June 30, 2025

Annex 1 to TALDOM Policy for Post Emergency Financial Assistance (EFA) Grants
Post Emergency Grant Application

PLEASE PRINT
DATE: ________________

POST NAME:____

ADDRESS:____

CITY/STATE/ZIP:____

MAIN CONTACT NAME:
____

CONTACT PHONE & EMAIL:
____

EMERGENCY REQUIRING FUNDING:
____
____
____
____

PROJECT AMOUNT NEEDED: $ _________________
GRANT AMOUNT REQUESTED: $________________

BRIEF DESCRIPTION OF HOW YOUR POST PROVIDES SUPPORT OR ASSISTANCE TO VETERANS & FAMILIES.
____
____

<u>POST MUST SUPPLY THE FOLLOWING INFORMATION:</u>
2 MONTHS BANK STATEMENTS ☐
2 MONTHS INCOME & BALANCE STATEMENTS ☐
LIST OF OTHER ASSETS ☐
3 BIDS FOR EMERGENCY REPAIR ☐

- -
OFFICE USE ONLY – COMMITTEE MEMBERS & CHAIRMEN
ASSESSMENT FROM COMMITTEE:
____
____

RECOMMENDATION: ☐ GRANTED ☐ DENIED
AMOUNT APPROVED $_______________________

CHAIRMAN SIGNATURE: ____________________ ______________________ DATE: ________