



TSESHAHT FIRST NATION

5091 Tsuma-as Dr. Port Alberni, BC V9Y 8X9
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Donation Request Form

Date Submitted: _____ Date Received: _____

**Application should be received at least 6 weeks prior to when the donation is needed.*

Tell us about yourself

- 1| Name _____
First Nation, Individual, Team, Organization
- 2| Contact Person _____
If different than above
- 3| Payee _____
If different than in #1
- 4| Address _____
Of First Nation, Individual, Team or Organization
- 5| Phone Number _____

Tell us about your request

- 6| Amount requested _____
- 7| Date needed _____

8| Outline your budget
Be specific; include all expenses, even those you are not requesting funding for.

Item / Expense	Amount needed
<i>Food, travel, accommodations, fees, etc.</i>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$

9| If you have received any in-kind donations, please outline them here.

E.g., donations of products, services, space, etc.

In-kind donation	Value / Amount
	\$
	\$
	\$
TOTAL:	\$

10| Outline any fundraising you have done or donations you have collected.

Fundraiser / donation	Value / Amount
	\$
	\$
	\$
TOTAL:	\$

11| In what way will this donation help benefit the Nuu-chah-nulth people?

Either directly or indirectly.

12| If you have applied for money from other organizations, or your First Nation, please list them and the value of their contribution.

Organization	Value / Amount
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$

13| Date of the event

Please note that all requests should be submitted at least 6 weeks prior to the event.

Signature of applicant _____

Date signed _____