



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 Community

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:**

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Are media releases and pictures enclosed?                      Yes                      No

**Other than financially, how can the Service Foundation assist?**

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\_\_\_\_\_  
Signature of Post Commander

\_\_\_\_\_  
Signature of Post Adjutant

**Note:** In accordance with the rules, a Post can submit Three applications for Post Project Funds in each area (New and Continuing).

Each Post to submit for Project Matching Funds will receive half of the total cost of the project, up to \$1000.00, provided the Service Foundation has the funds available.