

Choctaw Nation of Oklahoma

P.O. Box 1210, Durant, Oklahoma 74702-1210 (580) 624-8177

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 valuable to us.

The Choctaw Nation teams up with many partners throughout communities in southeast Oklahoma and all over the United States. We are always looking to share resources and work with individuals, organizations, businesses and other entities to improve the quality of life for the Choctaw people and for our neighbors and community partners.

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 meet those needs effectively. The Choctaw Nation's primary mission is to promote health, education and economic opportunities for over 200,000+ tribal members throughout the Choctaw Nation Reservation and across the United States. 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 in the attached application form will help us evaluate how you and the Choctaw Nation can work together toward a common goal.

Unfortunately, it is not possible to fund every request. We must prioritize our needs and support the projects and programs that meet our tribal members' 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 as soon as we review the request and make a decision. 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 to six (4-6) weeks in advance to the following address:

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

You may also fax your application to (580) 920-3120 or email your request to donations@choctawnation.com. If you have any questions, or if we can be of assistance, call (580) 642- 8177.

Sincerely,

Donations Committee Choctaw Nation of Oklahoma

OP CREAT SP. T	Choctaw I APPLICAT		NATION	Please submit all application Choctaw Nation of Ok Attention: Donations C PO Box 1210, Durant, G Fax: (580) 920-3120 P Email: Donations@choo	lahoma Committee OK 74702-1210 hone: (580) 642-8177	
SECTION 1: APPLI	CANT/ ORGANIZATION	INFORMATIO	Please at	ttach copies of TRIBAL MEN	1BERSHIP CARD* and (COMPLETED W-9
NAME (Individual / C	Prganization)					
ADDRESS						
CITY	STA	TE	ZIP	TELE. #		
ARE YOU A CHOC	TAW NATION OF OKLAHC	MA MEMBER?	□yes □nc) IF YES, MEMBERSHIP YO YOUR TRIBAL MEMBER		
HAVE YOU OR YOU	JR ORGANIZATION EVER R	ECEIVED ASSIS	stance or f	UNDS FROM THE CHOCT	AW NATION? DYES	□NO
IF YES, DATE OF MC	DST RECENT ASSISTANCE _			AMOUN	۲\$	
SECTION 2: DESCRIPTION OF REQUEST Please respond to the following questions briefly to help us determine the nature of your re			ure of your request			
	URE OF YOUR REQUEST				· · · · · · · · · · · · · · · · · · ·	
SPECIFICALLY, WHA DOES THIS REQUES Atoka Bry	SERS OF THE CHOCTAW N AT ARE THE BENEFITS TO PA ST ORIGINATE WITHIN THE van Choctaw Coal T PROMOTE OR HAVE A PC	ARTICIPATING E CHOCTAW N Latimer	CHOCTAW 1 NATION'S RES LeFlore H	MEMBERS? SERVATION? □YES □NO Haskell Hughes McCd	urtain Pittsburg F	
IS THIS A ONE-TIME	REQUEST FOR SUPPORT?	□YES □NO	lf no, ha	ow often will you request mo	re funds?	
WILL THERE BE OT	HER PARTNERS PROVIDING	SUPPORT?	dyes dno	lf yes , list who will prov	ide funding and how much	n you anticipate their
share(s) to be						
HOW WILL THIS A	CTIVITY BE SUSTAINED IN 1	THE FUTURE? _				
AMOUNT REQUE	STED\$	lf funded, Choc	taw Nation sh		Applicant will be notified i	if approved or denied
		F	OR OFFICE	USE ONLY		
Date Received	Requestor	Approve	Amount	Fund	Date Processed	Notification Sent
		□ Yes □ No				
COMMENTS		·				

Form	W	-9		
(Rev. N	March 2	2024))	
Depart	ment o	f the	Treasu	ry
Interna	al Rever	nue S	Service	

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.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2) 2 Business name/disregarded entity name, if different from above. ė 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check 4 Exemptions (codes apply only to Specific Instructions on page only one of the following seven boxes. certain entities not individuals. see instructions on page 3): Individual/sole proprietor C corporation S corporation Partnership Trust/estate LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Exempt payee code (if any) Print or type. Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax Exemption from Foreign Account Tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Compliance Act (FATCA) reporting code (if any) Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, (Applies to accounts maintained and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners, owners, or beneficiaries. See instructions See 5 Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional) 6 City, state, and ZIP code List account number(s) here (optional) **Taxpayer Identification Number (TIN)** Part I

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 <i>How to get a</i>	Social security number	-		
<i>TIN</i> , later.	Or Employer identification number			
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	-			
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	Signature of	
Here	U.S. person	

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification. New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

Date

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they