



## MISSION BLUE POST ASSISTANCE PROGRAM GRANT APPLICATION

### THE AMERICAN LEGION INTERNAL AFFAIRS & MEMBERSHIP DIVISION

#### INSTRUCTIONS & MISSION BLUE POST ASSISTANCE PROGRAM GRANT APPLICATION

For assistance in completing this application, or for contact information, contact your department at [www.legion.org/departments](http://www.legion.org/departments).

**POST GRANT (Application–Page 3):** The Mission Blue Post Assistance Program (PAP) grant is intended to assist posts whose revenue has been negatively impacted from the effects of the COVID-19 health crisis within the community, as well as any government-mandated restrictions. The funds distributed from this grant are to be exclusively used to meet financial responsibilities associated with maintaining post facilities and community presence. Grants are only approved to cover costs and fees associated with mortgage payments, rent, insurance premiums, and/or utilities. Recipient posts are prohibited from using funds to maintain or cover a loss of income from any registered post business (including but not limited to post bars, cantinas, restaurants, etc.) paying post employees, building upgrades or repairs, taxes, fines/fees/penalties, or funding post activities and programs. Posts who meet all the required criteria may receive up to \$1,000.00 from the Mission Blue PAP fund. Department commanders/adjutants are encouraged to complete a Mission Blue PAP grant application on behalf of the post.

**QUALIFYING CRITERIA:** American Legion posts who meet all qualifying criteria for the Mission Blue PAP Grant are eligible to receive up to \$1,000.00. Department commanders/adjutants must certify the applicant post meets the following criteria:

- Must have a consolidated post report on file.
- Must have filed an IRS 990 within the prescribed due date.
- Must have filed all other required forms and reports as prescribed by the department.
- Must have actively participated in one or more American Legion program(s) within the last 18 months.
- Must have a financial need.
- Must provide a certificate of insurance for all liability coverage naming The American Legion doing business as (dba) American Legion National Headquarters and the post's department as an additional insured.(Submit declaration page showing coverage)
- Must provide documentation indicating that the post is properly incorporated.

**REQUIRED APPLICATION INFORMATION (Application–Page 3):** Department leadership must verify that applicant posts meet all the qualifying criteria prior to submission of the grant application. Posts and departments do not need to submit any bills or receipts along with grant applications. The application must be filled out completely and accurately to prevent delay in processing. Grant requests may be submitted in fillable PDF format and sent via email to [IA@legion.org](mailto:IA@legion.org). Any questions regarding this grant should be directed to the Internal Affairs & Membership Division.

**APPROVAL SIGNATURE OF GRANT APPLICATIONS:** Upon review, if additional information is needed, the department will be contacted. If the application is properly completed and all qualifying criteria and requirements are met, the Internal Affairs & Membership Division will endorse the application and forward a request for funds to the Finance Division. After review and approval by the National Adjutant, a check will be issued and forwarded to the department headquarters to disburse to the applicant post along with a grant fulfillment letter which will also include reporting instructions.

If any of the above steps have not been taken, the application may be returned to the department headquarters for amendment or further clarification. Applications not approved will be returned to the department headquarters with reasons for disapproval who will then notify the applicant post.

**REPORTING REQUIREMENTS:** Posts are required to submit a true and accurate report outlining how the grant funds were used (mortgage, rent, insurance premiums, and/or utilities) within six months of the receipt of funds and no later than February 28, 2022. Information regarding the report format and submission will be included within the grant fulfillment letter. This report should be reviewed by department headquarters prior to forwarding it to the Internal Affairs & Membership Division at the national headquarters.



## **MISSION BLUE POST ASSISTANCE PROGRAM GRANT APPLICATION**

### **ADDITIONAL INSTRUCTIONS**

1. This form contains two sections: a post information section and a department verification section. Both sections must be completed in full. Departments will need to review the instructions and information within this document with the applicant post prior to completing the grant application.
2. Departments will need to obtain the necessary records to verify all qualifying criteria have been met. These are only for the department verification process and additional records do not need to be sent to national headquarters along with the application. If additional information is needed for the review process, the department will be contacted.
3. Mission Blue PAP grants are strictly for assisting posts with facility related expenses (as outlined in Resolution 36, October 2020). Bills, receipts, and itemized expenses are not required with this application.

**REMINDER: Mission Blue PAP grants are not provided to cover costs or lost revenue associated with any post business, such as bars, cantinas, pubs, restaurants, club rooms, etc.**

4. Ensure all sections of the application are complete and the appropriate signatures are obtained.
5. Applications must be submitted national headquarters by the department headquarters for approval. All applications sent directly to national headquarters by any other means will be returned to the appropriate department headquarters without review or action.
6. If you have questions concerning the Mission Blue PAP Grant and application, please contact the Internal Affairs & Membership Division using the information below.

**Before sending a Mission Blue PAP application to The American Legion National Headquarters, did you:**

- Verify the applicant post has met all the required criteria for grant consideration?
- Complete all sections of the application and attach all required documents?
- Provide a copy of post's insurance declaration page showing The American Legion National Headquarters as an additional insured on the post's liability (aka general liability) coverage?
- Sign and date the application?

**The American Legion**  
**Mission Blue Post Assistance Program**  
PO Box 1055  
Indianapolis, IN 46206  
(317) 630-1330  
Email: [IA@legion.org](mailto:IA@legion.org)

This form may be reproduced as needed.



**MISSION BLUE POST ASSISTANCE PROGRAM GRANT APPLICATION**

National HQ Use ONLY

**THE AMERICAN LEGION**

Date Rec'd \_\_\_\_\_

**INTERNAL AFFAIRS & MEMBERSHIP DIVISION**

Through The American Legion Department Headquarters of \_\_\_\_\_

**POST GRANT APPLICATION**

Post Legal Name: \_\_\_\_\_ Post #: \_\_\_\_\_ Dept.: \_\_\_\_\_

Post Officer Requesting Grant: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Post EIN: \_\_\_\_\_

Signature: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

Department Officer Certifying: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department Headquarters certifies that the applicant post has met all the following criteria.  
(All must be checked to be considered for grant approval.)

<input type="checkbox"/>	The Consolidated Post Report (CPR) for the current calendar year has been submitted to national headquarters.
<input type="checkbox"/>	Filed IRS 990 within the prescribed due date.
<input type="checkbox"/>	All department required annual forms have been submitted to the department for the upcoming year (including the Post Officer Certification Form).
<input type="checkbox"/>	Participated in one or more American Legion programs in the last 18 months.
<input type="checkbox"/>	Post must have a financial need.
<input type="checkbox"/>	The post is properly insured and the national headquarters is listed as additionally insured (declaration page attached).
<input type="checkbox"/>	Ensure post is properly incorporated.
<input type="checkbox"/>	The post agrees to use all funds dispersed by this grant to cover only approved expenses AND will provide a report to department demonstrating how those funds were used within 180 days of receipt of funds or no later than February 28, 2022. (NOTE: Department will need to relay all reports back to Mission Blue PAP administrators at national headquarters.)

*Upon Signature, this form must be sent to national headquarters*

**NOTICE:** If a post is a recipient of a Mission Blue PAP grant and would like to be contacted by staff from The American Legion National Headquarters to publicly share your story of how The American Legion assisted you, please sign below. Your testimonial will be used in print, marketing and online American Legion Media. Mission Blue PAP stories promote the American Legion Mission Blue PAP Fundraising efforts, through which grants are made possible, and how donations to the fund support ongoing assistance for American Legion Posts, veterans, and their communities.

**FOR DEPARTMENT HEADQUARTERS USE ONLY:**

**DEPARTMENT OFFICER:** Approve or Disapprove Recommended Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR NATIONAL HEADQUARTERS USE ONLY:**

**REVIEW COMMITTEE:** Approve or Disapprove Recommended Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**NATIONAL ADJUTANT:** Approve or Disapprove Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_