



2023 X2 Donation Application

What are X2 Funds?

The Nisqually RedWind Casino distributes X2 Funds to qualifying programs once per calendar year. As laid out in the Gaming Compact, 'Thirteen one-hundredths of one percent (0.13%) of the net win derived from all Class III gaming activities, determined on an annual basis, shall be dedicated to problem gambling education, awareness, and treatment in the State of Washington.' Additionally, 'Thirteen one-hundredths of one percent (0.13%) of the net win derived from Tribal Lottery System activities, determined on an annual basis, shall be dedicated to smoking cessation, prevention, education, awareness, and treatment in the State of Washington. Contributions shall be made to governmental, charitable and/or nonprofit organizations that have as a purpose the discouragement of the use of tobacco'.

Guidelines

To Apply for X2 Donations:

Use application, request letter, and request amount as a complete application packet.

To Qualify for X2 Donations:

The organization must be in support of addiction rehabilitation or community enrichment through rehabilitation and proactive education described above.

- Applications are due by January 30th, 2023.
- Both fund recipients and non-recipients will be notified via mail
- Completed applications are either emailed or mailed to:

Medicine Creek Enterprise Corporation
c/o Rosie McCloud
12820 Yelm HWY SE
Olympia, WA 98513
rmccloud@mc-ec.org

Check List:

- **Current Address and Contact Information**
 - **Letter of Intent – highlight the purpose of your request. Summarize, in short, the purpose of your organization, why you are requesting funding, and what outcome you hope to achieve should the funds be awarded**
 - **Complete Application (4 pages)**
- For questions, please contact Rosie McCloud at: rmccloud@mc-ec.org or at 360-464-2893



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Applying for: **Problem Gambling** **Smoking Cessation**

(Each Request Needs a Separate Application)

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Web Address: _____

Phone Number: _____ Fax: _____

Geographical Area Served: _____

Ages of Persons Served: _____

Amount Requested: _____

You must attach a brief description of the principal purpose of your request.

Please keep the entire application packet, including attachments, to a maximum of four (4) pages.

Please note, anything submitted will not be returned.

Deadline to be considered for funding is January 30th, 2023.

Please turn in your yearend report for the current application by December 1st, 2023.

Person Submitting Application Signature

Printed Name and Title

Point of Contact

Phone Number

Contacting email address