



SONS OF AMVETS NATIONAL HEADQUARTERS ASSISTING GRANT REQUEST FORM

4647 Forbes Blvd.
(301) 683-4099

Lanham, MD 20706
Fax - (301) 683-3099

DATE:	_____	AMOUNT OF ASSISTING FUNDS REQUESTED:	_____	\$	_____
DEPARTMENT:	_____	DISTRICT:	_____	SQUADRON NO:	_____
PAYABLE TO:	_____				
	(PAYABLE TO: MUST BE A District, Department or Squadron)				
ADDRESS:	_____				
CITY:	_____	STATE:	_____	ZIP CODE:	_____
CONTACT PERSON:	_____				
CONTACT EMAIL:	_____				

Assisting Grant Fund Guidelines

1. Any Department, District or Squadron may apply for assisting grant funds.
2. This form and all required documentation must be received at National Headquarters a minimum of two (2) weeks before the next National Executive Committee or National Executive Board Meeting. At the discretion of the National Finance officer, Assisting grant requests received after the minimum two (2) weeks may be held until the following NEC meeting or National Executive Board Meeting.
3. An Assisting Grant request may NOT be made where another National Program currently exists for the stated program details. (i.e. Sweats for Vets or Undergarment...etc.)
4. The Requestor MUST have raised or spent their portion of the funds requested for reimbursement.
5. In the event that funds have already been spent, the Requestor MUST attach a copy of all receipts spent on the program.
6. In the event funds have not yet been spent, the requestor MUST provide documentation showing the funds have either been raised or price quotes showing the amount that will be spent.
7. The National Executive Committee, National Executive Board or National Finance Committee may award up to a maximum of \$500 to any Department, District or Squadron submitting Assisting Grant Request Form(s) within the current National Sons of AMVETS fiscal year.
8. Assisting Grant requests will be decided based on the merits of the program and funds available in the Assisting Grant Fund.
9. If the request is denied or reduced, the National Finance Officer shall write a letter of explanation and mail within 7 business days of the decision.

DESCRIBE THE PROGRAM IN DETAIL:

(ATTACH ADDITIONAL PAPER IF NECESSARY)

FOR NATIONAL OFFICE USE ONLY

APPROVED OR DENIED	_____	AMOUNT GRANTED	_____	\$	_____
PRINTED NAME:	_____	TITLE	_____		_____
AUTHORIZED SIGNATURE	_____	DATE	_____		_____

Revised October 2015