



DISASTER RELIEF POLICY

JOINT VENTURE WITH DEPARTMENT OF FLORIDA AND DEPARTMENT SERVICE FOUNDATION



OCTOBER 1, 2017

AMVETS DEPARTMENT OF FLORIDA
1401 PELICAN LANE, NORTH PORT, FL 34286

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

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

INDIVIDUAL MEMBER GRANTS: Disaster relief grants from this fund provide immediate, emergency assistance to members of AMVETS or AMVETS subordinate *current* members in areas devastated by a natural disaster, to include floods, tornadoes, hurricanes, earthquakes, fires or other related personal adverse events. 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 prior to the incident in accordance with the National Rosters. The grant must be recommended by the Department of Florida Executive Board and approved by the Department of Florida Service Foundation. *These funds are not designed for insurance compensation or to cover monetary losses from a business, structures on your property (barns, tool sheds), equipment or vehicles.* Individual members may apply for assistance. Only one grant per household (up to \$5,000) will be approved.

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 Department and 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: Department and 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 through AMVETS Department of Florida Executive Board and approved by the Service Foundation. The Documentation must be received within 90 days of the Disaster or incident.

DISTRIBUTION OF COPIES: Applicant will forward original and all supporting documentation to **Department Headquarters, Terry Corson, Commander, 1401 Pelican Lane, North Port, FL**, for processing. Keep a copy of everything for your records. All grant requests must be reviewed and signed by the Department Commander after approval of the DEB before being sent to the Service Foundation. **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 reviewed by Department, if additional information is needed, the Department will either call or return the application to the individual member or local Post for resubmission. If the application is properly completed, a recommendation will be made and signed by the Department Commander with the recommended amount, then forwarded to the Department of Florida Service Foundation for their review and approval. When approved by the Service Foundation, a check will be issued and forwarded to Department Headquarters for issuance to the applicant.

If any of the above criteria has not been met, the application will be rejected and returned to Department Headquarters with a letter stating what is needed for amendment or further clarification. If the application is disapproved, it will be returned to Department Headquarters who will notify the applicant.

IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION, CONTACT THE DEPARTMENT EXECUTIVE DIRECTOR FOR ASSISTANCE.



**THE DEPARTMENT OF FLORIDA
AND
THE DEPARTMENT OF FLORIDA SERVICE FOUNDATION
DISASTER RELIEF FUND APPLICATION**



[] Individual Member Grant **(Circle One)** AMVET LAUX 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)

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 (Must only cover food, clothing, shelter, gas, etc. Must include receipts)

Total Displacement Costs: \$ _____

Other Sources of Reimbursement: _____ **Amount:** \$ _____

How long were you evacuated / displaced? _____

How can we contact you? Home Phone: _____ Cell Phone: _____

Email address: _____

Applicant Signature: _____ **DATE:** _____



THE DEPARTMENT OF FLORIDA DISASTER RELIEF FUND VERIFICATION SHEET



The items below must be checked off and verified prior to submission to the Department of Florida Service Foundation. The completed package must be forwarded to the President of the Service Foundation for his distribution to the Service Foundation Trustees.

DATE REQUEST RECEIVED: _____ **GRANT FOR** **INDIVIDUAL** **POST**

REPORT FILED BY (NAME) _____

APPLICANT IS AN: **AMVET** **LAUX** **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 Department must validate that the information submitted by the applicant is valid. This may be by phone to specific business, Government records, etc.)

FOR DEPARTMENT AND SERVICE FOUNDATION USE ONLY:

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

DEPARTMENT: **APPROVE** **DISAPPROVE** **RECOMMENDED AMOUNT \$** _____

Signature: _____ **DATE:** _____

SERVICE FOUNDATION: **APPROVE** **DISAPPROVE** **RECOMMENDED AMOUNT \$** _____

Signature: _____ **DATE:** _____