

**The Fort Myer Thrift Shop**  
**2020 Community Grant Application and Agreement**

All grants must be received by **Thursday, April 23, 2020**

**Awarded Community Grant Checks will be sent/ready for pick up no later than Thursday, June 25, 2020, At the Fort Myer thrift Shop between 10am and 2:30pm.**

For additional information contact the Fort Myer Thrift Shop at 703-527-0664 during normal business hours or email [CommunityGrantsFMTS@gmail.com](mailto:CommunityGrantsFMTS@gmail.com)

Please fill out all 4 pages. You may attach additional pages but please include the number with which your answer corresponds.

**Mail completed Community Grant Application and Agreement to:**

The Fort Myer Thrift Shop  
Attn: Community Grant Chairperson  
PO 1112  
Fort Myer, VA 22211

**Name of Organization**\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

EIN Number (Required)\_\_\_\_\_

Contact Person\_\_\_\_\_

Business Phone\_\_\_\_\_ Mobile Phone\_\_\_\_\_

Email\_\_\_\_\_ Fax\_\_\_\_\_

Program Name\_\_\_\_\_

Note: Please ensure that your organization is eligible to receive funds from a 501 (c) (3) organization. A 501 (c) (3) organization is a non-profit business that meets IRS requirements to be tax-exempt whose business is scientific, educational, or a combination thereof.

1. Purpose of Program/Project:

2. Amount of money requested: \_\_\_\_\_

3. How will grant funds be utilized? Please list specific expenses. You may attach a budget spread sheet.

4. Have you requested funds from other organizations for this project? If YES, please list the Organization and the amount requested. If NO, state reason below.

5. Please briefly describe all fund-raising activities your organization conducts to support specific Program/Project.

6. How many military personnel/dependents in the Greater Washington Area will benefit from this request? \_\_\_\_\_

7. Will items or services purchased with grant money be distributed to individuals or other organizations? If YES, please describe how you determine need and distribution.

8. Please list all previous grants your organization has received from the Fort Myer Thrift Shop in the Past five years. (Year/Amount/Purpose)

9. Does the requested Program/Project receive appropriated or non-appropriated funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. What is the impact of partial funding of this Program/Project? How will you adjust?

11. If your request is granted, indicate the organization to which the check is to be written:

\_\_\_\_\_

Please note: Checks may not be written to individuals. Organizations MUST be bona fide nonprofit entities. \*\*\*If the Payee Organization differs from the requesting Organization; please, explain.

12. Provide any additional pertinent information which could be helpful to the Community Grant Committee. (You may attach additional documentation)

**I affirm that all the information I have submitted on this application is correct.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Publicity Release**

The applicant hereby grants The Fort Myer Thrift Shop permission to use their organization's name and image for the purpose of publicizing The Fort Myer Thrift Shop Community Grant recipients in media outlets, including print, newspapers, magazines, radio, television and online, and specifically in Pentagram, and The Fort Myer Thrift Shop website and Facebook page.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the following exception to the above.

Exception \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_