FOOD SECURITY PARTNERS EMERGENCY FUNDING GRANT 2025 APPLICATION

Grant Overview:

In response to the ongoing federal government shutdown and its impact on food security, the Cherokee Nation is offering targeted support to eligible non-profit food banks and pantries through the **Food Security Partners Emergency Funding Grant**, authorized by the Cherokee Nation Declaration of Anticipated State of Emergency Regarding the Federal Funding Lapse Imposed Conditions of Food Insecurity.

This funding opportunity aims to bolster the capacity of local food systems in times of critical need to meet urgent gaps in nutrition, reduce barriers to access, and increase food security for individuals and families within the Cherokee Nation Reservation and contiguous counties.

Deadline:

The deadline for all applications is **November 7, 2025, at 5 p.m. CST**.

Eligibility:

I. Eligible Applicants:

i. Eligible applicants **must** operate within the Cherokee Nation Reservation or in a county contiguous to the Cherokee Nation Reservation.

ii. Eligible applicants must be a non-profit organization that operates at least one of the following food security programs: food bank, food pantry, and/or a meal program.

iii. Ineligible applicants include but are not limited: for-profit entities, local and state agencies, public schools, and CCO Participating Organizations.[1]

II. Award Guidelines:

i. Approved grantee organizations will receive a one-time disbursement via check of at least $2,000.

ii. Applicants will be notified of their award status via email. Award notifications will include the approved funding amount and any additional information.

iii. Payments under this declaration are contingent upon the existence of a federal funding lapse in effect at the time payment is made and issuance after the end of the federal funding lapse requires further action from the Cherokee Nation.

To submit the application or for more information, please email: ***foodsecurity-grants@cherokee.org***

[1] CCO Participating Organizations are eligible for unique grant funding opportunities, including other grants funded under the Declaration of Anticipated State of Emergency signed October 28, 2025. On that basis, such organizations are ineligible for the Food Security Partners Emergency Funding Grant.

Organization Contact Information

Name:	**Title**:
Phone: **Email**:	
Alternate Contact:	**Phone:** **Email:**

Grantee Organization Information

Organization Name:	
Type of Organization:	**Cherokee Nation District(s) Served**:
Physical Address (City, State, and Zip):	
Mailing Address (City, State, and Zip):	
Federal EIN (Employer Identification Number):	
Tax Status: ☐501(c)(3) **Other (please specify):**	

(Check all that apply)

Meals Served Per Month:

☐ (~0-50) ☐ (~51-100) ☐ (~101-250) ☐ (~251-500) ☐ (~501-1,000) ☐ (~1,001-2,000) ☐ (~2,001+)

How does your organization count meals served per month?

☐ By household (each household counted as one unit) ☐ By family size (reported by the client)

☐ By individual served ☐ Per meal ☐ Per food box ☐ By each visit ☐ Other: _____

Does your organization serve any specific group(s)?

☐ Elders (age 55+) ☐ Families with children ☐ Students (K-12) ☐ Other: _____

What types of food boxes, items, or meals does your organization typically distribute?

☐ Prepared Meals ☐ Shelf-stable pantry items ☐ Fresh groceries ☐ Food bag/box

☐ Other: _____

What days/hours does your organization operate?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday/Sunday

☐ Morning (~8am – 12pm) ☐ Afternoon (~12pm – 4pm) ☐ Evening (~4pm – 8pm)

Describe the effects of the federal funding freeze on your program operations and any resulting increase in participant demand.

Additional Grant Program Administration Requirements:

- Funds from this grant **must be** applied towards maintaining or increasing the food supply of an existing food security program.
- Funds from this grant **may not** be used for capital projects or any other initiative other than the existing food security program.
- Food security programs operated by the grantee organizations **are not** limited to serving only Cherokee Nation citizens or any person(s) residing on the Cherokee Nation Reservation.
- Receipt of funding through the Food Security Partners Emergency Funding Grant does not preclude the grantee organization from receiving additional support from Cherokee Nation, if eligible.
- Grantee organizations operating food security programs **are required** to purchase food supplies from local retailers or grocers. If items are unavailable locally, the organization must request a waiver from Cherokee Nation to procure those supplies elsewhere.

Application Requirements:

I. Application must be submitted via email to **foodsecurity-grants@cherokee.org** by the deadline of **November 7, 2025, at 5 p.m. CST** with all required attachments completed and signed, as applicable.

   i. Required Attachments:

      1. Attachment A: W-9 dated within the calendar year **OR** Cherokee Nation W-9 form
      2. Attachment B: Memorandum of Understanding (MOU) between Cherokee Nation and the grantee organization[2]
      3. Attachment C (if applicable): Disclosure of any existing employment or contractual agreements between an executive or governing board member of the applicant and Cherokee Nation or any of its entities or the Housing Authority of the Cherokee Nation.

Signature Page to Follow

[2] The Memorandum of Understanding will be implemented upon approval of the grantee organization's application and prior to receipt of funding under the Food Security Partners Emergency Funding Grant.

Certification and Authorization

Grantee Organization

I hereby certify that:

- *The information provided in this application is true and accurate to the best of my knowledge.*
- *My organization meets the eligibility criteria for the Food Security Partners Emergency Funding Grant per the eligibility requirements.*
- *If awarded, my organization agrees to comply with all program requirements and grant administration guidelines.*
- *My organization agrees to retain all relevant financial and programmatic records for audit or review purposes, in accordance with grant requirements, and to provide the Cherokee Nation with any requested documentation related to the use of grant funds.*
- *I understand that submission of this application does not guarantee funding through the Food Security Partners Emergency Funding Grant.*
- *If awarded a grant, my organization agrees to abide by all terms and conditions outlined in the Memorandum of Understanding (MOU) provided by the Cherokee Nation.*

_____ _____

Grantee Organization Signature Date

_____ _____

Printed Name Title

Please submit your completed application with all required attachments to:
foodsecurity-grants@cherokee.org

For Cherokee Nation Internal Use Only:

Amount Approved: _____ **Date Processed**: _____

_____ _____

Executive Administration Date

_____ _____

Janees Taylor, Treasurer Date

Processer: _____

Cherokee Nation Substitute Form W-9

Request for Taxpayer Identification Number and Certification

NOTE: Your United States TAXPAYER IDENTIFICATION NUMBER MUST be provided regardless of your tax status. Name must be the same as that filed with the Internal Revenue Service (IRS) or the Social Security Administration (SSA), as applicable. Failure to return this form in a timely manner will delay the order and/or payment. The following information needs to be completed and returned to your contact person at Cherokee Nation.

PRINT OR TYPE – ALL FIELDS MUST BE COMPLETED

1. LEGAL NAME (As entered with IRS or SSA) If Sole Proprietorship, enter your LAST, FIRST, MI

2. TRADE NAME (If doing business as (D/B/A) or business name of Sole Proprietorship)

3. Exemptions (Codes apply only to certain entities; not individuals)
Exempt Payee code (if any) _____

Exemption FATCA reporting Code (if any)_____
(Applies to accounts maintained outside the U.S.)

4. PRIMARY ADDRESS (Physical Address)

Number and street

City, State, Zip + 4

5. REMIT ADDRESS (Mailing Address if different from above)

PO Box or number and street

City, State, Zip + 4

6. Vendor Entity Type (Select only one box)

- ☐ Individual
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Limited Liability Partnership
- ☐ Non-Profit
- ☐ Government
- ☐ Corporation
- ☐ Limited Liability Corporation
- ☐ Professional Corporation
- ☐ Disregarded Entity
- ☐ Other

_____

7. CONTACT INFORMATION

Email Address:

Phone Number:

Fax Number:

Contact Name:

Contact Title:

8. Minority Certification (Select all that apply and attach copy of certification)

- ☐ Certified Indian Owned (Tribe)
- ☐ Certified Major Cherokee Employer
- ☐ Small Disadvantage
- ☐ TERO Certified
- ☐ Female Owned
- ☐ Other Minority Owned

_____

- ☐ None Apply

9. TAXPAYER IDENTIFICATION NUMBER (TIN)

Federal Employer Identification No. (FEIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___

OR

Social Security Number (SSN) ___ ___ ___ - ___ ___ - ___ ___ ___ ___

10. Purpose for W-9

- ☐ Providing Goods
- ☐ Providing Services
- ☐ Providing Goods and Services
- ☐ Receiving CN Program Assistance
- ☐ Expense Reimbursement
- ☐ Charitable Contribution

CERTIFICATION: Under penalties of perjury, I certify that:

1.The number shown on this form is my correct taxpayer identification number and that the information I provided is correct and complete; 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 in instructions); 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.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____

Title _____ Date _____
Please Print

FOR CN PROGRAM USE ONLY	FOR AP USE ONLY	FOR FR USE ONLY
	DATE _____ **VENDOR NUMBER**_____ **VENDOR** ☐ Addition ☐ Change **1099** ☐ Yes ☐ No	

Instructions for the Cherokee Nation Substitute Form W-9

PLEASE NOTE: ALL boxes must be filled out and the certification section signed prior to AP processing the W-9. If the form is not complete, the W-9 will not be accepted.

1. **LEGAL NAME -** Enter the individual's or company's legal name as on record with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

2. **TRADE NAME –** Enter the doing business as (DBA) or trade name of the company or sole proprietor if different from the legal name in box 1.
    a. Individual - If no business name exists, please mark box N/A
    b. Company - If company name is the same as the legal name in box 1, please mark box N/A

3. **EXEMPTIONS -** If you or your company are exempt from federal withholding or FACTA reporting please enter the IRS exemption code below that applies to you.
    a. IRS code classifictions for exemptions:
        1 Any organization exempt from tax under section 501(a), any IRA, 403(b)(7) if the account satisfies section 401(f)2
        2 The United States Federal Government or any of its entities
        3 A state, U.S. commonwealth or territory, municipalities or tribal government
        4 A foreign government
        5 A corporation*
        6 A dealer in securities or commodities required to register in the U.S.
        7 A futures commission merchant registered with the CFTC
        8 A real estate investment trust
        9 An entity registered the full year under the Investment Company Act of 1940.
        10 A common trust fund operated by a bank under section 584(a)
        11 A financial institution as defined undersection 581.
        12 A middle man known in the investment community as a nominee or custodian
        13 A trust exempt from tax under section 664 or described in section 4947

        * The following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding; medical and health care payments, attorney's fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

4. **PRIMARY ADDRESS -** Enter the physical location address of the company or individual in box 1.
        i. P.O. Boxes are not permitted on this line. List P.O. Boxes in box 5, remit address.

5. **REMIT ADDRESS** – Enter the address you would like the payment or any correspondence to be mailed to.

6. **VENDOR ENTITY TYPE** – Check the appropriate box for the U.S. federal tax classification of the company or individual in box 1.
7. **CONTACT INFORMATION** – Enter the information for the primary contact of the company or individual in box 1.
    a. This information is for Cherokee Nation program use only.

8. **MINORITY CERTIFICATION** – If you are a minority owned company, select all boxes that apply.
    a. If any box is marked, certification of the minority ownership will need to be included with the submission of the W-9.
9. **TAXPAYER INDENTIFICATION NUMBER (TIN)** – Enter IRS Federal Employer Identification Number (FEIN) or the individuals Social Security Number (SSN).
    a. This information along with the legal name will be verified through the IRS TIN matching system.
        i. If the information on the W-9 does not match IRS records, the vendor will not be activated within the AP system
    b. Only enter an FEIN or a SSN. If both fields are filled in, the W-9 will not be processed.

10. **PURPOSE FOR W-9** – Mark the box that applies to the reason for the W-9 submission.
    a. Select only 1 box. If more than 1 is selected, the W-9 will not be processed.

CERTIFICATION – W-9 must be signed by the individual or a representative of the company with authorized signature authority. The signature certifies that under penalties of perjury, the number shown on this form is the correct taxpayer identification number and that all of the information provided is correct and complete.

Boxes at the bottom:

1. For CN program use only – this is the area for the program to list the type of assistance or any pertinent information needed to process the payment correctly.
2. For CN Accounts payable department to document the type of vendor being set up in the AP system, its taxable status and the vendor number assigned to the individual/entity in box 1.
3. For FR use to document IRS verification run date and findings of verification report.

Memorandum of Understanding Between

Cherokee Nation

And

[_____]

The parties to this memorandum of understanding (MOU), **Cherokee Nation** and [_____], acknowledge and agree as follows:

1. Cherokee Nation ("The Nation") is a sovereign and federally recognized Indian Nation with exclusive jurisdiction over the Cherokee Nation Reservation, as defined in federal and tribal law, with a capital located in Tahlequah, Oklahoma.
2. [_____] *("*Organization*")* is an eligible applicant for the Food Security Partners Emergency Funding Grant, and as such, meets the following eligibility criteria:
    a. Eligible applicants must be a non-profit organization that operates at least one of the following food security programs: food bank, food pantry, and/or a meal program.
    b. Eligible applicants must operate within the Cherokee Nation Reservation or in a county contiguous to the Cherokee Nation Reservation.
3. In response to the ongoing federal government shutdown, the issued Cherokee Nation Declaration of Anticipated State of Emergency Regarding the Federal Funding Lapse Imposed Conditions of Food Insecurity establishes the Food Security Partners Emergency Funding Grant ("Grant") to address the anticipated food insecurity crisis and provide additional resources to qualified food security non-profits within the Cherokee Nation and contiguous counties to aid families and communities impacted in this time of need.
    a. Payments under this declaration are contingent upon the existence of a federal funding lapse in effect at the time payment is made and issuance after the end of the federal funding lapse requires further authorization from the Nation.
4. The Organization is a potential recipient of funding for the Grant and understands that this MOU will be effective upon execution by the parties and the Organization's receipt of official notice of an award and/or the issuance of funds.
5. The Organization acknowledges the completion of the MOU, and the submission of the Grant application does not entitle the Organization to receive the Grant funding.
6. The parties further agree that the provisions and use of these funds under this MOU are subject to the following conditions:
    a. The Nation agrees to provide the Organization with a one-time disbursement via check of at least two thousand dollars ($2,000).
    b. Funds from the Grant must be applied towards maintaining or increasing the food

supply of an existing food security program.

c. Funds from the Grant may not be used for capital projects or any other initiative other than the existing food security program.
d. The Organization is required to purchase food supplies from local retailers or grocers. If items are unavailable locally, the Organization must request a waiver or other modification of this MOU from Cherokee Nation to procure the food supplies elsewhere. For the purposes of this requirement, a "local retailer or grocer" is a food supplier that sells and distributes funds from a facility within 25 miles of the Organization's main site of operation.
e. The Organization grants the Nation permission to publicly acknowledge, promote, and advertise the Organization as a recipient of the Grant.
f. The Organization is permitted to publicly address, advertise or otherwise communicate the Grant to the general public.
    i. However, the Nation retains the right to request additional information or require an amendment in the Organization's official public messaging and insignia when publicly addressing, advertising or otherwise communicating the Grant to the general public.
g. The Organization agrees to advise the Nation of all external media requests or alerts received by the Organization in relation to the Grant by contacting Cherokee Nation Communications Department prior to engaging in such requests and alerts.
h. The Organization agrees to retain all relevant financial and programmatic records for audit or review purposes, in accordance with grant requirements, and to provide the Cherokee Nation with any requested documentation related to the use of grant funds.
i. The Organization shall report data to the Cherokee Nation relevant to the increased usage of its programs and services reasonably related to Cherokee Nations provision of funds under this grant, upon Cherokee Nation's request.
j. The Organization will not engage other tribal nations in the operation, funding, oversight, staffing, recruiting, consulting, or advisory services associated with the Grant without prior written approval from the Cherokee Nation.
k. Failure to comply with any provision of this MOU, or any agreements pursuant thereto, may result in Cherokee Nation recouping up to one hundred percent (100%) of the funds provided under this agreement and/or disallowance of funding to The Organization from the Nation for future Cherokee Nation fiscal year(s).
l. The Organization may sub-grant funds received under this MOU to any organization or organizations that would otherwise qualify for this grant with: (i) the written permission of Cherokee Nation and (ii) on the condition that the sub-grantee or sub grantees are the Organization's agent for all material terms of this MOU and the Organization is liable for adequate performance by the sub-grantee or sub-grantees.

7. This MOU constitutes the complete agreement between the parties. This MOU is effective at the latest date of execution as outlined herein, is entered into in the Cherokee Nation Reservation, is entered into under the laws of the Cherokee Nation and may be modified by either party in writing and must be agreed upon by both parties and reigned before effected.

Signature Page to Follow

Signature Page

For [_____]

_____ _____

Organization Representative Date

_____

Printed Name

_____

Title

For Cherokee Nation

_____ _____

Chuck Hoskin Jr, Principal Chief Date