Spouses' Club of Fort Eustis
ATTN: Community Grants Committee Chair
P.O. Box 4711
Fort Eustis, VA 23604
scfewelfare@gmail.com
www.scfeva.com

2025-2026 SCFE Community Grants Request Form

This form must be completed and *EMAILED* to the SCFE Community Grants Committee Chair and received no later than *07 November 2025.*
Please email completed application to scfewelfare@gmail.com
Late applications will not be accepted.

Date of Application: _____

Name of Organization: _____

Point of Contact for the Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Website/Facebook Page of Organization: _____

Email: _____

Check to be issued to: _____

ORGANIZATION INFORMATION

501(c)(3)? YES ____ NO ____ If yes, EIN# _____ Year established: _____

Please provide an overview of the purpose of your organization and how it contributes to our community. _____

_____

_____

_____

_____

Geographic area the Organization serves: _____
What percentage of military families are served by your Organization? _____
What is the total number of individuals/families your Organization serves? _____

Has the organization received any grant funds from the Spouses' Club of Fort Eustis in the last 2 years? YES ____ NO _____ If yes, please note the amount and how the funds were utilized.

_____
_____
_____
_____

Does your organization raise funds during the year? YES ____ NO _____ If yes, what is the amount and purpose of these funds? _____

_____
_____
_____

GRANT REQUEST DETAILS

NOTE: Grants will not be awarded to fund travel, fundraising events, food/drinks or Organization operating costs (utilities, building maintenance, awards such as plaques or trophies, employee salaries or training). ***The SCFE reserves the right to clarify all requests upon receipt of an organization's application.***

Amount Requested_____

Specific purpose for funds being requested **(*please provide an ITEMIZED list* with brief description).**

_____
_____
_____
_____
_____
_____
_____

If a Grant is awarded to your Organization, will someone from your Organization attend the Recipient Ceremony at a location and date to be announced? _____

REQUIREMENTS OF ALL GRANT APPLICANTS: Please initial each statement.

1. _____**If awarded a grant, the grant check *RECEIPT FORM* must be returned to the SCFE immediately *upon receipt of the check*.**
2. _____**All checks awarded must be cashed or returned to the SCFE within *60 days of check issuance date*.**
3. _____**Awarded Organizations must provide a *receipt, invoice or verifiable* statement of how the funds were used by the date stated in the letter received with the check.**
4. _____**Awarded Organizations understand grants will not be awarded to fund *travel, fundraising events, food/drinks or Organization operating costs such as utilities, building maintenance, awards such as plaques or trophies, employee salaries or training.***
5. _____***The SCFE reserves the right to clarify all requests upon receipt of an organization's application.***

Acceptance of grant funds from the SCFE implies acceptance of these rules. Failure to comply will make the organization ineligible for consideration of future awards. For further information or questions, please contact the SCFE Community Grants chair at scfewelfare@gmail.com

SIGNATURE: _____

SCFE USE ONLY:

Date Received: _____

Amount Requested: _____ Amount Approved: _____

Notes: