



**DISABLED AMERICAN VETERANS DEPARTMENT OF ARIZONA
CHAPTER SERVICE GRANT REQUEST**

***THIS REQUEST MUST BE SUBMITTED TO THE DEPARTMENT
ADJUTANT AT LEAST 30 DAYS PRIOR TO THE PLANNED START
DATE OF THE SERVICE PROJECT***

Chapter: _____ Address: _____

Project Manager: _____ Email: _____

Project Manager office held (if applicable): _____

Type of Project: _____

Cite specific Service Program(s) with which the project is associated: _____

Location/Address of Project: _____

Planned Start Date: _____ Planned Completion Date: _____

Will the Public be Involved: ____ Yes ____ No

Will the Project take place outside your Chapter area of operations? ____ Yes ____ No

- If “yes,” has the other area’s Commander been made aware? ____ Yes ____ No

What is the amount of the Service Grant you are requesting? _____ (Max: \$10K)

- Provide as accurately as possible a breakdown of expenses for the project and attach it to this form.
- Provide explanation of why the chapter needs a grant to complete the project and attach it to this form.

Has the grant request been approved per your Chapter Bylaws? ____ Yes ____ No

Signature of Project Manager: _____

Signature of Chapter Adjutant: _____

Signature of Chapter Commander: _____

NOTE: Approved budget for fiscal year in which the project will be held is required to be on file with the Department Office before project grants will be approved.

NOTE: DAVA Units are NOT eligible for Service Grants.

**DISABLED AMERICAN VETERANS DEPARTMENT OF ARIZONA
CHAPTER SERVICE GRANT REQUEST**

DEPARTMENT USE ONLY

Department Approval (Less than \$5,000):

Department Commander: _____ Date: _____

Department Adjutant: _____ Date: _____

Department Sr. Vice: _____ Date: _____

Department Jr. Vice: _____ Date: _____

Finance Cmte Chair: _____ Date: _____

Requests for \$5,000 or more require approval from the full Finance Committee

Ballot sent: _____ Ballot due date: _____ # Ballots returned: _____

Approval votes: ____ # Disapproval votes: ____

Project is: ____ Approved ____ Disapproved ____ Remanded back for _____

Reason (if disapproved): _____

NOTE: Requests not properly completed with an attached detailed breakdown of expenses for the project or without budget documents on file for the fiscal year in which the project will take place will be returned to submitting Chapter for correction.