

IOWA VETERANS TRUST FUND FY15 HONOR GUARD REIMBURSEMENT

Pursuant to Iowa Code Section 35A.13 and the Iowa Administrative Code 801, Chapter 14, the Iowa Commission of Veterans Affairs may reimburse veterans organizations for providing military funeral honors as follows:

- If a single veterans organization provides basic honors, \$25 or
- If a single veterans organization provides full honors, \$50.
- If two or more veterans organizations participate in providing full honors and one of the organizations provides a firing detail, \$50. Payment shall be requested by each organization (\$25 each).
- If two or more veterans organizations participate in providing basic honors, \$25. Payment shall be to one veteran's organization, as requested on the application.
- The Commission shall not reimburse a veterans organization if federal funding is available to reimburse the veterans organization for providing military funeral honors. The veteran's organization shall request reimbursement from federal sources. If a veteran's organization receives federal funding for providing military funeral honors at the reimbursement rate of one funeral in a day, the department shall reimburse the organization for the provision of military funeral honors for any additional funerals on that day.
- The maximum amount of aid payable in a consecutive 12-month period from the trust fund to a veteran's organization is \$500.
- Honor Guard services performed since July 1, 2014 may be counted for reimbursement.
- **Submit only one completed application with reimbursement receipts by June 30, 2015. (Complete additional pages as needed).**

Please combine multiple requests

Date of Application ___/___/_____

Name of Applicant _____
(Acting for the organization) (First) (Middle) (Last)

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Name of Veterans Organization _____

Veterans Organization Address _____ City _____ Zip Code _____

Veterans Organization's Federal Identification Number _____

Total Amount Requested \$ _____

I understand that I am required to ensure that the information I have entered on this form is complete and accurate. I further understand that the data I have supplied on this form will be used by the members of the Iowa Commission of Veterans Affairs or Iowa Department of Veterans Affairs to determine my eligibility for the assistance requested.

Applicant's Signature

Date

