

**EMERGENCY ASSISTANCE  
GRANT APPLICATION  
CHECKLIST**

- Completed Application
- Line item Budget for total cost
- Signed by Pastor (If there is no Pastor, a Deacon or other Church officer) or Mekko or designee which will be provided by the National Council
- Two itemized quotes with same items/materials and shall match total cost of line item budget

Name of Church or Ceremonial Ground:

\_\_\_\_\_

Pastor/Mekko: \_\_\_\_\_

**(If there is no Pastor, please provide Deacon name)**

Physical Address or Directions to Church or Ceremonial Ground from nearest highway:

\_\_\_\_\_  
\_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

**MAKE CHECK PAYABLE TO:**                      **Total Amount Requesting** \_\_\_\_\_

Vendor(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Vendor(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Please check each box or boxes regarding Emergency Assistance and/or describe the need for  
Emergency Assistance: Leaking Roofs Health and Safety Hazards Electrical  
HVAC Plumbing Other

---

---

---

---

Please check each box or boxes regarding Emergency Assistance and/or describe the project of  
Church/Ceremonial Ground: Construction or repair of ramps for handicap accessibility   
**Bells if stolen from the Church** Lawnmowers Other

---

---

---

---

X

\_\_\_\_\_  
Pastor, Deacon, Mekko or Designee

Date submitted to Tribal Construction: \_\_\_\_\_

Date received from Tribal Construction: \_\_\_\_\_

**Office Use Only:**

Approved Date: \_\_\_\_\_ Approved Amount: \_\_\_\_\_

**FUNDS TO BE TAKEN FROM ACCOUNT # T-1140-00-99-600000-000-0000-59470**