



Picayune Rancheria  
of the

# CHUKCHANSI INDIANS

46575 Road 417 • Coarsegold, CA 93614 • (559) 683-6633 • FAX (559) 683-0599

March 10, 2009

Dear Grant Applicant

On behalf of the Picayune Rancheria of the Chukchansi Indians, thank you for your interest in the Community Grant Program. Starting in 2007, and for the following 10 years, the Community Grant Program will allocate \$1 million per year to Madera County Government departments and agencies, schools, and non-profits. This program is being funded by the Tribe through a cooperative agreement with the County of Madera.

The Tribe operates a casino, the Chukchansi Gold Resort & Casino, on Highway 41 in Coarsegold. Through the casino, the Tribe hopes to achieve true self-sufficiency for the first time in over 150 years. Since the loss of our lands and the destruction of our way of life during the Gold Rush era, most Tribal members have lived in poverty, with substandard housing, inadequate health care, and many difficulties in educating our children to live in a new world. With the casino, tribal members are proud of who they are again, and soon will be provided access to housing, health care, and an education.

The voters of the State of California supported the development of tribal casinos by voting in favor of both Prop 5 and Prop 1A. The Tribe appreciates that support. The Community Grant Program is one of the many ways that the Tribe will express our appreciation by giving back.

Last year the Community Grant Program funded a number of worthy projects in Madera County. It was a great opportunity for us to meet the people who are working to improve life in Madera County for everyone. We know that the citizens of Madera County share the same goals for their own families as we share for our Tribal members. Through the Community Grant Program, the Tribe is offering support to those people whose mission is to help the citizens of Madera to achieve their goals.

Thank you for all you do to help the citizens of Madera County.

Sincerely yours,

Morris Reid

Tribal Chairman



## BOARD OF SUPERVISORS COUNTY OF MADERA

MADERA COUNTY GOVERNMENT CENTER  
200 WEST FOURTH STREET / MADERA, CALIFORNIA 93637  
(559) 675-7700 / FAX (559) 673-3302 / TDD (559) 675-8970

MEMBERS OF THE BOARD

FRANK BIGELOW  
VERN MOSS  
RONN DOMINICI  
MAX RODRIGUEZ  
TOM WHEELER

TANNA G. BOYD, Chief Clerk of the Board

### THE COMMUNITY GRANT PROGRAM OF THE PICAYUNE RANCHERIA OF THE CHUKCHANSI INDIANS AND THE COUNTY OF MADERA

Dear Applicant:

Thank you for your interest in applying for grant monies available through the Community Grant Program of the Picayune Rancheria of the Chukchansi Indians and the County of Madera. This is the third year in a ten year program which will ultimately distribute \$10 million dollars to Madera County non-profit agencies, public schools and county departments and agencies. Applications may be filed beginning March 1, 2009 at the office of the **Board Clerk, 200 West Fourth Street, Madera, California 93637**. Submissions must include three complete copies of the grant application and must be received **on or before June 30, 2009** to be considered. Marketing material will not be considered by the Board of Supervisors in recommending an award. All questions in the application must be answered, if applicable. Neither marketing material nor exhibits will suffice as an answer to any question. Applications seeking an award for costs of an ongoing operation will not be considered.

The applications and any exhibits accompanying the application form will constitute an application packet and will be the only documents considered by the Board of Supervisors in recommending an organization for an award by the Tribal Council of the Picayune Rancheria. The Council's decision will be final and the awards will be announced on or before October 1. Application packets will not be returned.

Please also note that all information requested by the official application must be included to be considered. Grant requests must be in an amount of \$25,000.00 or more and special consideration will be given to those applications which indicate that the applicant will be matching the grant funds for a particular project.

**THE BOARD OF SUPERVISORS  
COUNTY OF MADERA**

**The Community Grant Program of the  
Picayune Rancheria of Chukchansi Indians  
and The County of Madera**

Grant Application

**1. Project Information**

Name of Project: \_\_\_\_\_

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

Federal Tax ID No.: \_\_\_\_\_

Type of Agency:

- Department of Madera County
- Madera County Agency
- Madera County Public School
- Madera County Non-Profit

Amount Requested \$ \_\_\_\_\_\*

\*(minimum \$25,000.00)

Does the amount requested represent 100% of the project cost?      Yes       No

**2. Applicant and Project Director**

**Applicant Agency/Organization**

Authorizing Officials Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time in business: \_\_\_\_\_

**Project Director (if different from Authorizing Official)**

Authorizing Officials Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Proof of Nonprofit Status

If applicable, proof of nonprofit or government status must be attached to this application.

- A copy of the Federal IRS letter indicating the applicant's eligibility for nonprofit status under the applicable provisions of the Internal Revenue Code of 1954, as amended.
- An official document identifying the applicant as a unit of state, tribal, or local government or other tax-exempt multipurpose organization. If prepared specifically for this application, the certification must be on the parent organization letterhead and certified by an official of the parent organization.

Please note - A letter of sales tax exemption is not acceptable as proof of nonprofit status.

### 4. Project Summary

Briefly summarize the proposed project. Discuss its significance and public benefit. A continuation sheet may be attached; however, applicants are strongly encouraged to provide brief, concise narratives. Supporting material may be considered but will not substitute for this summary.

### 5. Signature of Authorizing Official

The applicant's authorizing official must sign and date this form. Signatures must be original and in ink.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 6. Project Budget Detail

The budget must be clear, and all work elements must be eligible, reasonable, and directly relevant to the Project. Outline the projected budget in the form below; add additional lines in a category as needed. Each cost item must clearly show how the total charge for that item was determined. All major costs must be listed, and all cost items should be explained in the narrative of the application. If you intend to support the grant with matching funds, please include that amount in this application.

(1) Personnel. Provide the names and titles of key project personnel.

Name/Title of Position	Wage or Salary	Grant Fund	Match/Cost Share	Total
<b>Subtotal</b>				

(2) Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.

Rate	Salary or Wage Base	Grant Fund	Match/Cost Share	Total
% Of				
<b>Subtotal</b>				

(3) Consultant Fees. Include payments for professional and technical consultants participating in the project.

Name and Type of Consultant	# Of Days	Daily Rate of Compensation	Grant Fund	Match/Cost Share	Total
<b>Subtotal</b>					

(4) Travel and Per Diem. Indicate the number of persons traveling, the total days they will be in travel status, and the subsistence and transportation costs.

From/To	# Of People	# Of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	Grant Fund	Match/Cost Share	Total
<b>Subtotal</b>							

## 6. Project Budget Detail (cont.)

(5) Office Supplies and Materials. Include consumable supplies and materials to be used in the project and any items of expendable equipment i.e. equipment costing less than \$5000 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in Equipment - Category (6).

Item	Cost	Grant Fund	Match/Cost Share	Total
<b>Subtotal</b>				

(6) Equipment. List all equipment items in excess of \$5,000. Items worth less than \$5000 or that have a useful life of less than two years must be listed in Supplies and Materials - Category (5).

Item	Cost	Grant Fund	Match/Cost Share	Total
<b>Subtotal</b>				

(7) Construction Materials and Labor. Itemize by work elements (for example, "repair roof," "underpin foundation"). "Lump sum" amounts must be broken into specific work components to be funded by the grant.

Item	Cost	Grant Fund	Match/Cost Share	Total
<b>Subtotal</b>				

(8) Other (specify).

Item	Cost	Grant Fund	Match/Cost Share	Total
<b>Subtotal</b>				

**7. Project Budget Summary**

**Budget Summary**  
Enter Category Totals Here

<b>Category</b>	<b>Grant Funds</b>	<b>Match/Cost Share</b>	<b>Total</b>
1. Personnel			
2. Fringe Benefits			
3. Consultant Fees			
4. Travel and Per Diem			
5. Supplies and Materials			
6. Equipment			
7. Construction Materials and Labor			
8. Other			
Total Project Costs			

**8. Project Budget, Financial Information and Matching Funds (if any)**