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 **GRANT APPLICATION**

**COVER PAGE**

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| ORGANIZATION: | ­­­­­­­­­­­­­­­  | WEBSITE: |  |
| ADDRESS: |  |
| CITY: |  | STATE: |  | ZIP: |  |
| CONTACT PERSON: |  | TITLE: |  |
| PHONE: | ­­­­­­­­­­­­­­ | FAX: |  |  EMAIL: |  |
| FEDERAL EMPLOYER ID# (EIN): | ­­­­­­­­­­­­­­­­­ |  PA VENDOR #: |  |
| IS YOUR ORGANIZATION A 501(c)(3) NON-PROFIT WITH TAX-EXEMPT STATUS DESIGNATED BY THE IRS? |
|  | YES |  | NO | (If so, please include a copy of the IRS letter with the application.) |
| LEGISLATIVE DISTRICTS: |  PA HOUSE DISTRICT#: |   |  PA SENATE DISTRICT#: |   |
|  Information can be found at <http://www.legis.state.pa.us>  |
| U.S. HOUSE DISTRICT#: |   |  Information can be found at <http://www.house.gov> |
| PROJECT TITLE: |   | PROJECT PERIOD (months): |  | 12 |  | 18 |  | 24 |
| PROJECT DIRECTOR: |  | FINANCIAL OFFICER: |   |
| GRANT REQUEST: | $ | MATCHING FUNDS: |  $ | TOTAL COST: | $ |
| PROGRAM AREA: 1. | CHARITABLE ORGANIZATIONS/VETERANS’ SERVICE ORGANIZATIONS |
| A. |  | HOMELESSNESS | D. |  | UNIQUE VETERAN HEALTH SERVICES |
|  B. |  | POST-TRAUMATIC STRESS INJURY | E.  |  | OTHER |
| C. |  | BEHAVIORAL HEALTH INITIATIVES |  |  |  |
| 2. |  COUNTY DIRECTORS OF VETERANS AFFAIRS |  |  |
|  A. |  | VETERANS OUTREACH | C. |  | OTHER |
| B. |  | VETERANS’ COURTS |   |  |  |

The undersigned hereby certifies that information contained in this proposal is true and correct to the best of my knowledge, that I am

authorized to submit this application on behalf of the organization, and that this organization will execute a grant agreement with DMVA if a

grant is awarded for the purpose stated within this application.

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE: |  | DATE: |  |
| PRINTED NAME: |  | TITLE: |  |
| PHONE: |  | EMAIL: |  |

Department of Military and Veterans Affairs

OA Budget and Finance, ATTN: Division of Grants

Bldg. 0-47, Fort Indiantown Gap

Annville, Pennsylvania 17003-5002

Email: RA-MVVetTrustFund@pa.gov

Phone: 717-861-6979

Required Attachments:

Cover Page

Executive Summary

Program Detail

Budget Worksheet

Budget Narrative

Most Recent IRS 990 Form (if applicable)

IRS 501(c)(3) or (c)(19) letter

**ATTACHMENT 1. EXECUTIVE SUMMARY**. Provide a brief overview of your organization and grant proposal. Please also include a list of partnerships that you have established with other Military or Veteran Organizations.

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**ATTACHMENT 2.** **PROGRAM DETAIL.** Explain how your organization plans to use the grant funding, if awarded. Include program objectives, timeline, performance measures and anticipated outcomes.

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**ATTACHMENT 3. BUDGET WORKSHEET.**  Identify budget expenditures by category and list additional sources of funding, if applicable, for this initiative.

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| **BUDGET CATEGORY** | **GRANT REQUEST** | **OTHER FUNDING****(If Applicable)** | **TOTAL COST** |
| PERSONNEL (Salary, Wages) |  |  |  |
| FRINGE BENEFITS  |  |  |  |
| EMPLOYEE TRAVEL  |  |  |  |
| EMPLOYEE TRAINING |  |  |  |
| EQUIPMENT |  |  |  |
| SUPPLIES |  |  |  |
| CONSTRUCTION |  |  |  |
| AUDIT EXPENSES |  |  |  |
| CONTRACTED SERVICES (Explain) |  |  |  |
| CONTRACTED SERVICES (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| OTHER COSTS (Explain) |  |  |  |
| TOTAL |  |  |  |

**ATTACHMENT 4. BUDGET NARRATIVE.** Explain in chronological order how your organization plans to execute this funding. Include detailed budget requirements, cost calculations and additional sources of funding, if applicable.

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