

Heidelberg Community and Spouses' Club



CMR 419, Box 1643

Phone: 015226585803

APO, AE 09102

EMAIL: welfare@hcsc-heidelberg.com

2011-2012 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 application should reach HCSC Attn: Welfare Chair by the established deadlines below by email or mail:

Block 1 Grants (Oct 2011 – Jan 2012) Deadline: Thurs, 15 Sept 2011

Block 2 Grants (Feb 2012 - May 2012) Deadline: Thurs, 19 Jan 2012

Block 3 Grants (May 2012 – Sep 2012) Deadline: Thurs, 06 Apr 2012

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

Project: _____

Amount Received \$ _____ Date Received _____

****STATUS**** Good Standing Delinquent / Suspension pending Suspended

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 6-12 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.

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.

_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>