



2021 Partnership Capacity Building Grant Application

Application Packet Checklist:

- ☐ Application Form (8 Questions)
- ☐ Project Budget Summary Sheet
- ☐ Grantee Waiver & Release Form
- ☐ Release Authorization Form
- ☐ (2) Two Letters of Support

Upon applying please consider the following areas of feasibility to help ensure a successful project.

- The project site is secure & safe to begin project
- Applicant has access to proper equipment & tools
- Applicant has considered all areas of budget cost
- Applicant has sufficient manpower to complete project

PLEASE FILL EACH SECTION LEGIBLY

Name of Applicant (Project Leader): _____

Name of Group/Organization: _____

Project Title: _____

Village or Community: _____

Business Mailing

Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Business Number: (_____) _____ - _____ **Alternate Number:** (_____) _____ - _____

Email Address: _____

Have you received a Partnership Grant before: YES ☐ NO ☐ If Yes, when?: _____

Physical Location of Project: _____

Important Note: If proposed project takes place on public land, such as, but not limited to, village and school property, applicant must provide secured permission from land holder to begin project.

Estimated Number of Participants to be Served: _____

Total Grant Amount Requested: \$25000.00 ☐

How did you hear about the Community Grant Program? _____

Would you like to receive emailed news updates from the Natwani Coalition regarding trainings, workshops, future projects, etc.? Yes ☐ No ☐

Are there any trainings/workshops you recommend to help improve you and others in the area of farming/ranching/gardening? _____



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PLEASE ANSWER EACH QUESTION. YOU MAY USE ADDITIONAL PAGES IF NECESSARY.

- 1. Organization Background:** Provide a brief history and description of your group/organization.
- 2.** What is your proposed project and what is its purpose?
- 3.** How does your project incorporate Hopi Values? (ex. Sumi'nangwa, Kyaptsi, Hita'nangwa & Nami'nangwa).
- 4. Project Action Plan:** Give a brief schedule of steps or activities needed to complete the proposed project, Use additional lines if necessary.

Goal 1:				
Actions/Steps Description	Party/Dept. Responsible	Date to Begin	Resources Required	Desired Outcome

Goal 2:				
Actions/Steps Description	Party/Dept. Responsible	Date to Begin	Resources Required	Desired Outcome



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5. **Project Goals:** How does your project help to preserve and strengthen a local healthy food system and agricultural traditions of the Hopi & Tewa People?
6. **Project Diversity:** How does your project embrace the involvement of a wide range of the community? (ex. youth, elderly, gender, village, clan, etc.)
7. **Project Impact:** What impacts will the successful completion of your project have on Hopi/Tewa Community groups? (ex. family, clan, village, farmers, ranchers, etc.)
8. **Long Term Impact:** How will you expand or enhance your project after the conclusion of the grant funding period?

I, _____ verify that the information stated above is correct and true. I also verify that by signing this application, I agree to abide to the conditions set forth in the application process.

Signature of Authorized Project Leader

Date

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BUDGET SUMMERY SHEET

Please list all dollar amounts for each budget item the Micro Grant will be funding. Also list any personal dollar contributions to budget items. In addition, list any in-kind contribution denoted personally or from partner organizations. You may use additional pages if necessary.

Project Budget Items	Micro Grant Budget	Applicants Personal Budget Contributions	In-Kind (non-cash) contributions
1. Materials & Supplies			
2. Equipment			
3. Outreach/Workshop Expenses			
4. Presenters/Trainers			
5. Other:			
6. Other:			
TOTAL	\$ <small>Should Match Grant Amount Requested</small>	\$	\$

Project Budget Item	Micro Grant Budget	Personal Dollar Contributions	In-kind Contributions
Materials & Supplies	\$180.00	\$100.00	Fencing Material - \$50
Equipment	\$125.00	\$100.00	Donated Drill Use - \$40
Presenter	\$125.00	\$0.00	-
Other: Seed Starts	\$70.00	\$0.00	-
TOTAL	\$500.00	\$200.00	\$90.00



Release Authorization

The undersigned represents and warrants that he/she has the authority to give and thereby gives The Hopi Foundation the absolute and unqualified right to use, in whole or in part, in whatever manner The Hopi Foundation may desire, including, but not limited to, use for publicity, audiovisual presentation, and/or promotion, any written or photographic materials related to grant profiles, featured stories, and other communications associated with the webpages, newsletters, and other collateral materials obtained through its Programs, events and services.

The Hopi Foundation is hereby given permission to make any editorial changes and/or additions to the materials referred to the paragraph above as it deems necessary or desirable for production purposes.

The undersigned further agrees to defend, indemnify, and hold The Hopi Foundation, their trustees, directors, officers, employees, members, and agents harmless from and against any and all claims and liability that may arise out of any misrepresentation or breach of this warranty.

Release Authorized For:

Print Name: _____

Signature: _____

Date: _____

Parent/Guardian Authorization (if under 18):

Print Name: _____

Date: _____

Signature: _____



GRANTEE WAIVER & RELEASE FORM

This form must be signed by or on behalf of each grantee who will participate in or otherwise be involved with The Hopi Foundation-funded projects. If you are unable to read or fully understand this waiver, please speak with the Natwani Coalition Staff for assistance. As a grantee with The Hopi Foundation (herein, the "Foundation") may include community service projects, program assistance, event planning and support, or general clerical support. Grantees under 18 must have this waiver signed by a parent or legal guardian for participation. Any children under Arizona's minimum age for employment are not eligible for grant work unless approved by the Program Director.

I understand that I will be spending the day(s) as a grantee for THE HOPI FOUNDATION and will be participating at my own risk. I acknowledge that my participation is voluntary and does not constitute a condition or requirement of employment. I further acknowledge that the FOUNDATION and other external locations may pose normal yet potential hazards. I attest that I am physically fit and prepared for this work.

I will not create an unsafe situation for other individuals or myself nor will I use any electrical equipment or engage in any task with which I am not completely comfortable. I will abide by all applicable federal, state and local laws, as well as the rules and directions of the FOUNDATION staff and senior volunteers. If I see any situation that I feel is unsafe, I will immediately call it to the attention of the FOUNDATION staff. I understand that I cannot bring any children or young adults with me to participate at the FOUNDATION or other locations.

On behalf of myself, as well as my heirs, executors, administrators and assigns, I hereby forever release, discharge, waive and agree to indemnify and hold harmless the FOUNDATION or its employees or representatives its partners or sponsors, along with their respective officers, directors, agents, employees, contractors, successors and assigns from and against any and all claims of liability, legal or otherwise, including, without limitation for personal injury, loss of property and/or death arising out of or connected in any way with my participation with a FOUNDATION sponsored-project.

I acknowledge that I have read and understand the full contents and effects of the entire release stated in the foregoing paragraphs. Accordingly, I waive and relinquish, any and all rights or benefits that I may have.

I hereby grant THE HOPI FOUNDATION full and complete permission to use audio recordings, photographs, videos and interview footage and quotations from me in legitimate promotions and to further the mission and vision of the FOUNDATION in any and all media now known or hereinafter developed without restriction or compensation.

Grantee or Underage Grantee Guardian Waiver

I, _____ understand that I have given up substantial rights by signing this Waiver and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE of all liability by Released Parties to the greatest extent allowable by law.

Organization: _____

Signature of Participant

Date

Local Community/Village/City: _____

Other: _____

Signature of Parent/Legal Guardian

Date

Address

Print Name of Minor Child Participant

Date

City

State

Zip Code

Do you affirm that your child or dependent meets Arizona's minimum age requirements for employment? (14 years of age) ☐ Yes ☐ No

☐ Yes, my child may participate ☐ No, my child cannot participate

Email Address



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LETTERS OF SUPPORT

Name: _____

Address (optional): _____

Phone Number (optional): _____

Briefly in 2-3 paragraphs please explain how you know the applicant and why you support their proposed project. If applicable, note any contributions that you may be committing in support of their proposed project.

Signature

Date



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