



Gwichyaa Zheeh Gwich'in Tribal Government

(Formerly known as the Native Village of Fort Yukon, IRA)

P.O. Box 126

Fort Yukon, AK 99740

Phone: (907) 662-2581

Fax: (907) 662-2222

Request for Wellness Mini-Grant Funds

BASIC INFORMATION

Title of Activity/Event: _____

Sponsoring Organization: _____

Primary Contact Person: _____

Mailing Address: _____

Phone & Fax Numbers: _____

Committee members (if applicable): _____

Financial Officer (or person handling finances): _____

Is this organization non-profit? Yes No

PROJECT INFORMATION

Title: _____

Location: _____

Dates: _____

Narrative, on the attached page:

- a) Describe, explain the project
- b) Identify the goals of the project
- c) What population will be targeted (example, youth ages 15-18)
- d) Why should this particular project be funded, what sets it apart?

Budget, on the attached page:

Include a budget that describes exactly how funds will be used. Be as specific as possible. For example, if the funds will be used for personnel for an activity, include the name of the proposed project manager, how many hours will be worked and on what dates, and at what rate per hour. For materials/supplies, state each item's purpose below it and include the retail price for the item on the right. Indicate where the item will be stored and who will be financially responsible for the items. An example is on the attached budget sheet.

Total amount requested for this project/activity/event: \$ _____

I, the undersigned, certify that all information on this application is true and correct to the best of my knowledge. I understand that I am responsible for providing financial information to the GZGTG for all funds that were donated by the GZGTG and expended on this project.

Signed

Date

Printed Name

Title: _____

BUDGET

(Include travel, supplies, personnel, workshop or registration fees, etc.)

Item Description	Cost
<i>Bead and Quillwork Instructor</i> <i>So-and-so will instruct on the techniques for traditional beading and quillwork for the duration of this project. This position will be paid at \$12.00 per hour for 6 hours per week @ 12 weeks.</i>	\$875.00
INCLUDE A DISPOSABLE CAMERA FOR DOCUMENTING YOUR PROJECT	
1 disposable camera @ \$9.00, plus \$10.00 for developing costs	\$19.00
TOTAL	

OTHER FUNDING SOURCES (and revenues pledged or obtained)	
<i>Subtract this amount from the total above</i>	
	- \$.00
	- \$.00
GRAND TOTAL	

EVALUATION

BASIC INFORMATION

Title of Activity/Event: _____

Sponsoring Organization: _____

Primary Contact Person: _____

Mailing Address: _____

Phone & Fax Numbers: _____

Please include color photographs documenting your results. Your photos may help secure additional funding for similar projects in the future. We will also be presenting your results to the Council and the community. You may want to consider making a simple photo album, taping the photos to some paper with a description of each photo's content and who is involved.

A) How many individuals participated in this project?

B) Were the goals of the project met? How?

C) What did participants learn from this project?

D) If this project was repeated, what should be changed? What should be kept?

E) Was anything produced as a result of this project, and if so what was produced?