



**The American Legion  
Department of California  
Disaster & Emergency Fund**

**INSTRUCTIONS & CA – DES GRANT  
NOT FOLLOWING DIRECTION MAY RESULT IN DELAY FOR PROCESSING**

**Individual member grants:** An individual CA-DES grant from the CA – Disaster & Emergency Services fund may provide immediate emergency assistance to The American Legion current members in areas devastated by a declared natural disaster, such as floods, tornadoes, hurricanes, earthquakes, and related adverse weather events. The applicant must have been displaced from primary residence or evacuated due to official government order and unable to return to the residence because of unsafe conditions or damage and had out-of-pocket expenses for food, clothing, and shelter. If evacuation shelters are available, they should be used, unless there is a valid reason that the shelter was not utilized. The CA – DES grant is not designed to replace items covered by insurance compensation or to cover monetary losses from a business, structures on your property (barns, tool sheds), equipment, landscaping and/or vehicles. Only one grant is available per household for each disaster and cannot exceed **\$1,000.00** for Legionnaires, **\$500.00** for Auxiliary and Sons. Members should also apply for assistance from federal or state disaster relief programs by visiting [www.disasterassistance.gov](http://www.disasterassistance.gov).

**Non-member Veteran eligibility:** Veteran(s) who are not a member, but eligible, of The American Legion shall require an approval vote from the California Disaster & Emergency Services and Finance commission members to qualify.

**Required Application Information:** Department must have sufficient, documented information to justify the need. The application must be filled out **completely and accurately**. Attached additional supporting documentation (photos, receipts for temporary lodging and food). Note: Grant requests must be submitted through the proper channels and reach the Department within 180 days of the date of the disaster.

**Distribution of Copies:** Applicant will forward original and all supporting documentation to the Department Headquarters for processing. Keep a copy of all submitted documents for your records. All grant requests shall be reviewed, and signed by the Disaster & Emergency Services Chair, for final review from the Chief Finance Officer, and Department Adjutant. **Make sure you have included ALL proper documentation and photos of hardship to help justify the grant request.**

**Recommendation/Signature of CA-DES Grant Application:** After review by Department, if additional information needs to be provided, the Department will either call or return the application to the applicant. If the application is properly completed, a recommendation will be made and signed by the Disaster & Emergency Services Chair with the recommended amount, to follow the Chief Finance Officer recommendation of approval or denial, if approved the recommended amount will be included, for the final approval of the Department Adjutant. When approved by the California State Department Adjutant, a check will be issued by the finance department coordinator and forwarded to the applicant.

If any of the above criteria has not been met, the application will be rejected and returned to the applicant for amendment or further clarification. If the application is disapproved, it will be returned to the applicant with reasons for denial.

**IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION, CONTACT YOUR DISASTER & EMERGENCY SERVICE COMMISSIONER FOR HELP.**

**CONTACT INFORMATION IS LISTED ON THE LAST PAGE OF THE APPLICATION.**



The American Legion  
Department of California  
Disaster & Emergency Fund

CALIFORNIA DISASTER RELIEF APPLICATION  
Please Print or Type

To: Disaster & Emergency Services Commission,  
Finance Commission, and California State Headquarters

Member Information: (individual - one time grant per disaster) Member: \_\_\_ Non-member: \_\_\_  
Date of Disaster: \_\_\_\_\_ Type of Disaster: \_\_\_\_\_ County: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Post No. \_\_\_\_\_  
\*Legion/Auxiliary/Sons Member I.D. No. \_\_\_\_\_ (must be current at date of disaster and application)

\*Eligibility for the California Disaster Relief grant, the applicant's membership must be current as of **BOTH** the date of disaster and of this application. If you are not a member your application can be submitted and will require an approving vote from all finance members in order to qualify for the grant.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Requested amount: \_\_\_\_\_

Description of Loss: (Attach all supporting documents, i.e., photographs, repair estimates, other.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The California Disaster & Emergency Services Commission – Shall operate in accordance with Article Three of the American Legion Disaster and Emergency Preparedness Plan. Direct grants may be awarded to Legionnaires in good standing, to procure emergency shelter, food, and clothing, for the individual and/or immediate family affected by the disaster.

Individual grants shall not be greater than **\$1,000.00** for Legionnaires, **\$500.00** for Auxiliary and/or Sons. Any disaster assistance for a veteran who is not a member, but eligible, of The American Legion shall require a vote of all commissioners.

*I have reviewed the above information and certify that the information given is true to the best of my knowledge. I also certify that the above-named person is a member in good standing of The American Legion, Department of California.*

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

Please submit application to include all documentation(s) by fax, email, or mail to The American Legion – Department of California, 1601 7<sup>th</sup> street, Sanger, CA 93657-2801 or [accounts@calegion.org](mailto:accounts@calegion.org), fax: (559-272-5157)

**FOR DEPARTMENT USE ONLY:**

Disaster & Emergency Service Chair:(signature) \_\_\_\_\_ Approved: \_\_\_ Disapprove: \_\_\_ Amount: \_\_\_\_\_

Chief Finance Officer:(signature) \_\_\_\_\_ Approved: \_\_\_ Disapprove: \_\_\_ Amount: \_\_\_\_\_

Department Adjutant:(signature) \_\_\_\_\_ Approved: \_\_\_ Disapprove: \_\_\_ Amount: \_\_\_\_\_

Note: All signatures (Applicant, Disaster & Emergency Service Chair, Chief Finance Officer, and Department Adjutant) must accompany this form before processing.

Department Finance Coordinator: Amount approved: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date: \_\_\_\_\_

## DISASTER & EMERGENCY SERVICES COMMISSION | 2024-2025

AREA	ROLE	FIRST NAME	LAST NAME	PHONE	EMAIL	POST	DISTRICT
AREA 1	VICE CHAIR	Robert "Bob"	Tyndall	(804) 822-0035	<a href="mailto:robtyndall1976@gmail.com">robtyndall1976@gmail.com</a>	204	3
AREA 2	CHAIR	Dennis	Foggie	(408) 274-3079	<a href="mailto:dfog4us@gmail.com">dfog4us@gmail.com</a>	318	13
AREA 3	COMMISSIONER	William	Dacus	(209) 723-1169	<a href="mailto:wdacus5353@sbcglobal.net">wdacus5353@sbcglobal.net</a>	83	12
AREA 4	COMMISSIONER	Jimmy	Cummings	(818) 470-7512	<a href="mailto:cummingsjimmy@hotmail.com">cummingsjimmy@hotmail.com</a>	309	17
AREA 5	COMMISSIONER	John	Badgett	(714) 469-3743	<a href="mailto:scubab6@msn.com">scubab6@msn.com</a>	133	29
AREA 6	COMMISSIONER	Ed	Barlow	(626) 222-3571	<a href="mailto:roverguy003@gmail.com">roverguy003@gmail.com</a>	247	18
-	TECH ADVISOR	Daniel	Curry	(650) 503-3085	<a href="mailto:dod1450@mindspring.com">dod1450@mindspring.com</a>	872	12
-	TECH ADVISOR	Scott	Wagenseller	(310) 339-2506	<a href="mailto:swag@gatessecurity.com">swag@gatessecurity.com</a>	283	24



The American Legion Department of California

## WIRE TRANSFER FORM

Instructions:

1. Attach this form with the CA - DES (California Disaster & Emergency Relief) application submitted
2. Contact the State Headquarters Finance Coordinator (Crystal Rangel (559-875-8387) for assistance
3. Special Notes: Ensure all information is accurate to avoid delays.

### **BENEFICIARY BANK (payee's bank):**

Payee's Exact Name on Bank Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank City, State, & Country \_\_\_\_\_

ABA/Routing-9 digit \_\_\_\_\_

Bank Account Number \_\_\_\_\_

I/we hereby authorize The American Legion – Department of California, to electronically credit my/our account at the financial institution named above. I/we agree that WIRE TRANSFER transactions I/we authorize comply with all applicable law.

Submitted by \_\_\_\_\_ Phone # \_\_\_\_\_  
(Print name)

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