



Military Spouses' Association - 29 Palms 2024 Grant Application

The Military Spouses' Association - 29 Palms is pleased to provide community enrichment grants to **non-profit organizations that benefit military members and/or their families**. Grants are awarded to organizations that do not discriminate on the basis of race, religion, gender, gender identity, sexual orientation, age, disability, or national origin. This commitment to non-discrimination must extend to all activities and operations, including hiring and firing of staff, selection of volunteers and vendors, and provision of services.

APPLICATION DEADLINE: MARCH 1, 2024

APPLICATION REQUIREMENTS

- Complete **all** applicable portions of the application. Blank fields may result in disqualification.
- You may provide **no more than** two pages of supporting documentation (e.g., a letter of support or a news article).
- Grant applications emailed or postmarked after **Friday, March 1, 2024** will **not** be considered.

SUBMISSION INSTRUCTIONS

Please email your completed application to msa29grants@gmail.com. You will receive an email confirming receipt of your application. If you would prefer to print and mail your application, you may send it to the following address:

Military Spouses' Association - 29 Palms
Attn: Grants Program
P.O. Box 6012
Twentynine Palms, CA 92278

QUESTIONS

If you have any questions or concerns, please contact our Grants Chair at msa29grants@gmail.com.

2024 Grant Application Instructions

ORGANIZATION INFORMATION

Organization Name

Please do not forget to complete this section!

Organization Type

Select the category that most closely fits your organization. This information is for reference only and will not be used to evaluate your application.

Number of Staff/Number of Participants

Please provide an estimate of the number of staff and participants involved with your organization. You may include volunteers in this estimate.

Percentage of Military Participants

Identify the percentage of your **participants** utilizing your organization (not volunteers/staff) who are active-duty military, military families, or veterans. You should also include a brief description of how you calculated this percentage. For example, if you have regular members/attendees/participants, you could select the percentage of your members who are associated with the military.

GRANT REQUEST SUMMARY

Amount Requested

Please list the total amount requested; this amount should match the total listed in the Financial Section of the application.

Request Summary

Include a brief (2-3 sentence) description of what you plan to do with the funds requested and how those funds will impact your organization. Please be as specific as possible.

PROJECT PURPOSE

1. How will this grant help address a challenge faced by your organization?

Outline the challenges (e.g., financial, operational) that your organization faces. Share why your organization needs this grant to overcome those challenges.

2. Which members of our community will the grant-funded service/activity/program serve?

Your answer does not have to list every potential beneficiary. Our goal is simply to understand which groups will benefit most from the requested grant.

3. If the military community is not the primary audience for your service/activity/program, please explain how it is relevant to military members and/or their families.

Understanding that there are many important organizations in our community that do not focus their support solely on military families, please share information about how the military community could benefit from your organization. You do not need to provide a response to this question if your answer to the question above listed the military community as the primary beneficiary.

IMPACT

In the past 12 months, how many military members or military dependents from the local Twentynine Palms Marine Corps Base has your organization directly impacted? Please give an estimated number and an explanation of how they are impacted.

Share how your organization directly helped the military families of Twentynine Palms in the last 12 months. Give an estimated number of how many directly benefited.

List three (3) ways your organization impacts the local military community.

Share three distinct examples of how your organization supports military members, veterans, and/or their families. These examples could be based on your organization's ongoing activities or be specific to a particular project. Each of these examples should be no more than 100 words.

FINANCIALS

Provide an itemized list of the items/activities that the grant will fund.

Include a detailed list of the items you plan to purchase with potential grant funds. Please be as specific as possible. If your organization received a grant in 2023, this information will be used to help determine if your organization used the awarded funds for the purposes indicated in its application.

List Other Sources of Funding That Are Available to Your Organization.

Include any other primary sources of funding (e.g., other grants, donations, participant fundraising).



ORGANIZATION INFORMATION			
Organization Name			
Organization Type	<input type="checkbox"/> Art Services <input type="checkbox"/> Community Services <input type="checkbox"/> Military Services <input type="checkbox"/> Youth Services/Sports/Activities <input type="checkbox"/> Education <input type="checkbox"/> Other: _____		
Number of Staff	_____	Number of Participants	_____
Percentage of Military Participants (NOT volunteers or staff) *please check percentage that best represents military member/dependant participation	_____ <10%	_____ 11-20%	_____ 21-30%
	_____ 41-50%	_____ 51-60%	_____ 61-70%
	_____ 81-90%	_____ 91-100%	_____ 31-40%
			_____ 71-80%
Please share how you calculated this percentage:			
Website (if applicable)			
Address			
Did you receive a grant from MSA in 2023? _____ Yes _____ No			

CONTACT INFORMATION	
Point of Contact	_____
E-Mail Address	_____
Phone Number	_____
If your organization is awarded a grant, please tell us how to handle your check. Make check payable to: _____ Mail check to: _____	

I certify that all grant money received will be used for purposes as indicated in this request. Should funding be received, my organization agrees to post the logo of the Military Spouses' Association - 29 Palms as a sponsor on its website.

 Signature

 Date

**If completing electronically, please type your full legal name in place of your signature.*



GRANT REQUEST SUMMARY	
Organization Mission Statement	
Amount Requested	\$
Request Summary (Summarize how you will utilize the amount requested in 2-3 sentences)	

PROJECT PURPOSE
1. How will this grant help address a challenge faced by your organization?
2. Which members of our community will the grant-funded service/activity/program serve?
3. If the military community is not the primary audience for your service/activity/program, please explain how it is relevant to military members and/or their families.



IMPACT

- 1. In the last 12 months, how many military members or military dependents from the local Twentynine Palms Marine Corps Base has your organization directly impacted? Please give an estimated number and an explanation of how.**

- 2. List three (3) ways your organization impacts the military community (each no more than 100 words).**



FINANCIAL				
Provide an itemized list of the items/activities that the requested grant will fund:				
Item	Description	Price Per Item	Number of Items	Total
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Total Request				\$

Please list all other funding sources that are available to your organization:

If you need more space in order to fully answer any of the previous questions, please use the below space to do so. List which question(s) is being addressed.