

MILITARY SPOUSES OF NEWPORT

CHARITABLE DONATION APPLICATION

The Military Spouses of Newport (MSoN) is a 501(c)(7) tax-exempt organization comprised of spouses of active duty, reserve, and retired or deceased military personnel of all US Armed Services, National Guard, Coast Guard, and government employees GS-7 and above, affiliated with bases in Rhode Island.

The purpose of MSoN is to promote the interests of the military communities in Newport and the surrounding areas. After all of MSoN's expenses are met, all monies derived from the activities of MSoN shall be used solely for scholarships and charitable purposes.

Yearly, MSoN gives \$5,000 - \$10,000 in charitable donations to non-profit organizations directly benefiting military families, with the average grant being \$500 - \$1000. Organizations should apply for funding for their most critical needs. MSoN support can be requested for continuing your existing projects, undertaking an expansion in your organization or creating all new programs.

Charitable donations are disbursed twice a year: early fall and late spring. The current MSoN charities committee will consider pending, qualified applications within the disbursement period in which they are received, unless otherwise noted on your application. Organizations may apply more than once and will be considered regardless of acceptance or denial of funding from past applications.

Application Criteria/Instructions:

- MSoN will consider grant requests from local and national non-profit organizations that directly benefit military members and/or their families in Rhode Island with an emphasis place upon supporting the Newport and surrounding military communities along with military dependents. This also shall include, but not be limited to, programs within our area schools. Elective event attendance for groups and/or individuals is not a charitable cause (i.e. travel to conventions, extracurricular trips).

- Organizations must demonstrate a non-discrimination policy regarding staff, employment, governing board, and service delivery on the basis of race, ethnicity, religion, gender, sexual orientation, gender identity, age, disability, or national origin.
- Organizations uncertain of their eligibility may inquire by sending an e-mail to milspousenewport.charities@gmail.com

All applications should be clear, with straightforward answers, and little to no repetition. Applications should demonstrate that the organization:

- Employs effective, proven methods to solve problems and address the needs of military service members and their families in the state of RI.
- Avoids duplication of service.
- Has precise objectives and a well thought-out process with which to evaluate the program's effectiveness in Rhode Island.
- Justifies the resources requested by demonstrating substantial positive benefits to the target population in surrounding RI military communities.
- Collaborates with other agencies and groups, if appropriate.

Funding will **not** typically be made for the following purposes: fundraising campaigns, re-granting of funds in an organization's own name, or programs for religious purposes. Requests must be for an organization and not a person(s).

To be considered, applications must be signed by the appropriate board authority or executive director, authorizing the application and agreeing to implement the proposed activities, if funded. You are agreeing to prove use of funding as intended within 30 days of project or event along with provide photos MSoN can publicize. A school's principal must sign applications intended for school funding.

Applications **must be typed**, **completed in full** and **postmarked** to be considered.

Please send this completed application by mail to:

**MSoN
ATTN: Charities
PO Box 5115
Newport, RI 02841**

Application for Military Spouses of Newport Charitable Donation

SECTION I. ORGANIZATION INFORMATION

1. **Organization:** _____
2. **Tax ID #:** _____ *(please include a copy for MSoN records)*
3. **Contact Person:** _____
4. **Contact's Position:** _____
5. **Correspondence Address:** _____

6. **Telephone Number(s):** _____
7. **Email:** _____
8. **Organization's name for the "Payee" line of the MSoN check, if board
approves request:** _____
9. **Name of Executive Director:** _____

Signature of Executive Director/Principal _____

SECTION II. PROJECT INFORMATION

1. **Project Name:** _____

2. **Purpose for which the funds are needed to support a local Rhode Island community/families in this state:** *(Describe the project/program, including a summary of the critical issues/opportunities that it addresses, its possible benefits to the surrounding local RI military communities, and the changes/results it hopes to attain. Give pertinent information that will assist MSoN in evaluating your request i.e. relevant data found in your attached RI budget(s), spreadsheets and also include helpful percentages and/or statistics that support how you are helping our **local RI** military members/retirees/veterans/dependents.)*

3. **Amount requested from MSoN \$_____ Total cost of RI project \$_____**

4. **Rhode Island specific Project Budget (please attach):** *For each activity, list the total cost of each item that must be purchased to accomplish the project. Also, list the amount of support that's requested from MSoN by each item. **Typically, MSoN will not fund a project in-full, so the applicant should pursue additional sources of funding.***

5. **Date for which funds are requested (circle one):** **FALL** **SPRING**

6. **Number of military affiliated people in RI impacted by the funds:**
_____ youth _____ adults

7. **Percentage of RI beneficiaries who are affiliated with the military (active, reserve, retired and/or dependents) _____%** (please support your RI data)

8. **Please attach a copy of your organization's total operating budget for the current year.**

9. **If applicable, also include a copy of your organization's most recently revised bylaws or a link if they can be viewed online.**

SECTION III. TYPE OF REQUEST

**IF YOU ARE REQUESTING FUNDING FOR A SCHOOL, PLEASE CONTINUE THE APPLICATION BELOW.*

***IF YOU ARE NOT A SCHOOL, PLEASE SKIP DOWN TO BOTTOM HALF OF PAGE.*

SCHOOLS - Please provide the following information:

1. Percentage of assisted lunches on your Rhode Island campus: _____
2. Amount of money raised by your RI P.T.O or P.T.A last year: _____
3. Approximate percentage of military dependents attending RI school: _____
4. Have you received MSoN charity funds in the past? _____ If yes, when and how much? _____ Were funds used for intended purpose? ____ If not, please explain.

Thank you – please continue to the signature page.

NON-SCHOOL APPLICATIONS - Complete the information below:

1. Total revenue currently available in support of this RI specific request: _____
2. Percentage of funds that will go directly to the Rhode Island project: _____
3. Percentage of funds to be disbursed that impact the greater Newport and surrounding local Rhode Island military communities: _____
4. Have you received MSoN charity funds in the past? _____ If yes, when and how much? _____ Were funds used for intended purpose? ____
If not, please explain

- *I have included a copy of our Tax ID number, our Rhode Island project's budget, our most recent organization's operating budget, and a copy of our bylaws. Any that don't apply are marked not applicable where requested on this application; although MSoN must have proof this will provide a local impact in the state of Rhode Island's to surrounding military communities.*
- *Furthermore, if funds are granted for this request, within 30 days I will submit written evidence of the project or event's completion to include photos that MSoN can publicize in their newsletters, share on social media and have reprinted in other publications such as the NAVALOG. I will also provide receipts and/or invoices to MSoN upon request to prove how this grant funding was utilized to impact those specifically in the state of RI.*
- *I understand that once a request is approved, every effort will be made by Military Spouses of Newport to donate the full pledged amount. However, approval of funding for a request by the MSoN charities committee is never a guarantee that the requested amount will be funded, as there has to be sufficient funds currently available and also unanimously approved by the current MSoN board.*
- *I have read the information and **ALL** instructions attached to this application form and agree to the conditions stated above.*

Signature: _____ **Date:** _____

Title: _____