

# National Emergency Fund

## Eligibility

1. Eligibility open to Legionnaires and Sons of The American Legion members (up to \$3,000) Legion Posts (up to \$10,000).
2. Applicant must have been displaced from their primary residence due to a declared natural disaster and provide proof of out-of-pocket expenses.
3. Not meant to replace or repair items, only to meet most immediate needs (i.e., temporary housing, food, water, clothing, diapers, etc.)
4. Does not cover insurance compensation or monetary losses from a business, structures on your property (barns, tool sheds, etc.,) equipment or vehicles.
5. Membership must be active at time of disaster and the time of application.

## Application requirements

1. Application must be received within 90 days of disaster.
2. Disaster must be a "declared" natural disaster for Legion Family members.
3. Supporting data (photos, receipts, repair estimates, etc.) should be included if at all possible or statements (testimony) from post/district/department officers attesting to damages.
4. Only one grant per household.
5. Post grants must derive from a declared natural disaster and substantiating documentation must provide that The American Legion post will cease to perform the duties and activities in the community due to losses sustained.

**THE AMERICAN LEGION  
NATIONAL EMERGENCY FUND**

**PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY**

**NOT FOLLOWING DIRECTIONS COULD DELAY PROCESSING**

**INDIVIDUAL MEMBER GRANTS:** Grants from this fund provide emergency assistance to The American Legion or Sons of The American Legion *current* members in areas devastated by a declared natural disaster, to include floods, tornadoes, hurricanes, earthquakes and related adverse weather events. You must have been displaced or evacuated from primary residence and had out-of-pocket expenses to provide for food, clothing and shelter. *These funds are not designed for insurance compensation or to cover monetary losses from a business, structures on your property (barns, tool sheds), equipment or vehicles.* Individual members may apply for assistance. Only one grant per household (up to \$3,000.00) will be approved.

**POST GRANTS:** Same criteria apply. Post Grants (up to \$10,000.00) 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 a Post, District or Department officer outlining losses and the impact on community should be provided with the Grant Application. The NEF 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 and National Headquarters must have sufficient, documented information to justify the need. The application must be filled out **completely and accurately**. If needed, attach 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 National Headquarters within 90 days of the date of the disaster.

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

**RECOMMENDATION/SIGNATURE OF NEF GRANT APPLICATION:** After 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 either the Department Commander or Adjutant with the recommended amount, then forwarded to the National Emergency Fund Coordinator for action. When approved by the National Adjutant, a check will be issued and forwarded to Department Headquarters for issuance to the applicant.

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

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



**The American Legion  
National 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 ON COVER PAGE PRIOR TO COMPLETING FORM**

**DATE OF DISASTER:** \_\_\_\_\_ **TYPE OF DISASTER:** \_\_\_\_\_  
*(MUST Be Within Past 90 Days) (Must Be Declared Natural County, State Or Federal Disaster)*

**LOCATION OF DISASTER:** \_\_\_\_\_  
CITY COUNTY STATE

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)*

How Long Were You Evacuated / Displaced? \_\_\_\_\_  
*(Note: Must Have Been Evacuated Or Displaced To Apply For Funds. See Instructions.)*

Damaged / Evacuated Address \_\_\_\_\_  
Physical Address (Street Address) (City) (State) (Zip)

Current / Temp. Address: \_\_\_\_\_

Current Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email Address \_\_\_\_\_

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

**List Out-Of-Pocket Expenses Due To Evacuation / Displacement (Must Only Cover Food, Clothing, Shelter, Gas, etc. See Instructions):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Repair / Replacement Estimate: \$ \_\_\_\_\_ Other Sources Of Reimbursement: \_\_\_\_\_  
*(Insurance, Donations, State/Federal Aid, Other Disaster Funds)*  
Amount: \$ \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR DEPARTMENT AND NATIONAL HEADQUARTERS USE:**

**DEPARTMENT:** Approve or Disapprove Recommended Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEF ADMINISTRATOR:** Approve or Disapprove Recommended Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NATIONAL ADJUTANT:** Approve or Disapprove Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_