

## COUNTY WARRIORS' FAMILY ASSISTANCE REPORT FORM 2024-2025

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

County: \_\_\_\_\_ District: \_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_

Contact Information: Email Address: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ **County does not have WFA Chairman**

**Check activities in which Units in your County participated and describe activities/fundraisers/publicity your Units held for this Committee. Please use the back of this form or additional paper.**

- Publicized WFA in Community \_\_\_\_\_
- Provided brochures to VA clinics, hospitals, veterans service officers, etc. \_\_\_\_\_
- Provided information on WFA to American Legion Posts \_\_\_\_\_
- Developed a Unit and/or County Review Panel \_\_\_\_\_
- Donated to the WFA \_\_\_\_\_
- Solicited donations from other organizations \_\_\_\_\_
- Held fundraiser to benefit WFA \_\_\_\_\_
- Provided additional assistance to a WFA applicant \_\_\_\_\_
- The value of a volunteer hour is \$33.49 \_\_\_\_\_

**Total number of hours dedicated to this program** \_\_\_\_\_

Total amount of donations to Warriors Family Assistance Program                    \$ \_\_\_\_\_

Total monetary donations provided directly to WFA applicants                    \$ \_\_\_\_\_

Total value of goods and/or services donated directly to WFA applicants        \$ \_\_\_\_\_

**Grand Total of all donations**    \$ \_\_\_\_\_

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

**1. Our ALA Service for Veterans/Active-Duty/Reserve Military**

Impact Report Form	<b>Service for Veterans/Military</b>	<b>Total</b>
	Total hours members volunteered	
	Total dollars spent	\$
	Total number of veterans / military assisted	
	Value of in-kind donations received*	\$

**Send a copy to department Chairman.    Keep a copy for your records.**

**Marie Santacroce**  
**25 East 4th Street**  
**Brooklyn, NY 11218**  
**C 718-938-5952**  
[nyalaWFA@gmail.com](mailto:nyalaWFA@gmail.com)

