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| **Organization Name** | **Contact Name and Title** | **Tax Status** (i.e., 501c3, 501c4, 501c19, etc.)  |
| **Mailing Address** | **Contact Phone Number** | **Washington State Vendor ID Number**(If not registered, visit OFM website ASAP\*) |
| **Website URL** | **Contact Email** | **EIN** |
| **Are you applying on behalf of several posts, chapters, etc.?** [ ]  Yes [ ]  NoIf yes, **please describe and identify the TOTAL NUMBER of organizations for which you are applying (including your organization).**VSO’s with both a statewide organization and multiple local posts/chapters are **STRONGLY** encouraged to submit one combined application. |
| **What additional COVID-related expenses did you incur between March 1, 2020 and June 30, 2021?**[ ]  Facilities Modification [ ]  New / Additional Facility Lease [ ]  Equipment / Technology Purchase [ ]  PPE / Cleaning Supply Purchase [ ]  Additional Staff / Professional Services [ ]  Financial Support to Veterans [ ]  Other**Please provide brief description of each expense.**  |
| **What COVID-related revenue losses did you experience between March 1, 2020 and June 30, 2021?**[ ]  Loss of/Reduced Grants [ ]  Loss of Membership Dues [ ]  Cancelled Fundraising Events [ ]  Closed/Reduced Retail Operations [ ]  Other**Please provide brief description of each revenue loss.** |
| **Attestation**The signatory below agrees and attests that the following are true:* The signer is an officer of the organization with the appropriate signature authority
* The expenditure and revenue numbers are true and accurate and backup documentation is on file (6-year requirement)
* The organization would not be requesting funding if not impacted by COVID
* Funding is necessary to continue business operations

 Signature Title Name (Please Print) Date |

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| --- | --- |
| **Financial Request Summary** | **Amount** |
| **Expenses** |  |
| Loss of / Reduced Grants |  |
| Facilities Modification |  |
| New / Additional Facility Lease |  |
| Equipment / Technology Purchase |  |
| PPE / Cleaning Supply Purchase |  |
| Additional Staff / Professional Services |  |
| Financial Support for Veterans |  |
| Other Expenses |  |
| **Revenue Loss** |  |
| Loss of Membership Dues |  |
| Cancelled Fundraising Events |  |
| Closed / Reduced Retail Operations |  |
| Other Revenue Losses |  |
| **Total Request** |  |