



## THE DEPARTMENT OF FLORIDA SERVICE FOUNDATION DISASTER RELIEF FUND (DRF) POLICY

This policy is to provide guidance for the AMVETS Department of Florida Service Foundation in assisting AMVETS members with disaster relief.

**INDIVIDUAL MEMBER GRANTS:** Disaster relief grants from this fund provide immediate, emergency assistance to members of Department of Florida AMVETS or members of its subordinate organization members in areas devastated by a declared natural 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 Department of Florida Service Foundation President or his representative in accordance with the paragraphs below. *These funds are not designed for insurance compensation or to cover monetary losses from 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 forward the request to Department of Florida Service Foundation. In the 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.). NOTE: Grant requests must be submitted within 90 days of the Disaster or incident.

**DISTRIBUTION OF COPIES:** Applicant will forward 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 and photos of hardship 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 APPLICATION:** 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 or local Post for resubmission. If the application is properly completed, the application will be forwarded to the board members of the Department of Florida 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 requesting member with a letter 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 effected AMVET or AMVETS family member. The verbal request must be documented in the form of a Memorandum of Record. This Memorandum of Record 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 a MAL to initiate the relief process.** This Memorandum of Record will be submitted to the President of the Service Foundation. He will contact the board members of the Service Foundation and request their input on the approval or disapproval of the Memorandum of Record request. If possible, the Memorandum of Record will be followed up by a completed request application. This procedure is only authorized when a written request cannot be completed and forwarded per the 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. The Service Foundation will reimburse the post for the costs incurred in the delivery process. This will give us the quickest response in an adverse situation.

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



THE DEPARTMENT OF FLORIDA SERVICE FOUNDATION  
DISASTER RELIEF FUND APPLICATION

[ ] Individual Member Grant (Circle One) AMVET AUX SON  
[ ] Post Grant – Must be Completed by Authorized 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

NAME: \_\_\_\_\_ AMVETS Membership ID# & Join Date \_\_\_\_\_  
(Last) (First) (MI) (AMVETS, LAUX or SONS ID)

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

Damaged/Evacuated Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Damages / Description of Loss (MUST include Supporting Documentation: IE. Photographs, 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)

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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)

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

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Total Claimed Costs: \$ \_\_\_\_\_

Other Sources of Reimbursement (i.e., insurance): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

How long were you evacuated / displaced?

\_\_\_\_\_

How can we contact you? Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



## LOCAL POST VERIFICATION SHEET

The items below must be checked off and verified prior to submission to the Department of Florida Service Foundation Board.

DATE REQUEST RECEIVED: \_\_\_\_\_ GRANT FOR  INDIVIDUAL  POST

REPORT FILED BY (NAME) \_\_\_\_\_

APPLICANT IS AN:  AMVET  AUX  SON ID NUMBER: \_\_\_\_\_

AMOUNT OF MONEY REQUESTED: \$ \_\_\_\_\_

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) \_\_\_\_\_

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)

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.)

\_\_\_\_\_  
Post Commander/Designated Officer

### FOR SERVICE FOUNDATION USE ONLY:

The Department of Florida Service Foundation President/Representative has reviewed the application, verified the documentation and makes the following recommendation to the Department of Florida Service Foundation Board Members:

PRESIDENT/REPRESENTATIVE:  APPROVE AMOUNT \$ \_\_\_\_\_  DISAPPROVE

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE FOUNDATION:  APPROVE AMOUNT \$ \_\_\_\_\_  DISAPPROVE