



REQUEST FOR AUTHORIZATION TO APPLY TO A TRIBAL GAMING GRANT

NONPROFIT AGENCY INFORMATION

Agency Name:

Agency Phone:

Agency Email:

Agency Address:

PROPOSAL INFORMATION

Amount of Funding to be Requested:

Name of the Tribe your Agency will apply to:

Date the Proposal is Due to the Tribe:

Brief summary of your proposed activity:

Brief Summary of how your proposed activity will benefit Pinal County residents:

ATTACHMENT CHECKLIST

Please attach the following documents to this form:

- IRS 501(C)3 DESIGNATION LETTER
- COPY OF THE COMPLETED GRANT APPLICATION THAT YOUR AGENCY INTENDS TO SUBMIT TO THE TRIBE

AGENCY SIGNATURE

Agency Director Name:

Agency Director Title:

Signature of Authorized Agency Director:

Date:

Disclaimer:

Pinal County, a political subdivision of the State of Arizona, has processed the attached grant application as a courtesy to the grant applicant in order to comply with the requirements of the Native American Tribe or Nation considering the attached grant application. There is no legal relationship between Pinal County and the grant applicant. Pinal County hereby notifies the Native American Tribe or Nation and grant applicant that Pinal County disclaims any liability or responsibility for the representations, accuracy, completeness or substance of the attached grant application. By forwarding the attached grant application Pinal County notifies the Native American Tribe or Nation and grant applicant that Pinal County disclaims any liability or responsibility for grantee use, misuse, improper expenditures or failure to make reports or account for grant proceeds, etc related to any grant funds awarded to the grant applicant by the Native American Tribe or Nation making the grant.