

SONS OF AMVETS NATIONAL HEADQUARTERS ASSISTING GRANT REQUEST FORM

PO Box 1260. Hyattsville, MD 20785 (301) 683-4099 Fax - (301) 683-3099

DATE:	AMOUNT OF ASSISTING FUNDS REQUESTED:		
DEPARTMENT:	DISTRICT:	SQU	JADRON NO:
PAYABLE TO:			
ADDRESS:	(PAYABLE TO: MUST BE A District, Department or Squadron)		
CITY:		STATE:	ZIP CODE:
CONTACT PERSON:			
CONTACT EMAIL:			
Committee for approve National Convention carried over to the new 5. Programs which are reference 6. A minimum of 25% of 7. Projects submitted where 8. In the event that funds 9. In the event funds have 10. The National Departm Grant Request Form(second 11. Assisting Grant request form)	un as fundraisers in any way shall not be if the cost of the program shall be borne nich are for physical improvements to A is have already been spent, the Requestor we not yet been spent, the requestor must ment may award up to a maximum of \$5	January 1st and June 30th sha citly on this form, under no of e considered for an Assisting by the Department, District MVETS physical property st r must attach a copy of all re t provide price quotes showing 00 to any Department, District of the program and funds ava- cer shall write a letter of expl	all be submitted to the following circumstances will any project be Grant. or Squadron submitting the request. hall not be considered. ceipts spent on the program. In the amount that will be spent. ct or Squadron submitting Assisting wilable in the Assisting Grant Fund.
	(ATTACH ADDITIONAL P	PAPER IF NECESSARY)	
	FOR NATIONAL OI	FFICE USE ONLY	
PROVED OR DENIED		AMOUNT GRANTED	
NTED NAME:		TITLE	

DATE

Revised June 2024

AUTHORIZED SIGNATURE