



## **2019 MSACP Community Enrichment Grant Instructions**

All applications should be clear and precise with straightforward answers with little or no repetition. Applicants should justify how the resources requested for the grant 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.

THANK YOU FOR YOUR SUPPORT OF  
OUR MILITARY COMMUNITY!

# Application for 2019 MSACP Community Enrichment Grant

## 1. Organization Information

Organization\_\_\_\_\_

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

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

Address to which the Military Spouse Association of Camp Pendleton (MSACP) should send correspondence related to this request:

\_\_\_\_\_

POC Work phone\_\_\_\_\_ POC Home/Evening phone\_\_\_\_\_

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

Executive Director of Organization\_\_\_\_\_  
(or Principal of School)

## 2. Mission Statement

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## 3. Project Information

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

Purpose for which funds are needed. Summarize the project, including critical issues, opportunities it addresses, the benefits to the local community, and/or the changes it hopes to attain. Give pertinent information that will help the MSACP Community Enrichment committee evaluate your request and include how the activity benefits the local military community.

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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!)

Date funds are needed\_\_\_\_\_

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

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

#### 4. 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 MSACP for each item or activity. For each of these items or activities, show how much you are also requesting from other 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 also 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?  
(circle one) YES NO

If YES, date and amount\_\_\_\_\_

Total revenue currently available in support of the item/activity\_\_\_\_\_

## 5. 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.

Applications for Community Enrichment Grants are due or post-marked by  
**Friday, February 15, 2019**

Application may also be submitted via email to [grants@msa-cp.org](mailto: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 Signature\_\_\_\_\_ Date\_\_\_\_\_  
(or School Principal)

Specify **exactly** what name 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 (if different than POC’s address on page 1 of this application).