



SONS OF AMVETS NATIONAL HEADQUARTERS ASSISTING GRANT REQUEST FORM

1395 E. Dublin Granville Rd., Suite # 115
Phone - (614) 825-4734

Columbus, OH 43229
Fax - (614) 825-4735

DATE:	_____	AMOUNT OF ASSISTING FUNDS REQUESTED:	\$ _____
DEPARTMENT:	_____	DISTRICT:	_____ SQUADRON NO: _____
PAYABLE TO:	_____		
	(PAYABLE TO: MUST BE A District, Department or Squadron)		
ADDRESS:	_____		
CITY:	_____	STATE:	_____ ZIP CODE: _____
CONTACT PERSON:	_____		
CONTACT EMAIL:	_____		

Assisting Grant Fund Guidelines

1. Any Department, District or Squadron may apply for assisting grant funds.
2. This form and all required documentation must be received at National Headquarters a minimum of two (2) weeks before the next National Executive Committee or National Executive Board Meeting. At the discretion of the National Finance officer, Assisting grant requests received after the minimum two (2) weeks may be held until the following NEC meeting or National Executive Board Meeting.
3. An Assisting Grant request may NOT be made where another National Program currently exists for the stated program details. (i.e. Sweats for Vets or Undergarment...etc.)
4. The Requestor MUST have raised or spent their portion of the funds requested for reimbursement.
5. In the event that funds have already been spent, the Requestor MUST attach a copy of all receipts spent on the program.
6. In the event funds have not yet been spent, the requestor MUST provide documentation showing the funds have either been raised or price quotes showing the amount that will be spent.
7. The National Executive Committee, National Executive Board or National Finance Committee may award up to a maximum of \$500 to any Department, District or Squadron submitting Assisting Grant Request Form(s) within the current National Sons of AMVETS fiscal year.
8. Assisting Grant requests will be decided based on the merits of the program and funds available in the Assisting Grant Fund.
9. If the request is denied or reduced, the National Finance Officer shall write a letter of explanation and mail within 7 business days of the decision.

DESCRIBE THE PROGRAM IN DETAIL:

(ATTACH ADDITIONAL PAPER IF NECESSARY)

FOR NATIONAL OFFICE USE ONLY

APPROVED OR DENIED _____ AMOUNT GRANTED \$ _____
 PRINTED NAME: _____ TITLE _____
 AUTHORIZED SIGNATURE _____ DATE _____