

# Matching Funds Grant Application



**INSTRUCTIONS:**

Fax the completed form to (816) 968-1149 or Mail it to VFW National Headquarters, ATTN: MAP, 406 West 34th Street, Kansas City, MO 64111

**POST INFORMATION:**

Post Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone:( \_\_\_\_ ) \_\_\_\_\_

**PROJECT INFORMATION:**

Project Name: \_\_\_\_\_

Project Description: (Be specific about nature of project)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Person (VFW): \_\_\_\_\_

No. of Members/Ladies Auxiliary Members Volunteering: \_\_\_\_\_

No. of Military and/or Family members attending: \_\_\_\_\_

<Attach Copy of Post Press Release>

Event: \_\_\_\_\_

Location: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Project Budget: \_\_\_\_\_

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

Describe how money will be spent - include a copy of the event budget:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY UNIT INFORMATION:**

Unit Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone:( \_\_\_\_ ) \_\_\_\_\_

**ACKNOWLEDGEMENT I:**

To facilitate compliance with IRS inquiries, the VFW Military Assistance Program will require that your Post provide a report on the event, including photos. You must keep copies of all expenditures and evidence of the event. This request will be sent to you after the scheduled event date.

**ACKNOWLEDGEMENT II:**

This money will not be used for lobbying in any way. \_\_\_\_\_  
(Must be checked)

**POST CDR/QM SIGNATURE:**

X \_\_\_\_\_ DATE: \_\_\_\_\_