


Civilian Welfare Fund (CWF) Request Form

The Defense Supply Center Columbus Civilian Welfare Council (CWC) manages the CWF and meets quarterly to review funding requests. For questions, please visit the [CWC website](#) or call (614) 692-1420.

Application Period: January 1 – April 1 for the following fiscal year (October 1 – September 31). **Voting Period:** Mid-April during the quarterly CWC Meeting. Mid-year requests are considered on a case-by-case basis at quarterly meetings.

Attachments:

1. An itemized expense budget for your request (required – see page 2).
2. Supporting documentation (optional, e.g., event flyers). Click the  to add PDF attachments.

CONTACT INFORMATION	ACTIVITY/EVENT INFORMATION
Name:	Event Date(s):
Phone #:	Event Name:
Email:	Estimated # of Attendees:
Directorate:	Amount Requested: \$
Event Purpose/Mission & Description (attach additional pages if required):	

Certification: By submitting this request, I certify that: the activity will follow all procedures for CWF-sponsored activities; the event will be advertised throughout DSCC and announced as open to all interested DSCC Civilian employees.

Acknowledgment: I understand that: submission of this request does not guarantee approval; funds should not be obligated until I receive notification of approval; reimbursement requests should be submitted within 14 days of the event and will not be accepted more than 30 days after the event.

Restrictions: Sales tax and alcohol are not reimbursable. CWF funds may not be used for door prizes, per AR 215-7 Section 5-5d(2)(d). Department of War contractors are not authorized for reimbursement. Per local policy, the Blg 20 Cafeteria contractor has the right of first refusal for on-site catering. If the contractor chooses to decline a catering order, food may be purchased elsewhere.

Requester Signature:

Approval Process: Requester is responsible for obtaining legal approval, then routing to CWF Reviewer.

DLA Weapons Support Legal 614-692-9320	Decision:	Approved	Disapproved
CWF Reviewer 614-692-1420	Decision:	Approved	Disapproved
CWC Vote Date	Decision:	Approved	Disapproved

CWF Request - Event Budget Worksheet

Instructions: Please provide a detailed, itemized breakdown of your anticipated expenses for the event.

Event Name:

Expense Category	Item Description	Estimated Cost
Food and drinks		
Supplies / materials		
Equipment Rental		
Entertainment / Speaker		
Marketing / Printing		
	Total	