



Thanksgiving Individual Elder Dinner



REQUEST

The following information is required; please make sure each section is completed: Today's Date _____

| | | | |
|---|--------------------------------------|--|----------|
| 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 (for example, PWNA's Goal is "promote self-sufficiency on reservations"):

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 do you plan to distribute the frozen turkey meals?

| | |
|----------------------------|--|
| Number of Elder HOUSEHOLDS | |
|----------------------------|--|

****MUST attach the list of names of Elder households**

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