

 **Team Osan Spouses’ Club**

**Welfare Request Form**

Important Application Deadlines:

The Welfare Committee meets on the last Thursday of each month. Please submit your request no later than the 15th of the month for consideration. All requests to the Welfare Committee after this deadline will not be considered until the following month’s scheduled Welfare Committee meeting. Checks will be issued by the 15th of the following month. Welfare requests are not considered after an event or welfare 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 food and 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.

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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 organization, or unit granted welfare 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.**

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Signature Title Date

**RETURN THIS FORM TO:**

Welfare@TeamOsanSC.com or

51 FSS Team Osan Spouses’ Club

Attn: Welfare Chairman

Unit 2065-3

APO, AP 96278-2065

# For Official Use Only

Approved/Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised: 24 August 2018

J. Waterbury