

DATE RECEIVED:	APPROVED DATE:	DATE PAID:



Seattle Indian Health Board *SpiritWalk* Fund Application



P.O. Box 3364, Seattle, WA 98114-3364
 Fax: (206) 324-8910, Attn - SpiritWalk Fund Application
 Website: www.sihb.org

DATE: _____

1. Name of Organization: _____

Address: _____

Street not P.O. Box

City

State

Zip

Contact Person: _____ **Title:** _____

Phone: () _____ **Cell:** _____

E-Mail: _____ **Website:** _____

2. Type of Organization:

- Public School
- Government Agency
- Church
- Non-Profit
- Other

Tax ID (Required) _____

3. Describe the purpose of your organization:

4. **Have you received previous grants from the *SpiritWalk* Fund? If so, please provide dates, amounts, and how grant funds were used:**

Date:	Amount:	How grant funds used:
<hr/>	<hr/>	<hr/>
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5. **Please describe the project or activity for which funding is sought.** (Use additional paper if needed.)

6. **How many American Indians/Alaska Natives will participate in this project or activity?**

7. **How will they receive a positive impact from this project or activity?**

8. How does this project or activity benefit American Indians/Alaska Natives in the areas of health promotion, disease prevention, education, arts, or cultural traditions?

9. What dollar amount is your organization applying for at this time for this project or activity?

10. If your organization receives this funding from *SpiritWalk*, will it be used by any other organization? If so, how?

11. If your organization participated in *SpiritWalk* (the fundraising walk/event in June), how has it participated? Will your organization be participating this year?

12. Please describe any favorable publicity you expect to generate for *SpiritWalk* if you receive funding. Possible examples might include event-based recognition, news stories, logo on flyer, etc.

13. Upon completion of your event, the Spirit Walk Committee would appreciate a report and pictures of your event. Please provide any other information your organization wishes to have considered.

I do hereby certify that the above information, to the best of my knowledge, is true and accurate.

PRINTED NAME

SIGNATURE

DATE

TITLE

Do not Write Below this Line – For Administrative Use Only

Authorization Signature, and Date _____

Attached MR for fiscal processing