



# Military Assistance Program Grant Guidelines



## Purpose:

To provide financial assistance to VFW Posts/Depts. and Auxiliaries who sponsor events with their local military community. These funds are meant to build relationships and provide information on VFW programs and services.

## How to apply for a MAP Grant:

1. Only a VFW or Auxiliary member may submit a MAP Grant Application.
2. The application must be signed and dated by the Post/Dept. Commander, Quartermaster or the Auxiliary President or Treasurer.
3. The grant is limited to basic food items and Non Alcoholic beverages for currently serving military and their family members only.  
**It does not cover equipment/venue rentals, gifts, decorations, entertainment, etc.**
4. The grant does not cover public or formal events such as: Military Dining In/Out, Military Balls, Change of Command/Responsibility Ceremonies, etc.
5. The grant application must be submitted no later than 14 days **prior** to the event. Any exceptions to this must be submitted in writing to the Director VFW Programs for approval.
6. An After Action Report along with eligible receipts must be submitted within 30 days of the event. Non submission will result in the Dept./Post/Auxiliary being billed for the grant amount.
7. If the event receipts total less that the grant amount provided, the Dept./Post/Auxiliary will be required to refund the difference within 30 days.
8. If the event is cancelled a full refund is required. If rescheduled for a later date, a written explanation must be submitted to the MAP office detailing the new dates. It will be determined by the MAP office and VFW Program Director whether a refund will be requested or the Dept./Post/Auxiliary will be allowed to keep the grant amount.
9. MAP Grants may be submitted by the following:
  - Email: [map@vfw.org](mailto:map@vfw.org)
  - Fax 816-968-2779
  - Mail to:  
VFW National Headquarters  
**ATTN: MAP**  
406 W. 34th Street, Suite 902  
Kansas City, MO 64111

Note: Prior approval of similar events does not guarantee future approval. All applications must be signed and dated.

For any further questions or concerns please contact the MAP Office by phone at (816) 756-3390



# Military Assistance Program Grant Application Instructions



For any further questions or concerns please contact the MAP Office by phone at (816) 756-3390

To ensure the grant is processed in a timely manner all information needs to be complete and accurate.

## Payee (Dept./Post/Auxiliary) Section

- Fill out **Post # and Department** information completely and specify if the request is being submitted by the Auxiliary.
- **Federal Tax ID and 501(c)** IRS Guidelines require the Federal Tax ID number and 501 C designations to be on the application. Contact your Dept./Post/Auxiliary Quartermaster or Treasurer to obtain this information.
- Please make sure that the Point of Contact (POC) is the individual at the post that is handling the event. Do not put the Commander or Quartermaster's name as POC if another person is handling the event. The VFW POC information must include a phone number and email address.

## Grant Amount Requested / Event Total Budget Amount

- The **Grant Amount Requested** This amount should be what you are requesting MAP to cover after all other contributions are made.
- The **Total Budget Amount** This is the approximate amount that includes all money spent on any items/activities. MAP Grant funds, post contributions and any other outside contributions such as the military unit, Family Support Group, other community/veteran's organizations, etc.
- The **Event information** must include: Event name or type of event, date, attendance, location and activities.
- The **Event Attendance** must specify the **number** of military and family members expected. Do not include dignitaries or VFW members here

## Military Unit Information

- **National Guard and Reserve Meal Rations** If the event takes place during a training weekend (required attendance) all service members should be provided a meal by the government. If you are unsure about this information you should contact the unit to verify.

## Community Involvement (NOT VFW) Section

- List all other **organizations** that are going to be involved with the event and their contribution.

## Post Contribution and Involvement

- **Post contribution** is any monetary contribution from the Post/Dept. that is separate from the MAP Grant funds that are being requested.

## Authorization Section

- Ensure that you read and check both **Acknowledgement 1 and Acknowledgement 2**
- The application must be **signed by the VFW Dept. / Post Commander or Quartermaster**. If it is being submitted by the **Auxiliary it must be signed by the President or Treasurer**.



# Military Assistance Program (MAP) Grant Application



**Payee (Dept./Post/Auxiliary):**

Post/Aux # \_\_\_\_\_  
Department: \_\_\_\_\_  
Federal TAX ID# (9 digits) \_\_\_\_\_ - \_\_\_\_\_  
Exempt Status, 501(c) 3, 4, 19 (check one)  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
VFW POC: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

**Grant Amount Requested:** \_\_\_\_\_

**Event Total Budget Amount:** \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date (s): \_\_\_\_\_

How many are expected to attend for each group:

Currently-serving Military: \_\_\_\_\_ Family: \_\_\_\_\_

Event Location: \_\_\_\_\_

Activities: \_\_\_\_\_

**Military Unit Information:**

Unit Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Component: Active \_\_\_ Reserve \_\_\_ Guard \_\_\_ (check one)

Installation city/state: \_\_\_\_\_

MPOC Name & Rank: \_\_\_\_\_

**For National Guard and Reserve units only:**

Is this a drill for the unit? \_\_\_\_\_

If it is a drill, is the unit contributing their meal Rations

(GOV funds) for the Military meals? \_\_\_\_\_

If not, why not? \_\_\_\_\_

**Community Involvement (NOT VFW):**

Will there be any other community involvement, including other veterans' organizations?

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES-** List the businesses/groups that are participating & what they are contributing:

\_\_\_\_\_  
\_\_\_\_\_

**Post Contribution and Involvement:**

Expected # of VFW/Auxiliary members attending? \_\_\_\_\_

Is the Post/Department contributing to the event with funds, goods or services beyond what MAP is being asked to provide? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what amount? \_\_\_\_\_

**Please check all activities VFW/Auxiliary members will assist with:**

Plan \_\_\_\_\_ Shop \_\_\_\_\_ Set-up/clean-up \_\_\_\_\_

Cook \_\_\_\_\_ Serve \_\_\_\_\_ Assist children \_\_\_\_\_

Recruit \_\_\_\_\_ Provide VFW materials/info \_\_\_\_\_

Speak during event \_\_\_\_\_

Is the Post contributing any other kind of goods or services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VFW Recognition (check all that applies):**

Will you have a VFW banner or flag on display? \_\_\_\_\_

Will the members wear items with VFW logos? \_\_\_\_\_

Will the Unit's CO acknowledge the VFW's contribution during his/her remarks? \_\_\_\_\_

\*\*\*\*\*Authorization\*\*\*\*\*

**Acknowledgement 1:**

To facilitate compliance with IRS regulations, the VFW Military Assistance Program (MAP) will require the Post to provide a report including eligible receipts no later than 30 days after the scheduled event date. Failure to do so will result in a request from National Headquarters for a full refund of the Grant amount.

\_\_\_\_\_(Must be checked)

**Acknowledgement 2:**

This money will not be used for lobbying in any way.

\_\_\_\_\_(Must be checked)

**Payee QM or Commander Signature**

X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title

\_\_\_\_\_



# Military Assistance Program Grant Report



Date of Event: \_\_\_\_\_

VFW Department: \_\_\_\_\_ District: \_\_\_\_\_ Post: \_\_\_\_\_

Type of Event (i.e., Welcome Home, Deployment, Family Briefing, etc.):

\_\_\_\_\_

Full Unit Name:

\_\_\_\_\_

Unit City / State:

\_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total amount of MAP funds utilized for the event. \_\_\_\_\_

Are Receipts for Expenditures Attached?: \_\_\_\_\_

Actual Attendance:

Number of Military: \_\_\_\_\_ Families: \_\_\_\_\_

Number of VFW and Aux members attending the event? \_\_\_\_\_

Number of others in attendance (dignitaries other groups etc)? \_\_\_\_\_

Number of Members Recruited at the Event?: \_\_\_\_\_

- Please attach any newspaper articles or links to articles on the internet.

Names of VFW National or Department Officers or Certified Recruiters who attended:

\_\_\_\_\_