



Name of Organization / Individual / Tribe: (Name of Organization, Individual, or Tribe. Tribal Departments are to list their department name)	
Primary contact:	Primary Phone/ cell number:
Email Address:	
Mailing Address:	
EIN/ Tax ID Number: (Not applicable to Individual artists)	Website: (If available)
List the Name of Fiscal Sponsor: (if applicable)	Fiscal sponsor email address: (If applicable)

Eligibility

- I serve and reside in Potlatch Fund's service area.** ☐ Yes ☐ No
Please indicate which state(s) you provide service to: ☐ Washington ☐ Oregon ☐ Idaho ☐ Montana.
- Do you provide 51% services to the Native Community?** ☐ Yes ☐ No If not, estimated percentage:
- My group has a combined minimum 2/3 leadership and staff, may include consultants and volunteers, and we reflect the Native community(ies) they serve.** ☐ Yes ☐ No (Not applicable to individual Native artists.)
- Please select one (1) statement that best describes your eligibility status:**
 - ☐ A Federally recognized Indian Tribe, Band, Nation, Alaska Native Village, Native Hawaiian, and or any formally recognized or currently seeking recognition to the federal government.
 - ☐ Native Hawaiian group.
 - ☐ A State recognized Indian Tribe, Band, Nation, Alaska Native Village, that has been formally recognized or currently seeking recognition vested with the State Legislative Tribal Recognition Authority.
 - ☐ A current 501(c)(3), 501(c)(4), or fiscally sponsored Native organization, activity, or program.
 - ☐ I am an Individual Native artist who is Federally, State, or seeking recognition, or a descendant of Tribe, Band, Nation and, Native Hawaiian. **Please self-identify your Tribal affiliation:**

Funding Request

- Please select one (1) of the following funding scenarios that best describes your request:**

General Operations

- ☐ Number of (FTE) employees is 1-20 (Grant award is \$10,000)
- ☐ Number of (FTE) employees is 21 and up (Grant award is \$15,000)

Project Related

- ☐ Number of community members served is 1-200 people (Grant award is \$10,000)
- ☐ Number of community members services is 200 and up (Grant award is \$15,000)
- ☐ **Individual Artist** (Maximum Grant award is \$10,000)

- Estimated timeline:** Start date: _____ Completion date: _____
Start date must be after June 27, 2021.

3. Provide a narrative that demonstrates how you are building resiliency through COVID-19. A successful submission should address resiliency and how it is demonstrated through actions taken by the organization or individual.

- Share how the proposed work demonstrate safe social connections.
- Create a sense of purpose in your community.
- How you / or your group is adapting to the needs of your community.
- Clearly offering flexibility to your community.
- demonstrates hope and belonging in your community.

(Enter here or attach an additional page with your narrative)



4. Resiliency Fund Story

Each grantee has four (4) WAYS to submit stories after a completion of the grant. Please select your preferred way to share your story:

1. ZOOM. Attend one (1) Virtual Partner Convening to share the impact and continued need in the community (select one):
 - ☐ Wednesday, September 22, 2021 at 12:00 pm (PST)
 - ☐ Thursday, September 30, 2021 at 5:00 pm (PST)
2. ☐ ONLINE. Upload stories on the online grant portal
3. ☐ EMAIL. Submit narrative stories by email to us.
4. ☐ PHONE. Submit an oral story to a Potlatch Fund staff member. Our staff is also available to meet via Zoom.

Certification (check all the boxes below)

I hereby certify that the information included in this application is true and correct. If awarded funding from Potlatch Fund, I certify that any and all information provided in this application is true and accurate. The funds will be used solely for the purposes outlined in this grant application if the purpose, timeline, or budget are significantly modified, grantee agrees to receive prior approval. ☐

Under United States law, Potlatch Fund grant funds may be expended only for charitable, scientific, literary, or educational purposes. In accordance with this law, if awarded funding, I certify that my organization/group will not promote or engage in violence, terrorism, bigotry or the destruction of any State, nor will it make sub grants to any entity that engages in these activities. I also certify that, if awarded funding, my organization/group will acknowledge, wherever possible, Potlatch Fund's support of the project or program. Finally, if awarded funding, I am willing to submit a story to support future fundraising efforts of Potlatch Fund. Any false information can and will result in the repayment of the grant award. The Resiliency Fund is subject to an annual audit and you may be asked to provide supporting documentation of any and all information provided in application. ☐

I agree to the non-discrimination policy

In furtherance of our mission and as a proponent of equality for all people, we ask our grantees themselves to model best practices. Each applicant organization / group / Tribe must certify that the applicant does NOT discriminate against any person or group of people and that it provides equal opportunity in their hiring and access to their programs and activities. Such policy must include age, religion, sex, sexual orientation and gender expression or gender identity as protected classes, even if such policies and practices are permitted under applicable law. (Applicants may target services and programs to a specific population when the targeted groups require specialized programs to meet specific needs not shared by the general population. Additionally, an applicant may provide targeted programs or services to redress current or past discrimination against a group. ☐

Signature of Authorized Representative/ Title/ Date