

**DEPARTMENT OF ARIZONA  
VFW AUXILIARY HOSPITAL  
HOSPITAL GRANT APPLICATION**

*The purpose of this grant is to benefit veteran patients in VA Medical Centers, those utilizing VA Clinics, or residents of State Veterans' Homes, rehabilitation facilities or homeless programs sponsored by the VA. Other types of care facilities will be considered on a case by case basis.*

*\$250 is the maximum amount that will be disbursed per Auxiliary per year.*

*The Auxiliary **must** complete a **Hospital Project Report** upon completion of the project - including receipts for total funds spent, pictures, volunteers and number of veterans served. That report must be sent to the VFW Auxiliary Arizona Department Hospital Chairman immediately following the completion of the project / donation.*

**Step One: Email completed Application to Department Hospital Chairman.**  
**Step Two: Complete the Project**  
**Step Three: Send completed Project Report to Department Hospital Chairman**  
**Hospital Chairman Denise Williams    Email: develdwilliams@msn.com**

**AUXILIARY INFORMATION**

Auxiliary Number: \_\_\_\_\_ Auxiliary Contact \_\_\_\_\_

Phone/Cell No. \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**PROJECT / DONATION DESCRIPTION    (Use separate sheet if necessary)**

How will the recipients or users know that the project / donation came from the VFW Auxiliary?

Are you working with other Auxiliaries in your area? (Highly recommended) Grants may be combined by Auxiliaries to provide higher cost items but each Auxiliary must complete Grant Application and Project Report.

How many veterans will benefit from this project / donation? Please estimate if necessary.

What is the anticipated completion date of the project? \_\_\_\_\_