



## Sustainable Communities Initiative

### Grant Application

**Submission Check List:** Please make sure to submit ALL of the following or application will not be considered complete and will not be considered for funding:

- Completed Sustainable Communities Program Grant Application.**
- Attachment A:** Detailed drawings/plans of project along with **ALL** material & supplies bids/quotes & contracted labor costs. (Minimum of 2 quotes for each, three are preferred One quote for each must be from a TERO vendor)
- Attachment B:** A copy of the organizations Land Deed, Cherokee Nation Trust Lease or a Long Term (25-99 year) Lease with an outside party approved by the CCO staff.
- Attachment C:** Plans or drawings of building (if applicable)
- Attachment D:** Utility bills for the last 12 months (electric, gas and water.)
- Attachment E:** Proof of the organization's nonprofit status (501c3 determination letter and incorporation letter from the State of Oklahoma.)
- Attachment F:** List of Board of Directors (include copies of Cherokee Nation Blue Cards or Cherokee Nation Photo ID) and **full** contact information for each member (Phone number, address and email.)
- Attachment G:** A completed Cherokee Nation W-9 for the organization
- Attachment H:** A copy of signed and up-to-date organizational bylaws
- Attachment I:** Copy of most recently completed State (512E) and Federal (990) tax returns
- Attachment J:** Letter of Eligibility from Community & Cultural Outreach Director
- Attachment K:** Letter of Support from District Tribal Councilors
- Attachment L:** Organization's operating budget showing revenue and expenses for the current fiscal year, **including a current bank statement with proof of separate account or sub account for Sustainable Communities Program funds.**



## Deadlines & Methods for Submitting Proposals

Proposals may be submitted in one of two ways, via electronic transmission (email) or via U.S. Postal Service or other courier. Electronic submissions are encouraged if at all possible. We will acknowledge receipt of submissions. We suggest you use tracking options if using postal/courier services and the “read receipt” feature if sending by email.

### Hard Copy submissions:

1. Submit an original of the proposal by mail. **Do not staple any part of application or attachments.** Use paper clips if necessary.
2. Award notifications will be made by U.S. Postal Carrier.
3. **Hand Delivered submissions will not be accepted.**

### Electronic submissions:

1. Should be transmitted in Microsoft Word, Excel, Adobe Acrobat (pdf) or equivalent application(s) using Times New Roman and 12 point font
2. Cover sheet is to be in MS Word or equivalent.
3. Legal name of the organization should be the *only entry* in the subject line of the email.
4. Send only one email to CCO Staff listed below. Be sure to attach all necessary files. **Entire document should be scanned as one attachment if possible.**
5. This is an open grant. Applications will be accepted until all funds have been exhausted.

For email submissions, please send to:

[cco-grants@cherokee.org](mailto:cco-grants@cherokee.org)

For **post** mail or other courier service, please send to:

*Community & Cultural Outreach  
Attention: Community Work Program  
P.O. Box 948  
Tahlequah, OK 74465*

**Part Two**

**Grantee Organizational Information**

Legal Name:		Dept.
Community Served:		
Web Address:		Date Submitting Proposal:
Total Organization Budget: \$		Employer Identification Number (EIN):
Tax Status: 501(c)(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/>		

**Organization Contact**

Name:		Title:
Address:		
Signature of Board Chairperson:		
City, State Zip:		
Phone:	Fax:	Email:
Amount Requested:		

**Priority considerations:**

Has your organization applied for other Cherokee Nation grant opportunities (Yes/No) if yes, please list the department, dates received, and dates closed out?

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\*\*By signing this application you agreeing to allow Cherokee Nation or experts contracted by the Cherokee Nation to evaluate your building's readiness, need and structural integrity in relation to projects allowed under this initiative.

**Project Summary:**

Summarize what organizational impacts will be achieved by completion of this project.

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**Organizational History**

Please provide: 1) A brief history of your organization, 2) Organizational mission statement, 3) Primary program focus and how this project can help you achieve your mission or goals.

**\*\*\*MUST BE 200 WORDS OR LESS\*\*\***

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**Please explain who is served by your organization?** (e.g., a specific community, a particular age group, etc.) Please include confirmation of community partnerships that are in favor of your project via support letters, petitions, and public media articles. (Please attach support letters Attachment L.)

**\*\*\*MUST BE 100 WORDS OR LESS\*\*\***

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**Please explain your previous participation/involvement with CCO programs?**

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**Part Three**

**Name of Organization** \_\_\_\_\_

**Project Cost Summary**

A. Supplies and Materials	\$
B. Furniture, Fixtures & Equipment	\$
C. Contracted Services	\$
D. Other (Utility, water, & sanitation installation etc...)	\$
<b>Total Projected Cost</b>	

For Line Items A-D, provide a complete breakdown or **detailed description** of the item(s) in each budget category. Attach bids/quotes for each item

**Note: Funds cannot be used to support “inherently religious” activities.**

**PROPERTY INFORMATION – CHEROKEE NATION COMMUNITY CENTERS**

**Date:** \_\_\_\_\_

**BUILDING NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**DRIVING DIRECTIONS FROM TAHLEQUAH:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YEAR BUILT:** \_\_\_\_\_

**CONSTRUCTION TYPE:** \_\_\_\_\_

**# OF STORIES:** \_\_\_\_\_ **SQ FOOTAGE:** \_\_\_\_\_

**YEAR UPDATED (If over 20 Yrs old):**

Roof: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Wiring: \_\_\_\_\_

Heating: \_\_\_\_\_

**SPRINKLERED?** \_\_\_\_\_ No \_\_\_\_\_ Yes

**ALARMS/PROTECTION:**

Smoke Detectors: \_\_\_\_\_ No \_\_\_\_\_ Yes      How many? \_\_\_\_\_

Fire Extinguishers: \_\_\_\_\_ No \_\_\_\_\_ Yes      How many? \_\_\_\_\_

Burglar Alarm: \_\_\_\_\_ No \_\_\_\_\_ Yes

    Monitored Off Site: \_\_\_\_\_ No \_\_\_\_\_ Yes

Monitored Fire Alarm: \_\_\_\_\_ No \_\_\_\_\_ Yes

Distance to Fire Department –include name of FD): \_\_\_\_\_

Distance to Fire Hydrant (Ft): \_\_\_\_\_

Distance to tornado siren: \_\_\_\_\_