



NATIONAL EMERGENCY FUND APPLICATION

THE AMERICAN LEGION INTERNAL AFFAIRS DIVISION

INSTRUCTIONS & NEF GRANT APPLICATIONS

For assistance in completing this application, or for contact information, contact your department at www.legion.org/departments.

INDIVIDUAL (MEMBER) GRANT (Application – Page 3): An individual NEF grant may provide immediate emergency assistance to current members of The American Legion or Sons of The American Legion (SAL) in areas devastated by a declared natural disaster, such as floods, tornadoes, hurricanes, earthquakes, and related adverse weather events. The applicant must have been displaced because of damage to the primary residence (or evacuated due to official government order and unable to return to the residence because of unsafe conditions or damage) and had out-of-pocket expenses for food, clothing, and shelter. If evacuation shelters available, they should be used, unless there is a valid reason that the shelter was not utilized. The NEF grant is not designed to replace items covered by insurance or to cover losses from a business, structures such as barns and storage sheds, equipment, landscaping and/or vehicles. Only one grant is available per household for each disaster and cannot exceed \$3,000. Members should also apply for assistance from federal or state disaster relief programs by visiting www.disasterassistance.gov.

POST GRANT (Application – Page 4): The Post NEF grant application is prepared by a post officer and must derive from a declared natural disaster causing damage to the posts building and restricting use of the facilities for programs. Applications must indicate how the post will cease to perform existing and ongoing American Legion programs in the community due to damages sustained. A written report from a district or department officer outlining losses and the impact on the community is to be included with the application. The NEF is not a replacement for insurance and is the responsibility of the post to have adequate business insurance to recoup lost revenue or inventory. Post grants are not to exceed \$10,000 for each disaster.

REQUIRED APPLICATION INFORMATION: The application must be filled out completely and accurately to prevent delay in processing. The department headquarters and national headquarters must have enough documented information to justify and approve the grant. Attach all supporting documents such as photographs, copies of receipts, work estimates and government agency statements. If emergency/evacuation shelters are available but not utilized, reasons must be provided. Grant requests must be submitted through the department headquarters and reach national headquarters within 90 days of the date of the disaster. Receipts for food, fuel, clothing, shelter and other expenses dated more than 30 days after the disaster are not emergency related but may be considered with an appropriate explanation and documentation. Mandatory evacuation orders from an area are not considered to be emergencies unless damage to the home prevents a safe return after an evacuation order has ended.

DISTRIBUTION OF COPIES: The applicant will forward the application and all supporting documentation to the department headquarters for processing. All grant requests must be reviewed and signed by the appropriate department headquarters officer before being sent to national headquarters. Please be sure to retain a copy for your records. Department headquarters contact information is located at www.legion.org/departments.

RECOMMENDATION/SIGNATURE OF NEF GRANT APPLICATIONS: Upon review by department headquarters, if additional information is needed the department headquarters will contact the applicant. If the application is properly completed the department headquarters officer will endorse the application, recommend an appropriate amount, and forward to national headquarters. After review and approval by the National Adjutant a check will be issued and forwarded to the department headquarters to disburse to the applicant.

If any of the above steps have not been taken, the application may be returned to the department headquarters for amendment or further clarification. Applications not approved will be returned to the department headquarters with reasons for disapproval who will then notify the applicant. In some cases, a partial payment may be approved, and additional funds may be granted (not to exceed \$3,000.00 for members and \$10,000.00 for posts) if complete documentation is later provided within 90 days of the disaster.

ADDITIONAL INSTRUCTIONS:

1. This form provides for two applications in one set. Page **three** is to be used by an individual (member) grant applicant. Page **four** is to be used for a post grant applicant. Only one of the two forms are required to be completed: either for an American Legion or SAL member, or an American Legion post.
2. Written statements from post officers, a service officer or FEMA/local authority officials are valuable for both the member and post applications.
3. NEF is strictly for the basic needs of members immediately after a natural disaster, including shelter, utilities, food, clothing and other expenses related to immediate health and safety. Receipts for food, fuel, clothing, shelter and other expenses dated more than 30 days after the disaster are not emergency related but may be considered with appropriate explanation and documentation. Mandatory evacuation orders to identified places of safety (such as school shelters or county/city storm shelters) are also not considered to be emergencies unless damage to the home precludes a safe return after the weather emergency. If emergency/evacuation shelters are available but not utilized, reasons must be provided.
4. NEF does not take the place of homeowners/rental insurance or auto insurance.

NEF will not pay for landscaping, insurance deductibles, loss of business, loss of inventory, internet services, insurance, taxes, transportation (except during evacuation and recovery), previous debt or any expense that does not contribute to the immediate emergency needs of the applicant.

5. The following documents and attachments will speed the NEF application process:
 - ▶ Receipts and other supporting documentation of emergency expenses immediately following the disaster.
 - ▶ A description and documentation of damages sustained, especially if forced to find temporary shelter.
 - ▶ Copy of mandatory evacuation order, if so ordered, and circumstances preventing a safe return to home.
 - ▶ All expenses and documents that you may wish to be considered.
 - ▶ **Post applications only** – include a copy of the most recent Consolidated Post Report (CPR).
6. Ensure all sections of the application are complete and the appropriate signatures are obtained.
7. Applications must be sent to the department headquarters for approval. All applications sent directly to national headquarters will be returned to the appropriate department headquarters without review or action. For contact information for the department headquarters, visit www.legion.org/departments.

Before sending a NEF application to the American Legion Department Headquarters, did you:

- Pay your current membership before the date of the disaster and before the date of the application?
- Complete all sections of the application and attach all required documents?
- Sign and date the application?
- Make a copy for your records, including all receipts and forms?
- For post grant applications only** – did you include the district/department headquarters officers written report and a copy of the posts most recent Consolidated Post Report (CPR)?

Other forms of assistance are available. For state, local and federal assistance programs go to <https://www.disasterassistance.gov>. If minor children are in the household (ages 17 and younger) and may temporarily be in the need of food, clothing and shelter, The American Legion Temporary Financial Assistance Program (TFA) may also be available to provide a one-time grant up to \$1,500. For information about Temporary Financial Assistance, visit www.legion.org/tfa.

**The American Legion
National Emergency Fund**
PO Box 1055
Indianapolis, IN 46206
(317) 630-1330
Email: ia@legion.org



This form may be reproduced as needed

NATIONAL EMERGENCY FUND APPLICATION

**THE AMERICAN LEGION
INTERNAL AFFAIRS DIVISION**

National HQ Use ONLY
Date Rec'd _____
Last Year Paid _____

Through The American Legion Department Headquarters of _____

INDIVIDUAL (MEMBER) GRANT APPLICATION

Member Information (For individual grants):

DATE OF DISASTER: _____ **TYPE OF DISASTER:** _____ **COUNTY:** _____

Last Name: _____ First Name: _____ *Legion or SAL Membership No. _____
(*Must be current at date of disaster and application)

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

*In order to be considered for a National Emergency Fund grant, the applicant's membership must be current as of BOTH the date of disaster and of this application. The natural disaster must have been named under a federal, state or city/county disaster proclamation by appropriate civil authority.

Describe damage to primary residence:	Attach supporting documentation such as photographs, repair estimates and/or FEMA statements.
List dates and location while displaced: If shelter available but not utilized, explain why.	Hotel, shelter, relatives, etc. Provide location and/or address.
Damaged address from which displaced:	Street address of damaged home (NO PO BOX).
Rent or owned by member?	Rent _____ Own _____ Other _____, explain other _____
Emergency out-of-pocket expenses. List amounts separately and provide receipts.	Food \$ _____ Lodging \$ _____ Clothing \$ _____ Fuel \$ _____ Other \$ _____ Total: \$ _____
Reimbursements expected. See http://www.disasterassistance.gov and enter your zip code.	FEMA \$ _____ State or local disaster assistance \$ _____ Homeowner/Renter's Insurance \$ _____ Other \$ _____ Estimated total relief expected: \$ _____
Household members and their ages:	ADULTS: Age 18-69 _____ Age 70 and Older _____ MINORS: Age 17 and Younger _____ (See TFA Information, page 2)
Other information:	

*Upon Signature, this form must be sent to the Department Headquarters, **NOT** National Headquarters*

Applicant Signature: _____ **Date:** _____

NOTICE: If you are a recipient of a National Emergency Fund (NEF) grant and would like to be contacted by staff from The American Legion National Headquarters to publicly share your story of how The American Legion assisted you, please sign below. Your testimonial will be used in print, marketing and online American Legion Media. Personal NEF stories promote the American Legion's National Emergency Fund Fundraising efforts, through which grants are made possible, and how donations to the fund support ongoing assistance for American Legion Posts, veterans and their families in need.

(Optional) Applicant Signature _____ Date _____

NOTE: DECLINING TO PROVIDE YOUR SIGNATURE WILL IN NO WAY ADVERSELY AFFECT THE EVALUATION OF YOUR NEF GRANT APPLICATION.

FOR DEPARTMENT AND NATIONAL HEADQUARTERS USE ONLY:

DEPARTMENT OFFICER: Approve or Disapprove Recommended Amount: \$ _____
Signature: _____ Title: _____ Date: _____

NEF ADMINISTRATOR: Approve or Disapprove Recommended Amount: \$ _____
Signature: _____ Title: _____ Date: _____

NATIONAL ADJUTANT: Approve or Disapprove Amount: \$ _____
Signature: _____ Date: _____



NATIONAL EMERGENCY FUND APPLICATION

THE AMERICAN LEGION INTERNAL AFFAIRS DIVISION

National HQ Use ONLY	
Date Rec'd	_____
EIN No.	_____

Through The American Legion Department Headquarters of _____

POST GRANT APPLICATION

DATE OF DISASTER: _____ TYPE OF DISASTER: _____ COUNTY: _____

Post Legal Name: _____ Post #: _____ Dept.: _____ EIN (if known): _____

Post Officer Reporting: Name: _____ Title: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

In order to be considered for a National Emergency Fund grant, the post must demonstrate the loss or temporary suspension of *existing and ongoing* post programs related to the Four Pillars of The American Legion as reported on the most recent Consolidated Post Report (CPR).

Describe damage to post home:	Attach description and supporting documentation such as photographs, repair estimates or official statements.
Is the post home a leased/rented property or owned by the post?	Rented or Leased _____ Owned by membership _____ Owned by town or municipality _____ Did post programs have to meet temporarily at another location? If yes, where? _____
Emergency expenses - List separately and provide copies of receipts or estimates.	Unexpected expenses related to damages: \$ _____ Unexpected expenses related to programs: \$ _____ Total expenses: \$ _____
Coverage expected:	Post Insurance: \$ _____ Local/Federal Grants: \$ _____ Estimated total coverage expected: \$ _____
Programs suspended by disaster recovery. Provide a copy of the most recent Consolidated Post Report:	If NO Consolidated Post Report, explain reason:
Did your post act as an asset to the community?	Describe emergency services provided to community during this disaster.
Notes:	

*Upon Signature, this form must be sent to the Department Headquarters, **NOT** National Headquarters*

Post Officer's Signature: _____ Date: _____

NOTICE: If you are a recipient of a National Emergency Fund (NEF) grant and would like to be contacted by staff from The American Legion National Headquarters to publicly share your story of how The American Legion assisted you, please sign below. Your testimonial will be used in print, marketing and online American Legion Media. Personal NEF stories promote the American Legion's National Emergency Fund Fundraising efforts, through which grants are made possible, and how donations to the fund support ongoing assistance for American Legion Posts, veterans and their families in need.

(Optional) Post Officer's Signature _____ Date _____

NOTE: DECLINING TO PROVIDE YOUR SIGNATURE WILL IN NO WAY ADVERSELY AFFECT THE EVALUATION OF YOUR NEF GRANT APPLICATION.

FOR DEPARTMENT AND NATIONAL HEADQUARTERS USE ONLY:

DEPARTMENT OFFICER: Approve or Disapprove Recommended Amount: \$ _____

Signature: _____ Title: _____ Date: _____

NEF ADMINISTRATOR: Approve or Disapprove Recommended Amount: \$ _____

Signature: _____ Title: _____ Date: _____

NATIONAL ADJUTANT: Approve or Disapprove Amount: \$ _____

Signature: _____ Date: _____