



# SNOQUALMIE INDIAN TRIBE

## TRADITIONAL CULTURE AND RECREATION

### APPLICATION

**PURPOSE:** The Traditional Culture and Recreation Benefit was developed to encourage participation in traditional culture recreation activities amongst its Tribal members. The Snoqualmie Indian Tribe aims to equally assist Snoqualmie Tribal Members to participate in activities and to ensure that Snoqualmie Tribal Members have opportunities to succeed as their peers.

**PLEASE NOTE:** Activity and equipment expenses must be age appropriate and for individual use. Benefits cannot be combined with any other eligible applicant. Activity and equipment expenses associated to the following items **are not covered**.

**Included, but not limited to the following:** travel (gas, toll fees, vehicle rental, cruises, ticket fares, airfare), food, lodging (cabins, hotels, or other similar overnight lodging), technology (computer hardware, software, or other electronics), toys, guns, knives, tobaccos or alcohol products.

**ELIGIBILITY:** To receive this benefit, an applicant must be an adult enrolled member of the Snoqualmie Indian Tribe or a minor child, under the age of 18 years old, of an enrolled Snoqualmie Tribal Member on the 2004 Base Roll, 2010 Voters list or 2012 Voters List. Non-Snoqualmie foster children, stepchildren, adopted children and children of Snoqualmie Tribal members enrolled in another Tribe are NOT eligible of this benefit. *Receiving this benefit does not constitute enrollment in the Snoqualmie Tribe.*

**AVAILABLE BENEFIT AMOUNT:** An eligible applicant *may* receive up to **\$1500** per fiscal year for eligible Traditional Cultures and Recreation activity and equipment expenses. Applications for activities and equipment will be reviewed for eligibility to the benefit. The fiscal year, regardless of the activity or program, is defined as October 1<sup>st</sup>, through September 30<sup>th</sup>. Funding for this program is subject to availability of Tribal resources and budget approval by Snoqualmie Tribal Council. Any item purchased for individual use may not be resold.

**BENEFIT APPROVED:** Applicants may be reimbursed for eligible TCR expenses or a payment may be made directly to the vendor or program. For reimbursement, original receipts are required and all receipts must be itemized, readable and in good repair.

**PLEASE NOTE** The IRS considers recreational items as taxable income and requires reporting. As such, you may receive a 1099 MISC tax form from the Snoqualmie Tribe for the calendar year in which your benefits were approved.

**APPLICATION REQUIREMENTS:** Applications must be completed per person. Please complete the attached forms and provide a W-9 for the individual or vendor who will receive the payment. Once you have completed this application and collected all of the required documents please submit your application to the TCR program. Please Note, processing may take up to 14 business days upon receipting a complete application that includes all required documentation. All receipts must be dated between October 1 and September 30 of the current Fiscal Year.

#### Activities Eligible for TCR Benefits:

- Equipment for individual use for covered Traditional Culture activities and Recreational activities; benefits cannot be combined with any other eligible applicants.
- Sports clinics, classes, camps, and lessons
- For an Individual, team, league, and race fees, team photos
- Amusement park and museum single-day, multiple day, or season passes
- Single day, multiple day, or season recreational passes (ski pass)
- Single day admission tickets to sporting events, concerts, plays, or other performing arts shows
- Annual passes for National Parks, Washington Parks, or Northwest Forests
- Park entry and tent or RV overnight site fees
  - Gym memberships
  - Single-day tours and charters
  - Hunting and fishing licenses
- Youth day and overnight summer camps



# SNOQUALMIE INDIAN TRIBE TRADITIONAL CULTURE AND RECREATION APPLICATION

## ADULT APPLICANT INFORMATION (parent or guardian):

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip Code

**IS THE APPLICANT A MINOR CHILD OF A SNOQUALMIE TRIBAL MEMBER? IF YES, PLEASE INDICATE THE CHILD'S NAME BELOW:**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## PROGRAM INFORMATION:

Program or Vendor Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street City State Zip Code

Mailing Address (if different): \_\_\_\_\_

Street City State Zip Code

Contact Person: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_

## TCR ACTIVITY DESCRIPTION:

In the box below, please describe the activity or equipment expense(s) you are requesting funding for:

Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_ Funding amount requested: \$ \_\_\_\_\_

This request is for (please circle one): Reimbursement OR Payment to Vendor

*The above information is true to the best of my knowledge:*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Applicant signature)*



# SNOQUALMIE TRIBE TRIBAL BENEFIT RECIPIENT FORM

Name of individual receiving benefit from a Snoqualmie Tribe program: \_\_\_\_\_

Is this individual a minor (under 18 years old)?    Yes                      No

If no, what is the individual's enrollment number? \_\_\_\_\_

If yes, what is the name of their legal guardian (Responsible taxable individual)? \_\_\_\_\_

**If the legal guardian is NOT an enrolled  
Snoqualmie Tribal member:**

Attach a completed W9 form

**If the legal guardian is an enrolled Snoqualmie  
Tribal member:**

Enrollment Number: \_\_\_\_\_

By signing below, I recognize that I have the benefit as stated below and I understand that this qualifies as taxable income under the IRS code:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Official Use Only:

#### Program Administering Benefit

<input type="checkbox"/>	Education
<input type="checkbox"/>	Traditional, Cultural, Recreation
<input type="checkbox"/>	Elders
<input type="checkbox"/>	Emergency Assistance
<input type="checkbox"/>	Other (please describe in the space below)

Benefit Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### How was this benefit issued?

\_\_\_\_ - Reimbursement

\_\_\_\_ - Gift Card: \_\_\_\_\_

\_\_\_\_ - Vendor: \_\_\_\_\_

\_\_\_\_ - Other: \_\_\_\_\_

Additional Information:

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



# SNOQUALMIE INDIAN TRIBE TRADITIONAL CULTURE AND RECREATION APPLICATION

## YOUR APPLICATION CHECKLIST:

- Complete TCR Application (pages 2 and 3)
- W-9 from Vendor or individual receiving reimbursement
- Completed Finance Benefit Recipient Form (attached)
- Proof of enrollment in activity or program
- Proof of activity expense: please note, all original receipts must be itemized, readable and in good repair.

Once you have completed this application and collected all of the required documents please submit your application to the TCR program:

**Email:** [tcr@snoqualmietribe.us](mailto:tcr@snoqualmietribe.us)

**Phone:** 425.888.6551 extension 1119

**Mailing Address:** Snoqualmie Tribe ATTN: TCR, PO Box 969 Snoqualmie, WA 98065

**Fax:** 206.600.6487