**Mountain Home OSC Welfare Request**

Please complete all sections below and submit via email to [mhoscwelfare@gmail.com](mailto:mhoscwelfare@gmail.com).

All 17 fields on this form MUST be completed. Failure to complete all fields will result in a delay processing your request.

Applications MUST be received by 5:00pm, two weeks prior to the next monthly board meeting to be discussed at said meeting. Board meetings are held the first Tuesday of the month, except for summer break in June and July.

If received after the deadline, the request will be addressed the following month.

With your application email, feel free to submit any supporting documentation, including brochures about the organization and/or event; budgets; or receipts.

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| --- | --- | --- |
| 1 | Organization Name: |  |
| 2 | Project Name: |  |
| 3 | Applicant Name: |  |
| 4 | Position in Organization: |  |
| 5 | Email address: |  |
| 6 | Phone number: |  |
| 7 | Address: |  |
| 8 | Describe the Project / Activity for which the funds are being requested: |  |
| 9 | Total funding needed: |  |
| 10 | Amount requested from MHOSC: |  |
| 11 | Has the MHOSC supported this project / activity in the past? If so, when? |  |
| 12 | How else is the project / activity being funded? How much has already been raised? |  |
| 13 | Date the funding is needed: |  |
| 14 | How many individuals will benefit from this funding? |  |
| 15 | If funded, what organization should the check be made-out to? \*Checks CANNOT be made out to an individual\* |  |
| 16 | Additional information: |  |
| 17 | Statement of Intent: In the event that my application is accepted, and my program is funded by MHOSC, I agree to use the funds only for the activities or programs described above. If the above activity or program does not occur as planned, or if the funding is no longer needed, I personally commit that the funds will be returned to the MHOSC and will not be used for any other purpose.  **Type “I Agree” in the adjacent column to accept. This is required.** |  |