

Organization Funding Request

Applicant Information

Name/Organization:	Telephone #:
Address:	Roll #:
City, State, Zip:	Today's Date:

Amount of Funding Requested (must supply amount): _____

Total Number of Participants: _____

Do Quapaw Tribal Members Participate: ____ yes ____ no

If yes, how many: _____

Request to be Addressed:

**This is for an organizations request and is not to establish a spot on the monthly agenda. However please be aware the Business Committee may find it necessary for you to attend the scheduled Business Committee Meeting.*