



## Team Ellsworth Spouses' Club Charitable Request Form

### Important Application Deadlines:

The TESC board meets on the fourth Thursday of each month. Please submit your request no later than the 15<sup>th</sup> of the month for consideration. All charitable requests after this deadline will not be considered until the following month's scheduled board meeting. Checks for approved requests will be issued by the 15<sup>th</sup> of the following month.

Charitable requests are not considered after an event or need has passed.

Requests for Holiday Parties must be received by November 15<sup>th</sup> or the request will not be considered.

Requests are accepted September 1<sup>st</sup> – April 15<sup>th</sup>. Checks will be issued from October 15<sup>th</sup> – May 15<sup>th</sup>.

Approved requests will be payable to the organization, not an individual.

We do not fund food and alcohol. We may opt to purchase the supplies requested rather than grant money.

We reserve the right to ask further questions and audit your receipts for any and all purchases.

### Applicant Information

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Request Amount: \$ \_\_\_\_\_ Date funds needed by: \_\_\_\_\_

Payable to: \_\_\_\_\_

Please describe how funds will be utilized. Be as detailed as possible and attach additional pages as necessary.

Total cost of project: \$ \_\_\_\_\_ Number of individuals who will benefit from these funds: \_\_\_\_\_

Fundraisers to date (Event & Amount): \_\_\_\_\_

Funds requested from other organizations (Source & Amount): \_\_\_\_\_

Funds received from other organizations (Source & Amount): \_\_\_\_\_

Is your organization...

Eligible for appropriated or non-appropriated funds? Yes \_\_\_\_\_ No \_\_\_\_\_

A Services facility? Yes \_\_\_\_\_ No \_\_\_\_\_

**Proper authorization on each request must be obtained. If the request is from a Services organization, the Force Support Commander's or Deputy Commander's signature is required. Otherwise, Unit or Commander's, Principal's, or President's signature is required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**RETURN THIS FORM TO: Ellsworth B-One Thrift Store, Attn: Charitable Requests, 2650 Spaatz Drive Unit 3163, Ellsworth AFB SD 57706**

For Official Use Only:

(circle one) : Approved / Denied

Check #: \_\_\_\_\_

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

By Whom: \_\_\_\_\_