

HGDP REPORT INSTRUCTIONS

This report should be a consolidated report reflecting the combined expenditures of your chapters as well as the state council expenditures and should reflect HGDP funded expenditures only.

HGDP funds are to be used for EXEMPT or CHARITABLE purposes **ONLY**. They are NOT to be used for social events or building funds.

Fill in the top of the report indicating the report period, whether it is Semi annual or Annual and finally the state council name.

Descriptions of Disbursements -These are categories of recognized acceptable expenditures.

This list is not intended to include every potential category of acceptable expenditure and thus we have also added several "Other" lines for exempt purposes, which we have not covered.

Chapter Expenditures -Combine the dollars spent by all your chapters, if appropriate, into the respective category.

NOTE: Rounding off your figures is encouraged.

State Expenditures -Categorize state expenditures into the respective lines

Total -Add chapter and state figures.

Total -This figure should equal the total amount of HGDP grant funds received by the state during the fiscal period.

Verification and Certification -Have the certification signed by two officers and identify their titles.

NOTE: A

Keep a master copy of these instructions as well as of the report for future use. The report and instructions will not be sent out on a regular basis unless there is a change to the report or the instructions.

NOTE: B

These reports refer to the VVA fiscal year (3-1-xx / 2-28-xx). A semi annual report is due no later than September 30, for the period March through August.

An annual report is due no later than March 30, for the period March through February.

HGDP REPORT for the PERIOD ENDING _____

Semi annual report _____

Annual Report _____

(Check one)

State Council Name _____

Description of Disbursements	Chapter Expenditures	State Expenditures	Total
Agent Orange Information Programs	_____	_____	_____
Service Representative Programs	_____	_____	_____
Publication of Newsletters	_____	_____	_____
PTSD & Substance Abuse Programs _____	_____	_____	_____
Education Programs	_____	_____	_____
Scholarships	_____	_____	_____
Veterans Incarcerated Programs	_____	_____	_____
Homeless Programs	_____	_____	_____
Donations to Charitable Org.	_____	_____	_____
Community Service Programs	_____	_____	_____
Other (Please Identify) (Must be Charitable)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

Verification and Certification

The undersigned officers of Vietnam Veterans Of America State Council of _____ certify that we have read the foregoing HGDP annual/semi annual financial report and to the best of our knowledge and belief, certify that the information contained herewith is true, correct and complete.

Signature

Date

Signature

Date