

## II. Request Form

Date:

### **Basic Information**

Name of Organization:

POC (Name & Title):

Phone Number:

Email Address:

Overview of goals and accomplishments of your organization.

### **Event Details**

Project/Event:

Date of Event:

Amount Requested:

Detailed description of project, event, or intended use of funds

Description of target populations.

Estimated number of people served (including the proportion who are military members, dependents, or retirees).

Itemized description of how your organization will spend requested funds.

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Description of any other fundraising conducted or donations received and/or requested from other sources.

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Additional information you feel the JBMDL Spouses' Club should know in reference to this funding request.

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**If approved,**

Make check payable to:  
(organization, not person)

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Send the check to:  
(mailing address)

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*For Welfare Committee Members Only*

Date Received: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Decision (Circle):       Approved       Denied

Key Points Discussed: