

AOWCGWA-Fort Myer Thrift Shop
P.O. BOX 1124
FORT MYER, VA 22211

1. Instruction for Grant Requests 2009/2010:

- a. Individual Requests: Submit a cover letter with the request
- b. Multiple Requests from the same Organization:
 - i) Multiple applications from the same organization need to be submitted by a SINGLE CONTACT PERSON.
 - ii) EACH REQUEST MUST be on a SEPARATE questionnaire/form with an individual cover letter.
 - iii) Prioritize requests in each submission.
 - iv) Limit FIVE (5) REQUESTS per organization.

FOR MORE INFORMATION: Questions may be referred to the Welfare Co-Chairperson by email at: aowcgwawelfare09@gmail.com or by mail.

NOTE: Each letter request MUST be supported with a completed questionnaire. It is essential that answers are complete and correct for consideration by the AOWCGWA-Ft Myer Thrift Shop Welfare Committee.

SUBMITTING YOUR GRANT REQUEST:

<p>Mail to:</p> <p>AOWCGWA-Ft. Myer Thrift Shop ATTN: Welfare Committee PO Box 1124 Fort Myer, VA 22211</p>	<p>OR</p>	<p>Deliver your grant request in person to the Fort Myer Thrift Shop during hours of operation: Tues.-Wed.-Thur.10:AM-2:30PM. Check our web site For all Saturday and holiday hours: www.fortmyerthriftshop.org/ These requests will be delivered to the Welfare CO-Chairpersons.</p>
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DEADLINE: Grant requests must be received no later than

April 15, 2010

Early submissions are encouraged and appreciated. Grant requests with suspense dates must be submitted 4 weeks prior to needing the funds.

GRANT REQUEST QUESTIONNAIRE/FORM 2009-2010

NAME OF ORGANIZATION: _____

Mailing Address: _____

CONTACT PERSON: _____

Business Phone: _____ Cell Phone (optional): _____

E-mail Address: _____ Fax: _____

PROGRAM NAME: _____

(NOTE: Ensure that your organization is eligible to receive funds from AOWCGWA –FORT MYER THRIFT SHOP.)

AMOUNT REQUESTED: \$_____

Please answer the following:

1. How will the money be used?
2. Have you requested funds from other organizations? YES NO
3. Does your organization conduct fund raising activities to support your PROGRAM? YES NO If YES, what and how often?
4. What is the impact of PARTIAL FUNDING on your activities described in question 1?
5. Will items or services purchased with the money be distributed to individuals? YES NO
6. If YES, how do you decide who receives the services?

7. How many Fort Myer and/or Military personnel in the Greater Washington Area will benefit from this request?

8. How will they benefit?

9. If this is a community activity, how many people attend/participate in this PROGRAM?

10. Has your organization previously received a grant from us? **YES** **NO**

11. If yes, when was the grant given and how was it used?

12. If your request is granted, indicate the organization to which the check is to be written:

Checks may not be written to an individual. If the payee organization differs from the requesting organization please explain why.

13. When does your organization need the funds? DATE: _____

14. Is this request for a program or an activity financed with Appropriated and /or Non- Appropriated funds? **YES** **NO**

Any **ADDITIONAL** and **PERTINENT** information will be helpful to the **WELFARE** Committee. **All grant requests must be received by April 15, 2010**

Mail to:

Welfare Committee
ARMY OFFICERS' WIVES' CLUB
of the GREATER WASHINGTON AREA -
Ft. Myer Thrift Shop
P.O. BOX 1124 Fort Myer
FORT MYER, VA 22211