

This application is to be completed by the Post and verified by the District Commander and District Inspector for applying for a Grant/Loan from the VFW Department of California Foundation. All information is required for the Foundation board to make a determination on this application.

POST:

DISTRICT:

GOOD STANDING (Indicate yes, no, or N/A)

Is the Post Bond current?	YES	NO	N/A
Is the Post Quarterly Audits current?	YES	NO	N/A
Has the Post Information Form been submitted?	YES	NO	N/A
Is the Post properly insured?	YES	NO	N/A

TAXES (Indicate yes, no, or N/A)

Is the IRS 990 current?	YES	NO	N/A
Is the FTB 199 current?	YES	NO	N/A
Are the Post property taxes current?	YES	NO	N/A
Are the Post sales taxes current?	YES	NO	N/A

POST PROPERTY (Indicate yes, no, or N/A)

Does the Post own property/Post home?	YES	NO	N/A
Is there a mortgage on the property?	YES	NO	N/A
Is the mortgage payment current?	YES	NO	N/A
Does the Post operate a Canteen?	YES	NO	N/A
Does the Post have employees?	YES	NO	N/A

POST FINANCES (indicate if you maintain these line items)

General Fund	YES	NO
Canteen Fund	YES	NO
Relief Fund	YES	NO
Savings and Investment Fund	YES	NO
Other Funds	YES	NO

CARES ACT (Indicate yes, no, or N/A)

Has the Post applied for a PPP Loan?	YES	NO	N/A
Has the Post applied for an Economic Injury Disaster Loan (EIDL)?	YES	NO	N/A
If yes, what was the outcome?			
Have Post Members provided financial assistance?	YES	NO	

POST MONTHLY REVENUE:

1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
TOTAL MONTHLY REVENUE	\$

POST MONTHLY EXPENSES:

1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
TOTAL MONTHLY EXPENSES	\$

TOTAL POST LIQUID ASSETS AT TIME OF APPLICATION (checking, savings, cash on hand, etc.) **\$**



**VFW DEPARTMENT OF CALIFORNIA FOUNDATION
COVID POST RELIEF APPLICATION**



GRANT/LOAN REQUEST

Requested Amount \$

State the intended use of the grant/loan:

SUBMITTED BY:

Post Commander (Print)	Signature	Date
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DISTRICT REVIEW/RECOMMENDATION:

District Commander (Print)	Signature	Date	Approve / Disapprove Recommendation
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District Inspector (Print)	Signature	Date	Approve / Disapprove Recommendation
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District Commanders and Inspectors, it is imperative that all the questions asked in this form be verified by a canceled check or a bank statement. When submitting this request remember that this is a recommendation by you so verification or not on your part reflects on you.