



Team Osan Spouses' Club Community Grant Request Form Applicant Information & Community Grant Policy & Procedures

The Community Grant Committee meets on the **second Wednesday of each month**. To be considered for review at that month's meeting, complete grant applications must be submitted **no later than the 1st calendar day of the month**. Applications received after the 1st will be deferred to the following month's scheduled Committee meeting. Community Grant applications are accepted annually from **September 1st through May 15th**. Approved grant funds will be distributed from **October 15 through June 15**, with payment processed by the **15th of the month following approval and receipt verification, if applicable**. The following policies apply to all Community Grant requests:

- Grant requests will **not** be considered after the event has occurred or after the stated need has passed. Retroactive funding is prohibited.
- All approved payments will be made payable to the requesting **organization**. Payments will not be issued to individuals under any circumstances.
- Grant funds may **not** be used for the purchase of alcohol.

The Committee reserves the right to request, review, and audit original, itemized receipts and supporting documentation for any approved grant funds. When reimbursement is required, documentation must be submitted within **30 days** of the event or project completion. Failure to submit required documentation within this timeframe may result in forfeiture of remaining funds. Any unused or unexpended grant funds must be returned within **30 days** of the event or project completion. Misuse of funds or failure to comply with these requirements may result in ineligibility for future funding.

Organization: _____ POC: _____ Location: _____

E-Mail Address: _____ Cell Phone: _____ Work Phone: _____

Check Payable to: _____ Requested Amount: \$ _____ Date Funds Needed By: _____

Please describe how funds will be utilized. Be detailed and provide itemized list if possible. Attach additional pages as necessary.

Total Cost of Project: \$ _____ Number of Individuals Who Will Benefit From These Funds: _____

Fundraisers To Date (Event and Amount): _____

Funds Requested From Other Organizations (Source and Amount) _____

Funds Received from Other Organizations (Source and Amount): _____

Is Your Organization: Eligible for appropriated or non-appropriated funds? Yes _____ No _____ An MWR or Services facility? Yes _____ No _____

Permission to use photos of org/unit granted Community Grant funds at Team Osan Spouse's Club discretion, Signature _____

Proper authorization on each request must be obtained. If the request is from a MWR or Services organization, the MWR or Force Support Commander's or Deputy Commander's signature is required. Otherwise, Unit Commander's, Principal's, or President's signature is required.

Signature

Title

Date

RETURN THIS FORM TO:
President@teamosansc.com
Subject Line: Community Grant

For Official Use Only

Approved/Denied: _____ Check #: _____ Date: _____