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NATIONAL EMERGENCY FUND APPLICATION

THE AMERICAN LEGION INTERNAL AFFAIRS DIVISION

National HQ Use ONLY

Date Rec'd _____

Last Year Paid _____

Through The American Legion Department Headquarters of _____

INDIVIDUAL (LEGIONNAIRE) GRANT APPLICATION

Member Information (For Legionnaire grants):

DATE OF DISASTER: _____ TYPE OF DISASTER: _____ COUNTY: _____

Last Name: _____ First Name: _____ *Legion Membership No. _____
(*Must be current at date of disaster and date of application)

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

*In order to be considered for a National Emergency Fund grant, the Legionnaire's membership must be current as of BOTH the date of disaster and of this application. The natural disaster must have been named under a federal, state or city/county disaster proclamation by appropriate civil authority.

Describe damage to primary residence:	Attach supporting documentation such as photographs, repair estimates and/or FEMA statements.
List dates and location while displaced: If shelter available but not utilized, explain why.	Hotel, shelter, relatives, etc. Provide location and/or address.
Damaged address from which displaced:	Street address of damaged home (NO PO BOX).
Rent or owned by member?	Rent _____ Own _____ Other _____, explain other _____
Emergency out-of-pocket expenses. List amounts separately and provide receipts.	Food \$ _____ Lodging \$ _____ Clothing \$ _____ Fuel \$ _____ Other \$ _____ Total: \$ _____
Reimbursements expected. See http://www.disasterassistance.gov and enter your zip code.	FEMA \$ _____ State or local disaster assistance \$ _____ Homeowner/Renter's Insurance \$ _____ Other \$ _____ Estimated total relief expected: \$ _____
Household members and their ages:	ADULTS: Age 18-69 _____ Age 70 and Older _____ MINORS: Age 17 and Younger _____ (See TFA Information, page 2)
Other information:	

Upon Signature, this form must be sent the Department Headquarters, NOT National Headquarters

Legionnaire Signature: _____ Date: _____

NOTICE: If you are a recipient of a National Emergency Fund (NEF) grant and would like to be contacted by staff from The American Legion National Headquarters to publicly share your story of how The American Legion assisted you, please sign below. Your testimonial will be used in print, marketing and online American Legion Media. Personal NEF stories promote the American Legion's National Emergency Fund Fundraising efforts, through which grants are made possible, and how donations to the fund support ongoing assistance for Legionnaires and American Legion Posts.

(Optional) Legionnaire Signature _____ Date _____

NOTE: DECLINING TO PROVIDE YOUR SIGNATURE WILL IN NO WAY ADVERSELY AFFECT THE EVALUATION OF YOUR NEF GRANT APPLICATION.

FOR DEPARTMENT AND NATIONAL HEADQUARTERS USE ONLY:

DEPARTMENT OFFICER: Approve or Disapprove Recommended Amount: \$ _____

Signature: _____ Title: _____ Date: _____

NEF ADMINISTRATOR: Approve or Disapprove Recommended Amount: \$ _____

Signature: _____ Title: _____ Date: _____

NATIONAL ADJUTANT: Approve or Disapprove Amount: \$ _____

Signature: _____ Date: _____



NATIONAL EMERGENCY FUND APPLICATION

THE AMERICAN LEGION INTERNAL AFFAIRS DIVISION

National HQ Use ONLY

Date Rec'd _____

EIN No. _____

Through The American Legion Department Headquarters of _____

POST GRANT APPLICATION

DATE OF DISASTER: _____ TYPE OF DISASTER: _____ COUNTY: _____

Post Legal Name: _____ Post #: _____ Dept.: _____ EIN (if known): _____

Post Officer Reporting: Name: _____ Title: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

In order to be considered for a National Emergency Fund grant, the post must demonstrate the loss or temporary suspension of *existing and ongoing* post programs related to the Four Pillars of The American Legion as reported on the most recent Consolidated Post Report (CPR).

Describe damage to post home:	Attach description and supporting documentation such as photographs, repair estimates or official statements.
Is the post home a leased/rented property or owned by the post?	Rented or Leased _____ Owned by membership _____ Owned by town or municipality _____ Did post programs have to meet temporarily at another location? If yes, where? _____
Emergency expenses - List separately and provide copies of receipts or estimates.	Unexpected expenses related to damages: \$ _____ Unexpected expenses related to programs: \$ _____ Total expenses: \$ _____
Coverage expected:	Post Insurance: \$ _____ Local/Federal Grants: \$ _____ Estimated total coverage expected: \$ _____
Programs suspended by disaster recovery. Provide a copy of the most recent Consolidated Post Report:	If NO Consolidated Post Report, explain reason: _____
Did your post act as an asset to the community?	Describe emergency services provided to community during this disaster. _____
Notes:	_____

Upon Signature, this form must be sent the Department Headquarters, NOT National Headquarters

Post Officer's Signature: _____ Date: _____

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(Optional) Post Officer's Signature _____ Date _____

NOTE: DECLINING TO PROVIDE YOUR SIGNATURE WILL IN NO WAY ADVERSELY AFFECT THE EVALUATION OF YOUR NEF GRANT APPLICATION.

FOR DEPARTMENT AND NATIONAL HEADQUARTERS USE ONLY:

DEPARTMENT OFFICER: Approve or Disapprove Recommended Amount: \$ _____

Signature: _____ Title: _____ Date: _____

NEF ADMINISTRATOR: Approve or Disapprove Recommended Amount: \$ _____

Signature: _____ Title: _____ Date: _____

NATIONAL ADJUTANT: Approve or Disapprove Amount: \$ _____

Signature: _____ Date: _____