

**Fort Leavenworth Spouses' Club  
Community Assistance Committee  
P.O. Box 3004  
Ft Leavenworth, KS 66027  
(913)651-9454  
[www.flsc.biz](http://www.flsc.biz)**

**Community Assistance Grant Application 2007-2008**

**Name of Organization:** \_\_\_\_\_

**If a non profit organization please provide your Tax ID number.** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

Specific purpose of funds being requested: (E.g. date funds needed by, purchase price of materials or equipment) Example: 15 chairs, \$20.00 each, flyer included from Home Depot, use for children's' activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your organization raised funds during the year?**

YES  NO

If your organization raises funds during the year, please state the amount.

Amount: \_\_\_\_\_

Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Organization's membership structure:**

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

Total number military/military family members served: \_\_\_\_\_

Age groups served: (Check all appropriate categories)

Below Age 5:  Ages 6-12 years:

Ages 12-18:  Ages 18-retired:

Retired:

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is any other information about your organization that the members of the FLSC Community Assistance Committee should consider, please state here, or attach a separate sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you received funds from the FLSC Community Assistance Committee in 2006-2007, please note the amount and how the funds were utilized.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should FLSC award your organization a grant request to who should the check be made payable to: \_\_\_\_\_

Will you authorize use of your organizations name for public use in recognition of receiving the grant, Please sign here: \_\_\_\_\_

The FLSC requests that you answer all questions. Please add additional lines if needed when providing information. All requests must be mailed through the U.S. Postal system. Requests received via email will not be accepted. This form must be used for application to be accepted.

All checks awarded by the 2007-08 FLSC Board must be cashed by June 10, 2008.

For further information please contact Michelle Swanson or Annette Smith at (913) 651-9454 or [communityassistance@flsc.biz](mailto:communityassistance@flsc.biz) .

The post mark deadline is **January 30, 2008 to:**

**Fort Leavenworth Spouses' Club  
ATTN: Community Assistance Chair  
P.O.Box 3004  
Ft Leavenworth, KS 66027**

(for FLSC use, please leave blank) Date received: \_\_\_\_\_

**This Section for Official Fort Leavenworth Activities and Agencies ONLY:**

Is this organization a government funded agency?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If YES, has this request been approved by the Garrison Commander?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please provide letter of approval.

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

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Are you authorized Non-appropriated funds for the purpose of this request?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If the answer to either or both is YES, please explain why such funds are insufficient for this purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your organization received funds for the purpose of child care reimbursement, please enclose documentation showing its allocation. (CDC can provide this.)IE: number of children, events or programs child care is provided for, etc...