



Jackson Rancheria Grant Program

(see Application Form below)

Instructions:

1. **Complete** following application.
2. **Copy** for your records, if desired.
3. **Mail** completed application along with any supplemental materials to:
Jackson Rancheria
Grant Application Office
P.O. Box 1090
Jackson, CA 95642

Guidelines (please read before completing Application Form):

1. Applications are limited to one application per year per project.
2. Duplicate or repeat applications will not be considered.
3. If approved, applicants can expect a response within six weeks.
*If you have any questions about an approved grant, please send your questions in writing to the address on your **approval letter**. If you do not receive a response, please consider your request denied.*
4. Grants approved for large denominations will require a written follow-up report from the applicant on how the funds were utilized.
5. Requests **MUST** be on the [Jackson Rancheria Grant Application Form](#)
6. Grant Application Forms are only accepted by US Postal mail. ([See above instructions for address](#))
7. Be brief but specific in your application. Supplemental sheets or information are accepted, but the application form must contain the primary information.
8. Application forms must be received by the **15th** of the month for funding consideration the following month. (*For example, Application Forms must be received by May 15 in order to be considered for funding by the end of June.*)
9. **No phone calls please**



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(Please Submit Application Form Only)

GENERAL INFORMATION

Today's Date: _____

Contact person: Mr. Mrs. Ms. Miss _____

Beneficiary (*example: Amador High School*) _____

Name of group or individual to be referenced: (*example: Ski Team*) _____

Tax ID number (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone number (*with area code*): _____

Fax # _____ Email: _____

If approved: Who should check be made out to? _____

If approved: Mailing address of grant recipient: _____

City _____ State _____ Zip _____ County _____

PROJECT INFORMATION

Project/Event name: _____

Event date: _____

Date Response Requested by: _____

Description: _____

Have you sought other sources of funding? Yes No

If yes, explain: _____



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Grant Type Categories (select ONLY one)

- Cash Grant - Amount requested \$ _____
- Ad Sponsorship - Amount requested \$ _____
- Youth Sports/Team Sponsorship - Amount requested \$ _____
- Raffle/Auction - **Select ONLY ONE Item Listed Below**
(All Coupons and Hotel stays are limited to Sunday through Thursday)
If Amador, Calaveras, or El Dorado county:
 - 2 Buffets at the Raging River Restaurant (COUPON)
 - \$25 Coupon for Raging River Restaurant (COUPON)**If other county:**
 - 1 night's stay at the Hotel + 2 Buffets at the Raging River Restaurant (COUPON)
 - 1 night's stay at the Hotel + \$25 coupon for Raging River Restaurant (COUPON)

For internal use only

Rec'd Date: _____

Reviewed Date: _____

Approved Amount \$ _____ Raffle/Auction item _____

Denied

Comments _____
