



**COMMUNITY REGIONAL GATHERING ASSISTANCE
REQUIRED DOCUMENTATION
AND
PROCESS**

REQUIRED DOCUMENTATION

- Application completed by Osage Tribal Member (organizer) who will be responsible for receiving and disbursing the funds
- A letter of request
- Proposed Agenda
- Detailed Budget
- At least 20 signatures of Osage Tribal Members residing within a 100 mile radius ("the region") from where the gathering will be held (*this information needs to be updated every 4 years*)
- Meeting Notice submitted to the Osage Nation Website; stating the meeting location, date, and time
- Completed W-9 Form

Application Process:

All applicants must complete an Osage Nation Community Regional Gathering application thirty (30) days prior to the scheduled date of the gathering event. In order to process the application and receive funding pertinent documentation is required (ONCA 14-37).

Funding available

- **Maximum amount of \$2,500 per meeting and a maximum amount of \$5,000 annually**

The application is complete when all pertinent documentation is received by this office; once the application is complete a letter of approved or denied funds will be mailed directly to the applicant as to the amount approved or denied. All reimbursement requests must be submitted in writing.

CONSTITUENT SERVICES
OFFICE OF THE PRINCIPAL CHIEF

627 GRANDVIEW

PAWHUSKA, OK 74056

FAX: (918)287-5221 OR (918)691-5221

E-MAIL: constituentservices@osagenation-nsn.gov



**REGIONAL GATHERING ASSISTANCE
APPLICATION**

Section 1: Applicant/Organization Information

Application Date: _____

ORGANIZER/GROUP NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

OSAGE TRIBAL MEMBER: YES OR NO IF YES, Osage Membership Number: _____

**HAVE YOU OR YOUR ORGANIZATION EVER RECEIVED ASSISTANCE OR FUNDS
FROM THE OSAGE NATION**

(CIRCLE) YES OR NO

IF YES, MOST RECENT DATE: _____ AMOUNT: _____

Section 2: Description of Request

PURPOSE: (Briefly described the nature of the meeting):

NAME: Business/Owner/Renter of space and/or land

ADDRESS: Place where meeting will be held _____

AMOUNT REQUESTED

DATE OF MEETING

TIME OF MEETING

CONSTITUENT SERVICES OFFICE USE ONLY

CHECK NUMBER: _____

CHECK AMOUNT: _____

NOTES: _____

DATE STAMP

RECEIVED BY: _____