To: All Department of Arizona, Marine Corps League Members

Subject: Unbudgeted Funding Requests Made at Department Conferences and Conventions

Often, funding requests are made from the floor at our Department Conferences and Conventions. No doubt, these funding requests have some level of merit and represent true needs of various individuals, groups and organizations but lack any form of due diligence or vetting. Usually, these requests are made based on the need of the requestor and not necessarily on the impact to the Department’s general fund and the Detachments that support it. The Department’s annual budget process considers funding of specific programs such as Marines Assisting Marines and Scholarships, but no general fund is setup or budgeted for spontaneous funding requests. Also, funding requests of this nature often cannot be discussed in depth in the short time of their presentation to the conference attendees. These requests do have financial implications to the Department’s general fund and operations.

Going forward, we are establishing a more formal method to review these requests. The attached form is designed to allow these requests to be processed and reviewed for impact (both current and future) to the finances and operations of the Department before being presented as a request for funding. This also provides the Board of Trustees the courtesy of investigating the details supporting the funding request and establishing reporting and controls, if necessary.

Please complete the attached form and submit it to the Department Commandant in lieu of making a motion or request from the floor of a convention or conference. Any motion from the floor or request for funds that have not followed the new procedure will be tabled indefinitely until the proper procedures are followed. We would ask your support in this matter. We are committed as an organization to charitable giving that supports our National, Department and Detachments charters. Please help us with this process.
Department of Arizona Marine Corps League
Funding Request Form

Date: ______________________

Member Name (Print): ____________________________________________________________

Member MCL Number: ___________________________________________________________

Member Signature: ______________________________________________________________

Member’s Email: _____________________________ Telephone_____________________

Related Organization ____________________________________________________________

Purpose and amount of Funding Request (attach additional documentation if necessary)?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How Does the Department of Arizona MCL Benefit from This Funding?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are There Other Alternatives for Funding?
______________________________________________________________________________

What other organizations have you requested funds from, and have you received any funding?
______________________________________________________________________________
Department of Arizona Marine Corps League

Funding Request Form (Continued)

Funding is Payable to:

Name or Company: ______________________________________________________

Address 1: _____________________________________________________________

Address 2: _____________________________________________________________

City/State/Zip: __________________________________________________________

Check Number: __________________ Check Issue Date: ______________________

Board of Trustees Approval/Disapproval (Submit Form to the Department Commandant)

Amount Approved: __________ Disapproved: __________ Date: __________

Board Requirements (if any):

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Officer Signatures: ______________________________________________________

_______________________________________________________________________

_______________________________________________________________________

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(Upon completion, submit request to the Department Commandant with a copy to the Department Paymaster)