



Pascua Yaqui Tribe – Revenue Sharing Application

Date of Application:			
Name of City, Town or County:			
Name of Mayor or Chair:			
Mailing Address:			
City:	County:	State:	ZIP:
Contact Person/Title:			
Mailing Address:			
Phone:		FAX:	
Email:			

Program or Project Name:	
Project or Program Type:	Government <input type="checkbox"/> Non-Profit <input type="checkbox"/>
Program or Project Purpose:	
Amount Requested: \$	Total Project Cost: \$
Population Served by the Program/Project:	

Please Indicate Programmatic Area (mark all that apply):

Education <input type="checkbox"/>	Public Safety <input type="checkbox"/>
Transportation <input type="checkbox"/>	Economic Development <input type="checkbox"/>
Health Care <input type="checkbox"/>	Social Services <input type="checkbox"/>
Recreation <input type="checkbox"/>	Cultural, Historical and/or Environmental Protection and Restoration <input type="checkbox"/>
Other:	