

**2023-2024 American Legion Auxiliary  
Department of New York  
Auxiliary Emergency Fund (AEF)**

**Department Chairman**

**Geraldine Klussman  
1619 Utopia Parkway  
Whitestone, NY 14023  
C: 718-309-6908  
nyalaemergencyfund@gmail.com**

**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.

- Share information about AEF grants at meetings, in newsletters, and on social media pages. Share application links with unit members.
- Members of the American Legion Auxiliary whose dues are current and who have maintained membership for three consecutive years (the current year and immediate past two years) are eligible to apply for a grant.
- Encourage unit members to pay their dues in a timely manner and pay directly to ALA National Headquarters to avoid a lapse in membership.
- Grant funds may be awarded only for past/overdue expenses related to retaining their primary shelter, basic household utilities and/or loss of income due to medical and/or employment reasons.
- Share the correct AEF application with unit members linked above. No other AEF application type will be accepted.
- AEF funds may be used to provide emergency assistance to eligible Auxiliary members whose primary residence has been devastated by disaster, including flood, hurricane, tornado, earthquake, fire, or another catastrophic event. Reimbursable expenses will be considered for essential emergency expenditures up to three weeks after incident/disaster.
- Share the correct AEF applications found on the National website. No other AEF application will be accepted.
- 

**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 1<sup>st</sup> into Department Headquarters.

## **NATIONAL AUXILIARY EMERGENCY FUND AWARDS**

1) Please follow instructions as you fill out the National Report and Awards Cover Sheet found in the Department Annual Plan of Action.

2) Provide details/examples about the activity as outlined in the award's materials and guidelines.

A. **ALA member donor recognition:** An individual who gives an AEF donation of \$100 or more directly to the ALA National Headquarters within the fiscal year (October 1 – September 30) will receive an AEF donation pin. AEF pins are distributed quarterly directly to the individual meeting the eligible donation level of \$100 or more.

B. **Unit Award:** Unit Contributing the Largest Amount (per capita)  
Deadline: May 1, 2024

C. **Department Award:** Department Contributing the Largest Amount (per capita)  
Deadline: May 1, 2024



***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 2023 – 2024

Reporting Dates:             November 1, 2023             April 1, 2024

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 \_\_\_\_\_

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

**Send to your County Auxiliary Emergency Fund Chairman**

**Keep a copy for your records**



# COUNTY AUXILIARY EMERGENCY FUND REPORT FORM

**2023 – 2024**

**Reporting Dates:**             **November 10, 2023**             **April 10, 2024**

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 \_\_\_\_\_

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 <b>hours</b> members volunteered	<b>* Line 4</b>	
Line 9	Total dollars spent	<b>* Line 3</b>	\$
Line 10	Number of military families served	<b>* Line 5</b>	

**Send to the Department Auxiliary Emergency Fund Chairman**

**Geraldine Klussman  
1619 Utopia Parkway  
Whitestone, NY 14023  
nyalaemergencyfund@gmail.com**

**Keep a copy for your records**

