



ELKS VOLUNTARY SERVICE PROGRAM*
2750 N. Lakeview Ave.
Chicago, IL 60614-1889
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ELKS NATIONAL VETERANS SERVICE COMMISSION PROPOSAL TO ADD NEW FACILITY

New facilities can only be approved after research is done by local members. Recommendations for a new facility can come from any Elks member—Lodge Veterans Chairs, Representatives or Deputy Representatives*, State Sponsors or State Officers.

Please consider potential volunteer duties, possible use of funds, and existing volunteer support. **Include information about how Elks will be actively involved beyond donating supplies.** After research on the local level, the State Veterans Chair, State President and State Sponsor must approve. Once these approvals are obtained, the State Veterans Chair should submit the proposal to the Chicago ENVSC office.

Most facilities receive the standard minimum allocation when they are first approved. This is \$175 a month for VA Medical Centers, \$150 a month for State Veterans Homes*, and \$125 a month for other facilities such as outpatient clinics and Vets Centers. *(State Veterans Homes are facilities that provide nursing home, domiciliary or adult day care. They are owned, operated and managed by state governments, and certified by the VA.)*

New facility proposals are considered twice a year, at the Elks National Veterans Service Commission's bi-annual board meetings in February and June. The deadline for consideration at these meetings is January 15 and June 15, respectively. If approved by a majority vote of the Commission, our headquarters will notify the State Chair and State President.

Please note that funding cannot begin until a Representative is in place at the facility. If the name of the Elk who is willing to become the Representative is known ahead of time, his or her name may be submitted along with the proposal for the facility.

Although the terms Representative and Deputy Representative are titles created for use in the VA CDCE program, the ENVSC also uses those titles for Elks volunteers serving at State Veterans Homes and other non-VA facilities.

Facility Information

Date:

Name of Facility: _____

Contact at Facility (Name & Title): _____

Contact Email: _____ Contact Phone: _____

Facility Address: _____

Facility type:

VAMC State Veterans Home VA CBOC (outpatient clinic) Other

If other, please explain: _____

Number of Beds/ Facility Size/ Organization Capacity (please explain):

Why is this facility in need of Elks volunteer support and funding? What will Elks volunteers do each month? What will the funds be spent on? (This is a mandatory question.)

Proposed Representative: (If Applicable)

Name: _____

Address: _____

Email: _____ Phone: _____

Lodge Name: _____ Lodge No. _____

Proposed Deputy Representative: (If Applicable)**

Name: _____

Address: _____

Email: _____ Phone: _____

Lodge Name: _____ Lodge No. _____

***Each facility may have up to 3 Deputy Representatives. We encourage each facility to have at least one.*

Approval of Facility By: (Signatures required)

State Sponsor: _____ Date: _____

State President: _____ Date: _____

State ENVSC Chair: _____ Date: _____