

Department of Ohio Post Revalidation Form

Page 1: Revalidation Page 2: Officers Form Page 3&4: Quality Post Forms Page 5: Department Form



Revalidation Year:

AMVETS Department of Ohio Headquarters
960 Checkrein Avenue Columbus, OH 43229
Phone: (614) 431-6990 Fax: (614) 431-6991
Email: admin@ohamvets.org

Post: _____ District: _____
County: _____

PLEASE TYPE OR PRINT LEGIBLY all applicable information on this form. Fax, email or mail a copy to the Department and National Headquarters. **Completed form must be received** by both Headquarters **before 15 JULY ANNUALLY**.

PRIMARY CONTACT-Post Mailing Address

Primary Contact: _____ Phone: _____

E-mail: _____

Post or Primary Mailing Address: _____

City, State and Zip: _____

RENEWAL CONTACT

Send Renewals to: _____ Phone: _____

Address: _____

City, State, Zip: _____

E-mail Confirmation Contact: _____

POST MEETING INFORMATION

Meeting dates and times: _____ Meeting Address Phone Number _____

Address: _____ City, _____ State, _____ Zip _____

Post Web-site: _____ Post E-mail: _____

*****All Posts are required to file with the IRS yearly in order to maintain tax-exempt status*****

990 file date:	EIN Number (IRS):	Fiscal Year: -
* Dues amount <u>must</u> be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED USING POST PORTION+NTL+DEPT)		
* Annual Dues: Portion of Dues retained at Post: (minimum allowed \$0.00) Post Portion: _____		* Life Dues: Portion of Dues retained at Post: (minimum allowed \$62.50) Post Portion: _____

Check one (per National Bylaws, Article VII):

No Post home

Facility owned or leased for meetings requires \$300,000 Liability Insurance.

Facility with clubroom (requires Articles of Incorporation, State Certificate of Corporate Good Standing, \$500,000 liability Insurance and a Liquor liability policy with current Acord25 on file at National & Department Headquarters)

Post Constitution & Bylaws have been reviewed, but not amended.

Post Constitution & Bylaws have been amended within the past year and approved by the Department JA

POST REVALIDATION CERTIFICATION

I certify that AMVETS Post # _____ complies with all local, state and federal laws and statutes in the operation of the Post and its facilities, has a minimum of 10 members in good standing, is fully paid up in all Post accounts with National Headquarters and has complied with all revalidation requirements of the National Constitution, Article X.

Date _____ Signature & Title of Certifying Post Official _____

Officers Form

Please check up to 4 Post leaders you would like provided with on-line access to the national membership database (*typically they are the Commander, 1st Vice, Adjutant, and Renewal Contact*). Then, immediately After elections, mail, fax or email your revalidation forms to the National and Department Headquarters.

Commander: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
1st Vice: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
2nd Vice: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
3rd Vice: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
Adjutant: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
Finance Officer: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
Judge Advocate: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
Provost Marshal: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____ On-line Access requested (<i>must have email</i>)
Trustee 1: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____
Trustee 2: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____
Trustee 3: _____ Member Number: _____	Address: _____ Email: _____	Phone: _____

Officers Certification

I certify that the officers of _____ have been duly installed and they have read and subscribe to the AMVETS oath of office.

Date: _____ Installing Officer: _____

Notes: As soon as your elections are concluded (May 1 - June 30th), fill out this form and send to Department Headquarters by mail; 961 Checkrein Avenue Columbus, OH 43229, fax to (614) 431-6991, or email to admin@ohamvets.org). Completed forms must be received by July 15. If you revalidate on-line you must also send a filled out copy of this form to Department Headquarters. We will not accept a printed copy of the on-line revalidation alone. We need this signed form for our records.



QUALITY POST & QUALITY DEPARTMENT DISTINCTION AWARD

INSTRUCTIONS TO APPLY

Quality Posts & Departments = Membership Retention

Throughout the year, AMVETS members work diligently to obtain and retain members, provide services to veterans and their communities.

As a result of this effort, AMVETS Programs Department makes available to its Posts and Departments the opportunity to show off their activities, both membership and programs related.

AMVETS National Programs Department has implemented an online process for the Posts and Departments to apply for this distinction.

The process is easy; just answer the questions and receive an autoscore (grading is shown on application), which will help determine whether your post or department is Quality. The AMVETS National Programs Department will verify all information submitted.

Just go to www.amvets.org/qualityposts webpage and click on

APPLY ONLINE

to take you to the application site.

Direct questions to Programs@amvets.org with 'Quality Award' in the subject line.



QUALITY POST DISTINCTION

Column (A) - Achievements for past year determines eligibility

Column (B) - Commitments for next year

Post must achieve (4) of the (6) items to qualify as a National Quality Post.
Three starred (*) items are required, plus one additional item = (4) total.

Post No.: _____ Dept.: _____ Ohio _____ Dist.: _____

City: _____ State: _____ Ohio _____

(A)
Past
Year

(B)
Coming
Year

Mark Yes (Y) or No (N) in the space provided for each item.

- * 1. _____ **On-Time Revalidation** - Our Post will complete it revalidation before July 15, each year.
- * 2. _____ **Membership** - Our Post will renew with an equal or greater number of members over a year ago.
(June to June)
_____ Number of members paid last year. (current year expiring). (Annual & Life)
_____ Total number of renewing and new members paying this year. (Annual & Life)
- * 3. _____ **Programs Reporting Submissions/Forms** - Our Post submitted reports to our Department/National for June and December of the preceeding year.
4. _____ **Community Service Program** - We will conduct a minimum of two service programs a year. Place a date in front of each Program conducted:
 _____ Blood Donor _____ Special Olympics
 _____ Bone Marrow, Organ, & Tissue Donor _____ Support for Our Troops/Nat. Guard
 _____ Child Abuse Awareness _____ Task Force DVD
 _____ Color Guard _____ Veterans History Project
 _____ Habitat for Humanity _____ White Clover
 _____ Homeless Veterans _____ Other (please specify):
 _____ Scouting _____
5. _____ **National Programs** - We will participate in one or more of the following.
Place a (Y) in front of each Program your post will participate in:
 _____ AADAA _____ ROTC
 _____ Americanism School Contests _____ Scholarship
 _____ Freedoms Foundation _____ VAVS
6. _____ **Submit Entry for One or More National Awards Programs** - We will enter one or more of the following. Place a (Y) in front of each Award submittal you plan to make:
 _____ AADAA Award _____ The Robert Gomulinski Community
 _____ Americanism School Contests _____ Service Award
 _____ ROTC Award _____ Special Olympics Award

Achieved National Quality Post Award for the past charter year (A). ☐ Yes ☐ No

Date: _____ Post Commander: _____



Department of Ohio Required Revalidation Information and Forms

Post City: _____ Post County: _____ **This section required by all posts**
Legal Corporate Name: _____
Charter Number: _____ Original Charter Date: _____
Certificate of Continued Existence (*attached*) Date Issued: _____ (*renews every five years*)
Copy of Form 990 (*page one only*) Or Copy of Form 8868 - 6 month extension (990 must be sent to HQ once filed)

Acord 25 for General Liability Insurance Policy (*Copy must be on file at Department and National Headquarters*)

Acord 25 for Liquor liability Insurance Policy - Canteen Posts Only (*Copy must be on file at Department and National Headquarters*)

Bingo License - Expiration Date: _____ Copy Attached

Liquor License - Expiration Date: _____ Copy Attached

Registered as Charity with Attorney General Office - Year Filed:

- Fiscal Year - 990's must be filed by the 15th day of the 5th month after post fiscal year end.

(a one time per filing year extension can be filed extending the IRS form 990 due date to the 15th day of the 11th month by filing IRS form 8868 by the 15th day 5th month IRS form 990 deadline)

Department use only below this line

Date Received: _____

Received By: _____

Missing information or forms: _____

Missing Information or Documents received

Scanned

Filed

Emailed to National

Standing Letter sent if applicable (*typically canteen posts only*)