

**THE AMERICAN LEGION  
DEPARTMENT OF FLORIDA  
HURRICANE RELIEF FUND**

**PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY**  
**NOT FOLLOWING DIRECTIONS COULD DELAY PROCESSING**

**POST GRANTS:** Grants from this fund provide immediate, emergency assistance to American Legion Posts in areas devastated by Hurricanes. Eligible Posts can be reimbursed for disaster related costs. *These funds are not designed for insurance compensation or to cover monetary losses from a business, structures on your property (barns, tool sheds), equipment or vehicles.* Only one grant per Post (up to \$3,000) will be approved. The Disaster Relief Committee has the authority to alter these guidelines as they deem necessary and provided a standard is applied for every eligible post.

**REQUIRED APPLICATION INFORMATION:** Department Headquarters must have sufficient, documented information to justify the need. The application must be filled out **completely and accurately**. If needed, attach additional sheet(s) for supporting data (DD 214, photos, receipts for temporary lodging and food, work estimates, etc.). NOTE: Grant requests must be submitted to Department Headquarters within 90 days of declared disaster. Awardees MAY be considered for both National Emergency Fund and Florida's Hurricane Relief Fund at the discretion of the committee.

**DISTRIBUTION OF COPIES:** Applicant will forward original application and all supporting documentation to Department Headquarters for processing. Keep a copy of everything for your records. **Make sure you have included proper documentation and photos of hardship to help justify the grant request.**

**RECOMMENDATION/SIGNATURE OF HURRICANE RELIEF GRANT APPLICATION:** After reviewed by Department, if additional information is needed, the Department will either call or return the application to the individual member for resubmission. If the application is properly completed, the decision and follow-up will be completed through Department Headquarters.

If any of the above criteria has not been met, the application will be rejected.

**IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION,  
CONTACT YOUR DEPARTMENT HEADQUARTERS FOR HELP.**

(Revised November 28, 2017)



# The American Legion, Department of Florida Hurricane Relief Fund



## Application For:

American Legion Post # \_\_\_\_\_

**PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING FORM (Post Commander)**

Name \_\_\_\_\_  
(Last) (First) (MI)

Post Physical Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Phone # \_\_\_\_\_ POC Cell Phone # \_\_\_\_\_ POC email Address \_\_\_\_\_

Damages / Description Of Loss (Include Supporting Documentation: i.e., Photographs, Repair Estimates, Written Statements, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason Why Financial Assistance Is Needed (i.e., How will the funds help the community?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Dollar Amount Requesting: \$ \_\_\_\_\_

Other Sources of Reimbursement: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(Insurance, State/Federal Aid, Other Disaster Funds)

Current / Temp. Address: \_\_\_\_\_

How Can We Contact You?  Phone  Cell Phone  Email Address

**Applicant (Commander) Signature:**

**Date:**

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**FOR DEPARTMENT HEADQUARTERS USE:**

**Approve or Disapprove**      **Recommended Amount: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Vote:** \_\_\_\_ Approval \_\_\_\_ Disapproval \_\_\_\_ Abstention

**Comments:** \_\_\_\_\_  
\_\_\_\_\_