



Residential



REQUEST Page 1 of 2

Today's Date: _____

The following information is required to participate in the Residential 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. dorm):	Dimension of Storage (e.g. 2 x 8):	X
Physical Driving Directions:		
Hours of operation: (for delivery purposes)		

Please list the goals of your organization:

Goal 1: _____

Goal 2: _____

Please help PWNA to understand how the Residential 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: _____

Please describe the services your facility provides: _____

How would the Residential Service help your facility? _____



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REQUEST Page 2 of 2

How will you distribute the products received by PWNA? _____

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

These numbers should represent your monthly average census/count.

Men	Women	Children (under 18)	Total

What is the nightly capacity of your facility?

- These numbers should represent the maximum number of residents your facility can house per night.

Men	Women	Children (under 18)

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/Laundry Supplies Bedding Personal Care items Food (non-perishable) Drink

Clothing Shoes: (please circle all that apply) Men's Women's Children's

Miscellaneous (Crafts, Accessories) Other (please list items not included): _____

Are there any product restrictions? (Examples: Products containing alcohol, sharp objects, and allergies)

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 Residential Service 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