

LAMOPH VAVS Funds Request Form LA 001

The following criteria must be met to be eligible to request a grant:

1. The Representative or Deputy Rep. **MUST** have attended three (3) of the last four (4) VAVS Committee meetings.
2. The Rep or Deputy Rep **MUST** be current on completing their AJR's.
3. Current on 990N filings, and be in compliance with National's Unit filing requirements.

Unit Name and Number requesting funds: _____

Unit VAVS Representative to complete:	
Name of Representative	
Address	
City/State/Zip	
Phone	
Email	

VA Facility Where Funds Will Be Used:	
Name of Facility	
VAVS Chief Name	
Address	
City/State/Zip	
Phone	
Email	

Funds Request:	
Amount requested	
Check written to:	
Date of event(s)	
GPF (General Post Fund Code) (required if check is payable to VAMC/CBOC)	
Please give in detail, what the requested funds will be used for. Use additional paper if needed.	

Unit President to complete:	
Unit President Name	
Address	
City/State/Zip	
Phone number	
Email	
Unit EIN number	
Date last 990N filed	
AJR completed by VAVS Rep/Dep. Rep.	

I understand, as the requesting VAVS Representative, the 30 day requirement for submitting receipts and letters (as outlined in LAMOPH VAVS Funds Request Form LA 001 Instructions and Information) to the LAMOPH National VAVS Representative.

Unit VAVS Representative Signature Print Name Date

As the Unit President, I verify that the above information is correct and accurate.

Unit President's Signature Print name Date

As Department President of _____, I submit the above Unit VAVS Funds Request.

Department President Signature Print Name Date

Date form is mailed/mailed to LAMOPH VAVS National Representative _____

Unit VAVS Representative, keep a copy for your records. Mail or email to:

Cheryl Perez
LAMOPH National VAVS Representative
PO Box 120085
Chula Vista, CA 91912
lamophvavs@gmail.com

Please allow up to 40 days for check from the date form is received by the National VAVS Rep.

Internal Use

Date rec'd by Nat'l Rep _____ CSN# _____ Date mailed to Nat'l Sec. _____

Funds Approved _____ Funds Denied: _____ (letter of explanation will be included).

LAMOPH VAVS Funds Request Form LA 001 Instructions and Information

There must be an active VAVS program and the funding must be used for a VA Medical Center (VAMC), Veteran State Home with a Memorandum of Understanding (MOU) with a VAMC, VA Community Based Outreach Clinic (CBOC), or other event, program, or site that is under the supervision of the VAMC.

Unit VAVS Representatives, VAVS Representatives without a Unit or Department, and Unit Presidents must complete LAMOPH VAVS Funds Request Form 001 and send to the National VAVS Representative by mail or email to request funds.

The National VAVS Representative is responsible for the approval or denial of the request.

When funds have been approved:

- A request form will be sent by email to the National Secretary who, in turn, will send the request along with a warrant to the National LAMOPH Treasurer.
- The National Treasurer will write the check, obtain the National President's signature on the check, and mail check to the National VAVS Rep.
- The National VAVS Rep will ensure that the check is made out correctly and mail the check by **Certified mail**, requiring a signature of acceptance by the requester.

Thirty (30) day requirements for receiving VAVS funds:

- If check is made out to VAMC facility: **within 30 days** the National VAVS Rep must receive Receipt Form 1027 and an acknowledgement letter from the VA.
- If the check is made out to Unit: **within 30 days** of signing for the certified letter, the National VAVS Rep must receive **original receipts** taped to a sheet of paper (receipts must be equal or greater than the amount of the check), and, **within 30 days of the event**, an acknowledgement letter from the VA.

Please note:

If receipts are not submitted within 30 days, the VAVS Representative will not receive future funding from the National LAMOPH VAVS funds.

Priority Funding goes first to the local VAVS Representative.

Further information and details about VAVS Funds Requests can be found in the LAMOPH Procedure Manual, Chapter 19.

For further information contact: Cheryl Perez · lamophvavs@gmail.com · 619-997-5501