

# IOWA VETERANS TRUST FUND FY17 HONOR GUARD REIMBURSEMENT

Pursuant to Iowa Code Section 35A.13 and the Iowa Administrative Code 801, Chapter 14, the Iowa Commission of Veterans Affairs may reimburse veterans organizations for providing military funeral honors as follows:

- If a single veterans organization provides basic honors, \$25 or
- If a single veterans organization provides full honors, \$50.
- If two or more veterans organizations participate in providing full honors and one of the organizations provides a firing detail, \$50. Payment shall be requested by each organization (\$25 each).
- If two or more veterans organizations participate in providing basic honors, \$25. Payment shall be to one veteran's organization, as requested on the application.
- The Commission shall not reimburse a veterans organization if federal funding is available to reimburse the veterans organization for providing military funeral honors. The veteran's organization shall request reimbursement from federal sources. If a veteran's organization receives federal funding for providing military funeral honors at the reimbursement rate of one funeral in a day, the department shall reimburse the organization for the provision of military funeral honors for any additional funerals on that day.
- The maximum amount of aid payable in a consecutive 12-month period from the trust fund to a veteran's organization is \$1,000.
- Honor Guard services performed since July 1, 2016 may be counted for reimbursement.
- **Submit only one completed application with reimbursement receipts through June 30, 2017. (Complete additional pages as needed).**

**Please combine multiple requests**

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Date of Application \_\_\_/\_\_\_/\_\_\_\_\_

Name of Applicant \_\_\_\_\_  
(Acting for the organization) (First) (Middle) (Last)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name of Veterans Organization \_\_\_\_\_

Veterans Organization Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Veterans Organization's Federal Identification Number \_\_\_\_\_

Total Amount Requested \$ \_\_\_\_\_

I understand that I am required to ensure that the information I have entered on this form is complete and accurate. I further understand that the data I have supplied on this form will be used by the members of the Iowa Commission of Veterans Affairs or Iowa Department of Veterans Affairs to determine my eligibility for the assistance requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IOWA VETERANS TRUST FUND  
FY17 HONOR GUARD REIMBURSEMENT**

Name of veteran for which honors were provided \_\_\_\_\_

Location where honors were provided \_\_\_\_\_ Date of burial service \_\_\_\_\_

Type of Honor:      Basic / Full                                      Number of participants in honor guard \_\_\_\_\_  
If full honors are provided, are you splitting the reimbursement with another Veterans Organization? Yes / No

Name of additional Veterans Organization providing honors (if applicable) \_\_\_\_\_

Is there Federal funding available?      Yes / No              Trust Fund reimbursement request \$ \_\_\_\_\_

Name of veteran which honors were provided \_\_\_\_\_

Location where honors were provided \_\_\_\_\_ Date of burial service \_\_\_\_\_

Type of Honor:      Basic / Full                                      Number of participants in honor guard \_\_\_\_\_  
If full honors are provided, are you splitting the reimbursement with another Veterans Organization? Yes / No

Name of additional Veterans Organization providing honors (if applicable) \_\_\_\_\_

Is there Federal funding available?      Yes / No              Trust Fund reimbursement request \$ \_\_\_\_\_

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Name of additional Veterans Organization providing honors (if applicable) \_\_\_\_\_

Is there Federal funding available?      Yes / No              Trust Fund reimbursement request \$ \_\_\_\_\_

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Type of Honor:      Basic / Full                                      Number of participants in honor guard \_\_\_\_\_  
If full honors are provided, are you splitting the reimbursement with another Veterans Organization? Yes / No

Name of additional Veterans Organization providing honors (if applicable) \_\_\_\_\_

Is there Federal funding available?      Yes / No              Trust Fund reimbursement request \$ \_\_\_\_\_

**\*\*\* Please photo copy this page for additional reimbursement requests\*\*\***

**Please Submit to:**

**IOWA DEPARTMENT OF VETERANS AFFAIRS  
Camp Dodge, Bldg 3465, 7105 NW 70th Ave.  
Johnston, Iowa 50131-1824  
Phone (515) 727-3443  
<https://va.iowa.gov>**