



GUN LAKE CASINO CHARITABLE GIVING GUIDELINES

Commitment to the Community

Gun Lake Casino is committed to giving back by seeking opportunities to improve the quality of life in the community in which it serves. We believe it is a privilege and responsibility to help build and maintain a positive and healthy community. Making contributions to charitable organizations is one way we continue to make an investment in the future of our business, our Team Members, their families and the community as a whole.

Giving Criteria

We seek partnerships with local non-profit organizations where we can make a positive impact. With that in mind, the following is a list of criteria we have established to help focus our resources and efforts. All charitable requests must:

- Be submitted in writing either through our company website submission process or by mail (see "submit a charitable request" link below).
- Be a properly qualified 501(c) 3.
- Be submitted **at least 60 - 90 days in advance** of any initiative or event.
- Must be located within Allegan, Barry, Calhoun, Eaton, Ionia, Kalamazoo, Kent, Montcalm, Muskegon, Newaygo, Ottawa, or Van Buren counties.
- Be compatible with one of Gun Lake Casino's key areas of giving including:
 - Youth-organizations and programs focused on providing services to children
 - Education efforts to strengthen and assist our K-12 public education system
 - Community betterment organizations, programs and initiatives dedicated to providing basic social services to those in need such as food pantries, shelters, senior citizen programs and children's welfare.
 - Diversity-programs focused on enhancing economic opportunities within minority communities
 - Veteran's associations

Limitations and Restrictions

- For profit organizations
- Political parties or candidates
- Charter or private schools
- Individuals or teams (either sports or academic)
- Programs that provide services exclusively outside of Michigan
- Seed money or start-up funds for new organizations
- Requests for logo items or in—kind gifts for use by minors
- Talent, baby or beauty pageants
- Video, CD or film productions
- Religious organizations providing services solely to their own membership
- Programs that discriminate based on race, color, creed, religion, sex or national origin



Vendor Profile Form

| | | |
|--|--------------------------|-----------------|
| Business Name (Legal/DBA/Division of): | | |
| Incorporated | <input type="checkbox"/> | Other (Explain) |
| Partnership | <input type="checkbox"/> | |
| Sole Proprietor | <input type="checkbox"/> | |
| Vendor Payment Terms: | | |
| Remittance Address: | | |
| City and State: | Zip Code: | |
| Sales Representative: | | |
| Phone # | Fax #: | |
| Federal Tax ID or Social Security #: | | |

Minority Owned Business Information:

| | | | |
|-----------------------------|--------------------------|----------------------|--------------------------|
| A. Minority: | <input type="checkbox"/> | B. Woman Owned | <input type="checkbox"/> |
| African American | <input type="checkbox"/> | C. Disadvantaged | <input type="checkbox"/> |
| Hispanic American | <input type="checkbox"/> | D. N/A | <input type="checkbox"/> |
| Native American | <input type="checkbox"/> | E. Non Discretionary | <input type="checkbox"/> |
| Subcontinent Asian American | <input type="checkbox"/> | F. Disabled Veteran | <input type="checkbox"/> |
| Asian-Pacific American | <input type="checkbox"/> | | <input type="checkbox"/> |

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is vendor minority/woman owned certified? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| If yes, certify organization: | | | | |
| Certification # | | | | |
| Exp. Date | | | | |
| (Please submit copy of certificate) | | | | |

Required Liability Insurance Information

| | |
|---|--|
| Name of Insurance Company: | |
| Policy Number# | |
| Date of Policy Inception: | |
| Policy Expiration Date: | |
| Proof of Liability Insurance Required. Please Return copy with Vendor Profile | |

COMPANY USE

| | |
|-----------------------------|--|
| DATE: | |
| REQUESTED BY: | |
| PROPERTY: | |
| TELEPHONE # | |
| REASON FOR VENDOR ADDITION: | |

Print Name

Signature