

# Vietnam Veterans of America – Buckeye State Council Chapter Grant Application For

Chapter Name: \_\_\_\_\_

Chapter Number: \_\_\_\_\_

Chapter Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

Is Your Most Recent Treasurer's Report Attached?: \_\_\_\_\_

President's Signature: \_\_\_\_\_

Treasurer's Signature \* \_\_\_\_\_

Please provide a detailed purpose for the Grant on page 2

Detailed purpose of the grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Directions to Submit the application:** Fill in the form on your computer, download/save to your computer and email it to [vvaohio@gmail.com](mailto:vvaohio@gmail.com) or send by U.S. mail to

Buckeye State Council 35 E. Chestnut Street

5<sup>th</sup> Floor Suite 501

Columbus, Ohio 43215

**Questions:** 614-228-0188

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### (The section below is for board use only)

**Is the stated purpose for the Grant aligned with the goals of VVA?  
(Incarcerated Chapters must include signed approval from their institution)**

Yes  No

**Does the amount of the Grant exceed \$500?**

Yes  No

**Have the Chapter President and the Chapter Treasurer signed the Chapter Grant Application?**

Yes  No

**Is a copy of the Chapter's most recent Annual Financial Report on file?**

Yes  No

**Is a copy of the Chapter's most recent Treasurer's Report attached or on file?**

Yes  No

**Is a copy of the Chapter's most recent Election Report on file?**

Yes  No

**Is this the only Grant received by the Chapter in the last 12 months?**

Yes  No

**Does the Chapter receive Thrift Store Funds?**

Yes  No

**Has the Chapter been present at two VVA-BSC Membership Meetings?**

Yes  No

**Chapter Grant Application Approved?**

Yes  No