

RESOLUTION

Resolution

19-14

Subject

Veterans Community Support Post/County/District

Referred to Convention Resolutions Committee

WHEREAS, Legionnaires across New York State work diligently and tirelessly on behalf of our less fortunate veterans and their dependents, and,

WHEREAS, many Posts and Counties excel in providing local community support and activities for veterans and their dependents, and;

WHEREAS, activities such as serving the needy, disabled and hospitalized veterans and their dependents, homeless veteran support, annual events such as hunting or fishing, special events hosting veterans and their dependents for example go unrecognized or reported, and,

WHEREAS, these efforts and accomplishments need to be made known to our Department and National Organization, and,

WHEREAS, the National Organization annually recognizes the Department who excels in Department wide community support for veterans and their dependents, and

WHEREAS, this recognition, the William F. Lenker National Service Trophy, is one of the most distinctive and impressive awards a Department can earn and truly symbolic of the highest traditions of The American Legion, now therefore,

Be it Resolved, that all County Commanders/Adjutants shall document Post and County level activities supporting our less fortunate veterans and their dependents, and

Be it further Resolved, that the County Adjutant shall report such community service to Department Headquarters and Cc: the Department Veterans Services Chairman monthly, and

Be it further Resolved, that the Reporting parameters will be published by the Department Adjutant in conjunction with the Veterans Services Committee by 09/01/2019.

Be it Finally Resolved that the Department Veterans Services Committee Chairman will compile information provided in the County monthly reports in the William F. Lenker National Service Trophy report format for Department submission to the National Organization.

FOR CONVENTION COMMITTEE USE

Approved _____ Rejected _____

Approved with Amendments _____

Consolidated with _____

Referred to Standing Committee on _____

Received and Recorded _____

Other Action _____

Signature _____

(Chairman)

Adjutant Signature

County

Below section to be completed when resolution is submitted from another authorized source.

Name

Department Resolutions Committee

Title