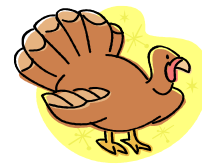




Thanksgiving Community Dinner

REQUEST



The following information is required; please make sure each section is completed:

Today's Date: _____

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"):

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.)	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.

Program Partner Primary Contact Signature

Date