



NOOKSACK BUSINESS CORPORATION II

5048 Deming Road
Deming, Washington 98244
(360) 766-6516

COMMUNITY CONTRIBUTION POLICY.

1. On behalf of the Board, each year staff develops and promulgates the grant schedule;
grant opening/closing notifications, updated applications, grantee and grantor reporting documents.

The grant process includes:

- I. In January of each year, the Board Chair shall notify all local governments in Whatcom County of the current fiscal year Community Contribution distribution required under the Compact between the State of Washington and the Nooksack Indian Tribe.
- II. Grant Period Opens – By February 1st of each year, the Board shall notify of the period for accepting applications for Community Contribution grant funds to local governments, to all current grant recipients and to those parties who have expressed interest. The Board shall also publish all grant documents on the Tribe's website.

During this period, staff works with the Board to schedule the Board meeting and provide an update of the current year allocation.
- III. Close of Grant Period – On or before March 15th of each year the period for accepting applications for the grant closes; staff then evaluates each application for compliance with grant requirements, thoroughness, and eligibility.
- III. On or before April 1st of each year the Board shall approve applications, on the attached form, of local governments for up to 2% of the grant amount. In the event that there are multiple applications meriting approval, the Board may allocate any award in its discretion, taking into account the level and type of services provided by the local governments involved with a

Applying for Local Government Funds Checklist

(please include this checklist with your application packet)

Thank you for applying with the Nooksack Indian Tribe and the Nooksack Northwood Crossing Casino on behalf of your local government. Under its Gaming Compact with the State of Washington, the Nooksack Indian Tribe is committed to defraying some of the cost of local law enforcement and other impacts of the Nooksack Northwood Crossing Casino on our neighboring communities.

Reminder: Fund distributions are made annually. Applications for funds are due July 1 for the following year and must be postmarked by that date.

- 1. **Local Government Grant Application.** Found on pages 3 and 4 and should be the first document in your application packet. It must be filled out completely including signature of authorized representative.

- 2. **Proposal Summary.** Summarize in a short paragraph the impacts of the Nooksack Northwood Crossing Casino on your local governmental services. Briefly describe why a grant is requested, what outcomes you hope to achieve, and how funds would be spent if a grant is made.

- 3. **Narrative.** The narrative should include:
 - Some background describing the work of your local government. State the needs or impacts that the Nooksack Northwood Crossing Casino has on your government—including geographic affect, financial impacts, etc. List current programs or departments affected. Describe your government's relationships—both formal and informal—with other Local Governments working to meet the same impacts or providing similar services and explain how you differ from these other Local Governments.

 - An evaluation of how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the fiscal year.

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- 4. **Financial Statement(s).** This can be annual public financial statements.

- 5. **Annual Report (optional).** To show capability to fulfill other similar projects and run an efficient Local Government.

Please note that submitted materials, pictures, and documents will not be returned.

Mail completed application packet (which must be postmarked by July 1 for the following year) to:

Nooksack Indian Tribe
General Manager's Office
5016 Deming Road
Deming, WA 98244

If your application packet is approved and funds received, we would appreciate a follow-up report upon the completion of your project for posting to our website.

**ALL FIELDS ARE REQUIRED TO BE
CONSIDERED FOR FUNDING**

CONFIDENTIAL

Legal name of local government

Employer Identification Number (EIN)

Physical address

City

State

Zip Code

WA

Mailing address (if different than above)

City

State

Zip Code

WA

Authorized Representative

Contact person for this application (if different than signatory)

Contact person's title

priority on mitigating the impact of Casino operations.

2. Local governments receiving community contribution awards shall be asked to report annually to the Board their utilization and effect. Failure of a local government to so report may be taken into account by the Board in determining future awards.

Contact person's telephone

Contact person's e-mail address

Local Government's website address

Local Government's main telephone

E-mail address

Principal purpose and service of your Local Government

Number of employees

Number of volunteers

Approximate number of persons served annually

Geographic area served

Age range of persons served