IOWA VETERANS TRUST FUND FY____ HONOR GUARD REIMBURSEMENT (1 July - 30 June) submission deadline is 31 July of current year

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, \$50 or
- If a single veterans organization provides full honors, \$100.
- If two or more veterans organizations participate in providing full honors and one of the organizations provides a firing detail, \$100. Payment shall be requested by each organization (\$50 each).
- If two or more veterans organizations participate in providing basic honors, \$50. 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 \$2,000.
- Submit only one completed application with reimbursement receipts 1 July 30 June Current Fiscal Year. (Complete additional pages as needed)

Date of Application/	'				
Name of Applicant					(Acting
for the organization)	(First)	(Middle)		(Last)	
Street Address		City	State	Zip Code	
Phone	(Cell	Email:		
Name of Veterans Orgar	nization				_
Veterans Organization Address		City	Zip	Zip Code	
Veterans Organization's	Federal Identific	ation Number			
Total Amount Requested	d \$				
understand that the data	a I have supplied c	n this form will be used b	ve entered on this form is by the members of the low or the assistance requested	a Commission of \	
Applicant's Signature		Date			

IOWA VETERANS TRUST FUND FY____ HONOR GUARD REIMBURSEMENT

Name of veteran for which honors were provided Location where honors were providedDate of burial service					
Location where honors were providedDate of burial service					
ype of Honor: Basic / Full Number of participants in honor guard					
full honors are provided, are you splitting the reimbursement with another Veterans Organization? Yes / No					
tance of additional Matagene Commission and idia above (if and isolate)					
Name of additional Veterans Organization providing honors (if applicable)					
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ocation where honors were providedDate of burial service					
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If full honors are provided, are you splitting the reimbursement with another Veterans Organization? Yes / No					
Name of additional Veterans Organization providing honors (if applicable)					
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Name of additional Veterans Organization providing honors (if applicable)					
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full honors are provided, are you splitting the reimbursement with another Veterans Organization? Yes / No					
Name of additional Veterans Organization providing honors (if applicable)					
Is there Federal funding available? Yes / No					

*** Please photo copy this page for additional reimbursement requests***

Please Submit to:

IOWA DEPARTMENT OF VETERANS AFFAIRS Camp Dodge, Bldg 3465, 7105 NW 70th Ave. Johnston, Iowa 50131-1824

OR

email at iowaveteransbenefits@iowa.gov
OR

Fax (515)727-3713

FOR QUESTIONS please call (515) 727-3443 application can be found at https://dva.iowa.gov