



## GRANT REQUEST FORM

AMVETS DEPARTMENT OF ALABAMA SERVICE FOUNDATION, INC.

117 Lillie St.  
Opp, Alabama 36467

16 August 2022

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# Grant Request Form

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Contents apply to the AMVETS Department of Alabama Service Foundation, Inc. Inquires or questions should be submitted in writing to the Foundation President.

## Overview

Open Season for grant requests from AMVETS Department of Alabama Service Foundation begins starts on January 2nd and ends April 30th. Completed grant request forms are submitted by the Post Commander to the Department Commander. After the Department Commander endorses the request, they shall be reviewed at the Foundation Mid-Year Meeting. Emergency need requests are submitted when such emergency arises and reviewed by the foundation as soon as possible. The Post Finance Officer shall be the responsible person for receiving, disbursing and reporting on grant funds.

This form is for AMVETS Department of Alabama use only.

## Grantee Information:

Amount Requested:                   \$ \_\_\_\_\_

Post Number:                           \_\_\_\_\_

Post Commander:                   \_\_\_\_\_

Post Finance Officer:               \_\_\_\_\_

Street Address:                       \_\_\_\_\_

City, State, Zip:                    \_\_\_\_\_

Phone Number:                      \_\_\_\_\_

Post Federal EIN:                    \_\_\_\_\_

Alabama Entity Number:            \_\_\_\_\_

Alabama Tax Exempt Number:      \_\_\_\_\_

Name of program Grant funds shall support: \_\_\_\_\_  
\_\_\_\_\_

Program Start Date:                \_\_\_\_\_

Program End Date:                    \_\_\_\_\_

Department of Alabama Commander Endorsement.

I, \_\_\_\_\_ have reviewed this grant request and recommend the foundation consider funding this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Executive Summary of Grant Request**

*Provide an executive summary for the grant proceeds as it relates to the proposed program; if needed, attach additional information.*

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**Budget for requested grant funds**

*Identify the uses of the grant funds and the amounts requested for each item. If needed, attach additional information.*

No.	Item	Item Amount	No. Req.	Item Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

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<b>ITEMS TOTAL:</b>	
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For items that require an explanation, attach a sheet.

**Financial Information shall be submitted with this Grant Request:**

- Organization Budget (current year).
- Federal Income Tax form (most recent 990-N, 990-EZ or 990).

**Conflict of interest policy:** YES      NO

- a. Do you have a conflict of interest policy? \_\_\_\_\_
  
- b. Does your policy require that individuals who directly or indirectly administer grant funds disclose any actual or potential conflicts of interest pertaining to the use of these funds? \_\_\_\_\_
  
- c. When was your policy adopted? \_\_\_\_\_
  
- d. Is your policy currently in effect? \_\_\_\_\_

A copy of the Conflict of Interest policy shall be submitted with this Grant Request.

If your conflict of interest policy is changed or amended during the term of the administration of the granted funds, you shall be required to provide a copy of the revised policy to the Foundation. The grant funding is conditioned upon the maintenance and enforcement of your conflict of interest policy.

**Grant Funding**

- a. Have you previously received a grant from the Foundation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes,  
Date of the grant: \_\_\_\_\_  
Amount received: \$ \_\_\_\_\_  
Purpose for which it was used: \_\_\_\_\_
  
- b. Is the proposed grant based on matching funds? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach the terms and conditions of the associated matching grant.
  
- c. Have you submitted a grant request for the same project;  
1) To any other sources Yes \_\_\_\_\_ No \_\_\_\_\_ and if yes, state source: \_\_\_\_\_

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- 2) Have you received grant funding for this project? Yes\_\_\_\_\_ No\_\_\_\_\_
- 3) Is any person or firm receiving any compensation that is associated directly or indirectly in obtaining this grant on your behalf? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, identify the person or firm receiving the compensation and the terms and conditions associated with the same (attach additional information).
- 4) Is this grant request part of a goal/campaign? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, identify the amount of money required to meet this goal/campaign and what plans you have to return granted funds should you fail to meet the goal/campaign.
- 5) Indicate what percentage of the funds requested is being used for administrative purposes and/or fundraising costs.  
Administrative costs \_\_\_\_\_%  
Fundraising costs \_\_\_\_\_%

We, the representatives of Alabama AMVETS Post \_\_\_\_\_ (Grantee) represent and certify that all information provided herein is true and correct to the best of our knowledge, information and belief. We further acknowledge that the AMVETS Department of Alabama Service Foundation, Inc. (Grantor) is relying on the information provided and that we may be required to provide such other and further documentation as may be required on an on-going basis to supplement the information provided for herein. In addition, the undersigned hereby authorizes the Grantor to identify the Grantee, if approved as a grant recipient, and provide information to the public and any regulatory agencies concerning the grant and the information provided for herein. Please be advised the Grantor reserves the right to not fund this grant, in whole or in part, at our sole and absolute discretion to include our determination of our financial condition during the term of the grant. The Grantee further acknowledges that it will not rely upon any representation made by any person or persons on behalf of the Grantor except that which is signed in writing by the Secretary of the Grantor and countersigned by the President.

Submitted on behalf of \_\_\_\_\_(Grantee) this \_\_\_\_\_ day of  
(month) \_\_\_\_\_, in the year of 20 \_\_\_\_.

Signature

Phone Number \_\_\_\_\_

Typed or Printed Name

Post Commander  
Title

**For AMVETS Department of Alabama Service Foundation, Inc. Use Only**

Date received: (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date reviewed by Foundation Board: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date approved by Foundation Board: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: President  
AMVETS Department of Alabama Service Foundation, Inc.