



## VFW DEPARTMENT OF NEW MEXICO FOUNDATION POST RELIEF APPLICATION



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 New Mexico 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
Is the Post properly insured?	YES	NO	N/A
	YES	NO	N/A

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

Is the IRS 990 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	



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

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

**POST MONTHLY REVENUE:**

1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
<b>TOTAL MONTHLY REVENUE</b>		<b>\$</b>

**POST MONTHLY EXPENSES:**

1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
<b>TOTAL MONTHLY EXPENSES</b>		<b>\$</b>

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



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### 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.