

“Help a VETERAN see tomorrow”



The American Legion
Department of New Jersey
Veterans' Assistance Fund

(policy)

Presented August 17, 2019

Revised August 12, 2020

Finally Amended: August 25, 2020

Purpose: This “Fund” is established to provide financial assistance to Veterans who may not be eligible for other types of assistance. This is a way to make monies immediately available to Veterans.

Grants: Will be at the Discretion of the Department Service Officer, they may not exceed \$500.00 and are a “One Time” grant, made payable by Check or Debit Card. Payment will not be given to the Veteran, but to institution the Veteran is indebted to. (I/E Landlord, Power Company Etc.)

Account: The Department will establish a separate account for this Fund, and the check book along with a Debit Card will remain in the Service Office in Newark. Signatures for the account will be the Service Officer and the Assistant Service Officer. Only one signature will be required on the check. A separate Debit Card will be in the Trenton Office with the Department Adjutant.

Eligibility: The criteria for eligibility will be solely at the discretion of the Board and the Department Service Officer, or in the absence of the Service Officer, the Department Assistant Service Officer, with input from The Department Adjutant. The Service Office requires a form to be completed and may also request the help of Local Post Service Officers and DEC's. Each case will bring it' own unique circumstances. Any money issued should help an immediate need of a Veteran. Posts or Counties may be Reimbursed for assistance given to Veterans

Officers: The Officers of the Fund shall be...

(CEO) Chief Executive Officer: The Department Commander.

(COO) Chief Operating Officer: The Department Service Officer

(CFO) Chief Financial Officer: The Department Finance Officer

Trustees: There shall be Two (2) Trustees appointed by the Officers to serve during each Legion Year.

The Department Adjutant: will act as the Secretary to the Board, with a voice at meetings, but no vote. The voting board members remains as an odd number to avoid stalemates and deadlocks.

{2020-2021 Trustees: Gene O'Grady (PDC) & Joe Imperato (DEC)}

The above members will be the "**Board**" the board will have the following responsibilities...

CEO-The CEO will be responsible to help ensure the Fund stays viable financially. It is recommended that the Fund benefit from the Department Project annually to keep a working reserve.

COO-The COO will be responsible for the approval and distribution of Grants. Establishing standards and contacting local assets as needed.

CFO-The CFO will have fiduciary responsibility of the Fund.

The Department Adjutant-will keep any records necessary

Trustees-Trustees will be responsible for financial Audits of the Fund.

Meetings: Meetings will be held in conjunction with the established “Department” meeting schedule. Meetings will be on an as needed basis generally with two (2) required Meetings annually in August and June (prior to Convention). Meetings may be called by any Board Member. Meetings may be in-person or electronic.

Scope: This fund is established in The American Legion’s Centennial Year for the purposes of providing another vehicle to assist Veterans with resources that are not met by other programs. It is an expression of our Brotherhood and Humanity to help our fellow Veterans. Common instances of this program are to get the power turned back on for a Veteran. Provide a few nights stay in a hotel if displaced. This fund is to “Help a Veteran get through to see tomorrow” It is an Emergency Fund. The Veteran should be encouraged to seek a more permanent financial solutions to their problems. Other avenues include but are not limited to providing the Veteran with contact information for resources such as the VA, Social Security, local and state assistance.

*****NOTE*****

See attachment titled ...

Department of New Jersey, Application for Emergency Grant



DEPARTMENT OF NEW JERSEY APPLICATION FOR EMERGENCY GRANT

APPLICANT : Name _____ Post _____

Address _____

Age _____ Phone# _____

Reason for which assistance is being requested: _____

Total cost of request (NOT TO EXCEED \$500.00) \$ _____

Amount received from other Agencies/Resources \$ _____

Amount being provided by Local Post/ County Organization \$ _____

Net monthly income of applicant and spouse \$ _____
(after deductions for cost of living, etc.)

I hereby certify that the applicant has exhausted all available means of defraying the cost of the above described item(s) and that he or she is Unable to personally defray the cost due to his or her financial status.

Sign here : _____ Date: _____

Post/County Service Officer (or in his/her absence, Commander)

Please attach invoice (s) showing cost of Item assistance requested for.

FOR DEPARTMENT USE ONLY

Request is : approved disapproved

BY: DSO ADSO _____

Comments : _____

Forwarded to Department Headquarters on : _____