

**Completed forms can be submitted to:**

Coeur d'Alene Tribe, Office of the Chairman  
Attention: Vernie Johnson, Executive Assistant  
850 A Street  
PO Box 408  
Plummer, ID 83851  
Fax: (208) 686-8813



**PART I: EDUCATION DONATION REQUEST**

*Donation requests must be received by September 30 of each year in order to be considered for funding in the subsequent calendar year. Please attach any supporting documentation about the request to this form.*

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Describe the purpose of the donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Coeur d'Alene Tribe and/or Coeur d'Alene Casino Resort Hotel and/or Circling Raven Golf Course donated to your organization in the past 12 months? YES / NO

If yes, how much was received from each entity, for what and when?

\_\_\_\_\_  
\_\_\_\_\_

***NOTE: Receipt of funds in previous years does not guarantee additional funding.***

The above is correct to the best of my knowledge, and if the donation is approved, the goods and/or funds will be used solely and expressly for the purpose listed.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART II: DONATION OUTCOME

*This section must be filled out by the contact of the organization that received the donation. It must be submitted within six (6) months of receipt of donation amount. **Future donation requests shall not be considered if Part II of a previous donation application is not received.** The Tribe reserves the right to publish this information at its sole discretion. Please attach any supporting documentation about the request to this form.*



Donation Amount: \_\_\_\_\_

Date

Received: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How was the Coeur d'Alene Tribal Education donation used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the direct benefit for children, families, and community members of this donation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above is correct to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Thank you for taking the time to finalize this document.*

**Completed forms must be submitted within six (6) months after funding is received.**

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