



Laughlin XL Spouses' Club Welfare Request Form

Important Application Deadlines:

The Laughlin XL Spouses' Club meets on the third Tuesday of every month from September until May except for December. All requests must be submitted by the 1st of the month.

Applicant Information

Organization: _____ POC: _____
Location: _____ Phone: _____
E-Mail Address: _____
Requested Amount: \$ _____ Date Funds Needed By: _____
Payable to (organization, not individual): _____
Mailing Address: _____

Please describe how funds will be utilized. Be as detailed as possible and attach additional pages as necessary.

Prior funding from LXLSC? Yes ___ No ___ If so, When? _____ How much? _____
Total Cost of Project: \$ _____
Number of Individuals Who Will Benefit From These Funds: _____
Fundraisers To Date (Event and Amount): _____
Funds Requested From Other Organizations (Source and Amount): _____
Funds Received from Other Organizations (Source and Amount): _____

Is Your Organization:
Eligible for appropriated or non-appropriated funds? Yes ___ No ___
A Force Support facility? Yes ___ No ___

Proper authorization on each request must be obtained. If the request is from a Force Support organization, the Force Support Commander's or Deputy Commander's signature is required. Otherwise, Unit or Commander's, or President's signature is required.

Signature Title Date

RETURN THIS FORM TO:
LaughlinXLSpouses.Charitable@gmail.com

For Official Use Only
Approved/Denied: _____ Check #: _____ Date: _____