

## Thankşgiving Community Dinner

## **REQUEST**



Partner Organization   Same:   Address:   Office Phone #:	The following information is required; pl	ease make sure eac	ch section is completed: T	oday's Date:	
City, State, Zip:    Primary Contact:   Alternate Phone #: (other than office#)			Tribe Na	me:	
Alternate Phone #: (other than office#)  Secondary Contact:  Secondary Contact Contact Secondary Contact Can.  Secondary Contact Can.  Alternate Phone #:  (other than office#)  Semail address:  Secondary Contact Can.  Secondary Contact Can.  Secondary Contact Can.  Secondary Contact Can.  Alternate Phone #:  (other than office#)  Semail address:  Secondary Contact Can.  Secondary Contact Can.  Secondary Contact Can.  Alternate Phone #:  (other than office#)  Semail address:  Secondary Contact Can.  Secondary Contact Can.  Alternate Phone #:  (other than office#)  Semail address:  Semail addres	Address:		Office Phon	e #:	
Primary Contact:  Title:  Secondary Contact:  Secondary Contact:  Title:  Secondary Contact:  Delivery Location (e.g. Senior Center):  Dimension of Storage (e.g. 2' x 8'):  Physical Driving Directions:  Please list the goals of your organization (for example, PWNA's Goal is "promote self-sufficiency on reservations"):  Goal 1:  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:  How will you advertise the event (please clicky)?   Poster   Social Media   Radio   Phone   Other:  Please provide the following information:  How many Participants will you expect?  EVENT DATE of the Community Dinner (please notify the office of any date changes)  Where will the Dinner take Place?  (ex. Chapter, Senior Center, etc.)  Program Partner Agreement  I guarantee that the products requested with this Thanksgiving Request will be used in the mamer specified. Products provided by Parnnership 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 mamer, PWNA will be forced to drop the Program Partner and/or program volunteers have used the products in such a mamer, PWNA will be forced to drop the Program Partner and/or program volunteers have used the products in such a mamer, PWNA will be forced to drop the Program Partner.  It will provide a secure and syste storage facility. Will send a follow-up report of the program/event.	City, State, Zip:		Office Fa	x #:	
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"): 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	Primary Contact:				
Secondary Contact:   (other than office#)	Title:		Email addr	ess:	
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"):  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:  How will you advertise the event (please click)?   Poster   Social Media   Radio   Phone   Other:  Please provide the following information:  How many Participants will you expect?  EVENT DATE of the Community Dinner (please notify the office of any date changes)  Where will the Dinner take Place?  (ex. Chapter, Senior Center, etc.)  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, PWAN will be forced to drop the Program Partner and/or program volunteers have used the products in such a manner, PWAN 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.	Secondary Contact:				
Physical Driving Directions:  Please list the goals of your organization (for example, PWNA's Goal is "promote self-sufficiency on reservations"): 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	Title:		Email addr	ess:	
Please list the goals of your organization (for example, PWNA's Goal is "promote self-sufficiency on reservations"):  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	Delivery Location (e.g. Senior Center): Dimension of Storage (e.g. 2' x 8'): X				
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	Physical Driving Directions:				
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					
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	Goal 1:				
listed above. Select your top 2 answers ONLY:    Increased Resources	Goal 2:				
□ Improved Health □ Improved Public Safety □ Improved Programming □ Improved Results  Please explain how your 2 selections above will help you achieve your organizational goals:  How will you advertise the event (please click)? □ Poster □ Social Media □ Radio □ Phone □ Other:  Please provide the following information:  How many Participants will you expect? EVENT DATE of the Community Dinner (please notify the office of any date changes)  Where will the Dinner take Place? How many people can fit comfortably (ex. Chapter, Senior Center, etc.) into this location?  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.			rvice is going to help your organ	nization achieve the goal(s)	
How will you advertise the event (please click)?  Poster  Social Media  Radio  Phone  Other:  Please provide the following information:  How many Participants will you expect?  EVENT DATE of the Community Dinner  (please notify the office of any date changes)  Where will the Dinner take Place?  How many people can fit comfortably  into this location?  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.		• •		•	
Please provide the following information:  How many Participants will you expect?  EVENT DATE of the Community Dinner (please notify the office of any date changes)  Where will the Dinner take Place?  (ex. Chapter, Senior Center, etc.)  How many people can fit comfortably into this location?  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.	Please explain how your 2 selections abo	ve will help you ac	hieve your organizational goals	:	
Where will the Dinner take Place?  (ex. Chapter, Senior Center, etc.)  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.	•		ocial Media	☐ Other:	
Where will the Dinner take Place? (ex. Chapter, Senior Center, etc.)  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.	How many Participants will you expect?		EVENT DATE of the Community Dinner		
(ex. Chapter, Senior Center, etc.)  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.			(please notify the offic	e of any date changes)	
(ex. Chapter, Senior Center, etc.)  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.					
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.			V 2 2		
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.	(ex. Chapter, Senior Center, C		into this	location?	
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.	Program Partner Agreement				
contact on every aspect of my obligations so that in the event I cannot complete my agreement the secondary contact can.	I guarantee that the products requested by Partnership With Native Americans (PWN meetings, campaigns, etc.). If at any time, PW	A) CANNOT be sold NA is informed that	or distributed to promote any type a Program Partner and/or progra	of tribal business (i.e. elections,	
Program Partner Primary Contact Signature Date					
· · · · · · · · · · · · · · · · · · ·	Program Partner Primary Contact Signature		Date	Date	