

**2024-2025 American Legion Auxiliary
Department of New York
Auxiliary Emergency Fund (AEF)**

Department Chairman

**Carol Hassett
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Malverne, NY 11565
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Purpose: The purpose of the AEF Committee is to raise funds for and promote knowledge about the Auxiliary Emergency Fund.

- The Auxiliary Emergency Fund (AEF) is a national grant assistance program that provides temporary emergency assistance to eligible members of the American Legion Auxiliary up to \$3,000 as the result of an act of nature or other personal crisis.
- The Auxiliary Emergency Fund (AEF) is a national grant assistance program that provides hardship and disaster emergency assistance to eligible members of the American Legion Auxiliary up to \$3,000 as the result of an act of nature or other personal crisis
- Disaster funds may be awarded for damage to the interior/exterior of the vital livable portion of the member's primary structure, contents and/or for essential emergency expenses after the disaster based on proper documentation provided.
- Hardship funds may only be awarded for over/past due primary shelter expenses, basic household utilities and/or loss of income based on proper documentation provided.
- Members of the American Legion Auxiliary whose dues are current and who have maintained annual membership for three consecutive years (the current year in which the application is submitted and immediate past two years) and have not been awarded an AEF grant (disaster or hardship) in the previous twelve months are eligible to apply for a grant.

DEPARTMENT AUXILIARY EMERGENCY FUND AWARD

THE BARBARA A. CORKER AWARD: A certificate to the Unit that contributed the largest single donation for the Auxiliary Emergency Fund, deadline is May 1st into the Department Headquarters.

2024-2025 NATIONAL AEF AWARDS

- **All AEF awards are determined by reports generated by the National Headquarters on donations received from departments and units from June 1 – May 31.**
- Here are the national awards for this committee:
- **Unit Award:** Unit Contributing the Largest Amount (per capita)
Award based on donations received from June 1 – May 31.
- **Department Award:** Department Award: Largest Contribution
Award based on donations received from June 1 – May 31.
- **Department Award:** Department Contributing the Largest Amount (per capita)
Award based on donations received from June 1 – May 31.
- **ALL AEF donations must be received by May 31 at the National Headquarters to be counted toward the annual AEF awards.**
- **National Awards Form Link:** <https://www.legion-aux.org/National-Awards-Form>



***Auxiliary Emergency Fund
Memorial Contribution***

In Memory of _____

Contribution \$ _____

Donor Name _____

Unit Name & Number _____

Send to Department Office: American Legion Auxiliary, Department of New York
1580 Columbia Turnpike, Bldg. #1, Suite #3
Castleton-on-Hudson, NY 12033



***Auxiliary Emergency Fund
In Honor of Contribution***

In Honor of _____

Contribution \$ _____

Honoree's Name _____

Unit Name & Number _____

Send to Department Office: American Legion Auxiliary, Department of New York
1580 Columbia Turnpike, Bldg. #1, Suite #3
Castleton-on-Hudson, NY 12033

UNIT AUXILIARY EMERGENCY FUND REPORT FORM 2024 – 2025

Reporting Dates: November 1, 2024 April 1, 2025

Unit Name and Number _____

County _____ District _____

Unit Chairman _____

Address _____

E-mail _____ Phone# _____

_____ **Unit does not have an Auxiliary Emergency Fund Chairman**

1. Total Unit Contributions \$ _____

2. Total Memorial Contributions \$ _____

3. Grand total of all Contributions \$ _____

4. Total hours members volunteered _____ Volunteer hour \$33.49

5. Number of military families served: _____

6. Number of AEF Applications submitted _____

Describe special activities to raise funds for this committee: write on back or attach page

******* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS *******

2. Our ALA Service for Military Families

I Impact Report Line#	Service for Military Families	Obtain Total From	Total
Line 8	Total hours members volunteered	* Line 4	
Line 9	Total dollars spent	* Line 3	\$
Line 10	Number of military families served	* Line 5	

Send to your County Auxiliary Emergency Fund Chairman

Keep a copy for your records

COUNTY AUXILIARY EMERGENCY FUND REPORT FORM

2024 – 2025

Reporting Dates: **November 10, 2024** **April 10, 2025**

County _____ District _____

County Chairman _____

Address _____

E-mail _____ Phone# _____

_____ County does not have an Auxiliary Emergency Fund Chairman

1. Total Unit Contributions \$ _____ # of Units Reporting: _____

2. Total Memorial Contributions \$ _____

3. Grand total of all Contributions \$ _____

4. Total hours members volunteered _____ Volunteer hour \$33.49

5. Number of military families served: _____

6. Number of AEF Applications submitted _____

Describe special activities to raise funds for this committee (write on back or attach page)

******* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS *******

2. Our ALA Service for Military Families

Impact Form Lines	Service for Military Families	Obtain Total From	Total
Line 8	Total hours members volunteered	* Line 4	
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