

KA.SN.KA
Jim Gray
Principal Chief

Osage Nation

Office of the Principal Chief

KA.SN.KA O.HA.DZA
John D. Red Eagle
Assistant Principal Chief



Dear Applicant,

ᏍᏱᏏ (Hello)! Thank you for considering the Osage Nation for Donation Assistance. Your request is certainly valuable to us.

The Osage Nation teams up with many partners throughout several surrounding communities and all over the United States. We are always looking to share resources and work with individuals, organizations, business, and other entities to improve the quality of life – not only for the Osage People but for our neighbors and community partners as well.

The Leadership of the Osage Nation is constantly evaluating the needs of our people and our communities, and we must prioritize and plan how to effectively meet those needs. The Osage Nation's primary mission is to promote the health, education, and economic opportunities for all that will benefit the Osage Nation and it's constituents from all over the United States. We support our mission with a vast array of projects, programs, and initiatives. It is quite possible that your request fits in line with or is eligible for support from one of our existing programs; or your request may be a new method for us to fulfill our vision and mission. The information you provide us with the attached application form will help us evaluate how you and the Osage Nation can feasibly work together towards common goal.

Unfortunately, it is not possible to fund every request. This is why we have to prioritize our needs and support the projects and programs which meet our communities' utmost needs first. Please complete the attached application form and answer the questions as thoroughly and as accurately as possible, so we can ascertain the full extent of your request and to what degree we may be able to help you. You will be notified of a funding decision as soon as we review the request and make a determination. We always give all requests fair and objective consideration.

Again, we appreciate your time and effort in completing the application. Please submit the application and all pertinent documentation at least **three (3) weeks in advance** to be reviewed by the Osage Nation Donations Committee to the following address:

Osage Nation
Constituent Services Office
Attention: W. Jacque Jones, Administrator
621 Grandview
Pawhuska, OK 74056

You may also elect to fax your request application to us at (918)287-5562. If you have any questions, or if we can be of assistance in any way, call (918)287-5662 or (800)320-8742.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Gray", is written over a printed name and title.

Jim Gray
Principal Chief



OSAGE NATION

Application for Donation or Assistance

Please submit all applications to:
Osage Nation Constituent Services Office
627 Grandview or P.O. Box
Pawhuska, OK 74056
Fax: (918)287-5562

Section 1: Applicant/Organization Information

Please attach copies of TRIBAL MEMBERSHIP CARD* and completed W-9

NAME (Individual/Organization) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

ARE YOU A OSAGE TRIBAL MEMBER? YES NO IF YES, YOU MUST ATTACH A COPY OF YOUR TRIBAL MEMBERSHIP/CDIB CARD

HAVE YOU OR YOUR ORGANIZATION EVER RECEIVED ASSISTANCE OR FUNDS FROM THE OSAGE NATION? YES NO

If yes, the most recent assistance _____ Amount \$ _____

Section 2: Description of Request

Please respond to the following questions briefly to help us determine the nature of your request

DESCRIBE THE NATURE OF YOUR REQUEST _____

HOW MANY MEMBERS OF THE OSAGE NATION WILL BENEFIT FROM THIS REQUEST? _____

SPECIFICALLY, WHAT ARE THE BENEFITS TO PARTICIPATING OSAGE MEMBERS? _____

WILL THIS REQUEST PROMOTE OR HAVE A POSITIVE PUBLIC RELATIONS IMPACT FOR THE TRIBE? YES NO

IF YES, HOW? _____

IS THIS A ONE-TIME REQUEST FOR SUPPORT? YES NO If no, how often will you request more funds? _____

WILL THERE BE OTHER PARTNERS WHO ARE PROVIDING SUPPORT? YES NO If yes, list who will provide funding and how much you anticipate their share(s) to be _____

HOW WILL THIS ACTIVITY BE SUSTAINED IN THE FUTURE? _____

AMOUNT REQUEST \$ _____ If funded, Osage Nation should make checks payable to _____

DATE RECEIVED	REQUESTOR	APPROVED	FUND	DATE PROCESSED	NOTIFICATION SENT	FOR DONATION COMMITTEE USE ONLY
COMMENTS: _____						