



Choctaw Nation of Oklahoma

P.O. Drawer 1210, Durant, Oklahoma 74702-1210

(580) 924-8280 (800)522-6170

Gary Batton
Chief

Jack Austin, Jr.
Assistant Chief

Dear Applicant,

Halito! Thank you for applying to the Choctaw Nation of Oklahoma for assistance. Your request is certainly valuable to us.

The Choctaw Nation teams up with many partners throughout the communities in southeast Oklahoma and all over the United States. We are always looking to share resources and work with individuals, organizations, business, and other entities to improve our quality of life-not only for the Choctaw people but for our neighbors and community partners as well.

The Leadership of the Choctaw Nation is constantly evaluating the needs of our people and our communities, and we must prioritize and plan how to effectively meet those needs. The Choctaw Nation's primary mission is to promote the health, education, and economic opportunities for over 200,000 tribal members across the United States and throughout the 10 ½ counties of Southeastern Oklahoma that compose our tribal service area. We support our mission with a vast array of projects, programs, and initiatives. It is quite possible that your request fits right in line with or is eligible for support from one of our existing programs; or your request may be a new method for us to fulfill our vision and mission. The information you provide us in the attached application form will help us evaluate how you and the Choctaw Nation can feasibly work together to a common goal.

Unfortunately, it is not possible to fund every request. This is why we have to prioritize our needs and support the projects and programs which meet our communities' utmost needs first. Please complete the attached application form and answer the questions as thoroughly and accurately as possible, so we can ascertain the full extent of your request and to what degree we may be able to help you. You will be notified of a funding decision as soon as we review the request and make a determination. We always give requests fair and objective consideration.

Again, we appreciate your time and effort in completing the application. Please submit the application and any supporting documentation at least Four (4) weeks in advance to the following address:

Choctaw Nation of Oklahoma
Attn: Donations Committee
PO Box 1210
Durant, OK 74702-1210

You may also elect to fax your application to us at (580) 920-3120. If you have any questions, or if we can be of assistance in any way, call (580)924-8280 or (800) 522-6170 extension 2420.

Sincerely,

A handwritten signature in cursive script that reads "Crystal Bully".

Crystal Bully
Donation Committee
Choctaw Nation of Oklahoma



Choctaw Nation of Oklahoma

Application for Donation or Assistance

Please submit all applications to:
Choctaw Nation of Oklahoma
Attention: Donations Committee
PO Box 1210, Durant, OK 74702-1210
Fax: (580) 920-3120

APPLICANT INFORMATION

DATE _____

NAME (Individual / Organization) _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

ARE YOU A CHOCTAW NATION OF OKLAHOMA MEMBER? YES NO IF YES, YOU MUST ATTACH A COPY OF YOUR TRIBAL MEMBERSHIP CARD (*this is not the same as a CDIB card*)*

HAVE YOU OR YOUR ORGANIZATION EVER RECEIVED ASSISTANCE FROM THE CHOCTAW NATION? YES NO

IF YES, DATE OF MOST RECENT ASSISTANCE _____ AMOUNT \$ _____

AMOUNT OF REQUEST

TOTAL AMOUNT REQUESTED \$

DESCRIBE THE NATURE OF YOUR REQUEST _____

SPECIFICALLY, WHAT ARE THE BENEFITS TO PARTICIPATING CHOCTAW MEMBERS? _____

If funded, Choctaw Nation should make check payable to _____ *Applicant will be notified if approved or denied

WILL THERE BE OTHER PARTNERS WHO ARE PROVIDING SUPPORT? YES NO If yes, list who will provide funding and how much you anticipate their share(s) to be

TO BE CONSIDERED FOR FUNDING, this form must be completed and submitted to the address listed above. Failure to provide any of the above information will delay consideration of your donation/assistance request. Please attach the following with this form:

- W-9
- An itemized listing of expenses substantiating your donation/assistance request
- Information, brochures, and other supporting documentation that describes your cause in greater detail
- Photocopy of membership card(s) for each Choctaw requesting funding

◆◆◆ FOR OFFICE USE ONLY ◆◆◆

RECOMMENDED AMOUNT \$ _____ APPROVED AMOUNT \$ _____ DISAPPROVED

NOTES:

Reviewer's Signature _____ Date _____

Approver's Signature _____ Date _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																										
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.