

**Council of Cherokee Nation
Community Assistance**

Council Member Information	Contact Person
Name: _____ District: _____ Approved: ___ Yes ___ No Amount: \$ _____ Signature: _____ Signature: _____ (Signature certifies 51% requirement)	Name: _____ Address: _____ City / State / Zip: _____ Phone Number: _____ Purpose: _____ _____

Organizational Information

Name of Organization: _____

Address: _____

Event/Purpose requesting funds for: _____

Total Cost of Request: _____

Cost Breakdown:

Registration: _____ Transportation: _____ Lodging: _____ Food: _____

Other: _____

Activities organization has done or plans to do to raise funds: _____

Funds raised to date: _____ Date of Event: _____ Location of Event: _____

Signature: _____
(Certifies 51% Cherokee)

Groups and Organizations must prove they are 51% Cherokee or serve 51% Cherokee. Attach copies of the following documents: CDIB, Tribal Membership Card, or Organization Federal Identification Number. Attach a letter of invitation and or letter acceptance to event, or a short essay on why you are requesting funds from the Council of Cherokee Nation.