



Community Event

REQUEST

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Today's Date: _____

The following information is required to participate in the Community Event Service, please make sure each section is completed:

| | | | |
|----------------------------|--|---|--|
| Partner Organization Name: | | Tribe Name: | |
| Address: | | Office Phone #: | |
| City, State, Zip | | Office Fax #: | |
| Primary Contact: | | Alternate Phone #: <i>(other than office number)</i> | |
| Title: | | Email address: | |
| Secondary Contact: | | Alternate Phone #: <i>(other than office number)</i> | |
| Title: | | Email address: | |

Is the storage location secure and lockable? Yes No

Delivery Location (e.g. Senior Center): _____ Dimension of Storage (e.g. 2 x 8): **X**

Physical Driving Directions: _____

Please list the goals of your organization (for example, PWNA's Goal is "promote self-sufficiency on reservations"):

Goal 1: _____

Goal 2: _____

Please help PWNA to understand how the Community Events Service is going to help your organization achieve, or make progress towards, the goal(s) listed above. Select your top 2 answers:

- Increased Resources
 Increased Community Engagement
 Improved Outreach
 Improved Education
 Improved Health
 Improved Public Safety
 Improved Programing
 Improved Results

Please explain how your 2 selections above will help you achieve your organizational goals:

How will you advertise the event? (**Please attach**) Flyer/Poster Social Media Radio Phone Other: _____

| Date of Event* | Start time | Finish time |
|----------------|------------|-------------|
| | | |

****Please keep our office informed of any event date or title change.***

What is the title of the event? _____

What is the purpose of the event? _____

NOTE: If there are multiple events, we may ask for a calendar



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What communities will the event serve? _____

Without duplicating, how many people are you planning to serve?

- Everyone that will receive products must place signature on the sign out sheet provided.
- Total number of signatures should be close to the number expected.

| Kids (0-10) | Youth (11-18) | Adults (19-64) | Elders (65+) | Total |
|-------------|---------------|----------------|--------------|-------|
| | | | | |

How many volunteers/staff have been recruited to assist with your program event?

- Are your volunteers staff members? Yes No

| |
|-------|
| Total |
| |

Items requested:

Please place a check mark by the types of items that will best fit your program needs. PWNA will fill requests in accordance with the number of participants on your proposal request form and based on inventory available at the time of the request.

Cleaning Supplies Personal Care Items Food (non-perishable) Drinks

Other (please list items not included): _____

How will you distribute the incentives received by PWNA?

Other Resources

As a reminder, PWNA is a supplementary service. Please list all other organizations supporting your program and the resources they will provide. Approval of your proposal is not contingent upon this information.

Program Partner Agreement

I guarantee that the products requested with this Community Events Service request form will be used in the manner specified. Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the products in such a manner, PWNA will be forced to drop the Program Partner.

I will provide a secure and safe storage facility and volunteers to help the driver. I will send a follow-up report of the program/event. I will educate a secondary contact on every aspect of my obligations so that in the event I cannot complete my agreement the secondary contact can.

Program Partner Primary Contact Signature

Date