

LORAIN COUNTY COMMISSIONERS

Michelle Hung

Matt Lundy

David J. Moore



- To: All Veterans Organizations and Auxiliary Units
- Fr: KC Saunders, Budget Director Lorain County Board of Commissioners
- DD: April 12, 2022
- Re: Memorial Day Expense Reimbursements

Please find enclosed all forms required to receive reimbursement of 2022 Memorial Day expenses incurred by your organization.

Please remember that the resolution must be submitted *prior* to Memorial Day. Not doing so could jeopardize receiving your reimbursement. The sworn statement must be notarized and submitted no later than July 8, 2022 with all related receipts.

Please mail your forms to:

Lorain County Commissioners

Budget Department

226 Middle Avenue, 4th Floor

Elyria, OH 44035

Should you have any questions, you can email or call the below. Thank you!

- Budget@loraincounty.us
- Cecilia Angello 440-329-3112

RESOLUTION

Whereas, _____(organization) of ______(community), are desirous of decorating graves, conducting Memorial Services and otherwise engaging in activities appropriate to the celebration of Memorial Day: and

WHEREAS, Section 307.66 of the Revised Code of Ohio and Am. H.B. 123 provides that the Commissioners of a County, annually, upon a request of Civic or Patriotic Organizations may pay a sum not to exceed \$500.00 to aid in defraying the expenses of Memorial Day Observances;

NOW, THEREFORE, BE IT RESOLVED, that a request be and the same is hereby made of the Board of County Commissioners of Lorain County that such appropriation be made to this Organization for purposes herein set forth.

I

(name of officer)

(organization)

do hereby certify that the above is a true and exact copy of a resolution adopted by the aforesaid organization at its regular meeting.

(date)

(post address)

(phone number)

SWORN STATEMENT OF MEMORIAL DAY EXPENDITURES FOR: _____

2022

(GROUP NAME)

LIST ALL MEMORIAL DAY EXPENDITURES AND COSTS BELOW. ATTACH RECEIPTS OR COPIES OF RECEIPTS (You will not receive reimbursement for any items without a valid receipt)

I______(NAME) HEREBY SIGN AND SWEAR IN THE PRESENCE OF A NOTARY PUBLIC THAT THE ABOVE IS A TRUE STATEMENT OF EXPENDITURES FOR MEMORIAL DAY ACTIVITIES FOR THE VETERAN GROUP NAMED HEREIN.

Notary seal here

Notary Statement here

9090 Italian American Veterans Post #1 c/o Leo Citro 4567 Oberlin Avenue Lorain, OH 44053