

MORONGO  
BAND OF  
MISSION  
INDIANS



A SOVEREIGN NATION

## 2024 FUNDING REQUEST APPLICATION

### CONTACT INFORMATION

**DEADLINE---JANUARY 29, 2024**

Name of Organization: \_\_\_\_\_

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

Physical Address (if different) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone: (\_\_\_\_) E-Mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

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

### FUNDING REQUEST INFORMATION

Description of request (please attach additional information if necessary)

Amount Request (Maximum grant allowance is \$5,000) \_\_\_\_\_

Describe what the funds will be used for \_\_\_\_\_

Is this for an event? YES \_\_\_\_\_ NO \_\_\_\_\_ Type of Event \_\_\_\_\_

If yes, what is the date of the event? \_\_\_\_\_ Total Budget \_\_\_\_\_

Expected attendance? \_\_\_\_\_ Will alcohol be served? \_\_\_\_\_

Are you seeking funds from other Casinos or Tribes? YES \_\_\_\_\_ NO \_\_\_\_\_

Why have you contacted Morongo to support your program? \_\_\_\_\_

If you previously received funding from Morongo please provide year(s) and amount(s) \_\_\_\_\_

If the request is approved, how will Morongo be represented? \_\_\_\_\_

### ORGANIZATIONAL INFORMATION

Year Founded \_\_\_\_\_ Annual Operating Budget \_\_\_\_\_

Geographic area served \_\_\_\_\_ What is your EIN# \_\_\_\_\_  
(Found on your Articles of Incorporation)

Purpose of Organization \_\_\_\_\_

Tax ID # \_\_\_\_\_ Non-Profit Classification \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

Annual Sources of Income \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

INITIALS: \_\_\_\_\_

PLEASE MAIL APPLICATION TO

MORONGO BAND OF  
MISSION INDIANS  
12700 PUMARRA RD.  
BANNING, CA 92220  
ATTN: MARLA TORRES-  
AGUILAR, COMMUNITY  
OUTREACH

**MAIL COMPLETED APPLICATIONS TO:  
Morongo Band of Mission Indians 12700 PUMARRA RD.,  
BANNING CA 92220 ATTN: Marla Torres-Aguilar  
COMMUNITY OUTREACH COORDINATOR**