



The American Legion, Department of Michigan
 Michigan American Legion Foundation
 Veterans Services Assistance Provider Grant/Donation Application

PLEASE PRINT

DATE: _____

ORGANIZATION NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ORGANIZATION WEBSITE: _____

MAIN CONTACT NAME: _____

CONTACT PHONE & EMAIL: _____

TYPE OF ORGANIZATION: PUBLIC PRIVATE NON-PROFIT

IRS STATUS & CLASSIFICATION: 501c _____ EIN# _____ LAST YEAR FILED _____

GRANT / DONATION AMOUNT REQUESTED: \$ _____

MISSION STATEMENT OF ORGANIZATION REQUESTING

FUNDING: _____

BRIEF DESCRIPTION OF HOW YOUR ORGANIZATION PROVIDES SUPPORT OR ASSISTANCE TO VETERANS & FAMILIES

HOW WILL GRANT / DONATION BE USED? _____

 OFFICE USE ONLY – COMMITTEE MEMBERS & CHAIRMEN

ASSESSMENT FROM COMMITTEE:

RECOMMENDATION: GRANTED DENIED AMOUNT APPROVED \$ _____

CHAIRMAN PRINT & SIGNATURE: _____ DATE: _____