



**Team Osan Spouses' Club
Community Grant Request Form**

Important Application Deadlines:

The Community Grants Committee meets on the last Tuesday of each month. Please submit your request no later than the 15th of the month for consideration. All requests to the Community Grant Committee after this deadline will not be considered until the following month's scheduled Community Grants Committee meeting. Checks will be issued on or by the 15th of the following month. Community Grant requests are not considered after an event or the need has passed. Requests for holiday parties must be received prior to October 15th or the request will not be considered. Requests are accepted September 1st – April 15th. Checks will be issued from October 15th – May 15th. Approved requests will be payable to the organization, not an individual. We do not fund alcohol. We reserve the right to audit your receipts for any and all purchases.

Applicant Information

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? _____ An MWR or Services facility? _____

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, Principal, Teacher, President of club/org, First Sergeant, Unit Commander or Deputy Commander is required.

Signature _____ Title _____ Date _____

RETURN THIS FORM TO:

CommunityGrant@TeamOsanSC.com OR
51 FSS Team Osan Spouses' Club
Attn: Community Grants
Unit 2065-3
APO, AP 96278-2065

For Official Use Only

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