



Alabama National Guard Foundation, Inc.



5 February 2024

Letter of Instruction on Application Process:

The Alabama National Guard Foundation provides an application process for Alabama Air and Army Guard Members and their families in need of emergency funds. Applications are generally available **up to \$500** to assist with needs and are a one-time grant. Applications that will receive priority are those where the Guard Member's need arises from a deployment or when a hardship is caused directly by their membership in the Guard, but a Guard Member may be approved for hardships that arise as a result of natural/manmade disasters or other severe circumstances.

Please be as detailed as possible about the situation for which you are applying for assistance. If assistance is requested for payment of bills, copies of those bills should accompany the application and you should write on the application the order of priority to help determine how funds are allocated, if approved. Any application that is not completely filled out will **NOT** be considered. Guard Member's submitting a complete application with a Unit approval will be notified by email of approval or disapproval of the request.

The application must be reviewed and signed by leadership within the Guard Member's Unit. The Unit representative is required to **verify and validate** the circumstances of the hardship and write a brief statement at the bottom of the application supporting or recommending disapproval of the application. Unit representative will help to recommend how funds are allocated. In addition to the Unit Representative's input and signature, a Commander must also sign the application.

Note: Your Unit must also state on the application if you have applied for incapacitation pay due to a Line of Duty injury.

In addition to the Guard Member's unit, Family Assistance Center Specialists throughout the state can assist you with the application process. Applications can be obtained online at <https://www.alngfoundation.org> or <http://www.al.ngb.army.mil> under the Soldier and Family Support Services tab. Applications can be sent to the Family Assistance Center, george.f.messer.civ@army.mil or edward.d.solomon3.civ@army.mil. The Foundation also welcomes corporate and individual tax-exempt donations to add to the Foundation's ability to assist Alabama Air and Army Guard members and families.

Sincerely,

Paul D. Brown, Jr.
President

2024-2025 Foundation Board Members: Willie Barrow, Paul Brown, David Bullard, Darold Carson, Leah Compton, Michelle Davenport, Chuck Keith, John Lyda, Jeffrey Newton, Andrew Richardson, Terry Travis, and Mike Webb

* All previous versions of the National Guard Foundation Application Letter of Instruction are obsolete.



FOUNDATION APPLICATION FORM

Complete and mail or FAX to:

Alabama National Guard Foundation, Inc.

P.O. Box 3412

Montgomery, Alabama 36109-0412

Phone: (334) 270-2968 FAX: (334) 523-4021

Entire application MUST be complete to be considered

Funds provided are a **one-time** gift to assist Alabama Army & Air Guard families during unique financial hardships.

1. TO BE COMPLETED BY THE APPLICANT:

Date: _____ Phone #: _____ E-mail: _____

Guard Member's Name: _____

Name/Relationship of person applying if not Guard Member: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Unit: _____ MACOM: _____ Rank: _____

Member currently deployed? _____ Dates of last deployment: _____

Has assistance ever been received on behalf of the above listed guard member? _____

In detail, explain the situation that created your need for financial assistance. **If requesting assistance with bills**, attach copies of bills showing company, address and amount and list the order of priority you would like them paid. Please use a second sheet if more room is needed to explain your situation.

Amt. Requested: \$ _____

Please list other agencies with whom you are in contact regarding this situation. (Ex. Red Cross, VFW, military relief agencies, etc.)

I certify the above information to be true and correct. I authorize verification/release of information provided on this application to the Alabama National Guard Foundation, Inc.

Signature: _____ Date: _____

APPLICATION MUST HAVE COMMANDER SIGNATURE BEFORE CONSIDERATION

2. TO BE COMPLETED BY UNIT LEADERSHIP:

Recommend funds are paid to: Creditors _____ Guard Member _____

Recommendation and Reasoning of UNIT LEADERSHIP: _____

Printed Name/Leadership Title and Phone Number: _____

UNIT LEADER Signature: _____

Printed Name/Commander and Position: _____

Date: _____ COMMANDER'S Signature: _____