**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**Division of Veterans Affairs**

6848 S. Revere Parkway

Centennial, Colorado 80112

Phone (720) 628-1480

**2021-2022 VTF Grant Application Form**

**Legal Name of Organization:**

**DBA** (if applicable):

**Mailing Address** (include physical address if different):

**Phone:** **Fax: EIN:**

**Website:**

**Organization Email Address:**

**Name of Authorized Representative:**

**Title of Authorized Representative:**

**Phone:** **Email:**

**VTF Grant Program Contact** (person responsible for the day to day operation of program or services to be funded)**:**

**Contact Title:**

**Phone:** **Email:**

**Amount of Request Amount Awarded:**

**$**

**$**

2021-2021 VTF Grant Application Form page 1

**Organization Information**

**Mission Statement:**

**Geographic Area Served** (specific to this proposal)**:**

**Tax Exemption Status:** 501(c)\_\_\_\_\_\_\_

**(Briefly) Describe what the grant will be used for:**

*By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge and indicates an agreement to accept the terms and conditions of the grant award.*

**Typed Name of Authorized Representative/Title**

**Signature of Authorized Representative Date**

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**2021-2022 VTF GRANT APPLICATION**

**PROGRAM DETAIL**

1. Identify the primary geographic target area to be served:

­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the number of veterans in the area and provide the data source:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the needs of veterans in your service area:

­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the services you intend to provide:

­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PROGRAM DETAIL**

1. Identify the number of unduplicated veterans to be served:

­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify other providers that provide services to veterans in your service area:

­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify how your services fill in the “gaps.” How does your program collaborate with other services to avoid duplication? Include your relationship with your County Veterans Service Officer in your response.

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**PROGRAM DETAIL**

1. What difference (impact, changes) will your program make in veterans’ lives?

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1. What is the total number of veterans (duplicated) you expect to serve?

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1. Identify the number of unduplicated (individuals) veterans served by your program during the previous calendar year.

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1. What services did your program provide in the previous year?

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**PROGRAM DETAIL**

1. What has been the impact of the services you have provided? *(Previous grantees should use survey results. If you are not a previous grantee, explain how you determine the impact of your services)*?

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1. Are you willing to participate in DMVA evaluation (surveys)?

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1. **Attach** a line item budget and budget narrative that clearly identifies estimated expenses, estimated numbers and purpose for funds. If applicable, attach a bid sheet from a dealer for vehicle purchase. Identify any other sources of funding to be utilized for the program.