

HEIDELBERG COMMUNITY AND SPOUSES' CLUB

CMR 419, Box 1643
APO, AE 09102



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FAX: 06221-763085

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2009-2010 Welfare Grant Application

This form must accompany your request for a donation from the Heidelberg Community and Spouses' Club (HCSC). Failure to complete all portions of this form will cause your request to be delayed or denied. Provide as much detailed information as possible. Additional enclosures or letters are accepted. This form must be signed by the proper authority.

This application should reach HCSC Attn: Welfare Chair by the established deadlines below by either fax or mail:

BLOCK 1 Grants (OCT 2009 – DEC 2009) Deadline: CLOSED

BLOCK 2 Grants (JAN 2010 – APR 2010) Deadline: CLOSED

BLOCK 3 Grants (MAY 2010 – SEP 2010) Deadline: **FRI, 23 APR 2010**

****APPLICATION MUST BE SIGNED** **PLEASE FILL OUT IN BLACK INK****

SECTION A

Date of Request: _____ Amount Requested: \$ _____

Organization Name: _____

Head of Organization: Name _____ Title _____

APO Address: _____

Point of Contact (Person held responsible for completing the grant process)

Name & Position: _____

Phone Number: _____ Email: _____

SECTION B

1st Grant Application for your organization. If checked, proceed to Section C

Complete this section only if your organization has received HCSC Welfare funds at any time during the past. Please provide details on each project, disbursement and the status of the monies granted. Only organizations in "Good Standing" will be considered for Welfare grants.

Project: _____

Amount Received \$ _____ Date Received _____

****STATUS**** Good Standing Delinquent / Suspension pending Suspended ****To be determine by HCSC**

Project: _____

Amount Received \$ _____ Date Received _____

****STATUS**** Good Standing Delinquent / Suspension pending Suspended ****To be determine by HCSC**

SECTION C

Date of Event / Project

Description of Event / Project:

Estimated Number of People to Participate	
Amount to be Paid by Individual Participant	
Estimated Total Cost of Event / Project	
Amount Provided by Fundraisers	
Amount Requested from Other Organizations	
Amount Received from Other Organizations	

On a separate sheet of paper, please answer the following questions completely but limit each answer to 50 words or less. Complete answers on all questions will expedite the Welfare process.

Questions 1-5 pertain to your organization.

1. What is the purpose of your organization?
2. What are your membership requirements/restrictions? How many members does your organization currently have? Do they pay dues?
3. How is your organization financially supported?
4. Is your organization eligible for MWR or DoDDs support?
5. Has your organization volunteered at the annual HCSC Holiday Bazaar? or HCSC Thrift Shop?

Questions 6 - 13 pertain to the specific request.

6. What is the purpose of the funds (please provide a breakdown of project expenses).
7. If this request is approved, who will benefit from these funds and in what manner? Please be specific.
8. When are the funds needed?
9. What is your organization's contribution and is your organization doing any fundraising? Explain.
10. Have you secured funds from other sources already?
11. Are you requesting funds from other sources? If yes, please provide details. If no, please explain why.
12. Is the request a necessity or nicety? Please explain.
13. If your grant request is for more than \$2,000, please submit a budget or financial statement.

If the request is approved, make check payable to: _____

Please Note: Checks will not be made out to individual requestors but rather to their organizations. The check will be made payable to the organizational name stated here. Please verify before forwarding the application that your organization can receive funds. Checks will not be reissued.

Proper authorization on each request must be obtained. If the request is from an MWR organization, the MWR Commander or Deputy Commander's signature is required. Otherwise, Unit, Clinic Commander's, or President's signature is required. If the request is from DoDDS, signatures from the PTA/PTO President and Principal are required.

_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date