



Marion County
Board of County Commissioners

Veterans Services

2528 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-671-8422
Fax: 352-671-8424

MARION COUNTY
ACTIVE MILITARY COMBAT DUTY GRANT (AMCDG)
APPLICATION

All applications must be completed pursuant to Marion County Ordinance NO.05-33.

This grant applies only to active duty personnel who have or are currently serving in a designated combat zone established pursuant to **Presidential Executive Order No. 13239** (Afghanistan and its air space) **and No. 12744** (the Persian Gulf, Red Sea, Gulf of Oman, part of the Arabian Sea that is north of 10 degrees N latitude and west of 68 degrees E latitude, Gulf of Aden, total land areas of Iraq, Kuwait, Saudi Arabia, Oman, Bahrain, Qatar, the United Arab Emirates.)

The Marion County Board of County Commissioners (BCC) may by resolution direct the County Administrator or designee to extend the benefits of this ordinance to personnel serving in any subsequently designated combat zone which is the subject of a Presidential Executive Order.

Qualified Military Personnel (QMP) includes all Marion County residents who:

1. Owned and resided and had a **homestead exemption** upon property in Marion County on December 31st of any given year.
2. Are or were serving in the U.S. Military.
3. Were ordered into Current Designated Combat Zone during the current tax year or any subsequent Ad Valorem Tax Year.

QMPs shall be entitled to grants not to exceed the lesser of \$1,000 per calendar year. All applications must be received no later than December 31 of the qualifying year and no later than 4 years after the QMP has served in combat duty.

This grant is only for paid taxes which were levied by Marion County and no other entity, i.e. Marion County School Board, Water Management, Municipal taxes, etc.

Marion County BCC has no authority over any other tax entities.

"Meeting Needs by Exceeding Expectations"



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**MARION COUNTY
ACTIVE MILITARY COMBAT DUTY GRANT (AMCDG) PROGRAM APPLICATION**

Name: _____

Address: _____

Phone: _____

Parcel ID Number: R _____

Branch of Military Service: (circle one)

Air Force	Army	Navy	Marine Corps	Coast Guard
AF Reserve	USAR	USNR	USMCR	National Guard

Name of Military Conflict or War: _____

Dates of Service: (MM/DD/YY) _____ thru _____

Application must be accompanied by:

1. Certified copy of combat duty orders and proof of combat service (DD214)
2. Copy of PAID tax bill for the calendar year or years of combat duty referenced above for AMCDG along with proof of Homestead Exemption.
3. Copy of legal document authorizing a specified agent (i.e. spouse) to apply for AMCDG on behalf of service member, if applicable.

PENALTY FOR VIOLATION OF AMCDG PROGRAM

If an applicant under this ordinance, who has been awarded a grant, is found to have made any willfully false and material statement in the application for the grant, then the applicant shall be permanently disqualified from receiving any such grant in the future, and shall be subject to the penalties provided by law for violation of County ordinances, in addition to repayment of any grant wrongfully received.

SUBMITT IN PERSON TO:

Marion County Veterans Services
2528 E Silver Springs Blvd.
Ocala, Florida 34470-7010

“Meeting Needs by Exceeding Expectations”



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**MARION COUNTY
ACTIVE MILITARY COMBAT DUTY GRANT (AMCDG) PROGRAM APPLICATION**

I have read and understand the penalty for violation of AMCDG program.

I also verify that the statements on this application are true and correct to the best of my knowledge and belief.

Signature

Date

Print Name

NOTARY USE ONLY

State of Florida, County of Marion

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____

by _____ who has produced _____ as identification.

(notary seal)

Notary Signature

My Commission Expires:

The Homestead Exempted Property mentioned in this application has qualified for AMCDG in pursuant with Marion County FL Ordinance NO.05-33 which was duly adopted on October 15, 2005.

Qualifying grant will be in the amount of \$_____ for qualifying year(s) _____.

A check shall be remitted to the applicant by the Marion County Clerk of the Courts' Finance Dept.

Jeffrey Askew, Director
Marion County Veterans Services
AMCDG Designated Official

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