



**Fort Hood Spouses' Club**  
**ATTN: Community Outreach**  
**P.O. Box 5982**  
**Fort Hood, TX 76544**

[FH.community.outreach@gmail.com](mailto:FH.community.outreach@gmail.com)  
[www.forthoodspousesclub.org](http://www.forthoodspousesclub.org)

## **2017-2018 Fort Hood Spouses Club Grant Application**

**This application and any additional required documents must be completed and mailed to the Fort Hood Spouses' Club Community Outreach Chairperson with a postmark on or prior to October 13, 2017 for the Fall 2017 distribution and/or prior to April 13, 2018 for the Spring 2018 distribution.**

### **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Please send completed application and documents to the address provided above.

Full Legal Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Name of President/Exec. Dir.: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person (if different): \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Organization Information**

501(c)(3)? YES  NO  If Yes, EIN #: \_\_\_\_\_ Year established: \_\_\_\_\_

If NO, provide fiscal sponsor's name address and EIN or any additional information with application.

1. Organization mission statement (50 words or less): \_\_\_\_\_

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2. Brief description of Organization (75 words or less): \_\_\_\_\_

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3. Geographic area Organization serves: \_\_\_\_\_

4. What percentage of military families is served by your Organization? \_\_\_\_\_

5. Has the Organization received any grant funds from the Fort Hood Spouses' Club in the last 2 years? **If your organization received funds in the previous period, you may not be eligible for a grant.**

YES  NO

If Yes, Amount: \$ \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**Proposal Request**

\*Note the club will not award grants that fund: events, fundraising events, travel, and organization operating costs (i.e. utilities or regular building maintenance, employee salaries or training).

Name of program (if applicable): \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_

Program Budget: \$ \_\_\_\_\_

Specify how the funds will be used (75 words or less)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your organization receives a Fort Hood Spouses' Club (FHSC) Outreach Grant, we require receipts showing you purchased what the grant was provided for in order to be eligible for a grant in the future. Receipts are due in a timely manner.

I hereby verify that the information provided is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_