



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: _____
(Must provide copy of Quote or Invoice showing actual cost and item description.)

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 • *ACTION: If you do not receive confirmation of receipt within a week of submitting, Call 301.683.4031*

FOR NATIONAL HEADQUARTERS USE ONLY

Date received: _____

Board Action: _____

Request #: _____

Within guidelines: _____

Date: _____

Date of Check: _____

Recommendation: _____

Amount: _____

Date Mailed: _____