



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

Date _____

Post # _____ Commander's Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ # of Life Members _____ # of Members Participating _____

New Program

Continuing Program How many years? _____

Check the category 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 # of persons to benefit: _____

Financial Disclosure

Food \$ _____ Rentals \$ _____ Gifts \$ _____ Entertainment \$ _____ Misc. \$ _____

Itemized for Misc. _____

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 financially, how can the Service Foundation assist?

Signature of Post Commander

Signature of Post Adjutant

Note: In accordance with the rules, a Post can only 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 \$500.00, provided the Service Foundation has the funds available.