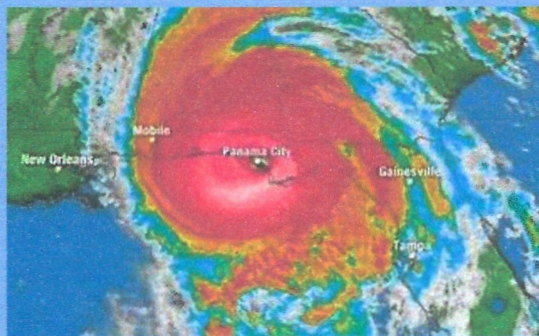
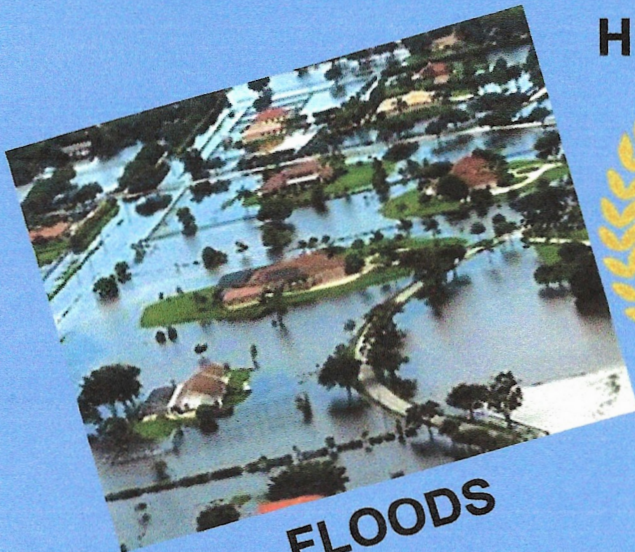


**AMVETS (American Veterans)
Department of Florida
Service Foundation, Inc.**

**DISASTER RELIEF FUND
POLICY**



HURRICANES



FLOODS



FIRES

(Government Declared Disasters)

AMVETS (American Veterans) Department of Florida Service Foundation, Inc.
Disaster Relief Fund Grant Policy
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Approved by the Board of
Directors February 16, 2023
Updated June 23, 2024



AMVETS (American Veterans) Department of Florida Service Foundation, Inc.

DISASTER RELIEF FUND (DRF) POLICY

1. **PURPOSE:** This policy is to provide guidance for the AMVETS (American Veterans) Department of Florida Service Foundation, Inc. (Service Foundation) in assisting AMVETS family members and Posts with disaster relief.
2. **GOAL:** The goal is to provide immediate, emergency assistance to Posts and individual members of the Department of Florida AMVETS family members in areas devastated by a government declared natural disaster including, but not limited to floods, tornadoes, hurricanes, earthquakes, and fires.
3. **ELIGIBILITY:** Applicants must have been a member in good standing for a minimum of 90 days prior to the declared disaster.
4. **APPLICATIONS:** Applications must be accurately and filled out. All applications must be forwarded to the President of the Service Foundation via email or US Mail and dated/postmarked within 45 days of the declared disaster. The applicant must be the owner, or co-owner of the home as listed on the county tax records. Checklists for both individual and post applications are included for your use. Do not include it with the application.
 - A. **INDIVIDUAL APPLICATION:** Individual Applications with special instructions may be found in Appendix A. Individual applicants must also include a copy of the Local Post Verification Sheet (Appendix A, Section I). Only one grant per primary household may be approved.
 - B. **POST APPLICATION:** Post applications with special instructions may be found in Appendix B. Substantiating information must support the AMVETS Post will cease to perform the duties and activities in the community due to losses sustained. Mandatory attachments for Post Application are a letter from the Post Commander or a designated elected officer outlining losses and the impact on the members and community and financial reports (Current Budget, Year to Date Profit & Loss Statement and Balance Sheet).
5. **INDIVIDUAL COVERAGE:** Damage to your primary home that you occupy full time. There are additional funds for some types of medical expenses, reimbursement of out-of-pocket expenses for food, clothing and shelter and other immediate requirements. These funds will NOT be approved to cover potential insurance compensation, deductibles including deductible depreciation, lost wages or to cover monetary losses for a business, structures on your property (barns, tool sheds, fences, pool enclosures), equipment, vehicles, second homes, landscaping, debris removal, or investment (rental) property.
6. **DOCUMENTATION:** Receipts are required for out-of-pocket expenses. These can be actual receipts, copies of bank statements or credit card statements showing the item and cost. Damages to your primary home will require estimates for repairing damages by a licensed contractor or copies of insurance adjuster's reports. When this is impossible to get, you may

notify the Service Foundation President for assistance. Receipts for out-of-pocket expenses dated more than 30 days after the hurricane will not be considered.

APPROVAL PROCESS: After review by the Foundation President or his representative, if additional information is needed, the President or his representative will either call, email, or return the application to the individual member or local Post for resubmission advising what additional information is needed. Replies to the email must be received within 2 weeks of the date sent. If the application is properly completed, with all appropriate documentation the application will be forwarded to the board members of the Service Foundation for their review and final approval. In a case of a tie, the President will vote in accordance with the Service Foundation Constitution and Bylaws. In all cases the decision of the Service Foundation is final and not subject to appeal.

If any of the above criteria has not been met, the application will be rejected and returned to the requesting member via email stating what is needed for amendment or further clarification. Replies to the email must be received within 2 weeks of the date sent.

7. PAYOUTS: In order to accomplish our goal to provide immediate assistance to as many AMVETS family members as possible we have established payout levels based on the amount of money in the fund at the time of the disaster. Four levels of payouts have been established to insure we accomplish this goal. The four levels are below.

<u>Level</u>	<u>Disaster Relief Fund</u>	<u>Individual Max</u>	<u>Post Max</u>
Level 1	Less than \$100,000	\$1,000	\$2,000
Level 2	\$100,000 - \$199,000	\$1,500	\$3,000
Level 3	\$200,000 - \$299,000	\$2,000	\$4,000
Level 4	\$300,000 and over	\$2,500	\$5,000

8. COMMUNICATION: The primary communication in this process is via email. If you do not have email capability, seek assistance from a family member, another post member or the post. Also, make sure that someone monitors this email on a frequent basis. We also need to ensure that your address and phone number are correct. Approved applicants will be sent an email advising such. The address on your application must be correct. Once the application is approved a check will be written and mailed to that address.

9. EXCEPTIONS TO POLICY:

A. ESTIMATES OF DAMAGE CANNOT BE OBTAINED: In instances where licensed contractors are delayed or refuse to inspect and provide estimates for repairs, The Service Foundation will contact an elected officer of the post or district in the affected area to validate the items shown on Appendix A, "Damages / Description of Loss (MUST include Supporting Documentation) using the form provided in this document (Appendix A, Section III). This form will assist the Board to make a fact-based decision on the structural damages and personal needs specified on the application.

B. SITUATIONS REQUIRING IMMEDIATE ACTION: In rare instances where immediate assistance is required a verbal request may be made to the President of the Service Foundation. The AMVETS family member shall contact the president of the Service Foundation to initiate the relief process. The president of the service foundation will write a Memorandum of Record (MOR) to document the request. He will contact the board members and request their input on the approval or disapproval of the MOR request. The MOR will be followed up with a completed application by the AMVETS family member involved. This procedure is only authorized when a written application cannot be completed and forwarded per this Policy and immediate assistance is needed.

The Service Foundation may contact an AMVETS post in the area and request their assistance in getting the immediate attention. The Service Foundation will reimburse the post for any pre-approved costs incurred in assisting the AMVETS family member.

10. OTHER FORMS OF ASSISTANCE AVAILABLE:

- A. For state, local and federal assistance (FEMA) programs go to www.disasterassistance.gov
- B. Obtain computer email and document copy assistance through a post member, Staples, Office Depot, Library and UPS stores.
- C. For evacuation locations contact your local emergency management officer.



APPENDIX A: INDIVIDUAL MEMBER APPLICATION

AMVETS (American Veterans) Department of Florida Service Foundation, Inc. DISASTER RELIEF FUND POLICY

PLEASE READ POLICY INSTRUCTIONS PRIOR TO COMPLETING FORM

You MUST complete every item or your application will be returned without action

APPLICANT FULL NAME: _____
(Last) (First) (MI)

I am a current (check one) [] AMVET [] LAUX [] SON [] MAL

POST NO. _____ Member Number _____ Join date _____
(Note: you must have been a member in good standing for 90 days prior to the disaster as well as a current member in good standing.)

ADDRESS OF YOUR LOSS: _____
& STREET CITY COUNTY STATE ZIP CODE

Provide an email where we may correspond with you. This may be your personal email, or that of a family member or friend. All correspondence will be via email. If you do not provide an email, your application will be returned. NOTE: be sure to check this email frequently throughout the process.

Contact Email (**print clearly**): _____

Phone #: _____

CURRENT MAILING ADDRESS (if different than the location of the disaster): _____

DATE OF DISASTER: _____ TYPE OF DISASTER: _____
(MUST Be Within Past 45 Days) (include the name if named disaster)

Were you evacuated or displaced? [] YES [] NO. If so for how long? _____

Where did you go? Damaged/Evacuated Address: _____
(Street Address) (City) (State) (County) (Zip Code)

Do you have homeowner's insurance? [] YES [] NO (Note: The Disaster Relief Fund Program is **not** designed to assist with insurance deductibles or depreciation.)
- If answer is yes, attach a copy of the coverage page of your policy.

- Have you filed a claim with your insurance company? _____
- If you have received an adjuster's report, and/or full or partial settlement, attach a copy.

Do you have flood insurance? [] YES [] NO. If answer is yes, attach a copy of your coverage page.

- If you have received funds from your flood insurance, attach a copy of the settlement page.

Have you filed a claim with FEMA? [] YES [] NO

- If answer is yes and you have received any funds, how much? \$_____
- If you have received funds attach a copy of the FEMA determination letter. If you did not receive a letter in the mail, one is available at their website online under the "Communications" tab (see policy – Page 3, paragraph 11).

Brief description of Damages/Loss (Attach documents to support all current estimates of repairs, a max of 6 photos, receipts etc.) (use additional pages as necessary)

Emergency Out-of-Pocket Expenses List amounts separately and provide receipts. (MUST only cover food, clothing, shelter/lodging, gas, etc. – items **not** covered by FEMA or insurance.) **MUST** include receipts or copies of bank checking/debit/credit card statement to support expenses. (If these are not available, explain why.) If you paid cash send a log showing \$ amount, who did you pay, what did you purchase. Use additional pages as necessary. The more specific you are the better.

TOTAL CLAIMED COSTS for this application: (Cannot Exceed level amount specified on page 2, paragraph 8 of the Disaster Relief Policy) \$_____

I certify that all the above information is accurate, that this is my primary and only residence, and that I am the owner or co-owner of this residence.

Applicant Signature: _____ Print Name: _____ Date: _____



TO BE COMPLETED BY SERVICE FOUNDATION

Date received by Service Foundation President: _____ LOG # _____



APPENDIX A, Section I - LOCAL POST VERIFICATION FORM

INDIVIDUAL MEMBER APPLICATIONS

DISASTER RELIEF FUND POLICY

The local Post Commander or his representative must validate that the membership information submitted by the applicant is correct – (Service Foundation President or his representative case of MAL members.) Actual Qualification for Disaster Relief Fund assistance is only determined by the Service Foundation President and Board.

APPLICANT'S NAME (Print) _____

APPLICANT IS AN: AMVET LAUX SON MAL

DATE OF DISASTER _____ TYPE OF DISASTER _____

APPLICANTS ADDRESS: _____
(Street) (City) (State) (ZIP)

APPLICANT EMAIL ADDRESS: _____ PHONE: _____

.....
The following information must be completed and verified by a post officer. Inaccurate information or falsification may result in disciplinary action.

DATE REQUEST RECEIVED BY POST _____

MEMBER ID NUMBER: _____ DATE MEMBER JOINED: _____

LIFE MEMBER OR DATE MOST RECENT ANNUAL RENEWAL _____

CERTIFICATION OF MEMBERSHIP INFORMATION:

I certify that the above information accurately reflects the applicant's membership status both currently and on the date of the declared disaster. I also certify the applicant's address and contact info is correct.

SIGNED: _____ PRINT: _____
(Post Commander/Designated Officer Signature) (Date Signed)

POST/DISTRICT OFFICE HELD _____



APPENDIX A, Section II - CHECKLIST FOR THE INDIVIDUAL APPLICATION

- I am or have been a member of the AMVETS. LAUX or Sons MAL for at least 90 days at the time of the disaster.
- I am currently a member in good standing at Post _____ or MAL.
- The grant application has been filled out completely and accurately.
- The grant request has been verified and signed by the Post Commander or his/her designated officer (Page 6 of the Policy)
- The amount requested is the same on the Department of Florida Service Foundation Disaster Relief Fund Policy (page 2 paragraph 8 of the policy) and the Local Post Verification Sheet (Appendix A, Section I, page 6 of the policy).
- My Grant Request does not exceed the level of funding shown in the Disaster Relief Fund Policy, page 2, paragraph 8
- The amount requested does not duplicate insured items, monetary losses from a business, structure on your property (car ports, barns, tool shed, etc.), equipment, vehicles or investment (rental) property. It does not request reimbursement for insurance deductible amounts.
- Supporting documentation is attached to my application. This covers photos (limit of 6) of the damage, receipts for temporary lodging and food. These receipts can be actual receipts from the vendors, copy of a bank statement showing the entry and amount, copy of a credit card statement showing the entry and amount and copies of estimates for repairs, etc.
- For faster results, I am emailing my package to the President of the Service Foundation at tkcorson@comcast.net.
- I am mailing my application to PDC Terry Corson, 1401 Pelican Ln., North Port, FL 34286. If mailed, it must be postmarked within 45 days of the declared disaster.

NOTE: For Applicant use only. Do not include with your application.



APPENDIX A, Section III

**DISTRICT AND POST COMMANDER VALIDATION OF DAMAGE
INDIVIDUAL DISASTER RELIEF FUND POLICY
MEMBER APPLICATION**

To be completed ONLY at the request of the Service Foundation

*"In instances where licensed contractors are delayed or refuse to inspect and provide estimates for repairs, the Service Foundation will contact an elected officer of the post or district in the affected area may validate the items on page 5 of 11 titled, "Brief description of Damages/Loss". This form will assist the Board to make a fact-based decision on the structural damages and personal needs specified on the application. **This form is not used to support/validate other personal claims by the member, i.e., food, lodging, gas, etc. Separate documentation is required for such claims.***

PDC Terry Coson, President
AMVETS (American Veterans)
Department of Florida
Service Foundation, Inc.

DATE DAMAGE VALIDATED: _____

I am the District ___ Commander Post ___ Commander other elected post officer validating the structural damage listed on the application submitted by AMVETS Family Member _____, an AMVET, LAUX, Son MAL Member in good standing residing at (address)

which is the same as the address shown on the Application.

As a result of my visual inspection, I verify that the damage described on the application is accurate incomplete (more or less damage). I offer the following explanation of incomplete: Continue on attached sheet as necessary

SIGNED: _____ PRINT: _____ TITLE: _____
(Post Commander / Designated Officer)

DATE SIGNED: _____



APPENDIX B: Post Applications

AMVETS (American Veterans) Department of Florida Service Foundation, Inc.

DISASTER RELIEF FUND (DRF) POLICY

MEMBERS AND POSTS ARE ENCOURAGED TO CAREFULLY READ ALL DIRECTIONS AND COMPLETE ALL ITEMS ON THE APPLICATION/VERIFICATION ETC.

PLEASE READ POLICY INSTRUCTIONS PRIOR TO COMPLETING FORM

You MUST complete every item or your application will be returned without action

POST NO. _____ THIS POST FACILITY IS [] RENTED [] LEASED [] OWNED

APPLICANT FULL NAME: _____
(Last) (First) (MI)

OFFICE HELD AT POST: _____ (Must be an elected officer)

ADDRESS OF POST: _____
& STREET CITY COUNTY STATE ZIP CODE

Provide an email where we may correspond with you. This may be your personal email, or that of a family member or friend. All correspondence will be via email. If you do not provide an email, your application will be returned. NOTE: be sure to check this email frequently throughout the process.

Contact Email (print clearly):

Contact Phone #: _____

CURRENT MAILING ADDRESS (if different than the location of the disaster): _____

DATE OF DISASTER: _____ TYPE OF DISASTER: _____
(MUST Be Within Past 45 Days) (include the name if named disaster)

IS THE POST ABLE TO FUNCTION: [] YES [] NO

Does the post have insurance? [] YES [] NO Note: The Disaster Relief Fund Program is not designed to assist with insurance deductibles or depreciation.)

- If answer is yes, attach a copy of the coverage page of your policy.
- Has the post filed a claim with the insurance company? [] YES [] NO

- If the post has received an insurance adjuster's report, and/or full or partial settlement, attach a copy.

Does the post have flood insurance? YES NO. If answer is yes, attach a copy of the coverage page.

- If funds have been received from the flood insurance, attach a copy of the settlement page.

Brief description of Damages/Loss (Attach documents to support all current estimates of repairs, a max of 6 photos, receipts etc.)

Emergency Out-of-Pocket Expenses. List amounts separately and provide receipts. (MUST only cover emergency supplies for protection of the post, items **not** covered by FEMA or insurance.) **MUST** include receipts to support expenses. (If these are not available, explain why.) If you paid cash send a log showing \$ amount, who did you pay, what did you purchase. Use additional pages as necessary. The more specific you are the better.

TOTAL CLAIMED COSTS for this application: (Cannot Exceed the level amount shown in the Disaster Relief Policy, page 2, paragraph 8) \$ _____

I certify that all the above information is accurate, that I am the Post Commander or designated elected officer of this post.

Applicant Signature: _____ Print Name: _____ Date: _____

I have attached a letter from the Post Commander or a designated elected officer outlining losses and the impact on the members and the community.

I have attached financial reports (Current Budget, Year to Date Profit & Loss Statement and Balance Sheet).



TO BE COMPLETED BY SERVICE FOUNDATION

Date received by Service Foundation President: _____ LOG # _____



APPENDIX B, SECTION I: POST CHECKLIST

DISASTER RELIEF FUND POLICY

- [] The grant application has been filled out completely and accurately by the commander or a designated elected officer of the Post, District or Department.
- [] The grant request has been verified and signed by the Post Commander or his/her designated officer (Page 9 & 10 of the Policy)
- [] The Grant Request does not exceed the level amount shown in the Disaster Relief Fund, page 2, paragraph 8.
- [] The Post has insurance (Insurance Acord 25 or insurance page showing coverages) with a document showing coverage values and deductibles is attached.
- [] A copy of the financial documents specified are attached (Disaster Relief Policy, page 10 of 11)
- [] An email has been provided that can and will be checked regularly.
- [] All supporting documentation is attached to the application. This covers photos (max of 6) of the damage, receipts for emergency supplies, etc. These receipts can be actual receipts from the vendors, copy of a bank statement showing the entry and amount, copy of a credit card statement showing the entry and amount and copies of estimates for repairs, etc.
- [] A written report from a Post or District officer outlining losses and the impact on the members or community is attached to the Post Application. (Disaster Relief Policy, Page 1, Para 4. B.)
- [] For faster results, I am emailing my package within 45 days of the declared disaster to the President of the Service Foundation at tkcorson@comcast.net. (preferred method)
- [] I am mailing my application within 45 days of the declared disaster to PDC Terry Corson, 1401 Pelican Ln., North Port, FL 34286.