



# Department of Ohio Plan of Action



## AUXILIARY EMERGENCY FUND

### CHAIRMAN

Deborah Smith  
3300 Wyoming Dr.  
Xenia, OH 45385-4848  
(937) 838-5485  
Debor7anne@yahoo.com

**REPORT DUE: April 15, 2023**

### Department Report Form

This Form should be attached to each narrative that is submitted for information, Citation of Merit requirements and possible Department award. Please fill out the information as completely and accurately as possible. A Unit must submit a this report form with boxes completed and answer the questions below in order to earn the Citation of Merit. Narrative - word count must follow directions given in award guidelines. Simple or elaborate stories will be accepted as a report.

**Please complete the following.** Be sure to give the complete name of your Unit: \_\_\_\_\_

District _____	Unit # _____	Unit Membership Goal _____	Unit Membership Total As of Report _____		
Name of Person Completing Report:			Unit Chair.		Unit Pres.
Phone # _____	Email _____	Membership ID (if available)			
Specific Award Name(if applicable)					

**Report Deadline: April 15, 2023**

**Narrative Deadline: April 15, 2023**

### Answer the following Questions in your narrative.

Narrative must be typed written in narrative form.

Narrative must not exceed 1,000 words. (Can be fewer words if program dictates)

Narrative may include photographs and news articles.

- How did your Unit educate the members regarding this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How were your members informed as to where the AEF resources could be found? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What fundraising ideas did you Unit provide? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUXILIARY EMERGENCY FUND

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## Key Program Statements

- The Auxiliary Emergency Fund (AEF) is a national grant assistance program that provides temporary emergency assistance to eligible members of the American Legion Auxiliary up to \$2400 as the result of an act of nature or another personal crisis
  - Grant funds may be used only for shelter or utilities
  - Members of the American Legion Auxiliary whose dues are current and who have maintained membership for three consecutive years (the current year and immediate past two years)
1. **Objective Goal:** Promote the AEF program so that Unit members know what it is, how it can help, and where to find the information needed to complete the application and its requirements.
    - a. **Action Step:** At a Unit meeting pass out the brochure to members and talk about what the program is. Discuss the requirements that need to be met and work with Unit officers to complete the application process. Promote as a benefit to new members.
    - b. **Action Step:** Talk with the Post Commander and inquire if you can leave brochures and applications at the Post for Auxiliary members to pick up when they are there.
    - c. **Action Step:** If members have questions that have not been answered, go to the ALA National website ([www.ALAforVeterans.org](http://www.ALAforVeterans.org)) and there are promotion materials with FAQ.
  2. **Objective Goal:** This is a program that continues through the generous donations of its members and community organizations. Seek donations through the Unit, Post, community organizations, fundraiser, etc. Be creative when raising funds.
    - a. **Action Step:** Unit members can make a personal donation to the Department. For donations of \$50 or more, member will receive a pin to wear.
    - b. **Action Step:** Place an AEF can at your Unit meetings or in the Post and encourage members and visitors to drop their change into the can. On the National website there is a free download for a can label.
    - c. **Action Step:** Combine an AEF fundraiser with a membership drive and invite the community into your Post home for a “Members Helping Members” fundraiser. Be sure to have membership applications available and eligibility requirements available.
    - d. **Action Step:** The fundraising possibilities are endless. Examples are: Balloon raffle for prizes, grab bag with prizes, various raffle items, etc. The list goes on. Be creative when trying raise funds for the Auxiliary Emergency Fund.

## AEF RESOURCES

- AEF National Facebook page: <https://www.facebook.com/groups/AuxEmergencyFund/>
- ALA National website: <https://member.legion-aux.org/member/committees/aef>

## Year-End Reports

Annual reports reflect the program work of units in the department and may result in a national award for participants if award requirements are met. Each Unit AEF Chairman is required to submit a narrative report by **April 15, 2023**, to the Department AEF Chairman.

## DEPARTMENT AWARD INFORMATION & DEADLINE

“**Ardith Cooper**” Plaque – This plaque will be awarded to the Unit with the highest donations per capita based on donations received in Department Headquarters by **June 1, 2023**. This will be calculated by Department Headquarters and given at Department Convention. Members and Units are encouraged to contribute to the Auxiliary Emergency Fund.

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## Auxiliary Emergency Fund Application Instructions for Members Affected by Disaster

An Auxiliary Emergency Fund grant may provide immediate emergency assistance to American Legion Auxiliary members in areas devastated by a natural disaster, such as fire, flood, hurricane, tornado, earthquake, or other severe weather. The applicant must have received damage to the primary residence and/or been displaced or evacuated from the residence and had out-of-pocket expenses for food, clothing, and shelter. Grants may be awarded up to \$2,400.

### **BASIC CRITERIA FOR QUALIFICATION**

The applicant must be an American Legion Auxiliary (ALA) member

- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- Application must be received within 6 months of disaster.
- One grant per grantee in a 12-month period will be awarded

### **REQUIRED APPLICATION INFORMATION**

The application must be filled out completely and accurately to prevent delay in processing. Please explain **in detail** the damage incurred to the primary residence including roofing, structure, windows, flooring, appliances, furniture, and all contents in the home. Include all supporting documents such as photographs, copies of receipts, work estimates, and government agency documents. If the application is not complete, it may be returned for amendment and or further explanation.

### **CHECKLIST BEFORE SENDING IN THE APPLICATION**

Confirm you have held membership for three consecutive years (the current year and immediate past two years)

Complete **ALL** sections of the application

Provide copies of receipts for emergency expenses incurred including lodging, food/water, fuel, and other

### **SUBMIT APPLICATION**

Once application is complete, please e-mail to [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org); fax to National Headquarters at (317) 569-4502; or mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

### **QUESTIONS**

If you have any questions, please email [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org) or call (317) 569-4500.

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## Auxiliary Emergency Fund Expedited Application for Members Affected by Disaster

E-mail application to [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org); Fax to National Headquarters at (317) 569-4502.  
or Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN

### MEMBER INFORMATION

Member's Full Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ Years of consecutive ALA membership: \_\_\_\_\_

Member's Unit # & Location: \_\_\_\_\_ Member's Dept: \_\_\_\_\_

Member's Address at time of Disaster: \_\_\_\_\_  
address city state zip

Member's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Type of Disaster: Fire Flood Hurricane Tornado Earthquake Severe Weather (i.e. lightning, heavy snow)  
Other (Please Explain) \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Do you own or rent primary residence?  Own  Rent Is this your primary residence?  Yes  No

Are you still residing in the residence?  Yes  No If no, please explain current living arrangements (Hotel/Family): \_\_\_\_\_

Was employment of member lost or temporarily suspended due to disaster?  Yes  No If yes, for how long: \_\_\_\_\_

Was employment of spouse lost or temporarily suspended due to disaster?  Yes  No If yes, for how long: \_\_\_\_\_

Reimbursement Expected: FEMA: \$ \_\_\_\_\_ State/Local Disaster Assistance: \$ \_\_\_\_\_

Homeowners/Renters Insurance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

### PAYMENT INFORMATION

If awarded, payment can be transmitted by electronic funds directly to the member's bank account OR a check can be mailed. For electronic funds transfer, you must provide the bank name, routing /ABA number, type of account and your account number. You must provide a complete mailing address for delivery of a check by the U.S. Postal Service. If available, please include a voided check for accuracy.

Member's Name as listed on Account: \_\_\_\_\_

Member's Address as listed on Account: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR EFT PAYMENT:

Name of Member's Bank: \_\_\_\_\_ Type of Account:  Checking  Savings Bank

Routing#/ABA # \_\_\_\_\_ Member's Bank Account # \_\_\_\_\_

**FOR CHECK PAYMENT:** Address where Check is to be mailed: \_\_\_\_\_

address city state zip

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**Describe Damage to Primary Residence:** Please explain **in detail** the damage incurred including roofing, structure, windows, flooring, appliances, furniture, and all contents in the home. Attach additional sheets as needed to fully explain extent of damage. Include available photos, copies of repair estimates, statements from FEMA and/or local law enforcement, etc.

**Emergency Expenses:** Please provide all emergency expenses incurred. ***Receipts must be provided.***

Lodging: \$ \_\_\_\_\_ Food/Water: \$ \_\_\_\_\_ Fuel: \$ \_\_\_\_\_ Other (plywood, generator, dry ice, etc.): \$ \_\_\_\_\_

## NOTICE

If you are a recipient of an Auxiliary Emergency Fund grant and would like to be contacted by staff from the American Legion Auxiliary National Headquarters to publicly share your story of how the Auxiliary Emergency Fund assisted you, please sign below. Your testimonial could be used in ALA print, marketing and online publication. Personal AEF stories help promote the Auxiliary Emergency Fund fundraising efforts, through which grants are made possible.

(Optional) Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Declining to provide your signation will not adversely affect the evaluation of your AEF application.*

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## Auxiliary Emergency Fund

### **Application Instructions for Temporary Assistance for ALA Members**

An Auxiliary Emergency Fund grant may provide temporary assistance to eligible members during a time of financial crisis when no other source of aid is readily available to pay for shelter, food, and utilities. Grants may be awarded up to \$2,400 with the intent is to help members who have suffered a financial setback and offer a helping hand until financial stability is reestablished. Assistance will not be granted to pay medical expenses or credit card debt.

### **BASIC CRITERIA FOR QUALIFICATION**

- The applicant must be an American Legion Auxiliary (ALA) member
- Applicant must have maintained ALA membership for three consecutive years (the current year and immediate past two years)
- One grant per grantee in a 12-month period will be awarded
- Applicant must have exhausted all other financial options and be able to provide past due bills

### **REQUIRED APPLICATION INFORMATION**

The application must be filled out completely and accurately to prevent delay in processing. Please explain **in detail** your current situation/emergency. Include all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered. If the application is not complete, it may be returned for amendment and or further explanation.

### **CHECKLIST BEFORE SENDING IN THE APPLICATION**

- Confirm you have held membership for three consecutive years (the current year and immediate past two years)
- Complete **ALL** sections of the application
- Provide copies of past due mortgage/rent and/or utility bills

### **SUBMIT APPLICATION**

Once application is complete, please e-mail to [AEF@ALAforVeterans.org](mailto:AEF@ALAforVeterans.org) , fax to National Headquarters at (317) 569-4502; or mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

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Auxiliary Emergency Fund

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or Mail to American Legion Auxiliary National Headquarters, Attn: AEF, 3450 Founders Rd., Indianapolis, IN 46268

Member's Full Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Member's Unit # & Location: \_\_\_\_\_ Member's Dept: \_\_\_\_\_

Member's Address: \_\_\_\_\_

address

city

state

zip

Member's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Years of consecutive ALA membership: \_\_\_\_\_ Number of family members in the home: \_\_\_\_\_

What is your current employment status?

Full-Time  Part-Time  Laid-Off  Retired  Worker's Compensation  Unemployed

Place of Employment: \_\_\_\_\_ If unemployed, last date of employment: \_\_\_\_\_

If unemployed, please explain and outline steps taken to secure employment: \_\_\_\_\_

What is your spouse's current employment status?

Full-Time  Part-Time  Laid-Off  Retired  Worker's Compensation  Unemployed

Place of Employment: \_\_\_\_\_ If unemployed, last date of employment: \_\_\_\_\_ If spouse is deceased, date of death: \_\_\_\_\_

**Applicant Narrative:** Please explain **in detail** your current situation/emergency. Include any additional information not outlined elsewhere on the application. **Attach copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered.**



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## Current Monthly Income

Current earnings of Applicant: \_\_\_\_\_

Current Earnings of Spouse: \_\_\_\_\_

Earnings of other(s) in household: \_\_\_\_\_

Veteran's Pension/Compensation: \_\_\_\_\_

Child Support: \_\_\_\_\_

Social Security: \_\_\_\_\_

SSI: \_\_\_\_\_

SSD: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

WIC: \_\_\_\_\_

Aid from Post/Unit: \_\_\_\_\_

Unemployment Compensation: \_\_\_\_\_

Workman's Compensation: \_\_\_\_\_

Alimony: \_\_\_\_\_

County/State Assistance: \_\_\_\_\_

Stock Dividends: \_\_\_\_\_

Other Income: *(Please Specify Source)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total monthly income:** \_\_\_\_\_

## Current Monthly Expenses

Mortgage/rent: \_\_\_\_\_

Electricity: \_\_\_\_\_

Fuel for Heating:      Gas   Propane      Oil      \_\_\_\_\_

Water/Sewage: \_\_\_\_\_

Food: \_\_\_\_\_

Telephone: \_\_\_\_\_

Child Care: \_\_\_\_\_

Medication: \_\_\_\_\_

Toiletries: \_\_\_\_\_

Insurance: \_\_\_\_\_

Homeowners/Renters: \_\_\_\_\_

Life: \_\_\_\_\_

Auto: \_\_\_\_\_

Health: \_\_\_\_\_

Other: \_\_\_\_\_

Other Expenses: *(Please Specify Source)*

\_\_\_\_\_

\_\_\_\_\_

**Total monthly expenses:** \_\_\_\_\_

Do you own or rent your home?      Own      Rent

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(Optional) Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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