



**THUNDER
VALLEY**
COMMUNITY DEVELOPMENT CORPORATION

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.

Thunder Valley Community Development Corporation fully supports empowering youth to take on a more active role in improving our communities through positive change, especially in the areas of education, leadership, and community engagement.

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.

Healing · Hope · Liberation



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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: _____

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