

Sault Ste. Marie Tribe of Chippewa Indians

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2% Funding Request

Under the current agreement with the State of Michigan for gaming revenue sharing, 2% of the Tribe's gaming revenue is set aside and made available to **local units of government** as determined by the Sault Ste. Marie Tribe of Chippewa Indians.

Sault Tribe requests involvement on projects responsible to government entities. Please describe the request that you would like presented to the Tribal Board for consideration. Upon completion of this form, please submit to your appropriate governmental agency for an authorized signature and documentation indicating governmental support for the project. If a governmental support letter is not included, the application will not be considered for 2% revenue share. **

Request submitted by (Unit of Government): _____

Authorized Agent's Signature: _____ Phone# _____

Print Agent's Name: _____ Tax ID#: _____

Address: _____ City: _____

Zip: _____ County: _____ Sault Tribe Unit # _____

****Attach a copy of the Resolution or Memorandum indicating governmental support (Required)**

Project Name: _____

Project Agency: _____ Project Supervisor: _____

Address (if different from above): _____

Contact Telephone Number(s): _____ Email: _____

Project Cost: \$ _____ Amount requested: \$ _____ Other matching funds: \$ _____

Has this project been previously submitted for consideration? _____ If so, When? _____

Was this project funded in the past? _____ Amount: \$ _____ When: _____

Explain the plans for this project's sustainability if funded :

- **Projects are awarded funding based on a number of factors; the availability of funds at the end of each 2% cycle, the project merit, and the potential benefit to communities. There may be other factors considered as well; i.e. project sustainability.**

Please be prepared for further inquiries by having a complete copy of your project application readily available. Applications must be received no later than March 31st for the Spring Distribution Cycle and September 30th for the Fall Distribution Cycle.

Date submitted: _____

DO NOT WRITE BELOW THIS LINE - FOR TRIBAL USE ONLY

Date Received by Tribe: _____ Received by: _____

Method of submission: ___ US Mail ___ Fed Ex / UPS or DHL ___ Fax ___ Email

Approved / Not Approved (Circle One)

Unit # _____ Unit Director's Initials _____

Date Approved: _____ Amount Approved: \$ _____
