



Confederated Tribes of Siletz Indians Cultural Activities Request Form

All fields must be completed prior to submission. Incomplete applications will not be accepted.

Name: _____

Date of Birth: _____ Roll Number: _____

In Care Of: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Message Phone: _____

Proposed cultural project description:
(please describe your project)

Proposed cultural project cost estimate:
(Estimated cost(s) - maximum amount funded is \$200.00)

Vendor	Item(s)	Estimated Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total \$ _____

Have you ever received a cultural activities grant? Yes No

Did you complete a report on the funds awarded to you previously? Yes No

Please note: Per Cultural Activities guidelines you must submit a report on prior grants prior to receiving a new grant.

Will you need assistance in expending your cultural activities funds? Yes No

Will you need assistance in completing your project? Yes No

If so, who will be assisting you? _____

Signature: _____ Date: _____

Official Use Only

Received date _____ Last award date _____ Initial _____

Approved _____ Denied _____