



PLEASE FILL OUT EACH SECTION LEGIBLY

APPLICANT INFORMATION

Name of Applicant (Project Leader): _____

Gender: Male Female Age Range: -17 18-29 30-45 46-60 61+

Village or Community: _____ Clan: _____

Are you representing a Group/Organization? YES NO

If yes, what is the name of the Group/Organization: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Telephone Number: (____) _____ - _____ Alternate Number: (____) _____ - _____

Email Address: _____

Is this your first time applying for any grant? YES NO

Have you received a Micro Grant from the Natwani Coalition in the previous years? YES NO
If yes, when? _____

PROJECT INFORMATION

Project Title: _____

Physical Location(s) of Project Activities: _____

Estimated Number of Participants to be Involved: _____

Estimated Number of Community Members to Be Impacted: _____

Total Award Amount Requesting: \$2,000.00

ADDITIONAL INFORMATION

How did you hear about the Community Grant Program?

- RADIO NEWSPAPER FACEBOOK EMAIL FLYER WEBSITE FRIENDS/FAMILY NC PRESENTATION
- OTHER: _____

Would you like to receive emailed news updates from the Natwani Coalition regarding training workshops, events, future projects, etc.? YES NO

Are there any workshops/training you recommend that could help you and others in agriculture, farming, or ranching? _____



Important Note: Before continuing, please make sure you have read the Request for Proposals and Grant Guidelines Document.

Application Packet Contents. Applicant must complete each of the following sections for the proposal to be considered complete. Only complete applications will be considered for review and award.

- Page 3-5: Proposal Narrative (6 Questions)
- Page 6: Schedule of Completion
- Page 7-8: Budget Line Item and Justification Worksheet
- Page 9: Personal/Other Source(s) Contribution Worksheet
- Page 10: In-Kind Donation Worksheet
- Page 11: Grantee Waiver & Release Form - Review and Sign
- Page 12: Release Authorization Form - Review and Sign
- Page 13-14: Minimum of Two (2) Letters of Support - From key individuals who will support your project goals, benefit from the completion of your project, or assist in the completion of your project. Letters of Support from the applicant's immediate family members **WILL NOT BE ACCEPTED**. Letters of Support **MUST** be signed by the individual it is written by.

Consideration. Reference the *Previously Awarded Proposal* document as an example and resource to help complete each application section.

For additional questions or information, please contact

Kyle Nutumya, Natwani Coalition Program Manager

Email: kyle.nutumya@hopifoundation.org

Phone Number: 928 405 9279

Office Number: 928 734 2380

Roberta Sequi Natwani, Coalition Program Associate

Email: roberta.sequi@hopifoundation.org

Phone Number: 928 299 1992

Website: natwanicoalition.org or hopifoundation.org



Answer each question. You may use additional pages if necessary.

1. Background: Introduce yourself, who you are (include information about your proposed project), or the organization you represent (if applicable).

2. Project Narrative: What is your proposed project and its purpose? Why did you choose this project?



3. Statement of Need: Describe the problem or need your project aims to address. What is the situation that is causing concern? Why is it happening?

4. How does your project incorporate Hopi values (*kyaptsi, Sumi'ngwa, Nami'ngwa, Hita'ngwa, Pasi'ngwa*) and the mission of the Natwani Coalition (*to preserve and strengthen the agricultural traditions of the Hopi and Tewa people*)?



5. Project Impact: Identify measurable outcomes and impacts your project will have on the Hopi/Tewa Community. Provide measurable results.

6. Sustainability: Describes how expenses not supported by this grant will be covered and how the project effort will continue after the grant cycle ends.

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

Signature of Authorized Project Leader

Date



2025 Community Micro Grant
Application Packet

Schedule of Completion: The Schedule of Completion should reflect each major activity required to complete the proposed project. It should show when each major project activity will start and end. Briefly state the state activity in the "Project Activities"

Project Activities	2025												2026				
	April	May	June	July	Aug.	Sept.	Nov.	Dec.	Jan.	Feb.	March						



Budget Line Item and Justification Worksheet. You may use additional pages or templates if necessary. *NOTE: Each line item MUST contain a justification.*

Micro-Grant Expenses	# of Units	Unit Rate (\$)	Costs (\$)
MATERIAL AND SUPPLIES - List material and supply expenses related to the Micro-Grant only. Justify why the item is needed to complete the proposed project.			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
Subtotal Material and Supplies			\$
EQUIPMENT - List equipment expenses related to Micro Grant only. Justify why the item is needed to complete the proposed project. <i>Reminder: Grant will allow up to \$750 for one equipment item that matches or exceeds \$750 in value.</i>			
<i>Line item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			

CONTINUE THE WORKSHEET ON THE NEXT PAGE`



Equipment Continued			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
Subtotal Equipment			\$
GAS FOR EQUIPMENT OPERATION - List gas expenses related to Micro Grant only. Justify why the item is needed to complete the proposed project. <i>Reminder: Grant will only allow \$50 for gas equipment operation expenses.</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
Subtotal Gas Equipment Operation			\$
OTHER - List any other expenses related to Micro Grant only. Justify why the item is needed to complete the proposed project.			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
<i>Line Item:</i>		\$	\$
<i>Justification:</i>			
Subtotal Other			\$
TOTAL MICRO GRANT BUDGET			\$



Personal/Other Source(s) Contribution Worksheet. You may use additional pages or templates if necessary.

PERSONAL/OTHER SOURCE(S) CONTRIBUTIONS	# of Units	Unit Rate (\$)	Costs (\$)
MATERIALS AND SUPPLIES - List any materials and supplies the applicant or a separate funding source will contribute. Include the cost of each item.			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Subtotal Material and Supplies			\$
EQUIPMENT (List any equipment that will be contributed by the applicant or a separate funding source. Include the cost of the item)			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Subtotal Equipment			\$
OTHER - List any additional contributions by the applicant or a separate funding source. Include the cost of the item.			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Subtotal Other			\$
TOTAL PERSONAL/OTHER SOURCE(S) CONTRIBUTIONS			\$



In-Kind (Non-Cash) Donation Worksheet. You may use additional pages if necessary.

IN-KIND (Non-Cash) DONATIONS	# of Units	Unit Rate (\$)	Estimated Value (\$)
MATERIAL AND SUPPLIES - List any In-Kind materials and supplies to be donated by the applicant or another source to complete the proposed project. Include the estimated value of donation items.			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Subtotal Material and Supplies			\$
EQUIPMENT - List any In-Kind equipment to be donated by the applicant or another source to complete the proposed project. Include the estimated value of donation items.			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Subtotal Equipment			\$
OTHER List any other In-Kind donations by the applicant or another source to complete the proposed project. Include the estimated value of donation items)			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Subtotal Other			\$
TOTAL ESTIMATED VALUE OF IN-KIND DONATIONS			\$



"Strengthening Communities through Collaborative Actions"

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: _____

Signature: _____

Date: _____



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: _____	_____	Date
Local Community/Village/City: _____	Signature of Participant	Date
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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address _____	<input type="checkbox"/> Yes, my child may participate <input type="checkbox"/> No, my child cannot participate	



LETTERS OF SUPPORT

**IMPORTANT REMINDER: LETTERS OF SUPPORT FROM DIRECT FAMILY MEMBERS
WILL NOT BE ACCEPTED. ALL LETTER OF SUPPORT MUST BE SIGNED AND DATED BY THE SUPPORTER OF
THE GRANTEE.**

Name: _____

Address: _____

Phone Number: _____

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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