Sponsorship Criteria

Mission Statement
Empowering Lakota youth and families to improve the health, culture, and environment of our communities through the healing and strengthening of cultural identity.

Vision Statement
We envision a liberated Lakota Nation through Language, Culture, and Spirituality.

Below is a listing of criteria outlined for requests:
• Must be 26 years of age or younger
• Activity must be in line with TVCDC mission & initiatives
  Examples of activities & events include education/youth related conferences. Registration fees for events such as rodeos, baseball/softball, art shows, etc.
• Must be for an upcoming event. Events that have already passed or will pass prior to the next meeting will not be considered.

Important information to remember:
• All requests must be submitted prior to the next monthly sponsorship meeting. Meetings are on the first Monday of every month.
• Requests and amounts are solely based on the availability of funding.
• Sponsorship is given once within a year.
• Supporting documentation of event or activity is required. Requests that do not provide this documentation will not be considered. Examples include event flyer with registration fees, conference information, etc.
• If sponsorship is approved, documentation of participation in event or activity is strongly encouraged. Failure to submit documentation may impact future sponsorship.
Sponsorship Request Form

Date Submitted: __________________
To: TVCDC Sponsorship Committee

From: _________________________________________
Requesting on behalf of: _______________________

Requestor Date of Birth: _______________________

Re: Sponsorship
Amount being requested: _______________________

Describe why this sponsorship is needed and how it will be utilized:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

*Attach any additional documents/information that will be helpful in considering your request.

Contact information, this will be used to notify you of the status of your request.

Name: _________________________________________________
Address: _______________________________________________
Phone:_________________________________________________
Email:__________________________________________________
_________________________________________________________________________________________________________________________________________________

OFFICE USE ONLY

REQUEST TYPE
• Educational
• Leadership
• Initiative Based
• Other: ______________________________________________________

STATUS
• Approved ________________________________________________
• Denied – Reason: __________________________________________
• Hold – Reason: ____________________________________________