THE AMERICAN LEGION
Department of Michigan
Michigan American Legion Foundation

Veterans Services Assistance Provider Grant / Donation Application

Complete electronically or print clearly. All amounts are in U.S. dollars.

01 ORGANIZATION & CONTACT INFORMATION

Organization name

Application date (MM/DD/YYYY)

Street / mailing address

City / state / ZIP code

Organization website

Main contact name

Contact phone

Contact email

02 ORGANIZATION STATUS & REQUESTED AMOUNT

Type of organization

☐ Public ☐ Private ☐ Nonprofit

Grant / donation amount requested ($)

IRS status / classification: 501(c)

Employer identification number (EIN)

IRS last year filed

03 FUNDING REQUEST

Mission statement of the organization requesting funding

Briefly describe how your organization supports or assists veterans and families

How will the grant / donation be used?

04 OFFICE USE ONLY - COMMITTEE MEMBERS & CHAIRMEN

Committee assessment

Recommendation ○ Granted ○ Denied

Amount approved ($)

Chairman printed name

Chairman signature

Date (MM/DD/YYYY)