




Beneficiary Assessment	
Organization Name	American Legion, Alfredo Gonzalez Post 408
EIN (Sam.gov)	74-1703215 / UJRTXB5FATE6
ARPA Project Number	ARPA-24-124-378
Fiscal Impact	\$77,366.00
Grant Period	Through December 2025

Authorized Representative	
Individual who is appropriately authorized to attest to the accuracy of the information below.	
Name	Omar Medina
Phone Number	956-279-0862
Title	Adjutant
Email	<a href="mailto:americanlegionpost408@gmail.com">americanlegionpost408@gmail.com</a>
Signature	

#	Question	Response - Select from Dropdown	Comments
1	Did your organization submit a letter requesting assistance? (Attach copy.)	Yes	
2	Did your organization endure decreased revenues or increased costs during the 2020 and 2021 years <b>due to the COVID-19 pandemic</b> ? (Provide brief description)	Yes	Due to COVID-19 restrictions our Post had to close down to prevent the spread of COVID. The shut down cost the post a substantial amount of lost revenue.
3	Did your organization implement measures/interventions to mitigate the spread of COVID-19. (Provide brief description)	Yes	Post 408 implemented social distancing as well as provided hand sanitizers and masks to all our guests. We also suspended dances and meetings in order to prevent the spread of COVID-19.
4	Does your organization anticipate increased service needs as a result of COVID-19? (Provide brief description)	Yes	Many veterans experienced heightened mental anguish and the absence of regular support sessions significantly impacted their mental health and overall quality of life.
5	Provide a copy of the Secretary of State <a href="#">Certificate Verification</a> for Certificate of Fact for your organization.	Yes	
6	Provide a copy of the <a href="#">Texas Tax-Exempt Form</a> for your organization.	Yes	
7	Is your entity a 501(c)(3)/501(c)(19) tax-exempt organization? If yes, please provide a an <a href="#">IRS Non-profit form</a> .	Yes	
8	Does your organization have an active <a href="#">SAM.gov</a> account that is not debarred, suspended or federal debt delinquent? (If Yes, provide a copy from SAM.gov.)	Yes	
9	Does your organization have Audited Financial Reports for the last 48 months? (If Yes, provide copies for the past 4 years)	N/A	
10	Does your organization have Tax Return Transcripts for the past 4 years? (If Yes, provide copies for the past 2 years) <a href="#">IRS Tax Record Transcript Link</a>	Yes	
11	Does your organization have a current W-9? (If Yes, provide a copy.)	Yes	