



Mountain Post Spouses' Club

Community Grant Application

APPLICATIONS ARE DUE NO LATER THAN **11:59PM** on **30 MARCH 2023**

SUBMISSIONS MUST BE SENT ELECTRONICALLY. PLEASE EMAIL SUBMISSIONS OR ANY QUESTIONS TO: communitygrants@mpsc.us,
Attn: Community Grants Request Committee

GRANT REQUESTEE INFORMATION

Name of Grant Requestee Organization: _____

Organization Address: _____

Grant Requestee Primary Contact Information: *Individual completing application*

Contact Name: _____

Position within Organization: _____

Phone Number and Email Address: _____

Does the Grant Requestee have a designated bank account? **Yes** **No**

*Please note: A designated bank account is **required** to receive funds. Bank accounts cannot be a personal account, MWR account, or Cup and Flower fund.*

Name on Bank Account (as it appears): _____

SPECIFIC GRANT INFORMATION

Total Amount of Funding Being Requested? _____

Purpose of Funding: *Please provide a detailed explanation describing how the grant funds will be used. **Please be as detailed as possible.** Note: funds are not to be used for the following: perishable items, individual gifts (ex: farewell or individual recognition gifts), single use party items (ex: paper goods), or venue rental fees. If you require more space, please attach a word document to your application with your additional information, including Requestee Organization name and specific section in the heading.*

GRANT REQUESTEE: COMMUNITY ORGANIZATION ONLY

Is your organization a non-profit or not for profit? Yes No Unknown

Please briefly describe the organization's mission. If applicable, please provide your mission statement.

Please describe how your organization assists military personnel/families of the greater Fort Carson area (within a 40-mile radius).

Please describe the impact these funds will have on your organization.

GRANT REQUESTEE: COMMUNITY ORGANIZATION ONLY (continued)

If funding is not granted in full, please describe how your organization will adjust, if possible, to meet your mission and need?

If you received funds during the last grant period, please describe the actual impact the funds had on your organization (versus the anticipated impact described on your application).

Additional Information (optional): *Please include any additional information you would like the committee to know about your organization or the program these funds would support.*

COMPLETION OF PUBLICITY RELEASE FORM

A completed [Publicity Release Form](#) (located on our website: www.mpssc.us) is required to receive funds. Please submit completed form to communitygrants@mpssc.us.

The Publicity Release Form has been completed and submitted. Yes No

STATEMENT OF ACKNOWLEDGEMENT

I, _____, on behalf of _____ (herein referred to as the recipient organization) acknowledge that all of the above information is truthful and accurate to the best of my ability. The recipient organization acknowledges that all checks MUST be cashed no later than **30 June 2023**. We also acknowledge that all receipts must be emailed to the Mountain Post Spouses' Club, ATTN: Community Grants Receipts (communitygrants@mpssc.us) no later than **30 September 2023**.

The Mountain Post Spouses' Club recognizes that, on occasion, unforeseen circumstances, such as global pandemic, natural disaster, etc. may impact the planned usage of funds. Therefore, the recipient organization agrees to communicate any changes of the planned usage of granted funds with the Mountain Post Spouses' Club Community Grants Chair prior to the actual use of the granted funds.

The recipient organization understands that failure to comply with the above conditions may result in forfeit of funds granted and ineligibility for Mountain Post Spouses' Club grants the following year.

Printed Name

Signature

Position/Title

Date