**SONS OF AMVETS**

**Department of Florida**

# VAVS ASSISTANCE GRANT

ONCE ANNUALLY EACH SQUADRON WITHIN THE DEPARTMENT OF FLORIDA MAY APPLY FOR A GRANT FROM DEPARTMENT FOR $250. THIS GRANT IS TO HELP FUND A

SQUADRON PROGRAM TO BE HELD AT A VA HOSPITAL, MEDICAL CENTER, OUTPATIENT CLINIC OR STATE RUN VETERANS HOME.

GRANTS ARE ALSO GIVEN TO HELP SQUADRONS WORKING JOINTLY WITH OTHER VETERANS OR COMMUNITY ORGANIZATIONS.

THIS ANNUAL GRANT MAY BE APPLIED FOR BY THE SQUADRON 30 DAYS PRIOR TO THE DATE OF THE EVENT.

**Should the Squadron fail to report the event in detail, no further Grants will be forthcoming**

A detailed Report of the Squadron Program **MUST** be submitted to the SOA Department 2nd Vice

Commander Tim Brooke, accompanied with a completed Project Reporting Form or by Online Reporting.

EXAMPLE: DO NOT REPORT “HELD A DINNER”

DO REPORT “HELD A STEAK DINNER AT BAY PINES VA. 256 HOSPITALIZED VETERANS

WERE SERVED. PROGRAM (if applicable) WAS JOINT WITH VFW, DAV AND LOCAL CHURCH

GROUP. THE MONEY FROM THE GRANT HELPED TOWARD THE COST OF FOOD, CHARCOAL, DOOR PRIZES AND ENTERTAINMENT FOR THE VETERANS.

**FILL IN APPLICATION ON THE FOLLOWING PAGE AND SUBMIT TO 2ND VICE COMMANDER Tim Brooke**

I have read and understood the Reporting Requirements as outlined above.

I agree to submit a Detailed Report to the SOA Department 2nd Vice Commander Tim Brooke, describing the Squadron Project as outlined on the following page. This will be done within 30 days of the event I am requesting funds for.

Signature of Squadron Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Office of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SONS OF AMVETS DEPARTMENT OF FLORIDA**

**VAVS ASSISTANCE PROGRAM**

**PLEASE ALLOW 4 WEEKS FOR PROCESSING AFTER MAILING**

**DATE OF PROGRAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF SQUADRON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS OF FACILITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**DESCRIBE YOUR PROGRAM IN DETAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NAME AND ADDRESS OF SONS MEMBER IN CHARGE INCLUDING OFFICE HELD**

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**SIGNATURE OF SQUADRON REPROSENTATIVE REQUESTING FUNDS AND RESPONSIBLE FOR REPORTING ON THE EVENT WITHIN 30 DAYS OF EVENT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE HELD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF FACILITY ACTIVITIES DIRECTOR OR ASSISTANT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAIL COMPLETED FORM TO: SOA DEPARTMENT OF FLORIDA**

**2ND VICE COMMANDER JERRY PADOT**

**12121 LITTLE RD. #117**

**HUDSON, FL 34667**

**APPROVED BY DEPARTMENT 2ND VICE COMMANDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED BY DEPARTMENT COMMANDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SQUADRONS MAY APPLY ONCE ANNUALY FOR FUNDS UP TO $100.00. YOU MUST FOLLOW UP WITH A “PROJECT REPORT” WITHIN 30 DAYS OF THE EVENT.**

**SHOULD YOU FAIL TO DO SO, YOU WILL NOT RECEIVE FURTHER FUNDING**

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