

**2020 MSACP Community Enrichment Grant Instructions**

The Military Spouses Association of Camp Pendleton recognizes the sacrifices military members and their families make every day. It is in this spirit that we are proud to offer community enrichment grants available to those who are striving to support those who serve.

All applications should be precise with straightforward answers with no repetition. Applicants should justify how the resources requested will positively benefit the local military community.

Grants will typically not be made for the following purposes:

* fund-raising campaigns
* re-granting of funds in an organization’s own name
* supporting religious/political organizations for religious/political purposes
* for general support of operating budgets

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 a school must be signed by the school’s principal.

**Programs will be evaluated based upon the following criteria:**

* program description
* relevance of problem
* timely ability to complete proposed project
* anticipated benefits
* resources
* community/command/volunteer support

**Thank you for your support of**

**our military community!**

**Application for 2020 MSACP Community Enrichment Grant 1. Organization Information**

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact’s (POC) name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POC’s position in the organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence Address:

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

POC Work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POC cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POC email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director of Organization/Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Mission Statement**

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# Project Information

Project name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose for which funds are needed. Summarize the project, including critical issues, opportunities it addresses, the benefits to the military community, and/or the changes it hopes to attain. Give any pertinent information that will assist the MSACP Community Enrichment committee in evaluating your request.

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Amount requested from MSACP $\_\_\_\_\_\_\_\_ Total cost of project $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(make certain that the sums of the amounts listed on the project budget, below, match these amounts!)

1

Date funds required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Project Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people who will be impacted by funds: \_\_\_\_\_\_\_\_\_\_\_\_ youth \_\_\_\_\_\_\_\_\_\_\_\_\_adults

Percentage of participants served who are: \_\_\_\_\_\_\_% active duty \_\_\_\_\_\_% military dependents

# Project Budget

List the total cost of each item or activity that must be purchased to accomplish your project.

List the amount of support you are requesting from MSACP for each item or activity. For each of these items or activities, show funding requests from additional sources.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item/Activity**  (MSACP does not usually fund consumables such as food) | **Total cost of each**  **item/activity** | **Amount of each**  **item/activity you are requesting from MSACP** | **Amount of each item/activity you are**  **requesting from other**  **sources** |
| Equipment: | $  $  $  $  $  $  $ | $  $  $  $  $  $  $ | $ from  $ from  $ from  $ from  $ from  $ from  $ from |
| Uniforms | $  $ | $  $ | $ from  $ from |
| Entry fees | $  $ | $  $ | $ from  $ from |
| Registration fees | $  $ | $  $ | $ from  $ from |
| Other | $  $  $  $  $ | $  $  $  $  $ | $ from  $ from  $ from  $ from  $ from |

**Please attach a current operating budget for your organization. All financial information must be included in order to be considered.**

Have you received an MSACP Community Enrichment Grant in the past? YES NO

If YES, date and amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total revenue currently available in support of the item/activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Project Timeline

Please describe the beginning, end, and key events of your project. Be sure to specify the time frame when the requested funding would be spent.

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You may attach any other information you feel would be beneficial to the MSACP Community Enrichment Committee in making a determination about your grant request.

* 1. Applications for Community Enrichment Grants are due or post-marked by **Friday, February 28, 2020.**

Application may also be submitted via email to grants@msa-cp.org

Please attach application as a **PDF** file

Mail the completed application to: C/O Grants Committee

Military Spouse Association of Camp Pendleton

P.O. Box 5559

Oceanside, CA 92052

* I have read and understand the information and instructions on the “Community Enrichment” page of the MSACP website and on this application.
* I understand that once a request is approved, every effort will be made by the MSACP to donate the full pledged amount. However, approval of funding for a request is never a guarantee that the approved amount will be funded.

POC Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Specify **exactly** what should appear on the “payee” line of MSACP’s check should your grant be approved. NOTE: payee cannot be an individual.

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Provide address to which check should be mailed:

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

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