



# MILITARY ORDER OF THE PURPLE HEART AUXILIARY

## AIDE AND SERVICE GRANT REQUEST

1) Grant Control Number \_\_\_\_\_  
Date received \_\_\_\_\_

2) Amount requested \_\_\_\_\_  
3) Amount Approved \_\_\_\_\_

4) Requesters Name \_\_\_\_\_  
(Type or Print the Name)

5) Requester Address \_\_\_\_\_

6) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

7) Fiscal year ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month day year

8) We / I request the grant for the following program, service or needs : (Describe the need, and purpose of this grant, below, if needed attach additional information)

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9) We will use the grant for the following items (identify the uses of the grant funds and the amounts requested for each item, If needed attach additional information)

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10) We would like to complete this function by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

11). Cost estimate for item /items requested in #8 & #9

12) All monies received from this grant must be accounted for and reported to MOPHA National President with original receipts ONLY!

13) Please be advised the Military Order of the Purple Heart Auxiliary, Inc reserves the right to NOT fund this grant in whole or in part at our sole and absolute discretion to include our determination of our financial condition during the term of the Grant.

14) We / I the representatives of \_\_\_\_\_ (requester)  
represent and certify that all information provided herein is true and correct to the best of our knowledge.

15) Submitted on behalf of \_\_\_\_\_ (requester)  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed Name and Title

Date received by the Military Order of the Purple Heart Auxiliary  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date approved by the Military Order of the Purple Heart Auxiliary  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill in # 2, and 4, through 15**