



**AMVETS (American Veterans)**  
**Department of Florida Service Foundation, Inc.**  
**HARDSHIP GRANT POLICY**

## **1. MISSION STATEMENT**

The mission of AMVETS (American Veterans) Department of Florida Service Foundation, Inc. (ADFSF) is to honor and support veterans daily. We do this by advocating to improve their quality of life, their families, and the communities they live in. We do this by providing leadership and direct support for programs that benefit veterans. We support Veterans State Nursing Homes, provide scholarship grants to children of veterans and members of Junior ROTC in high schools, colleges, and universities throughout the State of Florida. We provide education and services through our local posts and through our Veteran Service Officers when in need of health care and especially education about the benefits of our multiple National Cemeteries throughout Florida. We provide hardship assistance to AMVET Veterans and their families when in need. Most important we provide disaster relief assistance to our AMVETS family members devastated by named Hurricanes.

## **2. INTRODUCTION**

Each year the ADFSF will set establish a budget line for Veterans and/or dependents that incur financial hardship. The Board Members will authorize this amount in a grant by approval of the annual budget. Once the grant line reaches a zero-balance future hardship grant requests for that budget year will be returned noting, "NO FURTHER FUNDS AVAILABLE THIS FISCAL YEAR". Requests submitted that do not meet the criteria established below will be returned with specific notations that need to be corrected or a note that the applicant does not meet the criteria. Only one hardship grant per AMVETS family is allowed.

## **3. GRANT LIMIT**

The maximum amount allowed per applicant or applicant family member is \$1,000. The ADFSF reserves the right to reduce this amount per majority vote of the board members. Only under very rare extreme conditions and a unanimous vote of the board members may it be increased. Under no circumstances can it exceed the Hardship Grant budget line.

## **4. QUALIFICATION REQUIREMENTS**

Applicants requesting hardship grant assistance must be a member in good standing of AMVETS for a minimum of one year based on the AMVETS National Membership Roster. A copy of the applicant's membership card must be attached to the application. A request for assistance must first go through the Post or if a Member at Large (MAL) the

request must go through the Department Commander. The Post or Department Commander must attach a written statement identifying the reason the Post or Department could not or would not provide any hardship assistance. The Post or Department Commander must also certify that the request is valid, and financial assistance is needed.

## **5. APPLICATION INSTRUCTIONS**

All applications must be submitted to the President of the ADFS via email or U.S. mail. Email applications to [larnett26@gmail.com](mailto:larnett26@gmail.com) and US Mail at PNRP-1/PDC Larry Arnett, 1840 Poston Dr., Panama City, FL 32404-2920.

All applications for financial assistance based on hardship MUST be made to the ADFS either typed or legible writing. Applications must include two (2) sponsors other than the Post or Department Commander. The sponsors must be AMVETS family members in good standing. A copy of their membership card must be attached to the application.

All written or typed requests for financial assistance must include the facts and circumstances surrounding the need for financial hardship assistance.

- a. The request must show the financial status of the member requesting assistance. If receiving a disability check from the Veteran's Affairs, a copy of the letter showing percentage of disability must be provided.
- b. The Request should state how the grant funds will be used.
- c. Any back up information should be included with the application (i.e. past due notices, eviction notices, etc).



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**HARDSHIP GRANT APPLICATION**

**APPLICANT NAME:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

I am requesting a Hardship Grant for \$\_\_\_\_\_ (\$1,000 Maximum)

I am an ☐ Annual Member ☐ Life Member of Post \_\_\_\_\_. I have attached a copy of my membership card as proof of membership.

My two sponsors are shown below. I have attached a copy of their membership cards:

**SPONSOR #1:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPONSOR #2:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NOTE: NEITHER A POST COMMANDER NOR DEPARTMENT COMMANDER MAY BE A SPONSOR**

The information below must be detailed to allow the board of directors to make an affirmative decision. The more detailed the information the easier to get financial assistance. Use additional paper if necessary and attach supporting documentation (late notices, eviction notices if applicable, etc.)

**1. Describe in detail the facts and circumstances causing financial hardship.**

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**2. Financial status of requester:** (List all income from all sources)

a. Wages: \$\_\_\_\_\_

b. Social Security Retirement: \$\_\_\_\_\_

Military Retirement: \$\_\_\_\_\_

VA Disability: % of disability \_\_\_\_\_, \$ amount of disability \$\_\_\_\_\_

**NOTE: Must include VA Letter stating percentage of disability**

Other Retirement (explain): \$\_\_\_\_\_

**3. How will funds be used:**

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**4. Post Commander's investigation results:**

- a. Applicant is a member in good standing in Post \_\_\_\_\_ ☐ YES ☐ NO  
b. Applicant's facts and circumstances are valid \_\_\_\_\_ ☐ YES ☐ NO  
c. I reviewed the application and it is complete and accurate ☐ YES ☐ NO  
d. Describe any assistance the Post has provided to the applicant:

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**I hereby certify that the Application for a Hardship Grant meets the Policy Requirements of the AMVETS (American Veterans) Department of Florida Service Foundation, Inc. I also certify that the required attachments are included in the application.**

**SIGNED:** \_\_\_\_\_ Post \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Post Commander)

**PRINTED SIGNATURE:** \_\_\_\_\_

**FOR SERVICE FOUNDATION USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_ **DATE TO BOARD:** \_\_\_\_\_

**APPLICATION IS:** ☐ **APPROVED**

☐ **REJECTED**

☐ **REDUCED**

☐ **RETURNED FOR MORE INFORMATION**

**PRESIDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**The applicant was approved by the board of directors for a grant of \$\_\_\_\_\_.**  
**Check no. \_\_\_\_\_ dated \_\_\_\_\_, mailed on \_\_\_\_\_.**  
(Date) (Date)

**SIGNATURE OF TREASURER:** \_\_\_\_\_