

MARINE THRIFT SHOP

Application for Funds

[Internal Use Only]
Date application received:
Date funds required by:
Approved: YES / NO
Amount:
Date receipts/invoices/photographs due by:

Prior to filling out the application, please read through the application guidelines. Fill in and save the application as a Word Document with your organization’s name in the filename.
Submit the completed application and budget via e-mail MTSgrants@gmail.com. Hard copies may be dropped off at our store location during open hours, Camp Foster, Bldg. 5691.

I. ORGANIZATION INFORMATION

Organization Name:	
Contact Name:	Job Title:
Cell Phone:	Work Phone:
Email address:	
Mailing address (to send funds):	
Payee name to appear on check*:	

*Specify exactly what name should appear on the “payee” line of Marine Thrift Shop’s check should your grant request be approved. School organizations and teams should confirm whether the check should be made out to the school’s PTO. NOTE: payee cannot be an individual.

II. PROJECT INFORMATION

Name of the project:
 Date and location of the project:
 Funds are to be used within the quarter for which you are applying. If funds are required outside of the quarter, or if the project is on-going, please submit a separate application for the following quarter.
 Date funds required no later than:

Purpose for which the funds are needed: Provide a description of how the funds will be used including: the people impacted, benefits to the community, and the desired results of your project.

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

III. Project Budget

Please fill out attached itemized project budget form. If the amounts requested are unclear or erroneous, your application will not be considered.

Exact Amount Requested from Marine Thrift Shop \$
 Total revenue currently available in support of this request: \$
 Total Cost of the Project*: \$

Have you received Marine Thrift Shop funds for this organization in the past? (If Yes, date(s), purpose and amount(s):

Project Event Schedule: Provide dates of anticipated fundraisers, dates of payments, and events included in your project. If you will not be fundraising, please explain:

IV. Agreement and Signature

Please initial that you have read and agree to each of the below statements.

_____ 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 MTS including a brief synopsis and photographs to show how funds were used.

_____ Receipts must be provided within 30 days of completion of the funded project or activity.

If receipts are not provided as requested, subsequent applications will not be considered.

_____ If MTS funds are granted for this request, I understand that upon completion of the project or activity for which MTS grant funds are received, any unused MTS funds must be returned to MTS.

_____ The amount of funds available for pledging each month depends upon the level of charitable proceeds the Clubs have collectively raised. I understand that once a request is approved, every effort will be made by MTS to donate the full pledged amount. However, approval of funding for a request is never a guarantee that the approved amount will be funded.

_____ If a check is not cashed within six months of its issue date, it will be considered expired and MTS will not reissue any additional checks.

Signature: _____ Date: _____

Typed signatures are acceptable.

NOTE: The MTS will not accept applications from DoDDs programs without the Principal's endorsement indicating that the Principal has reviewed and is aware of the application.

DoDDs Principal Name & Signature: _____