

2026-2027 COUNTY WARRIORS' FAMILY ASSISTANCE REPORT FORM

Reporting dates: ☐ November 1, 2026 ☐ April 1, 2027

Name: _____

Address: _____

Email: _____ Phone: _____

County: _____ District: _____

_____ 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 \$36.14 _____

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	Service for Veterans/Military	Total
	Total hours members volunteered	
	Total dollars spent	\$
	Total number of veterans / militaries assisted	
	Value of in-kind donations received*	\$

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

Gina Southcott
315-576-6383
nyalaWFA@gmail.com

