THE AMERICAN LEGION

Department of Michigan

Post Recovery Grant Application

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

01 POST & CONTACT INFORMATION

Post name

Application date (MM/DD/YYYY)

Street / mailing address

City / state / ZIP code

Website

Main contact name

Contact phone

Contact email

02 ORGANIZATION STATUS & REQUESTED AMOUNT

IRS status / classification: 501(c)

Employer identification number (EIN)

IRS last year filed

LARA nonprofit filing year

Grant / donation amount requested ($)

03 FUNDING REQUEST

Reason for requesting funding

Briefly describe how your post 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)