



**DISABLED AMERICAN VETERANS  
DEPARTMENT OF TENNESSEE  
SHELBY COUNTY CHAPTER No. 70**

**POLICIES AND PROCEDURES**

**Effective  
September 12, 2017**

**2nd Revision  
February 5, 2019**

This February 5, 2019 second revision revises the Standing Rules for Delegates.

Also, per diem to \$30 per day and travel to \$.20 per mile

The October 10, 2017 first revision adds the newly approved and adopted “Emergency Relief Program” dated October 10, 2017 as ratified in the Regular Chapter’s minutes for October 10, 2017.

Also, added is the Department of Tennessee’s Chapter Fundraising Request Form and Candidate Questionnaire 2017 Form

The contents of this document contain official policies and procedures presented before the Chapter's Executive Committee for review and consideration as a proposed resolution to the Chapter's membership for approval and adoption for the year 2018 to 2019.

All documents are subject to revision upon approval by proper authorities.

Approved and Recommended by the Executive Committee

  
\_\_\_\_\_  
Signature of the Executive Committee Chairperson

February 6, 2019  
Date

Approved by the Chapter

  
\_\_\_\_\_  
Signature of the Membership Chairperson or Adjutant  
*Verified by Regular Chapter Meeting Minutes for August 14, 2018*

February 6, 2019  
Date

Prepared by  
Phillip J. Ramson  
Adjutant

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Disabled American Veterans  
Shelby County Chapter No. 70  
Department of Tennessee  
(Mailing Address)  
Post Office Box 18938  
Memphis, Tennessee 38181

(Office Address)  
6361 Fairway Heights Cove  
Bartlett, Tennessee 38135

Initial Chapter Approval: August 14, 2018

FROM: Shelby County Chapter No. 70, Executive Committee 2018-2019

TO: All Members

SUBJECT: Budget Proposal for 2018-2019

Attached is the Executive Committee’s recommended updated budget proposal for 2018-2019. These documents should be submitted to the Chapter at the next meeting for approval.

1. Reduce funding and delegates for conventions & conferences.
2. Reduce per-diem to \$30 & travel to \$0.20 to match State & National HQs rates.
3. Buy software for one (1) computer this year
4. Individuals should “not” sign the checks written to them.
5. Funds need to be raised for Christmas party or any other item needing funding.
6. Backgrounds check need for checking signing privileges.

If rejected return to the Executive Committee for further consideration. If approved forward to the treasurer and adjutant for filing.

**Recommended by the Executive Committee**

  
\_\_\_\_\_  
Signature of the Executive Committee Chairperson

August 8, 2018  
\_\_\_\_\_  
Date

**Approved by the Chapter**

  
\_\_\_\_\_  
Signature of the Membership Chairperson or Adjutant  
*Verified by Regular Chapter Meeting Minutes for August 14, 2018*

August 14, 2018  
\_\_\_\_\_  
Date

**DAV of TN, Shelby County Chapter No. 70  
Annual Budgets**

January 27, 2019

Summary of Checking Account	Annual Budget 2016-2017	Annual Budget 2017-2018	Annual Budget 2018-2019	Annual Budget 2019-2020	Annual Budget 2020-2021	Annual Budget 2021-2022	Annual Budget 2022-2023
<b>Income</b>							
Dues Per Capita From National HQs	\$4,142.25	\$4,256.00	\$4,090.25	\$4,090.25	\$4,090.25	\$4,090.25	\$4,090.25
Truist Funds Donations	\$490.23	\$695.10	\$520.25	\$520.25	\$520.25	\$520.25	\$520.25
Refund Bank Paper Statement	\$13.00	\$60.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Fundraiser</b>	<b>\$0.00</b>	<b>\$1,102.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Donations	\$250.00	\$25.00	\$3.48	\$0.00	\$0.00	\$0.00	\$0.00
Membership Dues	\$80.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Investment income/Interest Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Transfer from Savings	\$15,000.00	\$0.00	\$0.00	\$4,320.20	\$5,297.41	\$5,297.41	\$5,297.41
Other (specify) (Indiv Reg State Conv)	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>Additional Income (Sold Van)</u>	<u>\$450.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
<b>Total Income</b>	<b>\$20,495.48</b>	<b>\$6,278.10</b>	<b>\$4,643.98</b>	<b>\$8,930.70</b>	<b>\$9,907.91</b>	<b>\$9,907.91</b>	<b>\$9,907.91</b>
<b>Expenses:</b>							
National Convention	\$3,600.00	\$3,470.67	\$25.00	\$2,231.00	\$2,231.00	\$2,231.00	\$2,231.00
National Midwinter Conference	\$1,700.00	\$1,096.78	\$0.00	\$2,695.00	\$2,695.00	\$2,695.00	\$2,695.00
State Midwinter Conference	\$520.07	\$0.00	\$652.80	\$845.80	\$845.80	\$845.80	\$845.80
State Convention	\$3,002.33	\$709.90	\$2,554.85	\$1,849.80	\$1,849.80	\$1,849.80	\$1,849.80
Business Annual Renewal Administrative Fee	\$292.95	\$20.47	\$40.94	\$40.94	\$40.94	\$40.94	\$40.94
Bank Charges (Paper statement fee)	\$46.00	\$60.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00
PO Box Rental	\$99.00	\$313.00	\$214.00	\$214.00	\$214.00	\$214.00	\$214.00
Postage and Office Supplies	\$1,626.23	\$1,099.51	\$1,317.52	\$810.97	\$810.97	\$810.97	\$810.97
MVAMC, VSO, MSO	\$388.19	\$149.40	\$718.44	\$718.44	\$718.44	\$718.44	\$718.44
Donations to Veterans Programs & Projects	\$1,200.00	\$200.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00
Veterans Assistance	\$3,221.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Chapter Monthly Meeting Supplies	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Membership Dues	\$80.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Chapter Christmas Party	\$248.97	\$0.00	\$201.96	\$201.96	\$201.96	\$201.96	\$201.96
Fundraising events and products expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Storage Rental	\$778.00	\$288.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Meeting Room Rental	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (specify)	\$1,938.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Expenses</b>	<b>\$18,917.27</b>	<b>\$7,547.73</b>	<b>\$6,045.51</b>	<b>\$9,907.91</b>	<b>\$9,907.91</b>	<b>\$9,907.91</b>	<b>\$9,907.91</b>
<b>Checking Account (Income Less Expenses)</b>	<b>\$1,578.21</b>	<b>-\$1,269.63</b>	<b>-\$1,401.53</b>	<b>-\$977.21</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Assets</b>							
Beginning Checking Account Balance	\$3,070.16	\$4,648.37	\$3,378.74	\$1,977.21	\$1,000.00	\$1,000.00	\$1,000.00
Beginning Saving Account Balance (Disaster Relief)	\$46,240.32	\$31,220.69	\$31,236.24	\$31,264.13	\$26,959.28	\$21,674.87	\$16,387.83
Total Beginning Assets	\$49,310.48	\$35,869.06	\$34,614.98	\$33,241.34	\$27,959.28	\$22,674.87	\$17,387.83
Total Ending Assets	\$35,869.06	\$34,614.98	\$33,241.34	\$27,959.28	\$22,674.87	\$17,387.83	\$12,098.15
Ending Balance	-\$13,441.42	-\$1,254.08	-\$1,373.64	-\$5,282.06	-\$5,284.41	-\$5,287.04	-\$5,289.68
<b>Authorized Fund Accumulation</b>		<b>\$56,751.81</b>	<b>\$22,643.19</b>	<b>\$18,136.53</b>	<b>\$29,723.73</b>	<b>\$29,723.73</b>	<b>\$29,723.73</b>
<b>Authorized Fund Excess/Deficit(-)</b>		<b>-\$22,136.83</b>	<b>\$10,598.15</b>	<b>\$9,822.75</b>	<b>-\$7,048.86</b>	<b>-\$12,335.90</b>	<b>-\$17,625.58</b>

**Conventions and Conferences**  
**Lodging, Travel and Per Diem Proposal for 2018-2019**  
**DAV of TN, Shelby County Chapter No. 70**

August 14, 2018

<b>National</b>					
<b>Convention</b>	Daily	Miles/	Number	Individual	Total
Items	Rate	Days	of Indiv	Cost	Cost
Registration Fee	\$25.00	1	0	\$25.00	\$0.00
Travel (if 0 miles Air Travel)	\$0.200	0	0	\$672.00	\$0.00
Taxi (If shuffle not provided)	\$0.000	0	0	\$50.00	\$0.00
Room	\$84.00	4	0	\$336.00	\$0.00
Per Diem	\$30.00	5	0	<u>\$142.50</u>	<u>\$0.00</u>
			Subtotal	\$1,225.50	\$0.00
<b>State</b>					
<b>Midwinter</b>	Daily	Miles/	Number	Individual	Total
Items	Rate	Days	of Indiv	Cost	Cost
Registration Fee	\$0.00	1	0	\$0.00	\$0.00
Travel (if 0 miles Air Travel)	\$0.200	472	0	\$94.40	\$0.00
Room	\$93.00	1	0	\$93.00	\$0.00
Per Diem	\$30.00	3	0	<u>\$82.50</u>	<u>\$0.00</u>
			Subtotal	\$269.90	\$0.00
<b>National</b>					
<b>Midwinter</b>	Daily	Miles/	Number	Individual	Total
Items	Rate	Days	of Indiv	Cost	Cost
Registration Fee	\$25.00	1	1	\$25.00	\$25.00
Travel (if 0 miles Air Travel)	\$0.200	0	1	\$250.00	\$250.00
Taxi (If shuffle not provided)	\$0.000	0	1	\$50.00	\$50.00
Room	\$195.00	4	1	\$780.00	\$780.00
Per Diem	\$30.00	5	1	<u>\$142.50</u>	<u>\$142.50</u>
			Subtotal	\$1,247.50	\$1,247.50
<b>State</b>					
<b>Convention</b>	Daily	Miles/	Number	Individual	Total
Items	Rate	Days	of Indiv	Cost	Cost
Registration Fee	\$70.00	1	2	\$70.00	\$140.00
Travel (if 0 miles Air Travel)	\$0.200	472	2	\$94.40	\$188.80
Room	\$93.00	4	2	\$372.00	\$744.00
Per Diem	\$30.00	5	2	<u>\$142.50</u>	<u>\$285.00</u>
			Subtotal	\$678.90	\$1,357.80
			<b>Total</b>	<b><u>\$3,421.80</u></b>	<b><u>\$2,605.30</u></b>

## DAV SHELBY COUNTY CHAPTER No. 70 TRAVEL POLICY

### Per Diem – Lodging, Meals and Incidentals, and Mileage

*Policy: Traveling on DAV Business*

### Lodging, M&IE Per Diem Rates, and Mileage

#### Rates

For travel, the DAV Chapter reimburses travelers in accordance with the per diem amounts as published and approved by the Chapter's membership.

#### Lodging

Travelers are expected to choose lodging that meets the traveler's schedule and business needs. Receipts are required for all lodging.

**Non-Convention – Lodging:** Chapters will reimburse travelers for actual expenses of the pre-approved lodging rate.

In situations where a non-Convention lodging is required, the traveler must obtain pre-approval from the appropriate authorized approver. If the traveler does not obtain prior approval, the authorized approver may deduct the overage from the reimbursement request.

**Convention – Lodging:** The lodging rate limit does not apply to Convention travel, where the traveler is paying a pre-negotiated rate offered by the Convention. In cases where Convention facilities are completely booked, travelers should obtain lodging based on the non-Convention guidelines provided above.

**Local Lodging:** Members traveling locally typically do not require an overnight stay. However, in certain circumstances, such as when a chapter hosts a multi-day Convention or event, a member may stay overnight at a hotel that is in the same city or town as their residence, only when the commander with the approval of the chapter membership has preapproved the stay. The traveler must document the business purpose of the local stay.

#### LODGING REIMBURSEMENT EXAMPLES:

- **Lodging in Atlanta, GA:**

The lodging rate is \$138. This means that the traveler may be reimbursed up to and including the \$138 rate (excluding applicable taxes) for Atlanta

- **Convention Lodging in Denver, CO:**

The lodging rate is \$172. The Convention is offering a rate of \$300 at the Convention hotel. This means that the traveler may stay at the Convention hotel at the \$300 rate.

Note: If the Convention hotel is full and the traveler has to make other lodging arrangements they must pay the pre-approved lodging rate. This means that the traveler may be reimbursed up to and including the amount pre-approved by the Chapter's membership (excluding applicable taxes) for Denver.



## **Meals and Incidental Expenses (M&IE)**

Members in travel status (travel requiring an overnight stay) on DAV business are reimbursed up to the per diem rate for travel related meal expenses for their travel. Receipts are not required (under any circumstances) for reimbursement of travel meals using per diem rates.

The M&IE rates include:

- Meals, non-alcoholic drinks, tax & tip
- Incidentals – e.g., baggage carries, bellhops and hotel maids

Travelers will not be reimbursed for:

- Meal expenses exceeding the maximum meal rate;
- Any portion of the per diem that covers meals which are also provided as part of the Convention fees, unless there is a business or health reason for an alternate meal; or
- Any portion of the per diem that is being reimbursed as a part of a hospitality meal.

### **First & Last day of travel**

First and last days of travel will be reimbursed at 75% of the per diem.

Departure day – the day you leave your home or office.

Return day – the day you return to your home or office.

### **Meals - Conventions**

The DAV does not reimburse meals included with a Convention. If a Convention includes meals then the DAV reimburses only the meals where the traveler incurred an expense. If the meal provided is on the first or last day of travel the per diem should be reduced by the meal provided then multiplied by 75%.

### **Incidentals**

Members may include the daily incidental amount when determining the maximum M&IE rates.

Gratuities for baggage carries, porters, and hotel staff (bellhops and house cleaners), as well as ATM fees, bank fees, and check cashing fees are included in the daily incidental amount. Travelers should not request reimbursement for any of these items.

### **Extended Day Travel**

"Extended Day Travel" is travel that is at least 12 hours and does not require an overnight stay. In these circumstances, the traveler may receive the dinner per diem only (no breakfast or lunch). Travelers will not receive reimbursement for any meal when travel is less than 12 hours.

**Note:** Some members have unique circumstances, (such as an outside location) that requires frequent travel (more than on an occasional basis) during normal business hours. Depending on the length of the trips, these members may not be in either extended day travel or overnight travel status. If these circumstances exist frequently and cause financial hardship to the member, chapters are encouraged to provide additional, incremental compensation to those members.

**Meal Breakdown:**

<b>TOTAL</b>	<b>\$30.00</b>
<b>Breakfast</b>	\$7.50
<b>Lunch</b>	\$7.50
<b>Dinner</b>	\$12.00
<b>Incidentals</b>	\$3.00

**First and Last Day Breakdown:**

<b>TOTAL</b>	<b>\$30.00</b>
First & Last Day of Travel	\$22.50

**MEAL REIMBURSEMENT EXAMPLES:**

- **Full day of travel (Full Per Diem):**

A member travels to Washington DC and NO meals are provided during a full day of travel.

**Washington DC M&IE = \$30**

**Calculation:** \$7.5 (breakfast) + \$7.5 (lunch) + \$12 (dinner) = \$27 + \$3 (Incidentals) = \$30.00/day.

- **First or last day of travel (75% of Per Diem):**
- A member travels to Washington DC and NO meals are provided on a travel departure or return day.  
**Washington DC M&IE = \$30**  
**Calculation:** \$7.5 (breakfast) + \$7.5 (lunch) + \$12 (dinner) + \$3 (incidental) = \$30 x 75% = \$22.5.
- **First day of travel with Convention meal included:**

A member travels to a Convention in Washington DC and lunch is provided on the first day of travel. (Total meal per diem less the allowable rate for the provided meal multiplied by 75%)

**Washington DC M&IE = \$30**

**Calculation:** \$7.5 (breakfast) + \$12 (dinner) + \$3 (incidental) = \$22.5 x 75% = \$16.88.

- **Extended Day Travel:**

A DAV member departs Duluth at 7:00 a.m. for a meeting in the Twin Cities and returns home at 7:00 p.m. (Minneapolis/St. Paul M&IE = \$30)

**Calculation:** \$12 (dinner)

## Mileage

Travelers must choose the least costly method of transportation that meets the traveler's schedule and business needs. The Chapter reimburses travelers for actual expenses as long as they fall within the guidelines of the Travel policy.

## Business Mileage

Business mileage is the travel a member incurs **beyond** normal commute mileage (from home to the office and home again) on a normal workday. Members may request reimbursement for any business mileage incurred.

The mileage rate includes gas costs.

## Privately Owned Vehicle Mileage Reimbursement Rates

Privately Owned Automobile*	August 14, 2018	\$0.20
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\* Use must be authorized or no DAV-furnished automobile available

## Traveler Roles and Responsibilities

### Travelers on official DAV business must:

- Perform official travel, as approved on a travel authorization.
- Pay voucher must be submitted for approval no later than the first Chapter meeting after completion of travel or reimbursement may be forfeited.

### Authorizing/Approving Official Roles and Responsibilities

The travel authorizing/approving official does the following for the traveler before departure:

- Authorizes and approves travel in support of the DAV mission.
- Ensures that travel is carried out as efficiently and effectively as possible.

### Travel Authorization

An approved authorization is required prior to departure on travel for official DAV business. Note that the travel authorization allows a traveler to incur certain travel expenses. Without the authorization, the traveler will be responsible for any unauthorized expenses.

**DISABLED AMERICAN VETERANS**

**CHAPTER TRAVEL VOUCHER**

**VOUCHER WILL NOT BE PAID WITHOUT ORIGINAL RECEIPT**

Travel Day		Auth	State Convention			
5 Days	4 Nights	1				
<b>DATE</b>	<b>DEPARTED FROM</b>	<b>DESTINATION</b>	<b>AUTO MILES</b>			
Tvl Day Tue-Jun- 18-19	Memphis, TN	Murfreesboro, TN	236			
Begin Wed-Jun- 19-19						
End Sat-Jun- 22-19	Murfreesboro, TN	Memphis, TN	236			
Tvl Day Sat-Jun- 22-19						
<b>TOTAL MILES</b>			<b>472</b>			
<b>NAME</b>	John Doe	<b>MONEY AMOUNT PER MILE</b>	<b>\$0.20</b>			
<b>TITLE</b>	Commander	<b>TOTAL \$ AMOUNT</b>	<b>\$ 94.40</b>			
<b>ADDRESS</b>	1234 Somewhere St	<b>AIRLINE TOTAL</b>	<b>\$ -</b>			
<b>CITY</b>	City	<b>TAXI (If shuffel not provided)</b>	<b>\$ -</b>			
<b>ZIP</b>	12345	<b>LOGING TOTAL \$93.00</b>	<b>\$ 372.00</b>			
<b>PURPOSE OF TRAVEL</b> State Convention Delegate		<b>MISC. (Registration) TOTAL</b>	<b>\$ 70.00</b>			
		<b>TOTAL DAYS OF TRAVEL</b>	<b>1</b>			
<b>PRE-AUTHORIZED WITH CHAPTER APPROVAL</b>		<b>MEALS PROVIDED</b>	breakfast	lunch	dinner	total
			\$7.50	0	\$7.50	0
<b>DATE:</b>		<b>PER DEIM AMOUNT/DAILY</b>	<b>\$30.00</b>			
<b>PRE-AUTHORIZED BY:</b>		<b>TOTAL PER DEIM</b>	<b>\$142.50</b>			
Phillip Ramson, Treasurer		<b>VOUCHER TOTAL</b>	<b>\$ 678.90</b>			

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMANDERS APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADJUTANTS APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>FOR TREASURER'S USE ONLY</b>	
<b>FUND</b>	State Convention Delegate
<b>CHECK #</b>	
<b>REC'S DATE</b>	
<b>AUTHORIZED BY:</b>	Phillip Ramson, Treasurer

ORIGINAL: CHAPTER TREASURER - ATTACH ALL ORIGINAL RECEIPTS

REV: 1/4/2017

(EXAMPLE)

SHELBY COUNTY CHAPTER NO. 70  
PAY VOUCHER

<b>Treasurer's Use Only</b>		<b>DISABLED American Veterans</b>		
Fund	Service/Charitable	<b>Claim for Miscellaneous Expense</b>		
Voucher #	02-XXXX	<b>Type or Print in Ink / Attach all Receipts</b>		
Check #	24XX			
Date Paid	June 21, XXXX			

Date	Item/Event Description	Price Each	Quantity	Total Price
20-Jun-17	Cookies & Coffee for VSO @ MVACM	\$ 48.00	1	\$ 48.00

Type or Print Complete Home Address

GROSS TOTAL \$ 48.00

NAME John Doe

TITLE Commander

ADDRESS 1234 Somewhere St

City, State 12345

ADVANCE \$ -

BALANCE \$ 48.00

I Certify That This Claim is True and Correct  
Signature \_\_\_\_\_

APPROVED BY:  
Don Down, Treasurer

**VOUCHER WILL NOT BE PAID WITHOUT RECEIPTS**

**DISABLED AMERICAN VETERANS  
CHAPTER TRAVEL VOUCHER**  
VOUCHER WILL **NOT** BE PAID WITHOUT ORIGINAL RECEIPT

DATE	DEPARTED FROM	DESTINATION	AUTO MILES
TOTAL MILES			
NAME		MONEY AMOUNT PER MILE	
TITLE		TOTAL \$ AMOUNT	
ADDRESS		AIRLINE TOTAL	
CITY		TAXI TOTAL	
ZIP		LOGING TOTAL	
PURPOSE OF TRAVEL		MISC. TOTAL	
		TOTAL DAYS OF TRAVEL	
PRE-AUTHORIZED DATE:		PER DEIM AMOUNT/DAILY	
PRE-AUTHORIZED BY:		TOTAL PER DEIM	
VOUCHER TOTAL			

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMANDERS APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADJUTANTS APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR TREASURER'S USE ONLY	
FUND	
CHECK #	
REC'S DATE	
AUTHORIZED BY:	

ORIGINAL: CHAPTER TREASURER - ATTACH ALL ORIGINAL RECEIPTS

REV: 1/4/2017

**SHELBY COUNTY CHAPTER NO. 70**

**PAY VOUCHER**

<b>Treasurer's Use Only</b>		<b>DISABLED American Veterans</b>		
Fund		<b>Claim for Miscellaneous Expense</b>		
Voucher #		<b>Type or Print in Ink / Attach all Receipts</b>		
Check #				
Date Paid				

Date	Item/Event Description	Price Each	Quantity	Total Price

Type or Print Complete Home Address	GROSS TOTAL _____
NAME _____	ADVANCE _____
TITLE _____	BALANCE _____
ADDRESS _____	
_____	
I Certify That This Claim is True and Correct	APPROVED BY:
Signature	
_____	_____

**VOUCHER WILL NOT BE PAID WITHOUT RECEIPTS**

## DAV SHELBY COUNTY CHAPTER NO. 70 AUDIT COMMITTEE CHECKLIST

### Audit Objective

Purpose: To certify the accuracy of the book and records of the DAV Chapter. To assure the membership that the organization's resources/funds are being managed in a business-like manner within the procedures established.

### What is an Audit?

Auditing involves following financial transactions through the records to be sure that receipts have been properly accounted for and expenditures made as authorized in the budget, as approved by the general membership, and in conformity with DAV Chapter bylaws and standing rules. The audit must review all accounts of the DAV Chapter.

Composition of the committee: The committee is composed of not less than three members appointed by the Commander, with the approval of the Chapter at least 30 days before the last meeting of the year.

No one who is an authorized check signer on any bank account may serve on the committee. It is recommended that the incoming treasurer should not be eligible to serve on the committee. Also, no Commander, Senior Vice-Commander, Treasurer, Adjutant and Finance Committee Chairman may serve on the committee.

When an audit is performed:

- At the end of the fiscal year.
- When any authorized check signer is added or deleted on any bank account.
- At any time deemed necessary by the commander or three or more members.

### Preparing for the Audit

The outgoing treasurer is responsible for putting the financial records in order for the committee. The outgoing treasurer should deliver the following to the audit committee:

1. A copy of the last audit report.
2. The checkbook, cancelled checks and all unused checks for all accounts.
3. Bank statements and deposit receipts.
4. Treasurer's book and ledgers.
5. The annual financial report.
6. All receipts of bills paid.
7. Copies of minutes from general and executive meetings.
8. Adopted budget as amended.
9. Sales tax returns filed.
10. Form 990, if required to be filed.
11. All correspondence with any taxing authority.
12. Copies of all financial reports for the period to be audited.
13. A report of all fundraising events held since the last sales tax return was filed. List dates held and if any were designated tax free days. It should include total sales, taxable sales and sales tax collected. This information will be necessary for the incoming treasurer to accurately complete the next sales tax return.
14. A list of all dues-paying members and the executive board.
15. Current bylaws and standing rules.
16. Any other information requested by the Audit Committee.

Once the records are turned over to the committee, the outgoing treasurer can no longer write checks. The treasurer should go to the bank immediately with the incoming treasurer and additional authorized check signers to change the signature cards. During the audit, checks should only be written in the case of an emergency and would be signed by the incoming treasurer.



## Conducting the Audit

- Begin the audit with the first transaction posted after the last audit. Make sure the beginning balance agrees to the Balance on Hand per the last audit report.
- Make sure that each check written has proper substantiation, i.e. vendor invoice or check request.
- Ascertain the dates of fund raisers and verify deposits are made timely. Check to see that cash was counted by two people.
- Check all ledger entries back to the cancelled checks and validated deposit tickets. Verify that all income and expenses are allocated to the proper budget category and are within the approved budget.
- Verify that bank reconciliations are done monthly and check their accuracy. Verify all checks have two signatures and spot check endorsements.
- Check the accuracy of the math in the checkbook and ledgers if a manual system was used.
- Verify that financial reports presented to the membership and executive committee are accurate representations of the transactions recorded in the books.
- Check the accuracy of the annual report and ascertain it will be retained as a part of the permanent file.
- Check to see that checks are not being signed by the individual to whom they are made payable.
- Watch for checks with multiple handwriting (other than one of the signatures) or different inks. This would be an indication of blank checks being released.
- Check should never be made payable to "Cash" Startup funds should be made payable to the person responsible for the cash until it is re-deposited.
- Make sure that the state and national portion of dues are not recorded as income to the chapter, but kept separate or recorded as a liability. Verify that the amount sent to state agrees to the membership roster and is submitted on a regular basis.
- Determine if a 990 (EZ) is required to be filed. If so, confirm that it was filed timely and accurately.
- Determine if the chapter had an obligation to collect sales tax. If so, make sure returns were filed timely and accurately. If the chapter has a sales tax permit, returns must be filed timely even if no tax was collected during the period.
- Make sure that money collected for a designated purpose was spent only for that purpose.
- Check the minutes of the general and executive board meetings to verify the following:
  1. The budget and all amendments were adopted by the general membership.
  2. The general membership approves all fundraisers either through approval of the budget that includes them or through a special vote if added after the adoption of the budget that includes them or through a special vote if added after the adoption of the budget.
  3. Financial reports were presented at all general and executive board meetings for all accounts.
  4. Any tax-free fundraisers were so designated as such prior to the event. The general membership or executive board can do this, as the unit prefers.
  5. Verify the executive committee approved all plans of work.
  6. Verify a quorum was present at all executive and general meetings.
- After the treasure has corrected any errors and the committee is satisfied that the financial records are correct, draw a red line across the ledger and checkbook, where the audit concludes. Write "Examined and found correct" and have all committee member sign and date the entry.

## Irregularities in the Records

If the audit committee finds irregularities in the records of the treasurer, the following steps should be followed:

- Contact the treasurer to secure additional records or information.
- If the matter cannot be settled to the committee's satisfaction, contact the local chapter commander to work out what additional steps need to be taken.
- The chapter commander should request additional guidance from the department junior vice commander (if no district executive committee person is available).
- The district executive committee person can request additional assistance from the department junior vice commander if the matter cannot be resolved at the district level.

## Audit Report

A member of the audit committee should make a report to the general membership at the first meeting held after the conclusion of the audit. The Chapter should adopt the report at that time. A copy of the annual report should be attached to the audit report and maintained permanently by the treasurer and placed in the minutes. In the event a complete audit cannot be done due to the inadequacy or unavailability of the records this must be reported to the membership as well. Steps should be recommended for adoption to correct the situation. In the event the validity of the audit report is questioned the DAV Chapter's higher headquarters can be contacted for assistance or an independent CPA could be engaged. The commander or three members must sign requesting assistance for others to become involved. The membership must approve any funds to be expended prior to engaging the services of a CPA.

In reporting an audit that finds inaccuracies in the records of the treasurer, the following statement should be given at the appropriate time:

*"The Audit Committee has examined the records of the treasurer of DAV Chapter No. \_\_\_\_\_ for the period (\_\_\_\_\_). The current balance on hand is \$\_\_\_\_\_."*

*The following irregularities have been found;  
(List all irregularities)*

*The following steps were taken to correct the problems:  
(List all steps)*

*To prevent these types of problems from occurring in the future, we recommend the following:  
(List the recommendations)*

Remember, the treasurer is legally responsible for all the funds of the chapter. However, the officers of the chapter are elected by the membership and should be committed to keeping the affairs of the chapter on a sound financial basis.

**IMPORTANT: Any investigation by the Audit Committee must be kept confidential.**

**STANDING RULES**  
**Of DAV CHAPTER 70 AND AUXILIARY**

**The following rules must be met in order to be a “Compensated” Delegate**

Any active member may be elected as a delegate to Conventions as long as there is a slot available and funds have been allocated. But, in order to be compensated as shown in the budget, certain requirements must be met (excluding Commanders, Adjutant, & Treasurer):

1) Member must have attended at least 9 meetings out of the past 12, 2) have accumulated at least 48 hours of voluntary service at the Chapter or Memphis VAMC during that same period, and 3) participated in some of the other activities such as Memorial Services at the VA Hospital or one of the cemeteries or the Veterans Day Parade or similar event *representing DAV Chapter 70*.

All “compensated delegates” must attend all business meetings at the Conventions unless serving on a committee that meets at the same time or unless excused by the commander. If he or she fails to do so, he or she will not be paid.

If the delegate does not stay the full time that is designated in the budget, compensation will be reduced in proportion.

In order to meet **IRS** regulations, members must submit a paid hotel bill and a paid airline ticket along with a signed voucher. If these receipts are not submitted, an appropriate amount will be deducted from the compensation check.

No money will be paid until a voucher is submitted to the treasurer. Delegates **must** submit a pay voucher for approval no later than the first Chapter meeting after completion of travel or reimbursement may be forfeited.

Members must have met all guidelines prior to the election of delegates. For example, if the meeting is in June, we will elect delegates at our April meeting and member must have qualified by the April meeting. The time period will be from that April meeting back to the previous May.

Chapter 70 will pay the approved allocated pre-authorized amount **only or less**. Taxes, fees, and other cost will be the delegate’s responsibility.

These are some of the activities that accumulate voluntary service hours:

1. VA Hospital Volunteer Services Office (VSO)
2. Veterans Day Parade with Department of Veteran Affairs
3. VA Cemetery Memorial Services
4. Chapter Service Officer Work (Must Be Certified)
5. Department Service Officer Work (Must Be Certified)
6. DAV Outreach (DAV Specific Outreach, National Guard Mobilization/Demobilization, Etc.)
7. Fundraising (Forget Me Not’s, Sweepstakes, Golden Corral, Etc.)
8. DAV 5k (National Series 5k events only)
9. DAV/DAV Auxiliary Special Events (State Fair, Homeless Stand Down, Etc. to include event planning)
10. Direct assistance to veterans, spouses and families (Yard Work, Home Repairs, Grocery Shopping, Caregiver Respite, Rides to medical appointments - private vehicle, Etc.)
11. Seminars, workshops, training and activities designed to operate Chapter/Department smoothly, VAVS Certification, Volunteer Driver Certification and thrift store hours (not compensated)
12. Grassroots Legislation (Hours completed by Benefits Protection Team Leaders ONLY)

# NOMINATING COMMITTEE GUIDELINES

## DAV Department of Tennessee Shelby County Chapter No. 70

### Definition

**“A nomination is a proposal that a person serve as a member of a committee, delegate or an office.”**

*Robert’s Rules of Order Newly Revised*

### Committee Work

It is the responsibility of the nominating committee to recognize and seek qualified nominees for the elected leadership of the DAV. The members of the committee, therefore, have tremendous influence on the future of the DAV and should themselves be carefully elected. The nominating committee members need a broad acquaintance with the membership and an understanding of the organizations functions and its purpose.

The bylaws should state how and when the nominating committee is elected. The commander may **not** be an ex-officio member. Following the meeting at which the nominating committee is elected, the committee members elect a chairman.

When meeting, the committee should have a copy of the bylaws and a membership list. Discussion of nominees is confidential and voting is by ballot. Qualifications of each suggested nominee should be carefully considered and the membership list checked to confirm eligibility. Members of the committee may be nominees without resigning from the committee. (If committee members are themselves considered, they should excuse themselves while their nomination is discussed and recuse themselves from a vote on the nominee for that position.)

The committee chairman usually contacts the nominees to tell them the duties of the office and to obtain their consent to serve if elected. Be sure the nominee understands the duties of the office and agrees to execute assignments if elected.

### Committee Reporting

As described in the bylaws, at the regular meeting of the organization, the chairman of the committee reads the report which consists of a written list of candidates for office (the slate), and hands it to the chair. The report should be signed by all members of the committee agreeing with it.

The report and election of officers is a special order since the month in which it is held is directed by the bylaws. It is placed after committee reports and before unfinished business.

### Conducting Elections

The election of officers is held according to the bylaws. The commander calls upon the adjutant to read the sections of the by-laws pertaining to nominations and elections. When the adjutant is finished, the commander calls upon the chair of the nominating committee to present its report. The commander restates the slate and asks each one to stand. The commander, even if he is being nominated for office, then conducts the election of officers.

The commander presents each nominee individually for office and calls for nominations from the floor. If no additional nominations are made, election may be by voice vote, if the bylaws allow. If additional nominations are made, elections must be by ballot.

### Contested Election

The secretary should have ballot slips available even if the nominating committee presents only one name per office. If additional nominations are made from the floor, the commander appoints a teller committee, consisting of a chairman and at least two additional tellers, whose duties are to distribute ballot slips, collect, count and provide a written report on them. The report, signed by the tellers, must include number of votes cast, number required to elect, the amount received by each candidate and any illegal votes. The commander announces the results for each office.

It is permissible to use both vote and voice election by ballot in one election. The voice vote procedure can be used for uncontested offices and a ballot for those that have two or more nominees.

### Illegal Ballots

All votes, including illegal ballots must be reported. Illegal ballots are:

- Two ballots folded together
- A ballot containing the names of too many candidates
- An unintelligible ballot (spelling). If the meaning is doubtful, and the ballot would not affect the results of the election, it should be ignored. If the ballot would affect the outcome, it should be shown to the chair who would ask the assembly for a ruling.

All illegal ballots are taken into account to determine the number required for a majority of ballots cast.

## DUTIES OF A NOMINATING COMMITTEE

1. Members of the nominating committee meet as soon as possible to elect a chairman.
2. The chairman notifies each members of the meeting.
3. The first meeting should be held early enough to have a second and a third if necessary.
4. Consult the bylaws for the number of officers to be elected.
5. If a member is approached before the committee meets, be sure he understands he is only giving permission for his name to be submitted as a suggested nominee.
6. All discussion in the committee is confidential.
7. Present one nominee for each office to be filled.
8. Examine carefully the qualifications of each suggested nominee.
9. Check membership list to be sure suggested nominee is a member.
10. Members of the committee may be nominees without resigning from the committee.
11. Vote by ballot if the committee cannot agree on a nominee.
12. Get consent of member before placing the name in nomination.
13. Outline duties of office when contacting members as nominees.
14. Give the member time to consider before making his decision.
15. All members agreeing with the report should sign it.
16. The committee's work is completed and it is automatically discharged when its report been presented to the membership.
17. If a nominee withdraws before the election is held, the committee meets and presents the name of another candidate.
18. At the regular association meeting, the chairman of the committee reads the report and hands it to the presiding officer.

## **DO'S AND DON'TS FOR NOMINATING COMMITTEES**

- DO** study carefully the qualifications of members before presenting the name as a nominee.
- DON'T** submit a member's name as a nominee because he is a friend of yours
- DO** check the membership list to be sure nominee is a member of the organization.
- DON'T** nominate a person with the thought that it's a good way to get him into membership.
- DO** remember that committee **DISCUSSION** is left in the meeting room.
- DON'T** repeat what was said in the committee meeting.
- DO** see that the report of the Nominating Committee is publicized through the proper channels.
- DON'T** report the results of the Nominating Committee until it has been publicized through the proper channels.
- DO** sign the committee report if you agree with it.
- DON'T** sign the report of the committee if you **DO NOT** agree with it.
- DO** accept the office if you are sincerely interested in the purpose of the organization.
- DON'T** accept the office if you are only interested in having your name in the yearbook.

## **CONDUCTING ELECTIONS: WHAT TO SAY AND HOW TO SAY IT**

(After the adjutant has read the portion of the bylaws pertaining to elections, the commander calls upon the chairman of the nominating committee to present the report of the committee. The commander then restates the slate of nominees and asks each on to stand.)

Commander: \_\_\_\_\_ has been nominated for commander. Are there any further nominations for commander? (After a reasonable pause) If not, nominations for the office of commander are closed. \_\_\_\_\_ has been nominated for vice-commander. Are there any further nominations for the office of vice-commander?

Member: (Rising) Commander, I nominate \_\_\_\_\_ for vice-commander.

Commander: \_\_\_\_\_ has been nominated. Are there any further nominations for vice-commander? (pause) If not, nominations are closed. \_\_\_\_\_ has been nominated for the office of secretary. Are there further nominations? (pause) If not, nominations for the office of secretary are closed. \_\_\_\_\_ has been nominated for the office of treasurer. Are there further nominations for the office of treasurer?

Member: Commander, I nominate \_\_\_\_\_ for treasurer.

Commander: \_\_\_\_\_ has been nominated. Are there further nominations for treasurer? (pause) If not, nominations are closed.

After nominations have been closed, many presiding officers re-read the entire list of nominees, asking the candidates to stand as their names are read. This is usually followed by an announcement concerning arrangements and rules for the coming election.

Nominations for an office may be reopened by a motion to reopen nominations and a 2/3 vote.

Commander: The bylaws state that where there is but one nominee for an office, the ballot may be dispensed with and the election held by voice. Is there any objection to this procedure? Hearing none, the following are presented for election: \_\_\_\_\_ is nominated for commander. Those in favor say 'aye.' Those opposed, say 'no.' The 'ayes' have it and \_\_\_\_\_ is elected commander. \_\_\_\_\_ is nominated for secretary. Those in favor say 'aye.' Those opposed say 'no.' The 'ayes' have it and \_\_\_\_\_ is elected secretary.

## Two or more Candidates for Office

1. The chair announces the procedure for election
2. A teller committee is appointed by the chair.
3. Ballots are cast by qualified members.
4. The tellers collect the votes and retire to a private room to count votes.
5. The chairman of the teller's committee returns with a written report, signed by all of the tellers, which he reads and then hands to the presiding officer. The teller's report should include:
  - Number of votes cast \_\_\_\_\_
  - Number needed to elect \_\_\_\_\_
  - List of candidates in order of number of votes received.
  - Number of votes received after each name
  - Number of illegal ballots

This procedure is repeated for each contested office. The commander rereads the report and announces the results for each office.

Commander: (after reading the number of votes received by each candidate for commander): \_\_\_\_\_ having received a majority of the votes cast is elected commander.

### Note:

- If no candidate receives a majority of the votes cast for the office, there is no election and it will be necessary to reballot for the office. The complete teller's report must be recorded in the minutes
- Elections may also be held after nominations for each office have been closed. This allows members who aren't elected to one office to be nominated for others.
- Nominations for an office may be reopened by a motion to reopen nominations and a 2/3 vote.
- DAV Bylaws do not allow proxy votes or electronic votes
- DAV membership is open at all times. People may join the DAV in order to vote.



## **SAMPLE TELLERS'S REPORT**

FOR COMMANDER:

Number of votes cast                      118

Necessary to elect                        60

Marcy Bocoop received                74

Lacy Curtin received                    40

2 ballots folded together – rejected

2 ballots for Clem Entine – ineligible

Signed:

Wanda Dance  
Shirley Weil  
Mike Graphone

Chapter Candidate Application

(To be filled out by a prospective candidate for a DAV Shelby County Chapter No. 70 Elected Office)

Name of Candidate: \_\_\_\_\_

Office Running for: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Chapter Number: \_\_\_\_\_ DAV Member Sense: \_\_\_\_\_

Branch and Period of Military Service: \_\_\_\_\_

Is Candidate a ( ) Service-Connected Disabled Veteran

( ) Military Disabled Retiree

Was Discharge Honorable \_\_\_\_\_ If not, what type \_\_\_\_\_

Describe Educational Background and/or Vocational or Business Involvement: (Use additional pages as needed) \_\_\_\_\_

List Chapter, Department and National Offices held: (Also any other DAV office of importance)

Statement by Candidate on DAV Aspirations, Accomplishments, Personal Talents, General or Unique Qualifications, Including Ability and Willingness to Serve (Use additional pages as needed)

Candidates are expected to give a 3-10 minute presentation to the Committee following which an interview session will begin (Attach Letters of Support)

(Gifts to Members of the Nominating Committee Are Prohibited)

If you are running for Commander, Sr. Vice Commander, or Treasurer you must submit with this application a TBI Background Report which can be found on the internet.

MAIL TO DAV OF TN  
SHELBY COUNTY CHAPTER No 70  
P.O. BOX 18938  
MEMPHIS, TN 38181



Disabled American Veterans  
Shelby County Chapter No. 70  
Department of Tennessee  
(Mailing Address)  
Post Office Box 18938  
Memphis, Tennessee 38181

(Office Address)  
4054 Kenosha Road  
Memphis, Tennessee 38118

September 7, 2017

TO: All Members

SUBJECT: DAV Volunteer Services - Local Veteran Assistance Program (LVAP) and the New! DAV360 System

The DAV has an incentive program that award individuals for their time volunteering assistance to the aid of veterans and their families. The program is not new. However, it has recently been automated and improved. The new program “DA360” has “not” been implemented within the Department of Tennessee, yet. Therefore, the Chapter is continuing to operate under the old “LVAP” manual system. So, find enclosed the LVAP Volunteer Form for enrollment in the program, and the LVAP individual Monthly Report to be completed by individuals enrolled in the program. These reports reflect the productivity of the Chapter and its’ members. DAV rewards exemplary volunteer service through its’ Volunteer Recognition Program. The key is reporting these hours and ensuring that your service in the name of DAV gives you and the organization the credit you’ve earned

Phillip Ramson  
Adjutant

1. Chapter Name \_\_\_\_\_

2. State \_\_\_\_\_

3. Last Name \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

4. Last 4 of SSN \_\_\_\_\_

5. Current Address \_\_\_\_\_

6. Birthdate \_\_\_\_\_

7. City \_\_\_\_\_

8. State \_\_\_\_\_

9. ZIP Code \_\_\_\_\_

10. Home Phone Number \_\_\_\_\_

11. Cell Number \_\_\_\_\_

12. Email Address \_\_\_\_\_

**Please Check One**

13.  Youth

14.  Veteran

15.  Immediate Family Member of Veteran

16.  Aux Member

18.  DAV Member

19.  Professional \_\_\_\_\_

20.  Other \_\_\_\_\_

**INSTRUCTIONS**

**NOTE: Complete information is important to ensure your records are updated correctly.**

Item 1 Name of the Chapter where you volunteer (if applicable).

Item 2 State where it is located.

Items 3 thru 12 Provide full name, last four digits of social security number, current address, birthdate, your home phone number with area code (if applicable), cell phone number and email address.

Item 13 thru 20 Check the Box indicating your status.

**ONCE COMPLETED, PLEASE E-MAIL TO  
TNDVCHAP70@YAHOO.COM  
OR MAIL TO:  
DAV OF TN SHELBY COUNTY CHAPTER 70  
PO BOX 18938, MEMPHIS, TN 38181**

LVAP 21

# INDIVIDUAL LVAP MONTHLY REPORT

Form Version Date 20 Jan 2017

NAME									
LAST		FIRST							
ADDRESS		EMAIL							
STREET									
CITY		STATE	TN	ZIP					
PHONE #S									
CHAPTER						LAST 4 SSN			
			ENTER # HRS IN APPROPRIATE COLUMN						
DATE	VOLUNTEER ACTION TAKEN		A	B	C	D	E	F	G
TOTALS (will carry to page 2)									
ACTIVITY OPTIONS FOR VOLUNTEER HOURS ACCUMULATED FOR THE MONTH									
A) Chapter / Department: Service Officer Work (CSO / DSO) Must be certified.									
B) Fundraising (Forget-Me-Not, Golden Corral, etc.)									
C) Specific DAV Outreach Efforts (DAV Air Shows, Harley's Heroes, National Guard Mobilization / Demobilization, etc.)									
D) Special DAV-related events (Homeless Stand-downs, Parades, Ceremonies, etc.) to include Planning the Event, if appropriate.									
E) Seminars, Workshops, Training, and Activities Designed to Operate Chapter Smoothly.									
F) Direct assistance to Vets, Spouses, Families (Welfare & Relief, yard work, home repairs, grocery shopping. Telephonic Counseling / Assistance, etc.)									
G) Use of Privately-owned Vehicle for DAV Business (Medical appointments for others; shopping with/for a veteran. VAVS certification. Volunteer Driver Certification, etc.									

# INDIVIDUAL LVAP MONTHLY REPORT

Form Version Date 20 Jan 2017

NAME								
LAST	0	FIRST	0					
		ENTER # HRS IN APPROPRIATE COLUMN						
DATE	VOLUNTEER ACTION TAKEN	A	B	C	D	E	F	G
TOTALS THIS PAGE								
TOTALS PAGE 1								
TOTALS PAGE 1 AND 2								

**Privacy Statement** LVAP coordinators are required to collect, maintain and report personally identifiable information along with volunteer hours served. This reporting only occurs within the DAV organization until properly screened and released by an appropriate release authority to an authorized agency required to comply with Privacy Act requirements. Although not strictly required to comply with the Privacy Act of 1974, 5 USC 552a, DAV LVAP coordinators take every reasonable effort to control and protect volunteers while in possession of their identification information. Any information received will be used only for the purpose(s) for which it is provided and will not be shared with any unconcerned entities.



Disabled American Veterans  
Shelby County Chapter No. 70  
Department of Tennessee  
(Mailing Address)  
Post Office Box 18938  
Memphis, Tennessee 38181

(Office Address)  
4054 Kenosha Road  
Memphis, Tennessee 38118

## **Mission**

We are dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families can access the full range of benefits available to them; fighting for the interests of America’s injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life.

## **Program - Operation “War Scars”**

Our events are monthly one-to three-day events providing comfort, compassion, guidance and assistance to sick and distressed Veterans. Our events provide beverages and snacks to Veterans awaiting medical treatment at the Memphis VA Medical Center.

Our volunteers walk the floors of the VA Medical Center offering beverages and snacks. Also, we provide encouraging words of cheer, inspiration, and assistance to America’s injured heroes.

A small percentage of our veterans are homeless and we offer guidance and assistance that directs them to available programs, government agencies, and community-based homeless service providers.

Phillip Ramson  
Adjutant



Disabled American Veterans  
Shelby County Chapter No. 70  
Department of Tennessee  
(Mailing Address)  
Post Office Box 18938  
Memphis, Tennessee 38181

(Office Address)  
4054 Kenosha Road  
Memphis, Tennessee 38118

October 10, 2017

MEMORANDUM FOR RECORD

SUBJECT: Emergency Relief Program

The Emergency Relief Committee is made up of members from Shelby County Chapter No. 70 who are appointed by the Chapter Commander to a 1 year term.

The Committee is responsible for oversight of the Emergency Relief Program. The Emergency Relief Program was established to assist disabled veterans, spouses, survivors, and/or dependents having a legitimate need for a one-time monetary grant to assist in an emergency situation.

The Committee provides this needed assistance to qualified veterans after reviewing and approving grant requests to determine if the request for emergency assistance is in accordance with guidance and criteria established by the Chapter Executive Committee. The Committee and Chapter also work with other governmental and non-governmental organizations in order to address the needs of veterans and families.

The Committee typically receives referrals from Chapter Service Officers (CSO) and Department Service Officers (DSO), or from Chapter leaders.

Grants are limited to three (3) applications per month; no applications will be accepted and held in suspense, minimum \$100 and maximum \$300. This is not a quick process. It can take up to 7 or more days to process an application. Applications must be submitted before 4:00 pm. All grant approvals are based upon the availability of funds.

**Recommended by the Executive Committee**

\_\_\_\_\_  
Signature of the Executive Committee Chairman

October 10, 2017  
Date

**Approved by the Chapter**

\_\_\_\_\_  
Signature of the Senior Vice- Commander

October 10, 2017  
Date

Phone: 901-337-7561 | Email: [tndavchap70@yahoo.com](mailto:tndavchap70@yahoo.com) | Website: [www.davmembersportal.org/chapters/tn/70/](http://www.davmembersportal.org/chapters/tn/70/)





# EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

## Contact Information

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

Applicant's Full Legal Name: \_\_\_\_\_  
First Middle Last Suffix

Spouse's Full Legal Name: \_\_\_\_\_  
First Middle Last Suffix

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Numbers: C: \_\_\_\_\_ Email: \_\_\_\_\_

H: \_\_\_\_\_

## DAV Member Initiating Request

Contact Person: \_\_\_\_\_  
First Middle Last Suffix

Title/Organization/Chapter: \_\_\_\_\_  
Title Organization/Chapter Name and Number

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

By signing below, I acknowledge that no one has made any guarantee, promise, or pledge of financial help from any DAV Chapter, Department, or the National Organization. I understand that grants may be provided one-time ONLY. Any funds provided are NOT A LOAN.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

### General Information

Verified Veteran Status (i.e. DD-214, Military ID, VAMC ID)? Yes  No

Is this the applicant's first Emergency Relief/Homeless Request? Yes  No

Is this likely to be an on-going need? Yes  No

Describe the situation, including the need, the apparent cause, and the **plan to recover**.

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### Personal Information

Marital Status: Married  Single  Separated  Divorced  Widowed  Other

Number of other dependents in the home and ages: \_\_\_/\_\_\_\_\_

Do you have any pets/service animals? Yes  No

Is the applicant employed? Yes  No  employed, list company\* and contact info.

---

Is the spouse employed? Yes  No  If employed, list company\* and contact info.

---

\*If employed part-time, list all companies and contact information as applicable.



## EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

<b>Monthly Income</b>			
<u>Source of Income</u>	<u>Veteran</u>	<u>Spouse/Other</u>	
Employment Income			
Individual Retirement			
VA Compensation			
VA Education Benefits			
Military Retirement			
Social Security			
Social Services			
Alimony/Child Support			
Other			
<b>Total Income</b>			
<b>Monthly Expenses</b>			
Mortgage/Rent		Car Payment(s)	
Electricity		Other _____	
Natural Gas		Credit Card/Loans	
Water/Sewer		Credit Card/Loans	
Cable/Internet		Credit Card	
Trash		Credit Card	
Home Phone		Food	
Cellular Phone		Household Goods	
Child Support		Laundry	
Alimony		Clothing	
Home/Rental Insurance		Gasoline	
Car Insurance		Maintenance	
Health Insurance		Pharmacy	
Life Insurance		Medical/Dental Co-Pays	
<b>Subtotal</b>		<b>Subtotal</b>	
<b>Total Expense</b>		<b>Difference (Income-Expense)</b>	

**NOTE: Attach invoices/bills as applicable**

I certify that the financial information on this form is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

### Verification of Financial Assistance

Has the applicant attempted to obtain funds elsewhere? Yes  No

If yes, list agencies, contact information, amounts, and describe how this was verified.

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Has any DAV Chapter or Department previously provided funds? Yes  No

If yes, list date and amount. \_\_\_\_\_  
Date Amount

### Investigator's Recommendations

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\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date



# EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

## Committee(s) Recommendation

Recommend Approval?    Yes  No     If yes, what amount \$ \_\_\_\_\_  
Committee Source \_\_\_\_\_

\_\_\_\_\_  
Signature of the Committee Chairperson (Emergency Relief/Homeless)

\_\_\_\_\_  
Date

### NOTE

When circumstances prevent immediate signature, the Chair of the Emergency Relief/Homeless Committee may indicate "telephonic response" by placing the recommending authority's name and date, followed by the Emergency Relief/Homeless Chair's initials.

**Additional Information** to support this request may be entered on the addendum page.

Recommend Approval?    Yes  No     If yes, what amount \$ \_\_\_\_\_  
Committee Source \_\_\_\_\_

\_\_\_\_\_  
Signature of at least one Committee Member (Emergency Relief/Homeless) Note1

\_\_\_\_\_  
Date

## DAV Chapter Commander Approval Authority

Approved     If yes, what amount \$ \_\_\_\_\_  
Recommend Disapproval

\_\_\_\_\_  
Signature of the Chapter Commander

\_\_\_\_\_  
Date

Note 1: Chapter Commander must have at least two (2) "Recommended Approval" signatures to approve.

Note 2: If the Chapter Commander approves the grant, the request is submitted directly to the Chapter Treasurer for payment.

Note 3: If the Chapter Commander recommends disapproval, the request must be referred to Executive Committee Chair as Reviewing Authority.



## EMERGENCY RELIEF/HOMELESS GRANT APPLICATION

### Reviewing/Disapproving Authority

Final Decision of Reviewing Authority    Approved        Return to CDR for action

Disapproved        Return to CDR for filing

Rationale Comments:

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\_\_\_\_\_  
Reviewing Authority, Chair, Chapter Executive Committee

\_\_\_\_\_  
Date

Telephonic Approval of Request?    Yes   

No   

\_\_\_\_\_  
Date

### Addendum (As Needed)

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# Chapter Fundraising Request

## Department of Tennessee

Chapter # \_\_\_\_\_

**Mail To:** Disabled American Veterans  
Department of Tennessee  
P.O. Box 296  
Lawrenceburg, TN 38464

Date of Chapter meeting when fundraising project was approved: \_\_\_\_\_

Give a detailed description of fundraising project: \_\_\_\_\_  
\_\_\_\_\_

Beginning Date of Fundraiser: \_\_\_\_\_ Ending Date: \_\_\_\_\_.

Area Fundraiser will cover: \_\_\_\_\_

(If solicitation will be in another Chapter's territory, furnish consent letter)

Paid Promoter: YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, furnish copy of contract, proof of adequate Liability Insurance and Surety Bond

When promoter is engaged, % of gross receipts to Chapter: \_\_\_\_\_

Who handles funds (Name and Title) \_\_\_\_\_

Who pays bills (Names and Title) \_\_\_\_\_

Who signs leases, contracts, permits, etc. \_\_\_\_\_

Expected gross receipts: \_\_\_\_\_ Expected expenses: \_\_\_\_\_

Purpose for which the income will be used: \_\_\_\_\_  
\_\_\_\_\_

**All Requests MUST be in Department Headquarters 30 Days Prior to Start of Project**

\_\_\_\_\_  
Signature of Chapter Commander

\_\_\_\_\_  
Signature of Chapter Adjutant

**Please keep in mind, all proceeds from Forget-Me-Not drives MUST go for services**

\_\_\_\_\_  
This space is for Department Use Only

\_\_\_\_\_ Approved Fundraiser

\_\_\_\_\_ Disapproved Fundraiser

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

Remarks: \_\_\_\_\_

Candidate Questionnaire 2017

(To be filled out by a prospective candidate for a DAV Department of Tennessee Elected Office)

Name of Candidate: \_\_\_\_\_

Office Running for: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Chapter Number: \_\_\_\_\_ DAV Member Sense: \_\_\_\_\_

Branch and Period of Military Service: \_\_\_\_\_

Is Candidate a ( ) Service-Connected Disabled Veteran  
( ) Military Disabled Retiree

Was Discharge Honorable \_\_\_\_\_ If not, what type \_\_\_\_\_

Describe Educational Background and/or Vocational or Business Involvement: (Use additional pages as needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Chapter, Department and National Offices held: (Also any other DAV office of importance)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement by Candidate on DAV Aspirations, Accomplishments, Personal Talents, General or Unique Qualifications, Including Ability and Willingness to Serve (Use additional pages as needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did Your Chapter Support You? ( ) Yes ( ) No

Candidates are expected to give a 3-10 minute presentation to the Committee following which an interview session will begin (Attach Letters of Support)

(Gifts to Members of the Nominating Committee Are Prohibited)

If you are running for State Commander, State Sr. Vice Commander, or State Treasurer you must submit with this application a TBI Background Report which can be found on the internet.

MAIL TO DAV HEADQUARTERS  
P.O. BOX 296  
LAWRENCEBURG, TN 38464