





MICHAEL GUTY HOMELESS VETERANS OUTREACH AWARD

Nomination Form

The American Legion Department of	E:Date:
program description, list of or Define program objectives an Identify the number of home	ormation: Program title, contact name and information, short ther organizations involved in this program, annual budget. d how this is a Legion Family effort eless veterans in your community, list stand-down activity, rk with, and fundraising efforts.
	have time to review all nominations received and make the
All nominations from departmen	ts must arrive at National Headquarters on or before
January 15 th . Either the departme	ent adjutant or department employment chairman must
approve this nomination.	
Approved Signature:	Date:
Circle One: Department Adjutant	Department Employment Chairman
Desired presentation date at Departm	ent Convention: