

**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 give 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: _____

Describe the need for Emergency Assistance for the following: **(leaking roofs, health and safety hazards and electrical, HVAC and plumbing issues)**

Describe the need for Emergency Assistance for the project of Church/Ceremonial Ground: **(Construction or repair of ramps for handicap accessibility)**

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-1100-00-99-600000-000-0000-60010