



# Holiday Service



## REQUEST

The following information must be complete to be considered for this year's Holiday (Christmas) Service.

Partner Organization Name:		Tribe Name:	
Address:		Office Phone #:	
City, State, Zip		Office Fax #:	
Primary Contact:		Alternate Phone #: <i>(other than office #)</i>	
Title:		Email address:	
Secondary Contact:		Alternate Phone #: <i>(other than office #)</i>	
Delivery Location (e.g. Senior Center):		Dimension of Storage (e.g. 2 x 8): <b>X</b>	
Physical Driving Directions:			

### Please list the goals of your organization:

Goal 1: \_\_\_\_\_  
Goal 2: \_\_\_\_\_

Please help PWNA to understand how the Holiday 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event <i>(Please notify PWNA staff of any date changes)</i>	Start time	Location of Event

### (Please choose only **ONE** option and fill out the necessary information)

<input type="checkbox"/> Children's Stocking (Age 5-12)	<input type="checkbox"/> Santa Stops (Age 0-4)	<input type="checkbox"/> Elder Bags	<input type="checkbox"/> Community Meal
# of Children:	# of Children:	# of Elders:	# of Participants:

Please describe how you plan to do the distribution/meal: \_\_\_\_\_

### Program Partner Agreement

I \_\_\_\_\_ guarantee that the products requested with this Holiday request 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. 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