



APPLICATION NO.: _____
(Assigned by Service Foundation)

TEAM AMVETS 2017-2018 AUXILIARY GRANT CONTACT SHEET

Aux. No. _____ FEIN: _____

Requestor: _____ Title: _____

Aux. Mailing _____ Phone: _____

Address: _____ E-Mail: _____

Total # of Grants _____ Total Amount Requested \$ _____

Auxiliary President's Signature Grant Requestor's Signature Date

The undersigned hereby acknowledges that the persons listed *above have read the grant application instructions and that the information provided in this application is correct* to the best of their knowledge, **one set of grant forms is submitted per request** and that the applicant's Post has approved submission of this request for funding.

AMVETS Ladies Auxiliary of California President's Signature

I hereby certify that Post _____ Auxiliary is compliant with the Federal and State regulations governing not-for-profit organizations and all AMVETS policies and procedures allowing said post to legally apply for, and receive, a grant (s) from the AMVETS Department of California Service Foundation.

AMVETS Ladies Auxiliary of California Reporting Secretary