

Ladies' Auxiliary Military Order of the Purple Heart

AIDE AND SERVICE GRANT REQUEST

1) Grant Control Number _____
Date received _____

2) Amount requested _____
3) Amount Approved _____

4) Requesters Name _____
(Type or Print the Name)

5) Requester Address _____

6) City _____ State _____ Zip _____
Phone _____ Email _____

7) Fiscal year ending _____ / _____ / _____
Month day year

8) We / I request the grant for the following program, service or needs : (Describe the need, and purpose of this grant, below, if needed attach additional information)

9) We will use the grant for the following items (identify the uses of the grant funds and the amounts requested for each item, If needed attach additional information)

10) We would like to complete this function by _____ / _____ / _____
month day year

11). Cost estimate for item /items requested in #8 & #9

12) All monies received from this grant must be accounted for and reported to LAMOPH National President with original receipts ONLY!

13) Please be advised the Ladies' Auxiliary Military Order of the Purple Heart, Inc reserves the right to NOT fund this grant in whole or in part at our sole and absolute discretion to include our determination of our financial condition during the term of the Grant.

14) We / I the representatives of _____ (requester)
represent and certify that all information provided herein is true and correct to the best of our knowledge.

15) Submitted on behalf of _____ (requester)
this ____ day of _____, 20____

Signature

Typed or printed Name and Title

Date received by the Ladies' Auxiliary Military Order of the Purple Heart
____/____/____

Date approved by the Ladies' Auxiliary Military Order of the Purple Heart
____/____/____

Comments:

4-1-2006

Please fill in # 2, and 4, through 15