

GENERAL ORDERS #6

1 December 2021
2021-2021 Series

TO BE READ AT MEETINGS AND POSTED:

1. All officers are encouraged to make every effort to renew the membership of each and every continuous member prior to their expiration. Reports showing 30, 60, and 90 days from expiration can be obtained by the Post Quartermaster through the Online Membership System (OMS).

2. Section 220 of the National By-Laws, "Vacancies and Removal of Elected Officers or Committee Members" states, "Any elected Post officer or committee member removed, by reason of failure to pay current dues or under the provisions of this section shall not be eligible to serve in any Post office or committee in the same administrative year in which the officer or committee member is removed."

3. For the purpose of establishing continuous membership, a member may reimburse Department and National dues for all delinquent years, provided he was a member in good standing for five (5) consecutive years prior to the delinquency.

4. Attention of Post Commanders is directed to Section 218 of the Manual of Procedure, "Duty of Trustees." Trustee Report of Audit must be completed in detail at the close of each quarter, one which end 31 December 2021. Commanders are reminded that accurate and complete records shall be kept by all person handling Post funds, including the Club Manager, Bingo Chairman and VFW Riders Groups. These records shall be audited by Post Trustees in the same manner as Post Quartermaster and Adjutant records.

5. Public Law 103-308, designates 7 December as National Pearl Harbor Remembrance Day and requests the flag be flown at half-staff from sunrise to sunset to honor those individuals who their lives that day.

6. "In My Words" book we are again working with PCI, a company who will conduct a fundraising for the Department and produce a book for our membership. This is different from your 2018 "Then

and Now". This is an Oral History Project, where PCI will capture more in-depth service stories from our members, record them, transcribe them, and preserve in a digital vault for your 24/7 access. This will create an exemplary book of stories and helps members to leave their legacy. Please inform all members that PCI will be sending Post Cards and conducting Phone Calls requesting members stories, correct address, phone numbers and emails. Participation is strictly voluntary.

7. State Headquarters will be closed 24 - 26 December 2021 to observe Christmas.

8. State Headquarters will be closed 31 December 2021 - 2 January 2022.

9. Several important documents are attached to these orders. Please review all.

BY ORDERS OF:



RICHARD LINEBERRY
STATE COMMANDER

OFFICIAL:



REBECCA MURPHY
STATE ADJUTANT

ANNOUNCEMENTS

1 December 2021

1. **Reminder to all Districts - Teacher of the Year, Voice of Democracy, and Patriots Pen Deadline to be to the State Chairpersons is 15 December 2021.**

2. **Military Veterans Legislative Day at the State House** will be on 10 January 2022, in the south atrium, second floor of the Indiana State Capital located at 200 S. Capitol Ave., Indianapolis, IN. The overall event is intended to open communication channels between Indiana Reserve Components, active-duty military members and military families with their Indiana Senators and Representatives regarding military and veteran specific legislation moving through the Indiana General Assembly during the 2022 legislative session. More information will follow via email to District Commanders to pass down to all levels. Also watch for information on the state website "VFWIN.ORG. See attached flyer.

3. **Public Servant Award Citation for Emergency Medical Technicians, Law Enforcement Personnel and Firefighters.** Mail to Rickey Kiefer, 102 E Forest Home St. Roachdale, IN 46172. Please see attachment.

4. 5 December Somalia Campaign Began (1992).

5. 7 December National Pearl Harbor Day, **Flag at Half Staff.**

6. 8 December War Declared on Japan (1941).

7. 11 December Germany and Italy Declared War on US (1941).

8. 15 December Iraq War Ended (2011).

9. 20 December Panama Campaign Began (1989).

10. 25 December MERRY CHRISTMAS.

11. 31 December Official End of WWII (1946).

12. 31 December Kosovo Campaign Ended (2013).

13. 1 January HAPPY NEW YEAR.



Greeting Comrades,

I hope everyone had a wonderful Thanksgiving with family & friends.

Christmas and New Year's is fast approaching, and we have our Christmas decorations up both inside and outside.

I encourage all Posts to reach out to our Veterans that are homebound or those you haven't seen to make sure they also have a Merry Christmas.

Congratulations to Post 8756, Cicero & Post 1587, Indianapolis for being 100%! Outstanding job!

As CIC Fritz states, "The Time is Now" and let's keep working our membership. Reach out to our younger vets for they are the future of the VFW. With the younger vets involved comes fresh ideas and growth. All Fritz is requiring is 100% + 1. Also, do not forget to update your Post's Dashboard.

Our top 2 recruiters for the month are Steve Milburn & Kenneth Lange both with 13. Well, done and thank you!

There are a lot of opportunities for every VFW Post in Indiana to be successful. Has your Post paid a visit to the local Guard/Reserve Unit? Has your Post attempted to cultivate a relationship with the Student Veterans at the local college or university? Did you know that there are funds available through our National Headquarters to offset the cost? All that is needed from your Post is a few members and a viable plan. Is your Post doing something that is helping you be successful? If so, please share with your neighboring Posts. Not sure where to start? Reach out to Tyler Campbell. There is no distance too far and nothing we will not do to help you be successful. Call us and we will be glad to

assist! I want to say THANK YOU to each and every member for everything you do! As always, I will continue to make myself available at any time to anyone who needs assistance.

If you have any recruiting events, reach out to Tyler Campbell, Membership Chairman, and he will assist in any way that he can.

I encourage everyone to sign up for the VFW Action Corps, it's very easy, text 50457 and put VFW in the message. You will then receive a link. Very easy and then you will receive weekly VFW updates which are very informative.

Posts please don't forget your VMS donation. The Veterans & Military Support (VMS) program can provide grants to Posts to assist with Adopt-a-Unit activities and events that raise money for Unmet needs. You are always there to help support military families before, during and after deployment and these resources are here to support you!

Jamie and I would like to wish everyone a very Merry Christmas and a joyful Happy New Year!

Yours in Comradeship,

A handwritten signature in black ink, appearing to read "Dick Lineberry", with a stylized, cursive script.

Dick Lineberry
Commander



VETERANS OF FOREIGN WARS.

Indiana

Comrades,

Here it is December with all the great family traditions that come with the Holidays. My wish is that everyone has a fantastic Merry Christmas and a very safe Happy New Year.

I know all of us have seen the t-shirts and flyers talking about Veterans suicide. We're all aware too many Veterans commit suicide. Now is the time to do something about it! I wish I had the "magic" answer to solve this health crisis. Sadly, I do not. Neither do our doctors, social workers, psychiatrists, or even the VA. No one has the magic answer – It doesn't mean we don't try. Solving the problem of Veteran suicide is crucial. The VA and many other organizations are working hard, solving this crisis. **It will take all of us to prevent Veterans Suicide!**

Myself, as well as many others, feel one way to reduce Veterans suicide is to openly talk about it. The belief is talking about it openly may help to take away some of the "stigma" of having a mental health issue. A mental health issue is no different than any other health issue, you still need help from a medical professional to get better. To many times the Veteran doesn't seek help.

Some things we all can do is make ourself available. Put yourself out there! Let all the Veterans around you know that you are open to talking, listening or helping – **NOT JUDGING.**

Secondly, as I discussed last month, the Veterans Foundation of Indiana is hard at work raising funds for our two primary programs. Youth scholarships and the Indiana version of Unmet Needs. I appeal to all Post, especially the ones with the large gaming accounts. **Make a donation to the Foundation.** The Foundation is a 501(c)(3) charitable organization, this means you can donate to the Foundation.

Everyone enjoy the Holidays. Lets get ready for a huge "membership" push in January. I know very well, the Department of Indiana can be a 100% this year. We just have to put in the effort – MEMBERSHIP IS NOT JUST THE COMMANDERS JOB ~ MEMBERSHIP IS EVERYONE'S JOB!

If you are traveling over Christmas be careful. Enjoy family and friends and return home safely. May God bless each of you and your families.

**MERRY CHRISTMAS
HAPPY NEW YEAR**

Richard Leirer
SV Commander
VFW Department of Indiana
rwleirer@yahoo.com

Comrades,

I hope you had a wonderful Thanksgiving and were able to spend time with your friends and family. The holidays are always a very busy time. Please take a moment to stop and reflect and remember what this time of the year is really about.

Unfortunately, there are many veterans that are in need. Did you know that Indiana Department of Veteran Affairs (IDVA) has money set aside to help veterans and their families that are experiencing financial hardship.? The program is called "OPERATION HOLIDAY PROGRAM".

The Military Family Relief Fund Operation Holiday Program is designed to assist veterans and their families that are experiencing financial hardship. This special program can assist with essential holiday expenses for the children that reside in their homes and a holiday meal for qualified veterans. The assistance amount would be **\$200.00 per child** residing in the veteran's household and **\$150.00** for the holiday meal.

This program began on November 1, 2021, and ends on December 30, 2021. Any applications received after 4PM on December 30th cannot be processed. Any applications that are not complete at 4PM December 30th will be closed. Go to the following link for the application and information: <https://www.in.gov/dva/files/Operation-Holiday-Program-App-11.pdf>

Can your Post use \$500.00? The IDVA Event Sponsorship Program (ESP) is dedicated to providing sponsorship dollars for veteran-oriented events across the state. The ESP will provide up to \$500 in sponsorship money for an event the applicant is hosting. The goal is to provide funds to ensure a local non-profit can host their event or to enable them to enhance their event. The organization must have an established plan, committee and mission, one that focuses on bringing services, resources and/or benefits to Indiana's veteran community.

IDVA will provide their resources to help advertise your event and would like to have the opportunity to attend the event to promote state and federal veteran benefits and the statewide network of County Veteran Service Officers (CVSO).

Any non-profit can apply for the ESP. The specific event associated with the application must be honoring or celebrating the Indiana veteran community. For more information go the following link: <https://www.in.gov/dva/event-sponsorship-program-esp/>

If I can ever be of service, please do not hesitate to reach out to me. I want to wish you and your family a very Merry Christmas and Happy Year.

Sheila Corcoran
Jr Vice Commander
VFW Dept of Indiana
Scorcoran.vfw@gmail.com

VFW DEPARTMENT OF INDIANA

Your State Officers and the Employees of the Department
Of Indiana VFW extend our warmest personal greetings to
you and your families for the most

**Joyous Christmas and the Happiest
New Year!**

Richard Lineberry - State Commander

Richard Leirer - Senior Vice Commander

Sheila Corcoran - Junior Vice Commander

Rebecca Murphy - State Adjutant

John Reischman - State Quartermaster

Cory Mahan - State Surgeon

Gloria Faulk - State Receptionist

Shawn Ransford - State Service Officer

Mark Carr - Service Officer

Mariah Gaw - Claims Specialist

Teresa Petree - Service Office Receptionist



2022
**INDIANA
MILITARY
VETERANS
LEGISLATIVE
DAY**

**JANUARY 10, 2022
10:30 A.M. EST**

Indiana State House
Info: 317-632-0500
hawkins@vsc.ooo

JOIN US!

**MEET WITH
LEGISLATORS
AND VENDORS**

**HELP
VETERANS
TURN
IDEAS INTO
LAW**

www.veteranlegislateday.org/

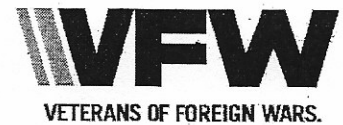
All-American Post Criteria

The All-American program exists to recognize exceptional leadership and teamwork, authentic accomplishment in membership growth and VFW core programs.

All-American Post Criteria

- Membership greater than 100%
- Meet all the following Program Participation Criteria:
 - Voice of Democracy - minimum of one entry advanced to District judging
 - Patriots Pen - minimum of one entry advanced to District judging
 - Hold a fundraiser with the proceeds going to Veterans & Military Support Programs Services, minimum of \$100.
 - Veterans & Military Support Programs Services Donations for Post/District/Department as listed above will only be accepted only through the following link: <https://heroes.vfw.org/page/22950/donate/1>
 - Partner twice with two separate organizations like Team RWB, Operation Ramp It Up, Operation Gratitude, Team Rubicon, Merging Vets & Players and other VSOs to include our friends at Sport Clips and Burger King. (Submit both online reports through dashboard).
 - Create Post social media site or actively maintain existing site.
 - Posts must establish an official VFW Post Facebook page and consistently share VFW national content for All-American Program consideration. Approval will be conducted through the Programs dashboard.
 - Page must have been active for at least six months. Create your Facebook page by 31Dec21.
 - 5 New Action Corps Sign-Ups: To sign up: Text "VFW" to "50457" to sign-up 5 previously unsubscribed members or VFW supporters.
 - Have a 10% increase in total impact in Community Service.
(\$ Donated + Hours = Total Impact) * Baseline has been established within the KPI Tools for Community Service.

Use the All-American dashboard to document your accomplishments. If you have questions, on how to update the dashboard please contact Rebecca Murphy at State Headquarters for assistance.



PUBLIC SERVANT AWARD CITATIONS FOR EMERGENCY MEDICAL TECHNICIANS, LAW ENFORCEMENT PERSONNEL AND FIREFIGHTERS

Each year, the Veterans of Foreign Wars selects emergency medical technicians, law enforcement and firefighter personnel to receive VFW Public Servant Awards. Post Safety Chairmen are encouraged to submit a candidate for these awards to their **Department Headquarters by January 1**. The Department must select a single candidate for each of the three awards and submit those to **VFW National Headquarters by February 1**.

NOTE: The only item the National VFW Programs Department requires is the "VFW Department Public Servant Award Citation Request Form" which is now available on the VFW website. You can locate this form by logging in to www.vfw.org and searching under "My VFW" in the Training & Support section.

VFW National Emergency Medical Technician Public Servant Citation:

Any individual, who actively gives emergency medical treatment, provides rescue service or civil disaster assistance as a member of any public or volunteer company organized to give emergency medical care, provide rescue and civil disaster assistance to our nation's citizens.

VFW National Law Enforcement Public Servant Citation:

Any individual who serves in a municipal, county, state or federal unit tasked with enforcement of the laws pertaining to their area of responsibility. This award does not apply to individual employed by private companies or security services.

VFW National Firefighters Public Servant Citation: Any individual who actively fights fires as a member of any public or volunteer company organized to fight fires and give assistance to our nation's citizens.

Criteria for these awards – Candidates must have demonstrated:

- 1) Recognition by their colleagues or those they serve.
- 2) Consistent excellence in the performance of their duties.
- 3) Consistent dedication to their official responsibilities over a period of years and continuous growth in responsibilities and skills within their profession.

Documentation required for all Candidates:

- 1) Nomination letter containing the candidate's name, title, address, telephone and identifying the award for which the individual should be considered.
 - a. Include justification outlining background in field, accomplishments and awards.

Note NEW (not required) One (1) page VFW Public Servant Award Citation Post Entry Form is now available on the VFW website. You can locate this form by logging in to www.vfw.org and searching under "My VFW" in the Training & Support section.

If you have any questions contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail tbeauchamp@vfw.org.

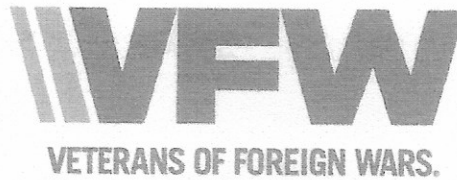
NATIONAL HEADQUARTERS

406 W. 34th Street
Kansas City, MO 64111
Office 816.756.3390
Fax 816.968.1157

WASHINGTON OFFICE

200 Maryland Ave., N.E.
Washington, D.C. 20002
Office 202.543.2259
Fax 202.543.6719

info@vfw.org
www.vfw.org



VFW Public Servant Award Citation Post Entry Form

NOTE: VFW Point of Contact should fill out their section below prior to distributing this form.
This will provide individuals from outside of the VFW with the needed information to submit their packets successfully.

To be filled out by VFW representative

Sponsoring VFW Post #: Sponsoring District #:

Date of Presentation: MM/DD/YY (if available)

VFW Post POC

Full Name:

Phone: Email:

Address: (where to mail entry)

City: State: Zip:

Individual Submitting Nomination

Full Name:

Phone: Email:

Nominee Information

Choose appropriate citation: (EMT, Firefighter or Law Enforcement)

Full Name: (please list as you wish it stated on the citation)

Gender:

Occupation Title: (if any) (please list as you wish it stated on the citation)

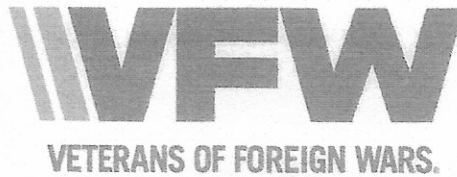
Employer Name: (please list as you wish it stated on the citation)

Address of Employer: (please list as you wish it stated on the citation)

City: State: Zip:

Employer Phone: Employer Email: (if available)

Please complete this form and submit to your local VFW Post using the information provided above. Ensure to include all required documentation that is outlined on the instructions sheet provided with this form. All post entries must be received by their **Department Headquarters no later than January 1st**. If you have any questions, please feel free to contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail tbeauchamp@vfw.org



VFW Public Servant Award Citation Post Entry Form

NOTE: VFW Point of Contact should fill out their section below prior to distributing this form.
This will provide individuals from outside of the VFW with the needed information to submit their packets successfully.

To be filled out by VFW representative

Sponsoring VFW Post #: Sponsoring District #:

Date of Presentation: MM/DD/YY (if available)

VFW Post POC

Full Name:

Phone: Email:

Address: (where to mail entry)

City: State: Zip:

Individual Submitting Nomination

Full Name:

Phone: Email:

Nominee Information

Choose appropriate citation: (EMT, Firefighter or Law Enforcement)

Full Name: (please list as you wish it stated on the citation)

Gender:

Occupation Title: (if any) (please list as you wish it stated on the citation)

Employer Name: (please list as you wish it stated on the citation)

Address of Employer: (please list as you wish it stated on the citation)

City: State: Zip:

Employer Phone: Employer Email: (if available)

Please complete this form and submit to your local VFW Post using the information provided above. Ensure to include all required documentation that is outlined on the instructions sheet provided with this form. All post entries must be received by their **Department Headquarters no later than January 1st**. If you have any questions, please feel free to contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail tbeauchamp@vfw.org



Military Family Relief Fund

OPERATION HOLIDAY PROGRAM

The Military Family Relief Fund Operation Holiday Program is designed to assist veterans and their families that are experiencing financial hardship. This special program can assist with essential holiday expenses for the children that reside in their homes and a holiday meal for qualified veterans. The assistance amount would be \$200.00 per child residing in the veteran's household and \$150.00 for the holiday meal.

This program will begin on November 1, 2021, and end on December 30, 2021. Any applications received after 4PM on December 30th cannot be processed. Any applications that are not complete at 4PM December 30th will be closed.

The veteran must have an honorable, under honorable conditions, or certain other than honorable discharges.

The household income cannot exceed 2 times the US federal poverty guidelines.

An eligible child shall be under 18 years of age at the time of the application, or the child is 18 years of age and still enrolled in high school or a high school equivalently program.

Please note, if you have received a previous award the maximum lifetime amount an applicant may receive from the fund is two thousand five hundred dollars (\$2,500.00), unless a higher amount is approved by the commission.

Required Documents Checklist:

- Application: General Information form and Grant Request
- W9 (must have handwritten signature), Direct Deposit Form (must have handwritten signature)
- Proof that children reside with veteran. See list of accepted residency documents on grant request form
- DD214 that shows the type of discharge
- First page of the most current bank statement for all accounts you own, showing account balance
- Evidence of income for applicant and spouse (2 weeks of most current pay stubs, VA compensation, Social Security, retirement, unemployment, etc.)

Send completed applications to:

Mail to: Indiana Department of Veterans Affairs
Attn: Military Family Relief Fund
777 North Meridian Street, Suite 300
Indianapolis, IN 46204

Fax to: 317-232-7721

Email to: MFRF@dva.IN.gov

For more information, please contact:

Lynn Dickey (Director)	Janie Gregory (Assistant Director)
317-232-3914	317-234-8648



**MILITARY FAMILY RELIEF FUND (MFRF)
APPLICATION**
State Form 53880 (R3 / 5-21)

INDIANA DEPARTMENT OF VETERANS AFFAIRS

Indiana Veterans' Center
777 North Meridian Street, Suite 300
Indianapolis, Indiana 46204
Telephone: (317) 232-3910
Toll-Free: (800) 400-4520
Fax: (317) 232-7721
E-mail: MFRF@dva.in.gov
Website: www.in.gov/dva

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

MILITARY MEMBER'S INFORMATION

Name: _____ Date of Birth (mm/dd/yy): _____

Home Address (number and street): _____

City: _____ State: _____ ZIP: _____

Home Telephone: _____ Mobile Telephone: _____

Social Security Number*: _____ Disability Percentage: _____

Number of Dependents: _____ Marital Status: _____

Dates of Service (mm/yy): _____ to _____ Discharge: _____

Employment Status: _____ Monthly Income: _____

E-mail: _____

Branch of Service: ☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard ☐ Space Force

Please check branch of service.

DEPENDENTS INFORMATION

Name: _____ Date of Birth (mm/dd/yy): _____

Name: _____ Date of Birth (mm/dd/yy): _____

Name: _____ Date of Birth (mm/dd/yy): _____

Name: _____ Date of Birth (mm/dd/yy): _____

SPOUSE'S INFORMATION

Spouse: _____ Date of Birth (mm/dd/yy): _____

Mailing Address (number and street): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Social Security Number*: _____

Employment Status: _____ Monthly Income: _____

E-mail Address: _____

I / We (check one) ☐ Have ☐ Have Not applied for a MFRF grant before.

Date of Last Application (mm/dd/yy)

GRANT REQUEST

I (printed name) _____ am requesting a grant from the MFRF Operation Holiday Program.

There are _____ children residing in my household @ \$200.00 each. \$ _____

Holiday Meal (\$150.00) \$ _____

Total Requested \$ _____

- Proof of residency for each child could include, but is not limited to:
 - School correspondence (report card, emails, school notices, etc.) indicating that the child resides at the same address as the veteran
 - Doctor's bills, pharmacy bills, immunization records, or any other official letters or notices indicating that the child resides at the same address as the veteran
 - Landlord or property management statement indicating that the child resides at the same address as the veteran
 - Childcare records indicating that the child resides at the same address as the veteran
 - Social service records or statements indicating that the child resides at the same address as the veteran
 - Insurance records indicating that the child resides at the same address as the veteran
 - State issued ID for the child indicating that the child resides at the same address as the veteran
 - Divorce decree or settlement agreement indicating that the veteran has custody of the child

An applicant has the right to appeal any decision to the Indiana Veterans' Affairs Commission.

I certify that all information contained in this application to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the State of Indiana access to my pertinent records, including information maintained in Defense Enrollment Eligibility Reporting System (DEERS), as necessary to evaluate my application. Disclosure of information on this form including Social Security Numbers is voluntary, however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law.

I understand that my application cannot be processed if it is received after 4PM December 15, 2021.

I understand that my application will be closed if there is any missing information not submitted by 4PM December 15, 2021.

I also understand that if funds are granted, funds will be deposited by the State of Indiana directly into my checking or savings account at the discretion of the State of Indiana.

Applicant Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



**AUTOMATED DIRECT DEPOSIT
AUTHORIZATION AGREEMENT**

State Form 47551 (R7/5-18)
Approved by State Board of Accounts, 2018
Prescribed by Auditor of State, 2018

* This agency is requesting disclosure of your Federal Identification Number / Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

In accordance with IC 4-13-2-14.8, a person who has a contract with the State of Indiana or submits invoices to the State of Indiana for payment shall authorize the direct deposit by electronic funds transfer of all payments by the state to the person.

This form must be completed in order to receive payment from the State of Indiana and any time there is a change in banking information. This form must be accompanied by a W9. If you are changing an e-mail address to receive electronic notifications of EFT deposits, please contact vendors@auditor.in.gov.

☐ New Enrollment

☐ Change of Existing Account

Prior Routing Number: _____

Prior Account Number: _____

SECTION 1:

AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Name of Company or Individual (as shown on the account) _____

Federal Identification Number / Social Security Number * _____

Address (Number and Street and/or PO Box Number) _____

City, State, and ZIP Code (00000-0000) _____

SECTION 2:

DIRECT DEPOSIT INFORMATION

Type of Account:

☐ Checking (Demand)

☐ Savings

☐ Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Financial Institution: _____

Routing Number (9 digits): _____

Account Number (maximum 17 digits – include leading zeros): _____

SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS *Required

(Please contact vendors@auditor.in.gov to add more than four addresses.)

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

☐ By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) _____ TITLE _____ TELEPHONE _____

AUTHORIZED SIGNATURE* _____

DATE (month, day, year) _____

* Under IC 26-2-8-106, your electronic signature on this form represents the same legal authority as your written signature.

2021-2022	AUDIT REP	SHTG DUE	QM BOND	POPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 1	J			NA			X
717	JS		X	X			X
802	JS		X	X			X
1109	JS	\$12.00		X			X
2151	JS		X				X
2697	JS		X	X			X
2724	J		X				X
5365			X				X
6448	JS			X			X
6841	J			X			X
7881	JS		X				X
9323	J		X				X
9982	J		X				X

12/1/2021

J=JUNE S=SEPT OWED X=HAVE X=HAVE OWED OWED X= HAVE
 D=DEC M=MARCH ORDERED ORDERED
 AUDITS RECEIVED MONEY OWED TO STATE FOR ADMIN & DELEGATE FEES 2020-2021 RECEIVED

2021-2022	AUDIT REP	SHTG DUE	QM BOND	POPPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 2				NA			X
748	J	\$24.00	X				X
988			X				X
1106		\$9.00					X
1121	JS		X	X			X
1126	JS	\$23.00					X
1154	JS		X	X			X
1279	JS	\$16.00					X
1343	S	\$20.00	X				X
1728	JS		X	X			X
2231	J	\$17.00	X	X			X
2511	J	\$16.00					X
3790	JS		X				X
7760	JS		X				X
9383							X

12/1/2021

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 AUDITS RECEIVED MONEY OWED TO STATE FOR ADMIN & DELEGATE FEES 2020-2021 RECEIVED

2021-2022	AUDIT REP	SHTG DUE	QM BOND	POPPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 3			X	NA			X
88	JS		X	X			X
360			X				X
985	J			X			X
1130	JS			X			X
1162	JS						X
1954	JS		X				X
2536	J		X				X
6919	JS	\$12.00	X				X
8972	JS		X	X			X
9423	JS		X	X			X
9820	JS		X	X			X

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 AUDITS RECEIVED MONEY OWED TO STATE FOR ADMIN & DELEGATE FEES 2020-2021 RECEIVED

2021-2022	AUDIT REP	SHTG DUE	QM BOND	POPPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 4	JS		X	NA			X
	JS		X				X
1421		\$27.00					X
1892	J						X
2457			X				X
2749	JS		X				X
3846	J		X				X
4717			X				X
5582	JS		X				X
6236	J		X				X
6751	JS		X				X
7205	JS		X	X			X
10006	JS			X			X

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2021-2022	AUDIT REP	SHTG DUE	QM BOND	POPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 5				NA			X
							X
60			X				X
286		\$18.00					X
1110	JS		X	X			X
1152	JS		X	X			X
2067	JS		X				X
2689	J		X	X			X
5782	JS		X	X			X
7081	JS	\$15.00	X				X
7403		\$15.00					X

12/1/2021

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AUDITS RECEIVED ORDERED ORDERED RECEIVED

MONEY OWED TO STATE FOR ADMIN & DELEGATE FEES 2020-2021
POST IS CLOSING

2021-2022	AUDIT REP	SHTG DUE	Q/M BOND	POPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 6				N/A			X
910	J			X			X
972	JS						X
1431	J		X	X			X
1550				X			X
1752	JS		X				X
2395	JS		X				X
3284	JS		X				X
3318	J	\$28.00					X
6128	J		X	X			X
6246	J		X				X
6574		\$18.00					X
8756	JS	\$9.00	X				X
10003	J						X

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 AUDITS RECEIVED MONEY OWED TO STATE FOR ADMIN & DELEGATE FEES 2020-2021

2021-2022	AUDIT REP	SHTG DUE	QM BOND	POPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 7	J		X	NA			X
604	JS		X	X			X
1111	J			X			X
1127	JS		X				X
1157	JS		X	X			X
1257	J		X				X
1405	JS		X	X			X
2459	JS		X	X			X
2714	JS		X	X			X
3321			X				X
5864	JS		X				X
6606				X			X
6978	J		X				X
7117	JS		X	X			X
7118		\$16.00					X
7850	JS		X	X			X
8589	JS		X	X			X
9297		\$18.00					X
9395	J	\$17.00					X
9627	JS		X				X

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AUDITS RECEIVED MONEY OWED TO STATE FOR ADMIN & DELEGATE FEES 2020-2021

2021-2022	AUDIT REP	SHTG DUE	Q/M BOND	POPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 8	JS		X	N/A			X
673	JS		X				X
1114	JS		X	X			X
1427	JS		X	X			X
1693	JS		X				X
1832	JS		X	X			X
2366	JS		X	X			X
2939	S		X	X			X
2950	JS		X	X			X
2953	J		X				X
3281	J		X	X			X
3418	J		X				X
3587	JS		X	X			X
6160	JS		X	X			X
11365	J	\$9.00					X

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2021-2022	AUDIT REP	SHTG DUE	Q/M BOND	POPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 9	JS			NA			X
1083		\$10.00	X				X
1686	JS		X	X			X
1925							X
1969	JS		X	X			X
1987			X				X
2014	JS		X	X			X
2021	JS						X
3183	JS		X	X			X
5396	JS		X	X			X
6195	JS		X	X			X
6234	JS		X				X
6582	J			X			X
6636	JS		X				X
8302			X	X			X
9107	JS		X	X			X
9987	JS		X				X

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MONEY OWED TO STATE FOR ADMIN & DELEGATE FEES 2020-2021

2021-2022	AUDIT REP	SHTG DUE	QIM BOND	POPPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 10	JS		X	NA			X
571	JS		X	X			X
1108	JS		X				X
1282	JS		X	X			X
1472	JS		X				X
2693	JS		X	X			X
2695	JS		X	X			X
6904	JS		X	X			X
7084	JS		X	X			X

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2021-2022	AUDIT REP	SHTG DUE	Q/M BOND	POPIES	ADM FEE	DEL FEE	21-22 ELECTION
	HAVE	OWED	HAVE	ORDERED	DUE	Due	REPT RECEIVED
DISTRICT 11	J		X	NA			X
98	JS		X	X			X
261	JS		X	X			X
908	JS		X	X			X
1120			X				X
1587	JS		X	X			X
2839	J						X
2999	JS		X				X
5626	JS		X	X			X
7119	JS		X	X			X

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Department of Indiana For 2020-2021 Year End Report

District	Community Involvement	Cooperation with Others	Aid to Others	School or Church Assistance	Safety	Americanism/ Citizenship	Youth Activities	Total Man Hours	Total Miles	Total Post Money	Total District Community Service*
1	20	228	237	169	33	390	75	1533	4145	\$27,933	\$67,497
2	108	26	48	188	2	0	0	372	1323	\$0	\$9,645
3	571	414	811	36	59	703	497	3083	14833	\$13,470	\$93,947
4	237	253	597	13	24	74	53	1243	6501	\$25,381	\$57,901
5	2675	1088	691	787	115	1603	16	7803	39211	\$22,908	\$226,828
6	175	99	142	40	9	221	205	891	3420	\$6,221	\$29,358
7	180	144	160	6	4	2	10	506	1464	\$2,880	\$15,953
8	877	1999	1910	302	5	298	353	5435	18078	\$39,148	\$179,891
9	112	96	254	72	26	39	30	605	1554	\$22,987	\$38,590
10	727	660	1848	421	196	#VALUE!	595	9207	41878	\$77,812	\$317,809
11	281	243	364	208	67	550	93	1805	8980	\$26,412	\$73,570
TOTALS	5963	5250	7062	2242	540	#VALUE!	1927	32483	141387	\$265,152	
									Total \$ Miles =	\$19,794	
									Total \$ Man Hours =	\$826,043	
			8/21/2020						Total Dist. \$ =	\$265,152	
									Total Dept. Report =	\$1,091,195	
									Total Dept. Project =	#VALUE!	

Medicare Advantage plans like Humana Honor may complement VA benefits—did you know?



This plan may complement your VA benefits—and may save you money

- And, you may save on medical costs while enjoying:
- Part B premium reduction for \$50 more in Social Security each month
 - Dental, hearing and vision coverage
 - \$50 over-the-counter allowance every three months*
 - \$0 copay for SilverSneakers® fitness program
 - Rewards for completing covered preventive health screenings, flu shots and healthy activities

Call a licensed Humana sales agent

Katie Rice

317-558-5675 (TTY: 711)

Monday – Friday, 8 a.m. – 5 p.m.

srice17@humana.com



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A more human way to healthcare™

*Eligible veterans may choose any Humana Medicare Advantage plan, however Humana Honor® Medicare Advantage plan does not include prescription drug coverage which helps avoid possible conflicts with VA prescription drug benefits. Humana Honor plans are available to anyone eligible for Medicare. **Available only through participating retailers and Humana's mail-order pharmacy, Humana Pharmacy®; always consult with your doctor or medical provider before taking over-the-counter medications. USAA and the USAA Logo are registered trademarks of the United States Automobile Association. All rights reserved. USAA means United Services or "USAA membership" refers to membership in USAA Membership Services and does not convey any legal or ownership rights in USAA. Restrictions apply and are subject to change. Humana is a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Applicable to Humana Honor (PPO). **At Humana, it is important you are treated fairly.** Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235** (TTY: 711). **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235** (TTY: 711). **繁體中文 (Chinese):** 注意：如果您使用繁體中文，☐ 可以免費獲得語言援助服務。請致電 **1-877-320-1235** (TTY: 711)。