Department of California
Committed to Serve... Those who served

APPLICATION NO: _____
(Assigned by Department)

AMVETS 2026-2027 POST GRANT CONTACT SHEET

Post No. _____ EIN: _____

Requestor: _____ Title: _____

Post Mailing _____ Phone: _____

Address: _____ Email: _____

Total # of Grants _____ Total Amount Requested **$** _____

_____ _____
Requestor's Signature **Date**

The undersigned hereby acknowledges that the information provided in this application is correct to the best of their knowledge and that the applicant's Post has approved submission of this request for funding.

_____ _____
Post Commander **Post Adjutant**

I hereby verify that Post _____ is compliant with the Federal and State regulations governing not-for-profit organizations and all AMVETS policies and procedures allowing said post to legally apply for, and receive, a grant from the AMVETS Department of California.

_____
AMVETS Department of California
Executive Director's Signature