

# ALPHA PROGRAM INVESTIGATION REPORT

Disabled Veteran \_\_\_\_ Elderly Veteran \_\_\_\_ Deployed Active Duty \_\_\_\_ Family Member \_\_\_\_

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_ Requesting Squadron: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Disability: \_\_\_\_\_ Currently Receiving VA Benefits? \_\_\_\_\_

## ZONE COMMANDER'S REPORT AND RECOMMENDATION

Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zone Commander's Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is estimated materials cost reasonable for this type of project? \_\_\_\_\_

Are any permits required for the project? If yes, what is the cost? \_\_\_\_\_

Is there any cost for labor for the project that would require a license?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes How Much? \_\_\_\_\_

Original Requested Amount: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Zone Commander's Signature Date

\_\_\_\_\_  
Alpha Chairman Date