



# Cahuilla Band of Indians

52701 CA-Highway 371 Anza, California 92539

## General Welfare Assistance Request Form Cahuilla Band of Indians

Tribal Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Please explain what you are requesting assistance for: (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The General Welfare Assistance funds are for an emergency circumstance that exhibits a clear health and/or safety threat. Please explain how your circumstance meets this criterion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The Cahuilla Band of Indians requires the submission of *three* bids to complete your request.

Please attach and list the bids below:

**Bidder Name or Company:**

**Total \$ Amount:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cahuilla Band of Indians use ONLY: (below the line)**

\_\_\_\_\_

Request Fulfilled (Y/N): \_\_\_\_\_ Selected Bidder: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

Tribal Council Approval (please sign): \_\_\_\_\_ Date: \_\_\_\_\_ Motion # \_\_\_\_\_