

2023-2024 Fort Cavazos Spouses' Club Grant Application

This application and any additional required documents <u>must</u> be completed and <u>mailed</u> to the Fort Cavazos Spouses' Club Grants Coordinator with a postmark on or prior to <u>February 15, 2024.</u>

Late and/or incomplete applications will not be accepted

Please note: There is only one grant distribution for 2023-2024

Please <u>MAIL</u> completed application with supporting documents of previous grant disbursement (*if applicable*) to the above address.

FCSC will not award grants that fund: Mortgages, Rents, Membership Fees/Dues, Event venue fees, travel & organizational operating costs (i.e. utilities or regular building maintenance, employee salaries or training), Purchase of Real Estate or improvements to existing/new building structures.

Full Organization Name:		
Address:		
		Zip:
Email:		
Name of President/Exec. Dir:		
Contact Person (if different):		_Title:
Phone:	Email:	

Organization Information:

Is your Organization a 501(c) (3)

YES: NO: If YES, EIN #; Year Established:



1. Organization Mission Statement:

2. Brief Description of Organization: _____ Geographic area organization serves: ______ 4. Percentage of Military Families served by your organization: 5. Has the Organization received any grants from the Fort Cavazos Spouses Club in the past? **YES or NO** (Circle one) If yes, Amount: ______ Date: _____ Amount: ______Date: _____ 6. Has your Organization applied to other Businesses/Organizations for funding, grants, sponsorship or donations this year? YES or NO (Circle one) If yes, Amount: ______Date: _____ From:______ Amount:_____Date: _____From:____ Amount:_____Date: ____ From:_____ 7. Has your Organization received funding, grants, sponsorship or donations this year? **YES or NO** (Circle one) If yes, Amount: _____ Date: ____ From: _____ Amount: _____Date: _____From: _____ Amount: _____ Date: ____ From: _____



8. Does your organization receive Government funding or subsidies? YES or NO (Circle one)

If yes, Amount: _____ Date: _____

Amount:_____Date: _____

9. Does your organization have Employees or Board Members that receive Salaries or Compensation? **YES or NO** (Circle one)

If yes, Total Employees Total Annual Salary Expense

Total Board Members Total Compensation Expense

10. Does your organization do any fundraising to support your mission? **YES or NO** (Circle one)

Proposal Request

Name of program	(if applicable):	

Requested Amount: \$ _____ Program Budget: \$ _____

Specify how the funds will be used:

If your organization received a Fort Cavazos Spouses Club (FCSC) Community Outreach Grant in a previous Year, we require receipts showing the items purchased. If you used funds for anything other than what you requested in your Grant application, you may be ineligible for a grant in the future (Grant Committee Discretion).

Receipts are due at the time of application submission.

Incomplete applications without supporting documents (receipts) will not be accepted!

I hereby verify that the information provided is accurate to the best of my knowledge

Signature: _____Date: _____Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: ______Date: _____Date: _____Date: _____Date: ______Date: _____Date: ______Date: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: ______Date: ______Date: ______Date: _____Date: ______Date: ______Date: _____Date: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____AAtE: