| Title: |  | Email address: |  | |
| Delivery Location (e.g. Senior Center):  Dimension of Storage (e.g. 2’ x 8’):  **X** | | | |
| Physical Driving Directions: | | | |
|  | | | |

**Please list the goals of your organization (for example, PWNA’s Goal is “promote self-sufficiency on reservations”):**

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| --- |
| Goal 1: |
| Goal 2: |

Please help PWNA to understand how the Thanksgiving Service is going to help your organization achieve the goal(s) listed above. Select your top 2 answers ONLY:

Increased Resources  Increased Community Engagement  Improved Outreach  Improved Education

Improved Health  Improved Public Safety  Improved Programming Improved Results

Please explain how your 2 selections above will help you achieve your organizational goals:

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How do you plan to distribute the meals?

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| --- | --- |
| Number of Elder HOUSEHOLDS |  |

***Program Partner Agreement***

*I \_\_\_\_\_\_\_\_\_ guarantee that the products requested with this Thanksgiving Request 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 forced to drop the Program Partner.*

*I will provide a secure and safe storage facility. I will send a follow-up report of the program/event. I will educate a secondary contact on every aspect of my obligations so that in the event I cannot complete my agreement the secondary contact can.*

**\*\*MUST attach the list of names of Elder households**

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|  |  |  |
| Program Partner Primary Contact Signature |  | Date |