VAVS Matching Funds Request

Step 1:

A. Sponsor _____

Address _____

City/State/ZIP _____

Phone _____

B. Facility _____

Address _____

City/State/ZIP _____

Phone _____

C. Sponsor (AMVETS) Contact Person

_____

Address _____

City/State/ZIP _____

Phone _____

D. Amount Requested $ _____

Step 2:

A. Sponsor (Department / Post / Subordinate Organization)

1. Describe project:

2. Why necessary:

3. How veteran will benefit:

_____

sponsor's signature

(next page)

B. Facility Contact:

1. Use:

2. Need:

3. Timetable:

4. Total Cost:

5. *

_____
facility contact signature

** NOTE: Matching funds are for those projects that do not have appropriate federal or state funding.*

C. Department / Post Commander Support

Statement that 50% of project cost has been deposited in escrow, with receipt attached:

_____
Commander's signature

Step 3: Submit completed Matching Funds Request to:
AMVETS National Headquarters • ATTN: VAVS Matching Funds • 4647 Forbes Blvd • Lanham, MD 20706-4380

FOR NATIONAL HEADQUARTERS USE ONLY

Date received: _____	Board Action: _____	Request #: _____
Within guidelines: _____	Date: _____	Date of Check: _____
Recommendation: _____	Amount: _____	Date Mailed: _____