FY22
BUDGET REQUEST

DISABLED AMERICAN
VETERANS

TOWN OF WATERFORD
15 Rope Ferry Road
Waterford, CT 06385
860-442-0553

SOCIAL SERVICES GRANT FUNDING REQUEST

ORGANIZATION NAME: Disabled American Veterans Chapter 21

REQUEST DATE (FISCAL YEAR): 2021

REQUESTED AMOUNT: $ 250.00

BENEFIT STATEMENT (Describe how these funds will be used)

Your donation is used to put American Flags, Grave Markers, and Purchasing Wreaths that are placed in the Town of Waterford at three locations, Jordon Village, Waterford Town Hall, and at the Cemetery located on the Boston Post Rd. It is also used to help Disabled American Veterans and their Families that are in Need.

Per Town of Waterford Budget Guidelines: please attach a certified audit report of all funds appropriated during the last completed fiscal year to your funding request.

DECLARATION

I, the requester, understand that I am requesting public funds from the Town of Waterford. I declare that this request does not pose any potential conflict with the Town of Waterford and I will provide any documentation requested by the Town of Waterford to authorize funding this request or review the appropriateness of the request.

Kenneth S Greenwood
Signature
Adjudant DAV Noonan Cecchini
Chapter 21

12/19/2020
Date

DAV® FULFILLING OUR PROMISES TO THE MEN AND WOMEN WHO SERVED

Annual Financial Report

Chapter Noonan Cecchini Chapter 21 (Name & Number) Department of CT (Name of State)

Located at New London (City) CT (State) Accounting Period from July 1, 2019 to June 30, 2020

Cash (Liquid Assets) Report

This Year's Gross Income/Receipts (net values are not permitted):

1. Dues Per Capita from National Headquarters	$ 1531.50
2. Forget-Me-Not Drive Receipts	911.50
3. Bingo Gross Receipts	
4. Thrift Store Gross Receipts	
5. Bar/Lounge Gross Receipts	
6. Interest & Dividend Income from Checking, Savings & C.D.s	26.46
7. National Fundraising Program *(Department use only)*	
8. Increase in Market Value of Investments on Line 26 during Accounting Period	
9. Other Income *(Attach required schedule)*	195.00
10. Total Income *(Sum of Lines 1 thru 9) (Do not include Beginning Balance amount)*	$ 2664.46

This Year's Expenses/Disbursements (net values are not permitted):

11. Salaries, Payroll Taxes & Employee Benefits for Administrative Personnel Only *(Attach required schedule)*	$ —
12. Conventions/Conferences/Seminars *(Attach required schedule listing specific events and amounts)*	—
13. Postage & Office Supplies *(Administrative and non-service related postage & office supplies)*	203.99
14. Service/Charitable *(Complete and attach required Service/Charitable Expenses Schedule form)*	986.00
15. Forget-Me-Not Expenses *(Cost of drive only)*	183.17
16. Bingo Expenses, including bingo salaries & payroll taxes *(Attach required schedule)*	
17. Thrift Store Expenses, including thrift store salaries & payroll taxes *(Attach required schedule)*	
18. Bar/Lounge Expenses, including bar/lounge salaries & payroll taxes *(Attach required schedule)*	
19. Chapter Home/Department HQ Expenses *(Attach required schedule)*	
20. Decrease in Market Value of Investments on Line 26 during Accounting Period	
21. Other Expenses *(Attach required schedule)*	
22. Total Expenses *(Sum of Lines 11 thru 21)*	$ 1591.29

Statement of Liquid Assets:

Liquid assets are those assets which are readily convertible to cash, and do not include real or physical property such as real estate or furniture and fixtures. If applicable, complete and attach Other Assets Schedule form (901332 - Rev. 10/13) to this report.

23. Checking Accounts *(Attach copy of bank statement)* $ 1386.61 + Cash on Hand $ ____ =	$ 1386.61
24. Savings Accounts *(Attach copy of bank statement)*	
25. Certificates of Deposit *(Attach copy of bank statement or letter from financial institution verifying value)*	3499.20
26. Market Value of Investments as of End of Accounting Period *(Attach copy of investment statement)*	
27. Total Liquid Assets *(Sum of Lines 23 thru 26) (Must equal amount on Ending Balance Line)*	$ 4885.81

Name of Bank(s) and Branch Location(s) Liberty Bank, Waterford, CT

Names of Authorized Signers on Bank Account(s) Kenneth Greenwood, Thomas Seckman

SIGNED by audit committee *(Three members)* *(Must not include, Commander Sr. Vice Commander, Treasurer, Adjutant or Finance Chairperson)*

Mark [signature]
Audit Committee Member Signature

M. F. Duffy [signature]
Audit Committee Member Signature

John T. De Santis [signature]
Audit Committee Member Signature

7/17/2020
Date

SIGNED & SUBMITTED by Authorized Department/Chapter Officer: *(Preferably the Commander, Adjutant or Treasurer)*

Kenneth T. Greenwood [signature]
Authorized Officer Signature

Treasurer / Adjutant
Authorized Officer Title

7/17/2020
Date

This form is required to be filed annually by the National Constitution and Bylaws Article 8, Section 8.4, Article 9, Section 9.3 and Article 10, Section 10.2. If gross receipts of chapter, excluding dues per capita, are less than $10,000, submit report to state department only.

NOONAN CECCINI CHAPTER 21 ANNUAL REPORT 2019-2020

ITEMIZED INCOME JUSTIFICATION

DATE	DESCRIPTON	AMOUNT	TOTAL
7/5/2019	DUES (Per capita from National HQ)	$ 1,115.00	
7/5/2019	DUES (Per capita from National HQ)	$ 416.50	
	Total Dues (line item 1)	$ 1,531.50	$ 1,531.50
	Forget-Me-Not Drive (line item 2)	$ 911.50	$ 911.50
	Interest from CD (line item 6)	$ 26.46	$ 26.46
	DONATIONS (OTHER INCOME (line item 9)		
	Noble and Joyce Palliser	$ 50.00	
	Isaeel and Raymond Greenhaigh	$ 25.00	
	Carol and Kenneth McKenna	$ 50.00	
	Jenneifer Hanson	$ 70.00	
	Total Donations	$ 195.00	$ 195.00
	TOTAL INCOME		$ 2,664.46

NOONAN CECCINI CHAPTER 21 ANNUAL REPORT 2019-2020

ITEMIZED EXPENSE JUSTIFICATION

DATE	Check #	DESCRIPTION	AMOUNT	TOTAL
		Postage and Office Expenses (line 13)		
12/13/2019	778	Kenneth Greenwood Reimburseable - 990N filing cost	$ 19.00	
5/29/2020	787	US Postal Service PO Box Renewal	$ 106.00	
3/3/2020	785	Printer paper and printer cartridges	$ 78.99	
		Total Postage and Office Expenses	**$ 203.99**	**$ 203.99**
		SERVICE/CHARITY EXPENSES (line 14)		
		SERVICE OFFICER EXPENSES		
8/20/2019	772	Mileage Reimbursement (meeting at State DAV Headquarters)	$ 45.00	
1/14/2020	781	Mileage Reimbursement (service officer training)	$ 45.00	
4/21/2020	786	DAV NATIONAL SERVICE OFFICE DONATION (DAV COVID 19 RELIEF FUND)	$ 500.00	
		Other Charitable Expenses		
7/5/2019	770	Montville Florist Memorial Day wreaths	$ 186.00	
6/3/2020	788	Montville Florist Memorial Day wreaths	$ 210.00	
		TOTAL SERVICE/CHARITY EXPENSES (Line 14)	**$ 986.00**	**$ 986.00**
		Forget Me Not Fund Drive Expenses (line 15)		
1/17/2020	780	Donation to State of CT DAV (10% of Forget-Me- Not Fund Drive)	$ 75.00	
11/14/2019	776	Halo Industries (Forget me not flowers/posters/collection jar	$ 108.17	
		Total Forget- Me - Not Expenses	$ 183.17	**$ 183.17**
		OTHER EXPENSES - Meals/Member Dinners (line item 19)		
8/1/2019	771	Crown Pizza- monthly. Meeting	$ 27.11	
9/5/2019	773	Crown Pizza- monthly. meeting	$ 27.11	
10/3/2019	774	Crown Pizza- monthly. Meeting	$ 27.11	
11/7/2019	775	Crown Pizza- monthly. Meeting	$ 27.36	
12/5/2019	777	Crown Pizza- monthly. meeting	$ 27.36	
1/2/2020	779	Crown Pizza- monthly. meeting	$ 27.36	
2/7/2020	782	Crown Pizza- monthly. meeting	$ 27.36	
3/5/2020	784	Crown Pizza- monthly. Meeting	$ 27.36	
		TOTAL MEALS/MEMBERS DINNERS	**$ 218.13**	**$ 218.13**
		TOTAL All EXPENSES		**$ 1,591.29**