



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

DISASTER RELIEF FUND (DRF) POLICY

This policy is to provide guidance for the AMVETS (American Veterans) Department of Florida Service Foundation, Inc. (Service Foundation) in assisting AMVETS family members with disaster relief.

INDIVIDUAL MEMBER GRANTS: Disaster relief grants from this fund provide immediate, emergency assistance to members of Department of Florida AMVETS and subordinate organization members in areas devastated by a declared disaster, to include floods, tornadoes, hurricanes, earthquakes, fires or other related personal adverse events who are experiencing financial difficulty. For example, the grant can cover portions of damages to your primary personal property, damage to your primary home that you occupy, provide funds for some types of medical expenses, reimburse out-of-pocket expenses for food, clothing and shelter and other hardships. The applicant must have been in good standing **for a minimum of 6 months** prior to the incident in accordance with the National Membership Roster. The grant must be submitted to the Service Foundation President or his representative in accordance with the paragraphs below. ***These funds are not designated for insurance compensation or to cover monetary losses for a business, structures on your property (barns, tool sheds), equipment, vehicles or investment (rental) property.*** Individual members may apply for assistance. Only one grant per household up to \$2,500 will be approved. Requests for grants must be made through the member's local Post Commander or other designated officer. The local post will certify that a hardship exists and the member information is correct, then forward the request to the President of the Service Foundation. In case of a Member at Large (MAL) the member will forward the request through the Department Commander. The Department Commander may at his discretion delegate the local District Commander to certify that a hardship exists.

POST GRANTS: Same criteria apply. Post Grants (up to \$5,000) must derive from a declared natural disaster, fire, flood or incident approved by the Service Foundation. Substantiating information must provide that the AMVETS Post will cease to perform the duties and activities in the community due to losses sustained. A written report from a Post or District Officer outlining losses and the impact on the members or community should be provided with the Grant Application. The DRF is not a replacement for insurance. It is the responsibility of each Post to have necessary insurance to sustain operations in the event of damage.

REQUIRED APPLICATION INFORMATION: The Service Foundation must have sufficient, documented information to justify the need. The application must be filled out **completely and accurately**. If needed, attach additional sheet(s) for supporting data (photos, receipts for temporary lodging and food, work estimates, etc.) A checklist is attached as Appendix B & C for Individual and Post. A copy of the checklist must accompany your application. NOTE: Grant requests must be submitted within 90 days of the Disaster or incident.

DISTRIBUTION OF COPIES: Applicant will forward via regular mail or email the original and all supporting documentation to **President of the Service Foundation**, for processing. Keep a copy of everything for your records. **Make sure you have included proper documentation, photos of hardship and checklist to help justify the grant request. Grants without the required documentation and photos or non AMVETS Family Members will not be considered.**

RECOMMENDATION/SIGNATURE OF GRANT APPLICATIONS: After review by the Foundation President or his representative, if additional information is needed, the President or his representative will either call or return the application to the individual member of local Post for resubmission. 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 all cases the decision of the Service Foundation is final.

If any of the above criteria has not been met, the application will be rejected and returned to the requesting member with a letter/email stating what is needed for amendment or further clarification.

PROCEDURES IMMEDIATELY FOLLOWING A DISASTER: In some disasters where lines of communication have been interrupted and power lines are down, there is no way the application can be processed to get needed immediate assistance. In these instances, a verbal request may be acted upon to aid an affected AMVET or AMVETS family member. The verbal request must be documented in the form of a Memorandum of Record (MOR). This MOR can be used to get immediate assistance required to assist the victim of a disaster. **Member shall contact the local post or the Department Commander in the case of an MAL to initiate the relief process.**

This MOR will be submitted to the President of the Service Foundation. He will contact the board members and request their input on the approval or disapproval of the MOR request. If possible, the MOR will be followed up by a completed request application. This procedure is only authorized when a written request cannot be completed and forwarded per this Policy.

In these instances, the Service Foundation will contact Posts in the immediate area and request their support to provide the requested assistance. For example, if the request is for a generator to provide needed power, the post will be asked to purchase the generator and deliver it to the requesting AMVET or AMVETS Family Member. The Service Foundation will reimburse the post for the costs incurred in the deliver process, within the rules of this Policy. This will give us the quickest response in an adverse situation.

In instances where it is confirmed by the applicable officer that licensed contractors are delayed or refuse to inspect and provide estimates for repairs, an elected officer of the post or district in the affected area may validate the items on page 3 of 7 titled, "Damages / Description of Loss (MUST include Supporting Documentation)" using the form provided in this document.

IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THE APPLICATION, CONTACT THE PRESIDENT OF THE SERVICE FOUNDATION FOR ASSISTANCE.

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



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

DISASTER RELIEF FUND APPLICATION

[] Individual Member Grant (Check One) [] AMVET [] LAUX [] SON
[] Post Grant – Must be Completed by Authorized Elected Post Officer

PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING FORM

DATE OF DISASTER: _____ TYPE OF DISASTER: _____
(MUST Be Within Past 90 Days) (include the name if named disaster)

LOCATION OF DISASTER: _____
CITY COUNTY STATE

APPLICANT: _____ Member Number & Join Date: _____
(Last) (First) (MI)

POST NO. _____ Office Currently Held at Post: _____
(For Post Grants Only)

Damaged/Evacuated Address: _____
(Street Address) (City) (State) (County) (Zip Code)

Damages / Description of Loss (Must include Supporting Documentation: IE: Photos, repair estimates, written statements, etc. For Post Grant must include explanation of why the post will cease to perform duties and activities in the community and the effect on membership)

Describe any of the damages listed above that were existing prior to the incident. (MUST include dates of previous repair, permits required for repairs and contractor making repairs)

List of Out-of-Pocket Expenses – not covered by insurance. (MUST only cover food, clothing, shelter, gas, etc. MUST include receipts)

TOTAL CLAIMED COSTS: (Cannot Exceed \$2,500 Individual or \$5,000 post) _____

Other Sources of Reimbursement (Insurance or FEMA). If no insurance, or other reimbursement anticipated, so state: _____

Amount of Reimbursement \$ _____ How long were you evacuated / displaced? _____

Email Address: _____ Phone # _____

Applicant Signature: _____ Print Name: _____ Date: _____



LOCAL POST VERIFICATION SHEET

The items below must be checked off and verified prior to submission to the AMVETS (American Veterans Department of Florida Service Foundation, Inc. Board

DATE REQUEST RECEIVED: _____ GRANT FOR [] INDIVIDUAL [] POST

REPORT FILED BY (NAME) _____ POSITION IN POST _____

APPLICANT IS AN: [] AMVET [] LAUX [] SON ID NUMBER: _____

DATE JOINED: _____

AMOUNT OF MONEY REQUESTED: \$_____ (Not to exceed Policy limitations; \$2,500 individual; \$5,000 Post)

TYPE OF INCIDENT: [] Natural Disaster [] Flood [] Tornado [] Hurricane [] Earthquake [] Fire [] Personal Adverse Event (Describe) _____

REQUEST IS FOR: [] Damage to primary home [] Medical Expenses [] Food [] clothing [] Alternate Shelter [] Other (Explain, attach additional pages as necessary) _____

POST GRANT EXPLANATION: (Explanation of why the post will cease to perform the duties and activities in the community due to losses sustained, impact to the membership or community and insure the damages to the Post are not covered by Post insurance; attach additional pages as necessary.)

VALIDITY OF DOCUMENTATION SUBMITTED: (The local Post Commander or his representative must validate that the information submitted by the applicant is valid. Department Commander or District Commander if so designated in the case of MAL members.) Qualification for assistance is only determined by the Service Foundation President and Board.

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

FOR SERVICE FOUNDATION USE ONLY:

The AMVETS (American Veterans) Department of Florida Service Foundation, Inc. President/Representative has reviewed the application, verified the documentation and makes the following recommendation to the Service Foundation Board Members.

PRESIDENT / REPRESENTATIVE [] APPROVE AMOUNT \$_____ [] DISAPPROVE

Signature: _____ Date: _____

SERVICE FOUNDATION BOARD MEMBERS: [] APPROVE AMOUNT [] \$_____ [] DISAPPROVE

APPENDIX A

DISTRICT AND POST COMMANDER VALIDATION OF DAMAGE

The Disaster Relief Policy includes an application for both individual AMVETS Family Members and Posts. During the Hurricane Ian process, we learned that sometimes it is difficult or impossible to get a licensed general contractor to inspect and provide an estimate to repair damages incurred within a reasonable amount of time. The Board honored the request of District and Post Commanders in the affected area to assist in the validity of the damages submitted on the application. The Disaster Relief Policy was updated adding the following language, *"In instances where it is confirmed by the applicable officer that licensed contractors are delayed or refuse to inspect and provide estimates for repairs, an elected officer of the post or district in the affected area may validate the items on page 2 of 7 titled, "Damages / Description of Loss (MUST include Supporting Documentation" using the form provided in this document.* This form will provide the information needed for the Board to make a fact-based decision on the structural damages 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.**

PNRP-1/PDC Larry Arnett, President
AMVETS (American Veterans)
Department of Florida
Service Foundation, Inc.

DATE: _____

I am the [] District ___ Commander [] Post ___ Commander validating the structural damage listed on the application submitted by AMVETS Family Member _____, an [] AMVET, [] LAUX, [] Son 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: _____

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

DATE DAMAGE VALIDATED: _____

APPENDIX B

CHECKLIST OF REQUIREMENTS FOR THE APPLICATION INDIVIDUAL APPLICATION

- I am or have been a member of the AMVETS. LAUX or Sons for at least 6 months.
- I am currently a member in good standing at Post _____.
- 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 4 of the Policy)
- The amount requested is the same on The Department of Florida Service Foundation Disaster Relief Fund Application (page 2 of the policy) and the Local Post Verification Sheet (page 4 of the policy).
- My Grant Request does not exceed \$2,500.00
- The amount requested does not duplicate insured items, monetary losses from a business, structure on your property (bards, tool shed), equipment, vehicles or investment (rental) property.
- All supporting documentation is attached to my application. This covers photos 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 larnett26@gmail.com.
- I am mailing my application to PNRP-1/PDC Larry Arnett, 1840 Poston Dr., Panama City, FL 32404-2920.

APPENDIX C

CHECKLIST OF REQUIREMENTS FOR THE APPLICATION POST APPLICATION

- [] The grant application has been filled out completely and accurately by an 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 4 of the Policy)
- [] The amount requested is the same on The Department of Florida Service Foundation Disaster Relief Fund Application (page 2 of the policy) and the Local Post Verification Sheet (page 4 of the policy).
- [] The Grant Request does not exceed \$5,000.00
- [] The Post has insurance (copy of Insurance Acord 25 is attached.
- [] The amount requested does not duplicate insured items, monetary losses from a business, structure on your property (bards, tool shed), equipment, vehicles or investment (rental) property.
- [] All supporting documentation is attached to my application. This covers photos 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.
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