DISABLED AMERICAN VETERANS

BUDGET REQUEST

FY2023

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): 2022

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.

Jennifer Greaves / Adjutant DAV Chapter 21
Signature

12/14/2021
Date

Annual Financial Report

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

Located at New London, CT (City, State) Accounting Period from July 1, 2020 to June 30, 2021

Cash (Liquid Assets) Report

Beginning Balance $4,885.91
(Total Liquid Assets from line 27 of last year's report)

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

1.	Dues Per Capita from National Headquarters	$1,158.50
2.	Forget-Me-Not Drive Gross Receipts	0.00
3.	Bingo Gross Receipts	0.00
4.	Thrift Store Gross Receipts	0.00
5.	Bar/Lounge Gross Receipts	0.00
6.	Interest and Dividend Income, from Checking, Savings and C.D.s **only**	14.69
7.	All Funding from National Headquarters, excluding Per Capita Dues	
8.	Increase in Market Value of Investments on Line 26 during Accounting Period	
9.	Other Income ***(Attach required schedule and legal gifting documents for bequests/trusts)***	2,302.00
10.	**Total Income *(Sum of Lines 1 thru 9) (Do not include Beginning Balance amount)***	$3,475.19

*** The report must be reviewed by a certified public accountant if the amount shown on line 10 minus the amounts shown on lines 1 and 7 exceeds $300,000. ***

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

11.	Administrative Personnel Salaries, Benefits, Payroll Taxes and Payroll Processing Fees ***(Attach required schedule)***	$0.00
12.	Conventions/Conferences/Seminars/Meetings ***(Attach required schedule listing specific events and amounts)***	0.00
13.	Postage and Office Supplies ***(Administrative and non-service related postage & office supplies)***	106.00
14.	Service Expenses ***(Complete and attach required Service Expenses Schedule form)***	439.31
15.	Forget-Me-Not Expenses ***(All costs associated with drive)***	0.00
16.	Bingo Expenses, including bingo salaries & payroll taxes ***(Attach required schedule)***	0.00
17.	Thrift Store Expenses, including thrift store salaries & payroll taxes ***(Attach required schedule)***	0.00
18.	Bar/Lounge Expenses, including bar/lounge salaries & payroll taxes ***(Attach required schedule)***	0.00
19.	Chapter Home/Department HQ Operational Expenses ***(Attach required schedule)***	142.10
20.	Decrease in Market Value of Investments on Line 26 during Accounting Period	0.00
21.	Other Expenses ***(Attach required schedule)***	
22.	**Total Expenses *(Sum of Lines 11 thru 21)***	$687.41

Ending Balance $7,673.69
(Beginning Balance plus Line 10 minus Line 22)

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. 6/20) to this report.

23.	Checking Accounts ***(Attach copy of bank statement)*** $4,174.39 + Cash on Hand $0.00 =	$4,174.39
24.	Savings Accounts ***(Attach copy of bank statement)***	
25.	Certificates of Deposit ***(Attach copy of bank statement or letter from financial institution verifying value)***	
26.	Market Value of Investments as of End of Accounting Period ***(Attach copy of investment statement)***	3,499.20
27.	**Total Liquid Assets *(Sum of Lines 23 thru 26) (Must equal amount on Ending Balance Line)***	$7,673.59

Name of Bank(s) and Local Branch Location(s) Liberty Bank, Waterford, CT 06385

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

SIGNED *by audit committee (three members)*
(Must not include commander, sr. vice commander, treasurer, adjutant or finance chairperson)

Audit Committee Member Signature — 06021317432 Membership Number

Audit Committee Member Signature — 06021599768?SR Membership Number

Audit Committee Member Signature — 06021125344 95 Membership Number

8/5/2021 Date

SIGNED & SUBMITTED *by department/chapter treasurer*

Treasurer Signature

Treasurer Title

8/5/2021 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 10.1. If gross receipts of chapter, excluding dues per capita, are less than $25,000, submit report to state department only.

Mail to: DAV National Headquarters • Financial Report • P.O. Box 14301 • Cincinnati, OH 45250 901308 (6/20)

Service Expenses Schedule (for Line 14)

Important Notice to all Departments and Chapters:

This form must be completed as an itemized schedule for **Line 14** under the "Expenses/Disbursements" section of the financial report and **attached as an addendum to the report.** Alterations and/or grouping of these lines are not acceptable. Please group supporting documentation by category, staple and clearly label with title of corresponding line.

	Amount
Donations to VA Medical Centers (attach schedule listing name of VAMC, reason for expense/donation, and amount and copy of recognition letter from VAMC):	$ 0.00
Donations to State Veterans Homes and Patients (attach schedule listing name of facility, reason for expense/donation, and amount and copy of recognition letter from facility):	0.00
Donations to the Columbia Trust (attach copy of recognition letter from Trust, which may be requested at NSF@dav.org, or copy of canceled check):	0.00
Donations to the National Service Foundation (attach copy of recognition letter from Trust, which may be requested at NSF@dav.org, or copy of canceled check):	0.00
DAV Transportation Network Vehicle Grant Program (payments made directly to Trust for Program):	0.00
VAVS Programs (attach schedule of each program by facility and total program expense for each. If service was in form of donation, attach a copy of recognition letter from facility):	0.00
Service Programs (attach schedule listing name of organization, name of program and total program expense for each and a copy of recognition letter from organization. If department/ chapter-operated program, list program name and total program expense and attach copies of receipts substantiating total expense):	0.00
Service Office/Officer Expenses (attach schedule listing reasons for expenses with total amount stated for each category):	0.00
Service Officer Salaries and Benefits (attach schedule listing name and total salary and benefits for each):	0.00
Hospital Service Coordinators Salaries, Benefits & Expenses (attach schedule listing name and total salary and benefits of each, and all other related expenses):	0.00
Direct Assistance to Needy Veterans & Families (attach schedule listing veteran name, reason for grant/assistance, and amount and copy of Financial Assistance Form, if using):	439.31
Publication of Newsletters/Periodicals (devoted to providing service/VA benefits/ membership information):	0.00
Other Service Expenses (attach schedule listing the reasons for expenses/disbursements with the total amount stated for each category. If service was in form of donation, attach copy of recognition letter from recipient):	142.10
Total Amount of Line 14 Expenses (this figure must equal the amount reported on Line 14 of Annual Financial Report):	$ 581.41

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DAV

Other Assets Schedule

Important Notice to all Departments and Chapters:
This form is to be used to report all **fixed assets.** Do ***not*** include any cash/liquid assets on this form. Please be prepared to substantiate the reported assets with supporting documentation.

Real Estate: If more than two properties are owned, attach list showing the required information for **each** additional property. **Rented or leased property that is not titled in the department/chapter name or affiliated entity (e.g. thrift store) should not be listed.**

Address/location of property:

none

Date of acquisition/purchase of property:

Current market value as of June 30, including land, buildings and market improvements:

$

Address/location of property:

none

Date of acquisition/purchase of property:

Current market value as of June 30, including land, buildings and market improvements:

$

Loan Information: Current balance of ***any*** loan in the department/chapter name or affiliated entity name as of June 30, including name and address of lending institution:

$ 0.00
(Loan Balance)

(Lender's Name and Complete Address)

Furniture/Equipment:

none
(Provide brief descriptions, for example, desks, chairs, computers, stove)

$
Total Estimated Market Value as of June 30

Vehicles (Automobiles, Trucks, Vans, Trailers):

none
(Provide year, make and model)

$
Total Estimated Market Value as of June 30

Inventory/Miscellaneous:

none
(Provide brief descriptions, for example, flags, office supplies)

$
Total Estimated Market Value as of June 30

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NOONAN CECCINI CHAPTER 21 ANNUAL REPORT 2020-2021

ITEMIZED INCOME JUSTIFICATION

Item No.	DESCRIPTON	AMOUNT	TOTAL
Item # 1	DUES (Per capita from National HQ)	$ 1,158.50	
	Total Dues (line item 1)		$ 1,158.50
Item # 6	Interest from CD (line item 6)	$ 14.69	$ 14.69
Item # 9	**DONATIONS (OTHER INCOME (line item 9)**		
	Stop and Shop Donation	$ 252.00	
	Steven Pl Monroe (in memory of T. Dicandia	$ 50.00	
	DAV State of CT Donation to Chapter 21	$ 2,000.00	
	Total Donations	$ 2,302.00	$ 2,302.00
Item # 10	**TOTAL INCOME**		$ 3,475.19

NOONAN CECCINI CHAPTER 21 ANNUAL REPORT 2020-2021

ITEMIZED EXPENSE JUSTIFICATION

DATE	Check #	DESCRIPTION	AMOUNT	TOTAL
Item 13		**Postage and Office Expenses (line 13)**		
5/29/2020	787	US Postal Service PO Box Renewal	$ 106.00	
		Total Postage and Office Expenses	**$ 106.00**	**$ 106.00**
Item 14		**SERVICE/CHARITY EXPENSES (line 14)**		
8/13/2020	791	Eversource Utility Co. (Veteran in need, payment of Gaetano electric bill	$ 196.82	
2/24/2021		Eversource Utility Co. (Veteran in need, payment of W. Greenwood electric bill	$ 242.49	
		Total Charitable Expenses	**$ 439.31**	**$ 439.31**
Item 19		**OTHER EXPENSES - Meals/Member Dinners (line item 19)**		
8/6/2020	771	Crown Pizza- monthly. Meeting	$ 27.86	
9/3/2020	773	Crown Pizza- monthly. meeting	$ 27.36	
4/1/2021	774	Crown Pizza- monthly. Meeting	$ 28.96	
5/8/2021	775	Crown Pizza- monthly. Meeting	$ 28.96	
6/3/2021	777	Crown Pizza- monthly. meeting	$ 28.96	
		TOTAL MEALS/MEMBERS DINNERS	**$ 142.10**	**$ 142.10**
		TOTAL All EXPENSES		**$ 687.41**