



MILITARY ORDER of the PURPLE HEART AUXILIARY

VAVS SERVICE GRANT

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

1. The Requestor must be a Unit or Department President (Fill out Section A) or a VAVS Representative or Deputy Rep (Fill out Section B).
2. The Unit or Department requesting funds for the VAVS grant must be in good standing.
(Current on 990N filings and be in compliance with National's Unit filing requirements).
3. Requestor agrees to submit supporting documents within 45 days as outlined below.

Section A	
Name of Requestor: Unit or Department President)	
Unit #/ Department:	
Title:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Section B	
Name of VAVS Rep/Dep:	
Unit # / Department:	
Address:	
City, State, Zip:	
Phone:	
Email:	

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

Fund Request Details	
Amount Requested:	
Check Written To:	
Date(s) of Event:	
Please give in detail, what the requested funds will be used for. Use additional paper if needed.	
I understand, as the requesting VAVS Representative, the 30-day requirement for submitting receipts and letters (as outlined in MOPHA VAVS/CDCE Funds Request Instructions and Information) to the MOPHA National VAVS Representative.	
Requestor's Signature	Print Name
	Date

Keep a copy for your records. Mail or email (preferred) copies to National VAVS Rep and Department President:

National VAVS Representative: LINDA VAREJCKA
450 Conestoga Ave.
Hickman, NE 68372
Cell- 402-580-2549
Jfvarejcka@windstream.net

Internal Use: (To be completed by NATIONAL MOPHA ONLY):

Date rec'd by Nat'l Rep _____ Date emailed to National Sec/Pres: _____

National VAVS Rep Approval Signature: _____ Date: _____

Check if Funds DENIED: _____ (letter of explanation will be induded).

Signatures for Warrant and Issue of Check:

National Secretary Approval Signature: _____ Date: _____

National President Approval Signature: _____ Date: _____

National Treasurer Approval Signature: _____ Date: _____

Date Check Mailed: _____ Check# _____ Warrant# _____

Date/Notes for documentation received back from Requester: