**Fort Knox Spouses and Community Club**

**Community Grant Application**

Revised January 2021

1. Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date funds are needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Specific purpose of funds being requested (provide item description, quantity and price if applicable): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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9. a. Does your organization raise funds during the year?

 Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_

 b. If yes, please state the amount and purpose of these funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. For Official Fort Knox activities and agencies **ONLY**:

 a. Are you authorized Appropriated Funds for the purpose of this request?

 Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_

 b. Are you authorized Non-appropriated Funds for the purpose of this request?

 Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_

 c. If the answer to either, or both A & B is yes, please explain why such funds are insufficient for this purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11. Organization’s membership structure:

 a. Total number of members/people served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. Total number of military/military family members served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Briefly indicate the purpose of your organization and its benefits to the community as related to the requested funds. Please include how many individuals will directly benefit from the requested funds. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13. If there is any other information about your organization that members of the FKSCC Community Grant Committee should consider, please state here or attach a separate sheet. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. If your organization received funds from the FKSCC Community Grant Committee in the previous year, please note the amount and how the funds were utilized.

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15. If your organization is awarded funds, please indicate to whom the check should be written (please print clearly). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. If this request is for sports uniforms, how long have the current uniforms been in use?

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The grant check receipt form must be returned to the FKSCC **immediately** upon receipt of the check. All checks awarded must be cashed or returned to the FKSCC **within 60 days** of check issuance. Awarded organizations must provide a receipt, invoice, or statement of how the funds were used **by the date stated in the letter received with the check**. Acceptance of grant funds from FKSCC implies acceptance of these rules. Failure to comply will make the organization ineligible for consideration of future awards. For further information, please contact the Community Grants Coordinator at communitygrantsfkscc@gmail.com.

Application deadline is March 1, 2021. Forms can be sent via e-mail to the address listed above or mailed to:

 Fort Knox Spouses and Community Club

 ATTN: Community Grants

 P.O. Box 177

 Fort Knox, KY 40121

**\*\*\*NOTE: Appropriate Authority Approval Signature Required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. supervisor, commanding officer, principal, director)

(For FKSCC use only, please leave blank.) Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_