



**VETERANS OF FOREIGN WARS®**

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North Carolina

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**Department Relief Fund  
Standard Operating Procedure:  
Individuals, Posts, and Districts**

**Updated June 2025**

**DEPARTMENT OF NC VFW  
RELIEF FUND SOP & APPLICATION**

**Veterans and Immediate Family Members:**

From time to time, it may be necessary to distribute relief funds in an expeditious manner. In that event, the following standard operating procedure shall be followed. All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee payment of funds.

- The Quartermaster shall be the custodian of the relief fund and shall spend money therefrom as directed by the Council of Administration or by the Relief Fund Committee for the following purposes only.
  - Aid, assistance, relief, and comfort of needy or disabled veterans or members of the armed forces and their dependents, surviving spouses, and orphans of deceased veterans.
  - Maintenance and expansion of the VFW National Home and other facilities devoted exclusively to the benefits and welfare of the dependents, surviving spouses, and orphans of disabled, needy, or deceased veterans or members of the Armed Forces.
  - Veteran rehabilitation, welfare, and service work.
  - To perpetuate the memory of deceased veterans and members of the Armed Forces, and to comfort their survivors.
  - To foster true patriotism through historical and educational programs.
- The relief committee shall consist of the following members: Commander, Senior Vice Commander, Junior Vice Commander, Budget Chairman, Department Surgeon, and two other members appointed by the Commander. The Chairman of the Committee shall be appointed by the Commander from the members listed above.
- Qualified deserving applicants can apply for an amount not to exceed **\$1,000**. Grant requests in excess of **\$1,000** will be forwarded to the Council of Administration for consideration.
- Applicants can only apply once every 18 months.
- Funds will be paid only to the debtor without Council approval.
- The applicant shall complete and submit the relief application to the Post or District Commander. After reviewing the completed application, all efforts shall be made by the Post or District to assist the deserving applicant. The application shall then be forwarded to the Department Adjutant with a report in writing from the Post or District detailing the effort that the Post and District made to assist the applicant. At no time shall the relief committee approve an amount that exceeds the Department relief fund budget.
- Upon receipt of the application from the Department Adjutant, the relief committee will review the fully completed application and approve or disapprove the application. The Relief Committee shall vote. If approved by a majority defined as five of the seven members, the Committee Chairman shall direct the Department Quartermaster to disperse the funds.
- After funds are distributed, the entire Council of Administration will have access to documentation outlining the request, justification and distribution of funds. At that time, the Council of Administration will decide if replenishment of funds to the Relief Fund is needed by majority vote.

**DEPARTMENT OF NC VFW  
RELIEF FUND SOP & APPLICATION**

<b>Applicant's Information</b>		
Date of Application:		
Name:	Birthdate:	
Address:		
City:	State:	Zip:
Country:		
Phone:	Email:	
Relation to Member:	SSN:	
<b>Excluding Military Member, List All Dependents in the Home</b>		
Name:	Age:	Relationship:
<b>Military Member's Information</b>		
Name:	Birthdate:	
Address:		
City:	State:	Zip:
Home of Record:	City:	State:
Phone:	Social Security Number:	
Branch:	Status:	Pay Grade/Rank:
Home station unit or last unit if not currently active:		
VFW Member Number (if applicable):		

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<b>Please complete the sections below and provide as much detail as possible. Failure to provide the information requested will result in the denial of your application.</b>		
<b>Financial Hardship</b>		
Eviction/Foreclosure has occurred or is scheduled to occur.  Approximate Date:  _____	Utilities have been disconnected or are scheduled for disconnection.  Approximate Date:  _____	Repossession has occurred or is scheduled to occur.  Approximate Date:  _____
Please describe the expenses you need assistance with (rent, utilities, medical expenses, food).    		
Amount of funds needed / requested: \$ _____		
Describe why you are unable to meet this need on your own.    		
How has the military member's service affected this hardship?    		
What actions have you taken to resolve this hardship on your own other than applying for financial assistance?    		
List other agencies you are working with (VA, Salvation Army, Local Church, Other Veteran Organizations):    		

**DEPARTMENT OF NC VFW  
RELIEF FUND SOP & APPLICATION**

<b>Income</b>			
Military Member Monthly Income: \$ _____ Spouse/Fiancé/Roommate Monthly Income: \$ _____			
<b>Additional Monthly Income</b>			
Type	Amount	Type	Amount
VA Benefits	\$ _____	Unemployment	\$ _____
Housing - BAH	\$ _____	Child Support	\$ _____
Food Subsistence - BAS	\$ _____	SSI/SSDI	\$ _____
Hazardous Duty	\$ _____	Welfare	\$ _____
Separation Pay	\$ _____	Food Stamps	\$ _____
Other: \$ _____			
Total Household Monthly Income: \$ _____			
<b>Monthly Expenses:</b> (Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.)			
Expense	Amount	Notes / Explanation	
Rent/Mortgage	\$ _____		
Utilities	\$ _____		
All Phones	\$ _____		
Cable	\$ _____		
Internet	\$ _____		
Vehicle(s)	\$ _____		
Insurance(s)	\$ _____		
Recreation Vehicle	\$ _____		
Food	\$ _____		
Household Items	\$ _____		
Child Care	\$ _____		
Child Support	\$ _____		
Credit Cards	\$ _____		
Loans	\$ _____		
Student Loans	\$ _____		
Savings	\$ _____		
Other	\$ _____		

**DEPARTMENT OF NC VFW  
RELIEF FUND SOP & APPLICATION**

<b>Relief Fund Program Terms and Conditions:</b>	
Please initial all blocks below and sign the bottom. This form is essential to the review and approval process. We want to emphasize that each application will be reviewed independently, and each case will stand on its own merit.	
	I understand that proper stewardship requires me to provide information to substantiate my request, including governmental records, price/income, information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.
	I agree to allow the relief funds program to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VFW personnel.
	I understand that the Relief Funds Program will pay the debtor directly. I will not receive any personal funds.
	I understand the primary purpose of the Relief Funds Program is to meet immediate and urgent needs of Active Duty Military, Reserve, and National Guard personnel, Military Veterans, and their immediate family members.
	I understand that because demand is so great, I can only apply to the program once every eighteen (18) months even if my application had been denied.
	I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.
	I understand that the Veterans of Foreign Wars may require that I submit to an interview, and may request to use my name and the particulars of the gift for promotional efforts. I understand that there is no promise of compensation for my participation if I choose to maintain case confidentiality it will in no way influence my application. The VFW may use written statements and documentation enclosed as needed for these purposes.
	I understand that the relief funds program is funded by public donations and success is based solely upon public support of the program. The Department of North Carolina Veterans of Foreign Wars, and the relief funds program are not government funded.
	I agree to hold the department of North Carolina Veterans of Foreign Wars of the United States, their offices, employees, agents, and sponsors harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

Please initial your preference:

\_\_\_\_\_ I am willing to be interviewed in VFW news stories. I understand that any photos I provide to VFW become the property of VFW and may be used in fundraising or other publicity materials with no promise of compensation or participation.

\_\_\_\_\_ I do not wish to be featured in any VFW or other publications.

\_\_\_\_\_  
Military Member/Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**DEPARTMENT OF NC VFW  
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Please verify that the following documents are enclosed with the application.

- Proof of Service (DD214, Pay Statement, Orders).
- Copy of the bills for which you are requesting assistance. This must include the account holder's name and the account number, as well as the creditor's name and contact information. For assistance with repairs or other services, two different written estimates on company letterhead are required.

Your application cannot be reviewed without all of the above supporting documentation.

Application and supporting documentation may be mailed or emailed to the Department Adjutant's Office.

VFW Department of NC  
Attn: Dept Adj Relief Fund Request  
4310 Cumberland Rd. Fayetteville NC 28306  
Email: [adjvfwnc@gmail.com](mailto:adjvfwnc@gmail.com)

**Special Notice:**

- Once a completed application is received, a representative will contact you to discuss the specifics of the case and or to request additional information.
- This contact does not imply approval of your application.
- The approval process may take up to 20 business days or more.
- We will contact you as soon as the final determination has been made in your case.
- Please note we are unable to respond to status check requests while your file is being processed. If you have not received contact from us after 20 business days from submitting your application, please contact us.



**DEPARTMENT OF NC VFW  
RELIEF FUND SOP & APPLICATION**

**Posts and Districts:**

Occasionally, it may be necessary to assist VFW Posts and Districts through a relief grant. In that event, the following Standard Operating Procedure shall be followed. All applications are individually reviewed on a case-by-case basis. Applying does not guarantee payment of funds.

- Grant monies shall be used to provide aid, assistance, and relief to VFW Posts or Districts that are in financial distress.
- The Relief Grant Committee shall consist of the following members: Commander, Senior Vice Commander, Junior Vice Commander, Department Budget Committee Chairman, Department Judge Advocate, and two additional members appointed by the Department Commander. The Chairman of the committee shall be appointed by the Department Commander from the members listed above.
- The Department QM shall be the custodian of the Relief Grant Fund. The Department QM shall disburse monies as directed by the Council of Administration or by the Relief Grant Committee.
- After funds are distributed, the entire Council of Administration will have access to documentation outlining the request, justification, and distribution of funds. At that time, the Council of Administration will decide if replenishment of funds to the Relief Fund is needed by majority vote.
- All grant requests must be submitted, with supporting documentation to the Relief Grant Committee through the District Commander. The Committee may award a grant, not to exceed **\$1500**, upon review and approval of a completed application from a Post or District.
- Grant requests in excess of **\$1500** will be forwarded to the Council of Administration for consideration.
- Prior to a Grant Request approval, Posts and/or Districts must show that they have exhausted all means possible, including assistance from other Posts and Districts, to raise funds.
- Upon receipt of the application, the Grant Relief Committee will review the completed application and approve, disapprove, or forward it to the Council of Administration for consideration.
- The Committee Chairman or, in the case of Council action, the Department Commander, shall direct the Department QM to disperse funds in compliance with the committee or council directives
- Post and/or Districts awarded grants shall submit a report to the relief grant committee every 30 days, reporting the status of the grant until the grant is expended.
- Unused grant monies must be returned to the Department within 90 days of being dispersed to the Post / District.
- An online meeting with the Committee and the Post / District Commander and Quartermaster to answer any additional questions may take place before final approval
- The grant program is a shared responsibility of the Department and the Post / District. It is meant to temporarily assist the Post / District during a period of need.
- Attach the last two (2) quarterly Trustee Audits with the application.

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Date of Application:			
Point of Contact:		Post/District #:	
Address:			
City / State:		Zip:	
Email:		Phone:	
Commander Name:		Amount Requested:	
Please complete the sections below and provide as much detail as possible. Failure to provide the information requested will result in the denial of your application.			
What is the cause of the financial hardship?			
Describe the expenses you need assistance with.			
What actions have you taken to resolve this hardship on your own other than applying for financial assistance?			
<b>Balance of Post / District Accounts (include all bank funds, CIDs, Investments, Etc.)</b>			
General Fund:	\$	Property Value:	\$
Relief Fund:	\$	Other Assets:	\$
All Other Funds:	\$	Mortgage Balance:	\$
Cash on Hand:	\$		
Total:	\$		
Assistance received from other Posts / Districts:			\$
Funds raised through fundraising activities:			\$

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<b>Monthly Income</b>			
Kitchen:	\$	Bingo:	\$
Canteen:	\$	Other:	\$
Total Income: \$			
<b>Monthly Expenses</b>			
Mortgage:	\$	Food:	\$
Utilities:	\$	Alcohol:	\$
Phone:	\$	Bingo:	\$
TV:	\$	Insurance:	\$
Internet:	\$	Vehicle:	\$
Loans:	\$	Other:	\$
Total Expenses: \$			
We, the undersigned, fully understand that the requested funds are to be used for the stated purpose and further agree to abide by all requirements of the VFW Dept of North Carolina Relief Fund Program. Post applications must be submitted through the District Commander to the Department Adjutant. District applications will be submitted to the Department Adjutant through the District Commander.			
Position	Name: Print <span style="float: right;">Sign</span>		
Post Commander:			
Post Quartermaster:			
District Commander:			
District Quartermaster:			