

APPLICATION FOR PROJECT MATCHING FUNDS AMVETS DEPARTMENT OF OHIO SERVICE FOUNDATION, INC.

DATE _____

POST # _____ COMMANDER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Telephone (_____) _____ Alternate Phone # (_____) _____

Membership Total _____ # of Life Members _____ # of Members Participating _____

NEW PROGRAM CONTINUING PROGRAM How Many Years? _____

CHECK THE CATEGORY IN WHICH YOUR REQUEST FALLS UNDER:

WELFARE EDUCATION HEALTH RECREATION OTHER

Project being submitted for consideration: _____

Specify exact nature of project and how Post plans to implement same: _____

Date Program is to be held: _____

Approximate number of persons to benefit: _____

FINANCIAL DISCLOSURE:

Food \$ _____ Rentals \$ _____

Gifts \$ _____

Entertainment \$ _____ Miscellaneous \$ _____ (please itemize Miscellaneous)

CANCELLED CHECKS AND RECEIPTS MUST BE ATTACHED!

ADDITIONAL INFORMATION THAT WILL BE HELPFUL WHEN CONSIDERING YOUR REQUEST:

ARE MEDIA RELEASES AND PICTURES ENCLOSED? YES NO

OTHER THAN FINANCIAL, HOW ELSE CAN THE SERVICE FOUNDATION ASSIST?

Signature – Post Commander

Signature – Post Adjutant

NOTE: In accordance with the Rules, a post can submit one application for Post Project Funds in each area (New and Continuing). Please submit only ONE Project Form for each category.

★ Each Post to submit for Project Matching Funds will receive half of the total cost of the project, up to \$300.00, provided the Service Foundation has the funds available.