

# THE BRAGG 'N BARN THRIFT SHOP

## Welfare Request Form

Date \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Point of Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Amount Requested \_\_\_\_\_  
Reason for Request: \_\_\_\_\_

How many people will benefit from this request? \_\_\_\_\_  
Is this an emergency request? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Do you provide services for military personnel, family members and/or retirees? \_\_\_ Yes \_\_\_ No  
If yes, what percentage of your cliental consists of the above? \_\_\_\_\_  
If this request comes from a government-funded agency, has this request been confirmed by the  
Community Commander? \_\_\_ Yes \_\_\_ No  
Have government sources been approached? \_\_\_ Yes \_\_\_ No If not, why? \_\_\_\_\_

If yes, what was the response?

Have other private organizations been approached? \_\_\_ Yes \_\_\_ No  
If yes, list the organizations and their responses: \_\_\_\_\_

Are members of your organization participating in fund-raising activities for this need? \_\_\_ Yes \_\_\_ No  
If yes, please list fund-raising events and dates: \_\_\_\_\_

Please give other pertinent information. (Example: Date funds needed, purchase price, where item can be obtained, etc.)

If your welfare request is approved, who shall the check be made payable to: (No Individuals)

\_\_\_\_\_  
Authorizing Signature

---

---

\* ***No request will be considered without supporting documents to include a letter of statement on the organization's letterhead stationary.***

\* Please deliver the completed form during business hours or mail to Bragg 'N Barn Thrift Shop, Attention: Welfare Chair, P.O. Box 70084, Fort Bragg, North Carolina 28307.