****

**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](mailto:RA-MVVETTRUSTFUND@pa.gov?subject=VTF%20Grants)

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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