THE AMERICAN LEGION
TEXAS EMERGENCY FUND

PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY
NOT FOLLOWING DIRECTIONS COULD DELAY PROCESSING

INDIVIDUAL MEMBER GRANTS: Grants from this fund provide assistance to The American Legion, or Sons of The American Legion members as of the date of the disaster in areas devastated by a declared natural disaster, to include floods, tornadoes, hurricanes, earthquakes and related adverse weather events. Applicant must have been displaced because of damage to your primary residence (or evacuated due to official government order and unable to return to residence because of unsafe conditions or damage) and have had out-of-pocket expenses to provide for food, clothing, shelter, or any other related expense for which there is/was no reimbursement. These funds are not designed to replace items covered by insurance compensation or to cover losses from a business, structures on your property (barns, storage sheds, or tool sheds), equipment, landscaping or vehicles. Individual members may apply for assistance. Only one grant per household (up to $1,000) will be approved.

POST GRANTS: Same criteria apply. Post Grants must derive from a declared natural disaster. Substantiating information must provide that The American Legion Post will cease to perform the duties and activities in the community due to losses sustained. A written report from the District or Division Commander outlining losses and the impact on community should be provided with the Grant Application. The TEF is not a replacement for insurance. It is the responsibility of each Post to have necessary insurance to sustain operations in the event of damage.

REQUIRED APPLICATION INFORMATION: Department Headquarters must have sufficient, documented information to justify the need. The application must be filled out completely and accurately, with attached additional sheet(s) for supporting data (photos, receipts for temporary lodging and food, work estimates, etc.). NOTE: Grant requests must be submitted through the proper channels and reach Department Headquarters no later than January 1, 2020.

DISTRIBUTION OF COPIES: Applicant will forward original and all supporting documentation to Department Headquarters for processing. Keep a copy of everything for your records. All grant requests must be reviewed and signed by the Department Commander, Department Adjutant and TEF Administrator before funds are released. Make sure you have included proper documentation and photos of hardship to help justify the grant request.

RECOMMENDATION/SIGNATURE OF TEF GRANT APPLICATION: After being reviewed by Department, if additional information is needed, the Department will either call or return the application to the individual member or local Post for resubmission. If the application is properly completed, a recommendation will be made and signed by the Department Adjutant with the recommended amount, then forwarded to the Texas Emergency Fund Coordinator for action. When approved by the Department Commander, a check will be issued to the applicant.

If any of the above criteria has not been met, the application will be rejected and returned to applicant for amendment or further clarification. If the application is disapproved, it will be returned to Department Adjutant who will notify the applicant.

IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION, CONTACT DEPARTMENT OF TEXAS HEADQUARTERS FOR HELP.

(Revised Oct 2019)
The American Legion
Texas Emergency Fund

Application For (Check Only One):
- ☐ Individual Member Grant (Circle One): Legion SAL
- ☐ Post Grant -- Must be Completed by Authorized Post Officer

PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING FORM

DATE OF DISASTER: _______________________ TYPE OF DISASTER: _________________________
(MUST Be by January 1, 2020) (Must Be Declared County, State Or Federal Disaster)

LOCATION OF DISASTER:
CITY ________________________________________________________ COUNTY __________________________ ZIP CODE ____________________________

Name: ___________________________________________________________ American Legion Membership ID # __________________
   (Last) (First) (MI)
   (Must Be Current At Date Of Disaster and Application)

Post # _____________________ Dept. _________________________________ Post Office Held ________________________________________
(For Post Grants Only)

Damaged / Evacuated Address ________________________________________________________________
   Physical Address ____________________________________________________________
   (Street Address) _____________________________ (City) ___________________________ (State) ___________________________ (Zip)

Damages / Description Of Loss (Include Supporting Documentation: i.e., Photographs, Repair Estimates, Written Statements, etc.):
__________________________ ________________________________________________________________________________________

List Out-Of-Pocket Expenses. Must Include Receipts, etc. See Instructions):
__________________________ ________________________________________________________________________________________

Total Costs: $ __________

Other Sources of Reimbursement:
(Insurance, State/Federal Aid, Other Disaster Funds)
__________________________ ________________________________________________________________________________________
   Amount: $ __________

Were you evacuated or displaced? Yes ☐ No ☐

Current / Temp. Address: __________________________________________

How Can We Contact You? Phone # ____________________ Cell Phone # __________________ email Address __________________________

Applicant Signature: __________________________________________ Date: _______________________

FOR DEPARTMENT HEADQUARTERS USE:

DEPARTMENT ADJUTANT: Approve or Disapprove Recommended Amount: $ _____________
Signature: ___________________________ Date: __________________

TEF ADMINISTRATOR: Approve or Disapprove Recommended Amount: $ _____________
Signature: ___________________________ Date: __________________

DEPARTMENT COMMANDER: Approve or Disapprove Recommended Amount: $ _____________
Signature: ___________________________ Date: __________________

Comments: ________________________________________________________________
