

Rick Caldwell
President



Lee Williams
Vice President

**AMVETS Department of Indiana
Service Foundation
2840 Lafayette Road, Suite A
Indianapolis, IN 46222
(317) 923-4320**

The attached document is the Service Foundation Grant Request Form. It must be filled out in its entirety and submitted to:

Lee Williams – SF Vice President
PO Box 387
Hartford City, IN 47348-0387

Or via email to: leewill40@yahoo.com or lwillia1@amfm.com

The below guidelines are to be referenced throughout the grant process:

Grants and Grant Application Guidelines

1. Grant applications must be submitted to the BOT two (2) weeks prior to regularly scheduled BOT meetings during the fall, winter, and spring conferences. The BOT does not meet for grant requests at the Department Convention in June.
2. All application actions are at the discretion of the BOT and are final.
3. Candidates submitting an application will be notified of receipt of said application and date or meeting time the application will be considered by the BOT.
4. Candidates for grants will be notified of application actions and BOT decisions by US Postal Service mail within two (2) weeks of the BOT meeting.

Service Foundation Board of Trustees



DEPARTMENT OF INDIANA SERVICE FOUNDATION

Board of Trustees

GRANT APPLICATION

Minimum requirements must be completed below for consideration from the Service Foundation BOT.

****See attached guidelines****

Application must be submitted to the Secretary of the Board of Trustees (BOT) two (2) weeks prior to BOT meetings during the fall, winter, spring conferences.

BOT does not meet for grant requests at the State Convention in June.

ORGANIZATION(S): Application must be on form below and attach accompanying documentation to detail purpose of request must be on organization/company letterhead and signed by organization official.

INDIVIDUAL(S): Application must be submitted on form below and attach accompanying documentation to detail purpose of request.

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____
 PHONE _____
 FID/SSN _____
 AMOUNT _____
 REQUESTED _____

Detail purpose for request (attach additional documentation if needed)

Submitted by: _____
Name printed

Signed

Date

BOT USE ONLY

ACTION TAKEN:

MOTION _____

APPROVED
DENIED
TABLED

AMOUNT APPROVED _____