

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

2021-2022 Community Grants Request Form

This form must be completed and emailed to the Spouses' Club of Fort Eustis Community Grants
Committee Chair and received no later than <u>8 December, 2021</u>.

Please email completed application to <u>scfewelfare@gmail.com</u>

Late applications will not be accepted.

Date of Application: Name of Organization: Name of Contact Person: 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 organization serves:

THIS SPOUSES' CLUB OF FORT EUSTIS IS A PRIVATE ORGANIZATION. IT IS NOT A PART OF THE DEPARTMENT OF DEFENSE OR ANY OF ITS COMPONENTS AND IT HAS NO GOVERNMENTAL STATUS

What percentage of military families is 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, or organization operating costs (utilities, building maintenance, employee salaries or training)
Amount Requested
Specific purpose of funds being requested (be as specific as possible):
The grant check receipt form must be returned to the SCFE immediately upon receipt of the
check. All checks awarded must be cashed or returned to the SCFE within 60 days of check
issuance date. Awarded organizations must provide a receipt, letter, invoice or statement of how
the funds were used by the date stated in the letter received with the check. 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:

USE ONLY: Date Received:		
Amount Requested:	Amount Approved:	