



CHERRY POINT OFFICERS' SPOUSES CLUB

The Officers' Spouses Club on MCAS Cherry Point (OSC) is a 501(c)(4) service organization composed of spouses of active duty and retired officers stationed on or living near MCAS Cherry Point. OSC raises charitable funds from proceeds from The Whistle Stop Thrift Store and The Treasures of the Point Gift Shop Boutique, as well as by hosting a number of events throughout the year. Twice a year, grants are made from the pool of these charitable funds to support activities that benefit military members and military families living in our community.

The size of OSC grants typically varies from **\$200 - \$5,000**, with the average grant being **\$1,000**. Organizations should apply for funding for their most critical needs, whether support is being requested for continuing existing and exceptional programs, or undertaking new or expanded programs.

Applications for the Fall Grant Cycle **must be postmarked by Saturday, October 15, 2011.**

Applications must be **typed and completed in full in order** to be considered for funds.

Application Criteria/Instructions:

Eligibility under the Competitive Application Process:

- OSC will consider grant requests from local organizations that support the community and operate with fiscal accountability and responsibility.
- OSC also supports public schools and selected government programs.
- OSC supports a wide variety of charitable activities with emphasis in the following areas: activities that support or immediately benefit military members and military families living in our community.
- Organizations must demonstrate a non-discrimination policy regarding staff, employment, governing board and service delivery on the basis of race, ethnicity, religion, gender, sexual orientation, gender identity, age, disability or national origin.
- Organizations uncertain of their eligibility may inquire by sending an e-mail to cherrypointosc@gmail.com.

All applications should be clear and precise with straightforward answers and little or no repetition. Applicants should demonstrate that the organization:

- Employs effective, proven methods to solve problems or address needs.
- Avoids duplication of service.
- Has clear objectives and a well thought out process to evaluate the program.
- Justifies the resources requested by demonstrating substantial positive benefits to the target population.
- Collaborates with other agencies & groups if appropriate.

Grants will *not* be made for the following purposes:

fund raising campaigns, fundraising events, marketing events, testimonial dinners, re-granting of funds in an organization's own name, supporting religious organizations for religious purposes, for general support of operating budgets, or to cover past operating deficits or debt.

**No proposal from an organization that has previously received a grant from Cherry Point OSC will be considered unless a report of expenditure of the previous grant has been submitted.

To be considered, applications **must be signed by the appropriate board authority** or executive director, authorizing the grant application and agreeing to implement the proposed activities if funded. Applications for funding for a school must be authorized by the school's principal.

Applications must be typed and completed in full in order to be considered for funds.

Please send completed application to:

Cherry Point Officers Spouses Club
ATTN: Assistance Committee
P.O. Box 2201,
Havelock, NC 28532



CHERRY POINT OFFICERS' SPOUSES CLUB

Application for Funds

- Applications must be TYPED and COMPLETED IN FULL in order to be considered for funds.
- **SEVEN** printed applications must be mailed in for our review process.
- Applications must be postmarked by **Saturday, October 15, 2011**. Applications postmarked after this date will not be considered.
- Only hard copies will be accepted.
- Your organization's annual budget must be attached for consideration.
- In your request, you must specifically state which items (when applicable) your organization is requesting funds for. For example, "Language Development Item" is not sufficient. However, "Reading Comprehension Activity Station" is acceptable.
- When specifying items, please attach a copy/printout/list of the items you are purchasing from the business, catalogue or website you are ordering from. Copy/printout/list must include cost of item, item number, and the name of business it is being purchased from.
- **Applications should be sent to:**
 - Cherry Point Officers Spouses Club**
 - ATTN: Assistance Committee**
 - P.O. Box 2201**
 - Havelock, NC 28532**

I. ORGANIZATION INFORMATION

Organization

Contact Person (name):

Contact person's position in the organization:

Address where the Cherry Point Officers' Spouses Club (OSC) should send correspondence related to this request:

Work Phone

Home/Evening Phone

Cell Phone

Email

Name of Executive Director of Organization (*or Principal of School*)

Signature of Executive Director of Organization (*or Principal of School*)

NOTE: OSC will not accept applications from school programs without the Principal's endorsement.

II. PROJECT INFORMATION

Project Name:

Purpose for which the funds are needed (describe the project including a summary of the critical issues/opportunities it addresses, its benefits to the community, and the changes/results it hopes to attain. Give pertinent information that will assist OSC in evaluating your request including how the activity supports active duty military or their dependents)

Amount Requested from OSC: \$ _____ Total cost of Project: \$ _____

NOTE: *Make certain the sums of the amounts listed on the Project Budget, below, match these amounts!)

Date funds are needed:

Number of people who will be impacted by the funds: youth adults

Percentage of participants served who are active duty or their dependents: %

Project Budget: List the total cost of each item or activity that must be purchased to accomplish your project. Also list the amount of support you are requesting *from OSC* for each item or activity. For each of these items/activities, show how much you are also requesting from other sources. (*Typically, OSC will not fund a project in full so applicants will need to pursue additional sources*).

<p style="text-align: center;">ITEM /ACTIVITY</p> <p style="text-align: center;">Note: OSC will <i>not usually</i> fund consumables, such as food</p>	<p style="text-align: center;"><u>TOTAL</u> COST OF EACH ITEM/ ACTIVITY</p>	<p style="text-align: center;">AMOUNT OF EACH ITEM/ACTIVITY THAT YOU ARE REQUESTING <u>FROM OSC</u></p>	<p style="text-align: center;">AMOUNT OF EACH ITEM/ACTIVITY YOU ARE REQUESTING <u>FROM OTHER</u> <u>SOURCES</u> (specify amounts & sources of funding)</p>
Equipment (specify):	\$	\$	\$ from
	\$	\$	\$ from
	\$	\$	\$ from
	\$	\$	\$ from
Uniforms:	\$	\$	\$ from

	\$	\$	\$	from
Entry Fees:	\$	\$	\$	from
Registration Fees:	\$	\$	\$	from
Other (itemize):	\$	\$	\$	from
	\$	\$	\$	from
	\$	\$	\$	from

Please also attach a current operating budget for your organization. Applications that do not contain this budget will not be considered.

Have you received OSC funds for this event or program in the past? **Select one:** YES NO

If Yes, date(s) and amount(s):

Total revenue currently available in support of this request: \$

If your organization is a school, please provide the following pertinent data:

Percentage of assisted lunches at your campus:

Amount of money your P.T.O. or P.T.A. raised during your last fiscal year:

Approximate percentage of military dependents attending school:

For other non-profit organizations please provide the following pertinent data:

Percentage of funds that will go directly to your project:

Percentage of your organization's overhead costs from all funds received:

Project Timeline: Include beginning, end and key events. Be sure to specify the timeframe when the requested funding would be spent:

- You may also provide any other information that you feel would be beneficial to OSC in making a determination about your grant request.
- Please note that you may be invited to attend our monthly meeting in order to discuss your application for funds. **Please expect to attend if you are requesting over \$2,000.**

This grant request must be postmarked by Saturday, October 15, 2011. ONLY HARD COPIES WILL BE ACCEPTED. APPLICATION MUST BE COMPLETED IN FULL AND TYPED IN ORDER TO BE CONSIDERED FOR FUNDS. ALL DECISIONS MADE BY THE ASSISTANCE COMMITTEE ARE FINAL.

NOTE: (Please note that it can take up to two months from the time an application is reviewed until the time approved applications are funded).

- *I have read the information and instructions attached to this application form and agree to the conditions as stated. Furthermore, if funds are granted for this request I will submit written evidence of project or event completion to OSC including a brief synopsis and photographs to show how funds were used. I will provide receipts and/or invoices to OSC upon request.*
- *If OSC funds are granted for this request, I understand that upon completion of the project or activity for which OSC grant funds are received, any unused OSC funds must be returned to OSC.*
- *I understand that once a request is approved, every effort will be made by OSC to donate the full pledged amount. However, approval of funding for a request is never a guarantee that the approved amount will be funded.*

Signature:

Date:

Title:

IMPORTANT:

Specify exactly what name should appear on the “payee” line of OSC’s check should your grant request be approved.

NOTE: payee cannot be an individual.

Provide the contact person’s name and mailing address for payment, if different from page 1: