



Marine Corps League Detachment #779 Texas

P.O. Box 523, Conroe, Texas 77305

MCLEASTEX.ORG

Non-Profits Seeking Financial Aid from MCL Eastex Detachment

Date: _____

Eastex Sponsor Name _____ Cell _____ email _____

Is the Organization headquartered in Texas? Yes _____ No _____

Organization Name: _____

Contact Name: _____

Email: _____ Phone: Office _____ Cell _____

Address: _____

Tax-Exempt Status: 501(c)(3) or 501(c)() EIN # _____

Brief description of organization: _____

Provide the number of Marines helped monthly: _____

Number of dependents or other veterans help: _____

Outreach Goals for Marines:

List Service type (housing, counseling, etc;

Amount being requested: _____

Will this be a recurring amount? : _____ How often? _____



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Note:

1. Each request must have a Sponsor who is a Member of the Eastex Detachment and who is familiar with the requesting organization’s work for veterans, particularly Marine veterans. The sponsor shall not have a management role in the requesting organization.
3. Organizations seeking funding must be located in Texas (if national org- must provide explanation in writing of how funds will be used locally
4. The requesting organization must be familiar with Purpose of the League as outlined in Eastex’ Bylaws (see www.mcleastex.org)
5. Organizations who receive funds will support/assist recruitment of membership into the Eastex Detachment.

For Eastex Detachment’s Committee’s internal use only:

Date discussed: _____

Committee Comments:

Amount Approved One Time: _____

Amount Approved Recurring: _____ No. of Months: _____

Commandant’s Signature: _____

Date: _____