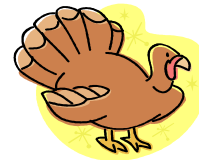




Thanksgiving Community Dinner



REQUEST

Today's Date _____

The following information is required; please make sure each section is completed:

Partner Organization Name:		Tribe Name:	
Address:		Office Phone #:	
City, State, Zip:		Office Fax #:	
Primary Contact:		Alternate Phone #: (other than office#)	
Title:		Email address:	
Secondary Contact:		Alternate Phone #: (other than office#)	
Title:		Email address:	
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:

Goal 1: _____
Goal 2: _____

Please help PWNA to understand how the Thanksgiving 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 circle)? Poster Newspaper Radio Phone Other: _____

Please provide the following information:

How many Participants will you expect?	EVENT DATE of the Community Dinner (please notify the office of any date changes)
Where will the Dinner take Place? (ex. Chapter, Senior Center, etc...)	How many people can fit comfortably into this location?

Program Partner Agreement

I _____ guarantee that the products requested with this Thanksgiving 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