

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 and send it to the Department Hospital Chairman immediately following the completion of the project / donation. Receipts must be forwarded to the Department Treasurer.*

Step One: Email completed Application to Department Hospital Chairman.

Do not spend the grant funds until Auxiliary has received grant approval.

If project is approved, check will be sent to the Auxiliary Treasurer

Step Two: Complete the Project

Step Three: Send Project Report to Department Hospital Chairman

Hospital Chairman Amy Timbes Email: thetimbesfamily@gmail.com

Copy of Receipts to Department Treasurer auxvfwarizona@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? _____