

**Tribal Council Allocation of 2% Funds
Application Form**

PLEASE NOTE:

Under the terms of the consent decree, which settled *Tribes v. Engler* (Case No. 1:90-CV-611, U.S. Dist. Ct., West. Dist. Mich.), the Grand Traverse Band of Ottawa and Chippewa Indians, as defined in the stipulation, has agreed to pay 2% of its video gaming revenue to local units of government (i.e., local township, village, city, county board of commissioners, public school system).

***ONLY APPLICATIONS FROM LOCAL UNITS OF GOVERNMENT LOCATED WITHIN
GTB'S 6-COUNTY SERVICE AREA WILL BE CONSIDERED FOR 2% FUNDING**

1. Allocation Cycle: _____ JUNE – New submission date, Postmarked by **MAY 31st**
_____ DECEMBER – New submission date, Postmarked by **NOVEMBER 30th**

2. Name of Applicant: _____

Address: _____

Phone #: _____ Fax #: _____

Printed Name: _____

- **Authorized Signature:** _____
(Signature of local unit of government official; e.g., county/city official, township supervisor, village president, college president, school superintendent)

Title: _____

E-mail address: _____

Printed Name of contact person: _____

Telephone #: _____ Fax #: _____

E-mail address: _____

3. Type of Applicant: _____ Local Government _____ Local Court
_____ Township _____ County Commissioner _____ Road Commission
_____ Public School District _____ College _____ Charter School
_____ Public Library _____ Sheriff/Police Department _____ Fire Department
_____ 501c3 applying through local unit of government (name): _____

4. Fiscal Data: Amount Requested: \$ _____ Percent: _____ %
Local Leveraging: \$ _____ Percent: _____ %
(Match)
Total Budget: \$ _____ Percent: 100 %

5. Target Population numbers: _____ Children _____ Adults _____ Elders
(Indicate the _____ Total GTB member Community _____ Others
number of GTB
members)

6. Counties Impacted: _____ Antrim _____ Benzie _____ Charlevoix
_____ Grand Traverse _____ Leelanau _____ Manistee

7. Brief Description (purpose of funding); include statement of need:

8. This question only pertains to Indian Education Programs of Public School Systems. If you are not an Indian Education Program of a Public School system, skip to question 9.

(a) **Program formula: (1) \$5,000, up to \$10,000 per school district + (\$1,000, up to \$1,500 x # of GTB member students) = allocation. The increase to the formula will be determined by the previous timely 2% report received, and the data provided within the report on the success of the school's Indian Education Program as a result of the 2% allocation.**

Please note: 1) In completing this section, only provide the student numbers of currently enrolled GTB members; do not include the general Native American data of your school system; and 2) there will be a cap of \$100,000, up to \$125,000 per school, based on the school's GTB membership count and data provided within the 2% report received from the previous year.

(b) Recommendation from Parent Committee: _____ YES _____ NO

Please have the Parent Committee sign the attached Certification Form.

(c) Describe parent involvement in project: _____

(d) Does the school receive Title VII Indian Education Funds? _____ YES _____ NO
If yes, how much: _____

9. What are the start and completion dates of the proposed project?

Start _____ Completion _____

10. Has applicant received prior awards through the Tribe's 2% funding allocation?

_____ YES _____ NO. If yes, please list the start and end dates and amount:

_____ - _____ and amounts: _____

_____ - _____ and amounts: _____

_____ - _____ and amounts: _____

11. Is the proposed project new _____ or a continuation project _____?

If this is a continuation project, please explain why there is a need to continue funding:

12. If the previous project has been completed, did you submit your 2% report? _____ YES _____ NO.
The 2% report must be submitted one year from the date you received your 2% award. If your report has not been submitted, your current application will not be considered! 2% Reports are mandatory for future grant considerations. Mail your 2% report to: Attn: 2% Reports; GTB, 2605 N.W. Bay Shore Drive, Peshawbestown, MI 49682.

13. Impact of Gaming on local program: (e.g., increase in student population, resulting from increase in Tribal employment or increase in emergency services to Casino patrons).

14. How will the success of the project be assessed (evaluation plan)? _____

15. If new staff is required, will preference be given to Native American applicants?
_____ YES _____ NO

16. Budget: Please attach a one-page itemization of the planned budget. Include explanation for each category of the budget.

IMPORTANT!! BEFORE YOU MAIL YOUR 2% APPLICATION, PLEASE REMEMBER TO:

- 1) Execute authorized signature on first page, question #2.
- 2) Attach 1-page budget
- 3) Attach Parent Committee Certification Form if application is from an Indian Education/Title VII Program.
- 3) Submit by appropriate deadline:
 - **If for June cycle, postmarked by May 31st.**
 - **If for December cycle, postmarked by November 30th.**

Mail completed 2% applications to:

**Attention: 2% Program
Grand Traverse Band of Ottawa and Chippewa Indians
2605 N.W. Bay Shore Drive
Peshawbestown, MI 49682**

If you have any questions, please call 231-534-7601.

Grand Traverse Band of Ottawa and Chippewa Indians 2% Indian Education Parent Committee Certification Form

Instructions: By filling out this form, you are certifying that only one 2% application is being submitted for your school district's Indian Education/Title VII program.

We affirm that we have participated in providing information regarding the content of this 2% application for the Grand Traverse Band of Ottawa and Chippewa Indians (GTB).

We affirm that previous 2% reports have been submitted to GTB for 2% funding that this school district has received from GTB.

As current members of this school district's Parent Committee for the Indian Education Program/Title VII, we approve of and certify that this 2% application is being submitted on behalf of the _____ School District.
(Name of school district)

_____ Print Name	_____ Sign Name	_____ Date
_____ Print Name	_____ Sign Name	_____ Date
_____ Print Name	_____ Sign Name	_____ Date
_____ Print Name	_____ Sign Name	_____ Date
_____ Print Name	_____ Sign Name	_____ Date
_____ Print Name	_____ Sign Name	_____ Date