



DATE: _____ AMOUNT OF ASSISTING FUNDS REQUESTED: _____ \$ _____

SQUADRON NAME: _____ COMMANDER: _____ SQUADRON NO: _____

PAYABLE TO: _____

(PAYABLE TO: MUST BE A SQUADRON)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____

CONTACT EMAIL: _____

1. Any Squadron may apply for assisting grant funds.
2. This form and all required documentation must be received by the Department Finance Officer a minimum of two (2) weeks prior to the State Executive Committee Meeting or Department Convention.
3. An Assisting Grant request may not be made where another Department Program currently exists. (i.e. VAVS, etc.)
4. Programs and projects run between June 1st and September 30th shall be submitted at the following State Executive Committee in October for approval. Programs and projects that run October 1st and January 31st shall be submitted at the following State Executive Committee in February for approval. Programs and projects run between February 1st through May 31st shall be submitted at the Department Convention in June. Except as described explicitly on this form, under no circumstances will any project be carried over to the next awarding period.
5. Programs which are run as fundraisers in any way shall not be considered for an Assisting Grant.
6. A minimum of **25%** of the cost of the program shall be borne by the Squadron submitting the request.
7. **Projects submitted which are for physical improvements to AMVETS physical property shall not be considered.**
8. If Squadron funds have already been spent, the **Requestor must attach a copy of all receipts spent on the program.**
9. The Department of Florida may award up to a maximum of \$500.00 to any Squadron submitting Assisting Grant Request Form(s) per fiscal year.
10. Assisting Grant requests will be decided based on the merits of the program and funds available in the Assisting Grant Fund.
11. If the request is denied or reduced, the Department Finance Officer shall write a letter of explanation and mail to the Squadron within 7 business days of the decision.

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APPROVED OR DENIED _____ AMOUNT GRANTED \$ _____

PRINTED NAME: _____ TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____