## APPLICATION FOR YAKAMA NATION COMMUNITY CONTRIBUTION FUND GRANT

The purpose of the Community Contribution Fund is to provide financial assistance to local law enforcement, emergency medical, traffic and transportation, and other agencies and service providers impacted by activities associated with the operation of the Nation's Class III gaming facilities at the Yakama Nation Legends Casino.

APPLICANT INFORMATION		
Applicant:	Contact:	
Agency:	Phone:	
Fax: Address:	E-Mail: Project Title:	
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Amount: Requested: \$		
TYPE OF AGENCY		
Are you a local law enforcement agency?	☐ Yes ☐ No	
Are you a local emergency services agency?	☐ Yes ☐ No	
Are you a local public service agency?	☐ Yes ☐ No	
Are you a local provider of social services not list		
Please describe the public services you provide within the area:		
Are you affiliated with a government entity?  If yes, name entity:	☐ Yes ☐ No	
Have you applied for a grant from the Yakama Community Contribution fund before?  If yes, state date(s) and amount awarded:	∨ Nation 2%	

Have you previously been awarded a grant from any similar Community Contribution Fund operated by a tribal entity other than the Yakama Nation?  If Yes, provide date of grant(s), amount(s), and purposes of grant(s):
Please describe how you have been impacted by the Yakama Nation Legends Casino operation of a Class III gaming facility?  [If necessary, add additional pages]
De you have documentation showing these impacts?
Do you have documentation showing these impacts?
If yes, list and describe the documentation (include date created, author, subject matter, dates covered by the document and attach a copy of each document identified:
If no, please describe any other manner in which the identified impacts can be substantiated:

Please provide a brief narrative description of how you intend to use any funds you may receive from the Fund:
Are there other factors regarding your project about which we should be aware (e.g.
compliance orders, emergency declarations, etc.)?
CERTIFICATION
I certify that I have authority to act on behalf of the applicant agency and that I am authorized by the applicant agency to sign and submit this grant application and certification to the Yakama Nation Community Contribution Fund Committee.
I certify that the answers given in this grant application are true and complete to the best f my personal knowledge and the knowledge of the applicant.
The applicant agency authorizes the Yakama Nation Community Contribution Fund Committee to investigate all statements contained in this grant application as may be necessary in arriving at a grant award decision. The agency understands that the Yakama Nation Community Contribution Fund Committee may interview people and entities concerning the verification of information presented in this application or in any subsequent oral or written presentation and that such people or entities may make statements about the agency in response to the Committee's inquiry. The applicant agency releases the Yakama Nation Community Contribution Committee, Committee members and any person or entities making statements about the agency from any liability arising from activities concerning the verification of information, provided statements are not made maliciously or with the intent to harm the applicant agency.
The applicant agency acknowledges and understands that all grantees must agree in writing at the time of the receipt of the Community Contribution grant that the money will be used as a supplement and according to the grant application to address impacts attributable to the operation of the Yakama Nation's Casino, and not to replace funding already existing and available beginning as of May 1998, or thereafter.
Signature Date