



# Mountain Post Spouses' Club

## Community Grant Application

APPLICATIONS ARE DUE NO LATER THAN **11:59PM** on **28 MARCH 2025**

SUBMISSIONS MUST BE SENT ELECTRONICALLY. PLEASE EMAIL  
SUBMISSIONS OR ANY QUESTIONS TO: [communitygrants@mpsc.us](mailto:communitygrants@mpsc.us) Attn:  
Community Grants Request Committee

### GRANT REQUESTEE INFORMATION

**Name of Grant Requestee Organization:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position within Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate POC name and phone (required):

\_\_\_\_\_

**Name as it appears on bank account.** The check will be made out to this account name.

\_\_\_\_\_

### SPECIFIC GRANT INFORMATION

**Total Amount of Funding Being Requested?** \_\_\_\_\_

**For the purpose of purchasing items please attach a screenshot, business invoice or business estimate on letterhead to the welfare grants email- [communitygrants@mpsc.us](mailto:communitygrants@mpsc.us) Or attach to this application**

**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. If possible, include the number of individuals that will be impacted by the funding received.**

**Has your organization requested funds from other organizations for this same purpose? If so from who and how much was requested and received.**

**What other resources does your organization utilize to raise funds for your programs?**

**If funding is not granted in full, please describe how your organization will adjust, if possible, to meet your mission and need? Please be specific as to your alternative plans.**

If you received funds during the last MPSC grant period (2024), 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. Feel free to attach or send documents to [communitygrants@mpsc.us](mailto:communitygrants@mpsc.us) that would help us in our decision making.

**COMPLETION OF PUBLICITY RELEASE FORM**

A completed [Publicity Release Form](#) (located on our website: [www.mpsc.us](http://www.mpsc.us)) is required to apply. Please submit completed form to [communitygrants@mpsc.us](mailto:communitygrants@mpsc.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 2025**. We also acknowledge that all receipts and the welfare grant reporting worksheet (link provided) must be emailed to the Mountain Post Spouses' Club, ATTN: Community Grants Receipts ([communitygrants@mpsc.us](mailto:communitygrants@mpsc.us)) no later than **30 September 2025**.

**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