

Community Grant Request Form

Request must be received by Thrift Shop 45 days before money is needed.

Please Complete Entire Application (BLOCKS #1-12)

1. Date		2. Amount requested	
3. Organization Name Mailing Address		4. Date funds are needed	
Phone			
5. Representative Name Phone Email Address		6. Has your organization received Thrift Shop community grant funds previously? If yes, when? If yes, how much was received?	
7. Specific reason for request. (Please use back of sheet if needed or attach separate letter.) Please include the following: <ul style="list-style-type: none"> • Number of military or military family members that will benefit. _____ • Number of other people that will benefit from the funds. _____ • Impact if funds are not received. • Itemized list of how funds will be spent (please be specific). 			
8. Does your organization have alternative means of financing? (e.g. fundraising) If yes, please list. If no, please explain why.			
9. Have you requested and /or received funds from any other organizations/agencies for this purpose? If yes, please list amounts requested.			
10. Make check payable to:		11. Mail check to (name and address):	
12. Representative Signature		Thrift Shop Vice Chairman Signature	
Please mail form to: Thrift Shop ATTN: Grant Request P.O. Box 620162 Fort Rucker, AL 36362	APPROVED/DISAPPROVED Amount: Date:	Check No.: Date Mailed/Delivered: Bookkeeper Signature:	

PER YOUR COMMUNITY GRANT REQUEST, PLEASE SUBMIT COPIES OF ALL RECEIPTS WITHIN 30 DAYS OF RECEIPT OF CHECK.

PLEASE RETURN UNUSED FUNDS.