

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



2026--2027 SCFE Community Grants Request Form

This form must be completed and ***EMAILED*** to the SCFE Community Grants Committee Chair and received no later than ***16 Novembver 2026.***

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: