



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Veterans Trust Fund Grant

## 2023–2024 Application Cycle



# ELIGIBILITY

## VTF

A nonprofit nationally recognized by Congress as an organization that serves veterans usually designated (c) 19 or 23 or, in some cases, a (c)4

## VAG

A 501(c) nonprofit other than a 501(c)19 or 501 (c)23 or a governmental entity in Colorado that provides services to veterans



# Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

## WEBINAR TOPICS

- Eligibility requirements
- Application essentials
- Purpose of funding
- Application requirements
- Application process
- Application evaluation
- Grantee requirements
- Review
- Questions
- Next steps



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Application Essentials

- ▶ Thoroughly read the entire application packet– **NEW INFORMATION– NARRATIVE QUESTIONS HAVE CHANGED**
- ▶ VTF Applicants can submit up to \$1,200.00 for office supplies. **NEW**
- ▶ Note how applications are scored. A complete explanation is on page four of the packet. Applications receiving a score lower than 60 will not be funded
- ▶ Original, signed copies of applications are required.



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Application Essentials

- ▶ CHANGE THIS YEAR!!!!!!
- ▶ SUBMIT APPLICATIONS  
TO [grant.submission@dmva.state.co.us](mailto:grant.submission@dmva.state.co.us)
- ▶ Submit in two (2) attachments as directed
- ▶ Original signatures are required–no electronic signatures.



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

**APPLICATIONS ARE DUE NO LATER THAN  
*01 MARCH 2023***

**LATE SUBMISSIONS WILL NOT BE ACCEPTED  
ALL APPLICATIONS MUST BE RECEIVED  
TO [grant.submission@dmva.state.co.us](mailto:grant.submission@dmva.state.co.us)  
It is the responsibility of the applicant to  
obtain proof of delivery.**



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Purpose of Funding

By statute, the Veterans Trust Fund Grant is designed to:

Assist Colorado Veterans in **Need**

Funds must be used to serve **Colorado** veterans

**Veterans** must have a release or discharge from active duty that is **other than Dishonorable**



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Types of Programs Funded

Homeless Prevention/Shelter

Medical Transportation to VA Health appointments

Short-term Emergency Assistance

Special Programs (based on need)

Stand Downs





Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

## Funding Constraints

Funds can be expended only for veterans in need of material or financial assistance

Pass through funding is not allowed

May not support memorials, club renovations, honor guards, or tributes to veterans

Administrative, indirect, or overhead costs are not allowed

**NEW THIS YEAR- VTF APPLICANTS MAY ASK FOR UP TO \$1200.00 FOR OFFICE SUPPLIES**  
Funding thresholds may be applied



# Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

## Application

Required application materials are:

- \* Application form – two pages
- \* Narrative with required elements
- \* Attachments
  - \* Pre-Award Questionnaire



# Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

**AUTHORIZED  
REPRESENTATIVE IS  
THE PERSON WITH  
LEGAL AUTHORITY TO  
SIGN CONTRACTS**

2023-2024 VTF FINAL.docx

https://dmvacolorado.sharepoint.com/.../layouts/15/Doc.aspx?sourcedoc=%7B8AB85C059-7D9A-4A6E-9395-8AB6E3C718E8%7D&file=2023-2024%20VTF%20FINAL%20.docx&action=default&mobileredirect=true

Word 2023-2024 VTF FINAL - Saved

File Home Insert Layout References Review View Help Editing

Calibri (Body) 11 A<sup>+</sup> A<sup>-</sup> B I U

## 2023-2024 VTF Grant Application Form

Legal Name of Organization:

\_\_\_\_\_

\_\_\_\_\_

DBA (if applicable):

Mailing Address (include physical address if different):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EIN: \_\_\_\_\_

\_\_\_\_\_

Organization Email Address: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Page 1 of 5 820 words English (U.S.) Text Predictions On 100%

**PROGRAM CONTACT  
IS PERSON WITH DAY  
TO DAY OPERATION  
RESPONSIBILITY**



# Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

## VTF GRANT APPLICATION DETAIL

- ▶ Need/Geographic Distribution ( 5 Points)
- ▶ Need/Number of Veterans to Be Served (10 Points)
- ▶ Need/Need for Services (20 Points)
- ▶ Need/Service Gaps (5 Points)
- ▶ Local Partnerships (10 Points)
- ▶ Outcomes and Effectiveness (15 Points)
- ▶ Historical/Program Effectiveness (15 Points)
- ▶ Budget (10 Points)
- ▶ ITEMS NOT LISTED IN NARRATIVE FOR TOTAL SCORE
  - Previous administrative performance(current grantees) 10 points
  - Capability and History of Services Offered to Veterans (new applicants) 10 points



# Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

## Need/Geographic Distribution (5 Points)

- Identify the primary geographic target area to be served (Provide detailed description, you must clearly identify the target area).

EXAMPLE:

We will serve any Colorado veteran in need, but our primary target area is Baker and Cello County and the adjacent counties of Boomer and Argo. The greatest population center in the area is Argo, the county seat of Boomer. Our county has a population of 33,000 with 40% (CITE SOURCE) of the population living below the federal poverty level. We have a high number of older adult veterans. According to the VA, (CITE SOURCE) we have a total of 1,300 veterans living in our county. The geographic area is rural, with limited transportation. The main source of income remains to be mining and farming. Our climate is cold and harsh, with long winters. This area is on the Western Slope, with limited programming to serve veterans in need.

# Need/Number of Veterans to Be Served (10 Points)

Identify the number of veterans in the area and provide the data source: Identify the projected number of unduplicated veterans to be served which correlates with the number of veterans in your target area and the level of services to be delivered

- ▶ What is the total number of veterans that you expect to serve?
- ▶ What is the number of unduplicated that veterans you expect to serve?
- ▶ What is the number of unduplicated veterans served by your program during the previous calendar year?

# Need for Services (20 Points)

- ▶ Identify the needs of veterans in your service area. How did you arrive at these *needs*? *The needs should be established through a discussion of the estimated numbers* of veterans in your target area.
- ▶ Discuss the need for specific services to be delivered through a discussion of the estimated numbers of veterans in the proposed target area. The need should be clearly identified and tied together with data. The data source and target area needs to be clearly identified.

# Example: Need for Services

According to the Veteran Administration statistical information 2022, (CITE SOURCE) our targeted area includes over 1,000 veterans. Census data illustrates (CITE SOURCE) that approximately 8% of our homeless population are veterans. The need in our service area is great, as there are few agencies that assist veterans in our target area. Our service area consists of over 6,000 square miles of the northern region. Based on information from the Department of Health and Human Services, our identified high areas of need include transportation, securing and maintaining housing, and incidents of economic instability including essential utilities such as electricity, heat and food security. The rising cost of housing in our area has greatly impacted veterans in our area. Many of our veterans are currently housed but struggling to pay bills and are at great risk of homelessness. Our local Catholic Charities estimates that close to 40% of veterans in our area are at risk of homelessness.

Census data from 2022 (CITE SOURCE) shows that approximately 33% of our homeless population are veterans. According to DHS, (CITE SOURCE) the majority of veterans in our area are living below the poverty line. Our local community partners including ABC AGENCY has stated that a number of veterans have experienced a temporary setback through unexpected circumstances such as medical bills or needed repairs to their home or auto. This can have a ripple effect for many that live month to month on current incomes.

Local data from DHS (CITE SOURCE) illustrates our biggest needs for veterans consist of emergency financial assistance.






Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

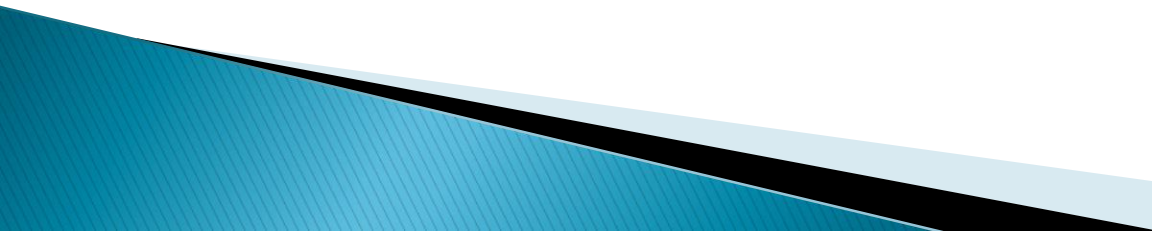
## Need/Service Gaps (5 Points)

- ❑ Identify the services you intend to provide and identify other providers that provide services to veterans in your service area: Identify existing service gaps and address duplication of services by other providers.
- ❑ Provide a thorough discussion on how services will address existing service gaps without duplicating other efforts in your area. Provide information to further establish need.


# Example Need: Service Gaps

- ▶ Our agency works in close collaboration with the VSO to identify veterans needing assistance in our county. We receive the majority of our referrals from Argo County Human Services. When they cannot assist, or when it is limited assistance, they send veterans to the local VSO who then refers the veteran to our program. We collaborate with our other local non-profits to ensure veterans obtain the help they need without duplicating efforts. Our community collaborative meets monthly to discuss the needs and gaps we are witnessing within our local veteran community. At this time, we go over clients served to ensure no duplication of efforts are taking place. We are also a member of our local VFW/VTF Advisory Committee. Veterans in our area use our assistance to fill in those gaps especially with food and heating costs. We have created an account with a local propane company where after our approval, the veterans can charge their fuel needs directly to our agency. Our agency also distributes a lot of food cards to fill the gap in this area, due to the fact no other agency provides the service to veterans in our area. Our agency is in constant communication with our other service providers to ensure we do not duplicate efforts.
- 


# Local Partnerships (10 Points)

- ▶ 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.
  - ▶ Provide clear description of collaborative efforts, ongoing contact with other providers and CVSO, and describe linkages for services beyond the scope of the applicant.
- 

# Example: Local Partnerships

- ▶ Our program collaborates with numerous organizations. We work with other non-profit organizations in our area including Volunteers of America, DAV Chapter 55, ABC Shelter, and The Veterans Coalition. We also coordinate with Volunteers of America in utilizing their many programs to assist veterans with housing. We receive referrals from the above providers in our area and hold monthly stakeholder meetings. Our program is also in regular communication with our County Service Officer to ensure that veteran referrals are working smoothly and needs are being met. The adjacent county veterans service officers work on a part time basis so the referrals are not as frequent. No other provider in the area provides the type of emergency financial assistance that we provide. Our intake form inquires whether veterans are also receiving assistance from another entity so that we can collaborate with others to make sure we are not duplicating efforts.
- 

# Outcomes and Effectiveness (15 Points)

- ▶ What difference (impact, changes) will your program make in veterans' lives? Clearly identify expected changes or impacts (outcomes) of services as well as outputs (unduplicated number to be served). Include your willingness to participate in any DMVA evaluation efforts.
- 

# Outcomes and Effectiveness Example

- ▶ Our program will impact Colorado veterans by providing emergency financial assistance, which is a prevalent need in our community. Many veterans we assisted during the prior fiscal year reported that our transportation assistance helped them maintain stable employment. Based on our surveys, the outcomes noted by veterans include decreasing an urgent need, increased job stability, increased health/well-being and family well-being, and increased housing stability. Overall, 98% of those veterans surveyed indicated our services made a difference in their lives with 100% stating they would recommend us to other veterans.
- ▶ Our program will evaluate the efficacy by measuring our outcomes and by tracking the number of veterans served, both duplicated and unduplicated. Our goal is that 90% or more of our veterans surveyed will be satisfied with our services. Our goal is to serve 1500 duplicated veterans and 750 unduplicated veterans over the course of the project period. Our specific outcomes are outlined below:
  - Over 90% of veterans served will report an increase in overall well-being
  - Over 95% of veterans served will recommend our organization to other veterans
  - Over 90% of veterans served will report a greater sense of financial stability
  - Our program will serve 750 unduplicated veterans

Our office is willing to participate in DMVA evaluation surveys.

# Historical Program Effectiveness (15 Points)

- ▶ What services did your program provide in the previous year?
- ▶ How your program has impacted veterans. You must include the breakdown of services your organization provided in the previous fiscal year. This should include detailed information regarding what you spent and the number of veterans spent for each service in the prior fiscal year.
- ▶ Provide information regarding the program's effectiveness in achieving outcomes. Provide clear evidence on previous service provision. Demonstrate prior success.
- ▶ What has been the impact of the services you have provided?  
*(Previous grantees must use survey results. Statistical documentation must be included. If you are not a previous grantee, explain how you determine the impact of your services)?*

# Historical Effectiveness... Breakdown

- ▶ What services did your program provide in the previous year?
  - List and describe all services provided during the last fiscal year
    - Examples:
      - Emergency financial assistance
      - Housing
      - Auto Repair
      - Transportation
      - Food
      - Medical expenses not covered through the V.A.



- *How your program has impacted veterans. You must include the breakdown of services your organization provided in the previous fiscal year. This should include detailed information regarding what you spent and the number of veterans spent for each service in the prior fiscal year.*

*HISTORICAL EFFECTIVENESS CONTINUED*

## ▶ What impact did your program make?

- Helped veterans secure employment?
- Increased overall well-being?
- Improved family well-being?
- Increased financial security?
- Include statistical information



## ◦ Breakdown of services in prior fiscal year EXAMPLES

- Transportation \$10,000 spent/ serving 100 unduplicated veterans
- Food Cards \$2,500 spent/ serving 250 unduplicated veterans
- Utility Assistance \$5,000 spent/ serving 350 unduplicated veterans




- *Provide information regarding the program's effectiveness in achieving outcomes. Provide clear evidence on previous service provision. Demonstrate prior success.*


*Historical Effectiveness Continued...*

- ▶ Discuss prior outcomes
  - Provide statistical information
  - How was your program successful?
  - What evidence do you have that demonstrates your program success?
  - INCLUDE statistical information

INCLUDE DETAIL!!!!!!!



- 
- HISTORICAL EFFECTIVENESS CONTINUED...What has been the impact of the services you have provided? (Previous grantees must use survey results. Statistical documentation must be included. If you are not a previous grantee, explain how you determine the impact of your services?)

- ▶ Current grantees include survey results
  - ▶ Discuss your IMPACT on Colorado veterans
  - ▶ NEW GRANTEES: Discuss how you determine the impact of your services???
  - USE STATISTICAL INFORMATION
- 



# Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

## Budget (10 points)

- Attach** a line item budget and budget narrative that clearly identifies estimated expenses, estimated numbers and purpose for funds.
- NEW** If funded by VTF last fiscal year, please include a breakdown of expenses by category. For example, housing, mental health, emergency financial assistance, etc.
- Provide a clear line item budget and budget narrative that is reasonable and appropriate for services to be provided.
- List total agency budget in narrative. Must include other sources of funding.
- OFFICE SUPPLIES must be included in your line item budget if applicable. You may request up to \$1,200.00.** If applicable, attach a bid sheet from a dealer for vehicle purchase. Identify any other sources of funding to be utilized for the program.

**Grant funds may be expended in support of only the line items listed in your budget**

# Office Supplies **NEW**

- ▶ Applicants may request up to \$1,200.00 for office supplies. This would include costs related to such items as postage, checks, bank fees, stamps, envelopes, printer paper, ink cartridges, paper clips, pens, and advertising costs. The office supplies will need to be defined, listed, and will require invoices/receipts for reimbursement.

# BUDGET EXAMPLE

2023.docx - Word

File Home Insert Design Layout References Mailings Review View Tell me what you want to do...

Clipboard Font Paragraph Styles

UPLOAD FAILED You are required to sign in to upload your changes to this location. Sign In

**2023-2024 VTF GRANT  
BUDGET EXAMPLE**  
Applicants may request up to \$1200.00 for office supplies  
Budget and Budget Narrative  
For  
XYZ Organization

	TOTAL
<b>EXAMPLE ONLY</b>	
<b>Rent/Housing Assistance</b> 20 Veterans @ \$1,000/each \$20,000 veterans to remain housed and prevent homelessness Second request results in referral to Financial/Budgeting Program	Assistance to
<b>Office Supplies</b> <b>TOTAL OFFICE SUPPLIES \$980.00</b> Bank Fees \$100.00 Printer paper \$100.00 Printer Cartridge \$45.00 x 4 \$180.00 Newspaper Advertisement \$150.00 x 4 \$600.00	
<b>Utility Assistance</b> 30 Veterans @ \$100/each \$ 3,000 Assistance to veterans to pay arrears for gas and electric services, or purchase of propane or firewood. Veteran referred to LEAP. Second request results in another referral to LEAP and to Financial/Budgeting Program	
<b>Food/Gas cards</b> 20 Veterans @ \$50/each \$ 1,000 Purchase of food or gas cards for critical assistance Second requests result in referrals to Financial/Budgeting Program	
<b>Medical/Dental</b> 10 Veterans @ \$1,000/each \$10,000 Provide assistance for non-VA related or eligible medical or dental health services Veterans encouraged to sign up for VA Health or other insurance options	
<b>EXAMPLE ONLY</b>	
<b>Emergency Assistance</b> 30 Veterans @ \$150/each \$ 4,500 Provide assistance for situations/needs that are unanticipated	
<b>Total Request \$39,480.00</b>	

Page 1 of 1 184 words 100%

Upload Failed



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Program Detail

## Attachment #2

- Certificate of good standing with Colorado Secretary of State
- <https://www.sos.state.co.us/pubs/business/businessHome.html#>
- Current IRS form W-9 (with correct EIN) signed and dated
- Copy of current (within 5 years) IRS nonprofit status determination letter or letter from State or National entity if under that umbrella
- Pre-award Assessment



# Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

## Pre-Award Questionnaire

### Pre-Award Assessment Questionnaire

*This information is a new requirement of the Federal and State Uniform Grant Guidance Regulations. We must capture this information to comply. Please answer accurately. Note that your responses will not automatically qualify or disqualify your organization for consideration of grant funding.*

Organization name:	
Contact Name:	
Contact Phone Number:	
Contact Email:	
Date Completed:	

1. For the purposes of this grant, what type of accounting system will be utilized?

- Yes Manual or Spreadsheet
- Yes Off the Shelf Software Package
- Yes Grant Management Accounting System

2. How will grants funds be maintained separately from other sources of funding?

- Yes Separate checking account only for those funds
- Yes Manually through spreadsheets
- Yes Individual Cost Centers within Accounting Software system

3. Who approves expenditures?

- Yes Only the person operating grant program
- Yes Grant manager with Secondary approval from another individual
- Yes Grant Board approval required for all expenditures

4. How often are accounts reconciled?

- Yes Monthly
- Yes Quarterly
- Yes Annually

5. How often are financials reviewed by the Board or governing body of the Organization?

- Yes Monthly
- Yes Quarterly
- Yes Annually
- Yes Never

6. When was the last independent financial audit conducted?

- Yes Within the last year
- Yes Within the last 2 years
- Yes Never

7. Has your organization been found out of compliance by any governing entity?

- Yes
- No

If so, have corrective actions been implemented within specified timelines?

- Yes
- No

8. Have there been, or do you anticipate key leadership changes that may impact the grant program?

- Yes
- No

9. Do you have written policies and procedures specific to the grant program?

- Yes
- No

10. Do you have a written Conflict of Interest policy?

- Yes
- No

11. If you have or will purchase a vehicle through grant funds, do you have policies and procedures to protect assets?

- Yes
- No

12. How many years of experience does your organization have with grants?

- 5+ years
- One to 5
- None





Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Grantee Requirements

If your organization receives a grant, the following requirements must be met in order to receive reimbursement:

- Attendance at the Grantee Kick off training (MANDATORY)
  - Supporting documentation of all expenditures
  - Satisfaction Surveys for all program participants
  - Quarterly reports submitted by deadline on the required form
  - NO ADVANCEMENTS
  - CAN ONLY SUBMIT ONE REIMBURSEMENT REQUEST PER MONTH

**Noncompliance results in denial of expenditures**  
**Persistent noncompliance may cancel your grant**



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

# Application Review

- ▶ Application form – both pages complete and application signed
- ▶ Application Narrative – utilize form provided and respond to each question
- ▶ Budget – complete line item budget and narrative
- ▶ Attachments – Certificate of Good Standing, Form W-9, IRS designation letter, Pre-Award Questionnaire

***Be sure to consult page four of your application packet  
for scoring information***



## APPLICATIONS DUE 01 MARCH 2023

Please visit our web site for information and for application packets

Must be sent to: [grant.submission@dmva.state.co.us](mailto:grant.submission@dmva.state.co.us)

### **IMPORTANT:**

It is the responsibility of the applicant to obtain a receipt/proof of delivery. Email errors happen frequently, it is your responsibility to obtain receipt of delivery from DMVA.

Additional Questions? Email our grants office at [Lisa.Stamm@dmva.co.us](mailto:Lisa.Stamm@dmva.co.us)



Colorado Division of  
Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255



**QUESTIONS**