

Trant Application House Dules

Kirtland Spouses' Welfare Club (KSWC) Grant Request Form

Revised August 2023

OVERVIEW & INSTRUCTIONS

<u>i ne Grant Application nouse i</u>	Rules			
The KSWC can only award gr	ants to organizations, <u>not individuals.</u>			
Awards are in the form of a check written to the requesting organization or their designee.				
The KSWC does not make put	chases for requesting organizations.			
The KSWC does not provide o	ash awards.			
The KSWC does not pay for c	osts associated with travel expenses, fo	od, beverage or childcare.		
Grant requests of \$250 or less	should be received no less than 45 days	prior to the date funds are needed.		
Grant requests of \$1000 or mo	ore must be received no less than 60 day	s prior to the date funds are needed.		
	d on a monthly basis between Septemb	-		
-	the summer (from June to September)	•		
September or October Board me		3		
•	<u> </u>			
Right of Refusal				
	KSC retains the right to deny funding to any grant request submitted.			
	res no guarantee of future receipt of gra			
S	s not meet all criteria listed or the dead	9		
considered. No exceptions will l		miles speemed may not be		
considered. No exceptions will t	of made.			
Submitting Your Request				
_	Grant Request form and accompanying do	cumentation to KSWC as follows:		
susmit your completed	arunt rioquost form una uosompunying uo	sumement to helve us tonews.		
HAND DELIVER:	MAIL:	EMAIL:		
KSC Thrift Shop	Grants Chair c/o KSWC	Grants Chair @		
c/o Thrift Shop Manager	P.O. Box 5488	KSCGrants@gmail.com		
	Albuquerque, NM 87185-5488			
Typical Thrift Shop Hours:				

Raising Funds for your Grant Request

10am to 2pm, Mon, Wed, Fri

Funds for Grant Requests are generated through proceeds from the KSC Thrift Shop. A dedicated team of volunteers manage, organize, and sell hundreds of donated and consigned items daily. Fulfilling Grant requests requires more than 7,000 volunteer hours annually. New volunteers are always needed and appreciated. The next time you are visiting the Thrift Shop, thank a volunteer (or two).



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Your Information & Request PRINT		
Requesting Organization	Point of Contact	
<u>FULL</u> Mailing Address:	Cell Phone:	
	Email:	
EIN (For 501-c-3 organizations):	Requested Amount:	
Check Payable To (NOT to an individual):	Project/Event Date: Date Funds Needed:	
Describe Your Project/Event		
Funds to be used for (be as detailed as possible):		
Total Cost of Project/Event:	Number of Individuals who will directly benefit from this Grant:	



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Fundraisers and funds received/requested from (other organizations (source and amount).
Your Community Support	
Describe how your project/event supports m	ulitary families at KAFR or elsewhere?
bescribe now your project/ event supports in	initially lamines at lair B of eisewhere.
Requirements for Signature	
If the request is from an MWR organization, a	signature from the MWR Commander or Deputy is required.
If the request is from a Unit/Clinic/Organization President is required	on/Booster, a signature from the Commander, Deputy or
If the request is from a Committee, a signature	e from the Committee Organizer is required.
If the request is from a Private Org, a signature	e from the President is required.
If the request is from a school, a signature from	n the Principal is required.
Requests from a Scouting organization, a signa	ature from the Troop/Pack Leader is required.
 Signature	Printed Name
	Timed rume
Title	Date