



Tebughna Foundation

Persevere, Enhance, Educate, & Serve

COMMUNITY & CULTURAL DONATIONS APPLICATION

THE TEBUGHNA FOUNDATION
1689 C Street, Suite 120
Anchorage, Alaska 99501
Main – (907) 646-3115
info@tebughnafoundation.com

PROPOSAL SUBMISSION PROCESS

1. Upon receipt of a proposal, The Foundation will send the applicant an acknowledgment letter via email/mail with questions, if any. Please provide a written response to each question or a copy of the document as noted.
2. The Foundation staff will usually make decisions on proposals within 30 days following each application submittal.
3. Notification letters will be sent to the applicant within 5-10 business days of staff decision.
4. If awarded, an Expenditure Responsibility Agreement must be signed by both The Tebughna Foundation and Grantee prior to release of award funds.

REVIEW CRITERIA

Grant applications are reviewed based upon the following criteria:

1. Appropriateness of the Project Grant proposal to The Foundation's Goals and Project Grant Guidelines.
2. Communicated need for the project in the field of heritage perpetuation.
3. Involvement and direct impact upon original enrollees and/or lineal descendants of Tyonek Native Corporation and Native Village of Tyonek members.
4. The extent to which the project impacts the targeted audience.
5. The extent to which the project impacts the general public.
6. Clarity of purpose.
7. Realistically defined tasks to achieve the project's goals and objectives.
8. Appropriate and clearly stated project evaluation plan that shows impacts and success toward reaching the heritage perpetuation goal(s).
9. Demonstration of available funds that at least match the amount of funds requested from The Tebughna Foundation.
10. Feasibility of project budget and timeline.
11. Innovation of project plan.

PROJECT COMPLETION REQUIREMENTS

Upon completion of the approved Project Grant, the following information must be submitted to The Foundation by the Grantee no later than thirty (30) days after the end of the grant period:

1. A signed copy of the COMMUNITY & CULTURAL DONATIONS PROGRAM REPORTING FORM.
2. A copy of the complete financials for the project showing all TF expenditures.
3. A copy of the materials or news releases that tell about the project or results from the project.
4. Any unexpended balance of grant funds from The Foundation is to be returned to The Foundation, no exceptions.
5. Any further items requested within the award letter received from The Foundation indicating Board requirements.

In addition to submitting the information listed above to The Tebughna Foundation at the completion of the your project, all grantees must submit a brief story about their projects with appropriate photo(s) to be featured on The Tebughna Foundation's website via the "Success Stories" link: <http://www.tebughnafoundation.com/success-stories/>.

Note: The Tebughna Foundation requires the COMMUNITY & CULTURAL DONATIONS PROGRAM REPORTING FORM within 30 days after the project completion (end) date stated on the original proposal, or requires an official written request for an extension. If the COMMUNITY & CULTURAL DONATIONS PROGRAM REPORTING FORM is not completed and submitted, further donation proposals may not be considered.



COMMUNITY & CULTURAL DONATIONS APPLICATION

A. EVENT INFORMATION (Provide details of event or activity being funded, event/activity location, amount requested, and date funds needed by.)

Name of Event	Date of Event		
Event Location (Address)	City	State	ZIP
\$ Amount of Funds Requested (See Sec. D.)	Date Funds Needed By		

B. PERSONAL INFORMATION

Applicant/Organization Name (Last, First, MI)	Organization EIN (If Known)		
Mailing Address	City	State	ZIP
Primary Phone #	Alternate Phone #	Email (correspondence will be emailed here)	

Are you directly related (mother, father, sister, brother, son or daughter) to a current board member of the Tebughna Foundation? (Not Tyonek Native Corporation board members)

Yes No (if "Yes" please provide their name & relationship) Name: _____ Relationship: _____

C. STATEMENT OF PURPOSE (Use the space below or attach a separate document detailing the purpose of your request. Include details on how your activity will be a benefit the community, how funding from the Tebughna Foundation will help you with achieving your goals.)

D. BUDGET FORECAST (Use the worksheet below or attach a separate document detailing how the funds will be used. Be sure to include other funding sources, if any. KEEP ALL RECEIPTS! You are required to submit all receipts for funding used at the end of activity. Failure to submit receipts at the end of proposed activity could delay or prevent future funding opportunities.)

EXPENSES		FUNDING RESOURCES	
EXPENSE	AMOUNT	RESOURCE	AMOUNT
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL EXPENSES:	\$	TOTAL RESOURCES:	\$
TOTAL AMOUNT NEEDED (Total Expenses-Total Resources):		\$	

SUBMIT THIS APPLICATION AND ALL APPLICABLE DOCUMENTS TO: TEBUGHNA FOUNDATION ♦ 1689 C Street, Suite 120 ♦ Anchorage, Alaska 99501
Main (907) 646-3115 ♦ Email info@tebughnafoundation.com ♦ www.tebughnafoundation.com

E. AUTHORIZATION

By signing this Application, I acknowledge that I have read and agree to the guidelines and terms specified below:

1. I certify that the information on this application and its supporting documents is accurate and complete to the best of my knowledge. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for funding.
2. I certify that the document has been duly authorized by the governing body of the applicant, and that the applicant will comply with any assurances, requirements, and stipulations set by Tebughna Foundation if assistance is awarded.
3. I give the Tebughna Foundation permission to release, as appropriate, my comments, photos, names, and event details for Tebughna Foundation Publications.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

To submit your completed application or have any questions or comments regarding your application please contact:

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OFFICIAL USE ONLY

REMARKS:

Date Received: _____ Funding Approval? Approve Deny Amount Approved: \$ _____

Check #: _____ Check Payable To: _____ Authorized By (Initial): _____

