



MILITARY ORDER OF THE PURPLE HEART AUXILIARY VAVS SERVICE GRANT 2021

The following criteria must be met to be eligible to request a grant:

1. The Requestor must be a Unit or Department President (Fill out Section A) **OR** a VAVS Representative or Deputy Rep (Fill out Section B).
2. The Unit or Department Requesting Funds for the VAVS Grant must be in good standing (Current on 990N filings, and be in compliance with National's Unit filing requirements.)
3. Requestor agrees to submit supporting documents within 45 days as outlined below.

Section A	
Name of Requestor (Unit or Department President)	
Unit #/Department	
Title:	
Address:	
City/State/Zip:	
Phone:	
Email:	

Section B	
Name of VAVS Rep (if applicable):	
Unit #/Department	
Address:	
City/State/Zip:	
Phone:	
Email:	

VA Facility Where Funds Will Be Used	
Name of Facility:	
VAVS Chief Name:	
Address:	
City/State/Zip:	
Phone:	
Email:	

Fund Request Details	
Amount requested:	
Check written to:	
Date of event(s):	
Please give in detail, what the requested funds will be used for. Use additional paper if needed.	
I understand, as the requesting VAVS Representative, the 30-day requirement for submitting receipts and letters (as outlined in MOPHA VAVS Funds Request Instructions and Information) to the MOPHA National VAVS Representative.	
Requestor's Signature	Print Name Date

Keep a copy for your records. Mail or Email (preferred) copies to National VAVS Rep and Department President:

National VAVS Representative:

LINDA VAREJCKA
 450 Conestoga Ave.
 Hickman, NE 68372
 c-402-580-2549
jfvarejcka@windstream.net

Internal Use

Date rec'd by Nat'l Rep _____ Date emailed to National Sec/Pres: _____

National VAVS Rep Approval Signature: _____ Date: _____

Check if Funds DENIED: _____ (letter of explanation will be included).

Signatures for Warrant and Issue of Check:

National Secretary Approval Signature: _____ Date: _____

National President Approval Signature: _____ Date: _____

National Treasurer Approval Signature: _____ Date: _____

Date Check Mailed: _____ Check # _____ Warrant # _____

Date/Notes for documentation received back from Requestor: _____

MOPHA VAVS Funds Request Instructions and Information

Funds must be used for the benefit of veterans in a VA hospital, clinic, Veteran's home, or Vet Center.

Unit VAVS Representatives, VAVS Representatives without a Unit or Department, or Unit or Department Presidents must complete MOPHA VAVS GRANT REQUEST FORM 2021 and send to the National VAVS Representative by mail or email to request funds. Requests may be made up to \$2000.00

The National VAVS Representative is responsible for the approval or denial of the request.

When funds have been approved:

- A request form will be sent by email to the National Secretary who, in turn, will send the request along with a warrant to the National President and National Treasurer.
- The National Treasurer will write the check, obtain the National President's signature on the check, and the President will mail check to the Requestor.

Thirty (30) day requirements for receiving VAVS funds:

- If check is made out to VAMC facility: **within 30 days** the National VAVS Rep must receive an acknowledgement letter from the VA.
- If the check is made out to Unit to purchase items/supplies: **within 30 days**, the National VAVS Rep must receive **receipts** (receipts must be equal or greater than the amount of the check), and **within 30 days of the event** an acknowledgement letter from the VA/Facility.

Please note:

If receipts are not submitted within 30 days, future funding will not be available from National MOPHA grants.

For further information contact: National VAVS Representative