



## The American Legion, Department of Michigan Post Recovery Grant Application

PLEASE PRINT

DATE: \_\_\_\_\_

POST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

MAIN CONTACT NAME: \_\_\_\_\_

CONTACT PHONE & EMAIL: \_\_\_\_\_

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

LARA NON PROFIT CORPORATION # \_\_\_\_\_ LAST FILING YEAR \_\_\_\_\_

PROJECT AMOUNT NEEDED: \$ \_\_\_\_\_ GRANT AMOUNT REQUESTED: \$ \_\_\_\_\_

REASON FOR REQUESTING

FUNDING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WILL GRANT / DONATION BE USED? \_\_\_\_\_

POST MUST SUPPLY THE FOLLOWING INFORMATION:

6 MONTHS BANK STATEMENTS ☐ INCOME & BALANCE STATEMENTS ☐ OTHER ASSETS ☐ 3 BIDS FOR PROJECT ☐

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OFFICE USE ONLY – COMMITTEE MEMBERS & CHAIRMEN

ASSESSMENT FROM COMMITTEE:

\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATION: ☐ GRANTED ☐ DENIED AMOUNT APPROVED \$ \_\_\_\_\_

CHAIRMAN PRINT & SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To Submit Form electronically, Download this form to your device, complete all fields and then click "Submit" below.