**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**2023-2024 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**

**$**

2023-2024 VTF Grant Application Form page 1

**Organization Information**

**Mission Statement:**

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

**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**

2023-2024 VTF Grant Application Form page 2

**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**Division of Veterans Affairs**

6848 S. Revere Parkway

Centennial, Colorado 80112

Phone (720) 628-1480

**2023-2024 VTF GRANT APPLICATION**

**PROGRAM DETAIL**

1. **Need/ Geographic Distribution (5 points)**:

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

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1. **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?

1. **Need/** **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 tart area. The need should be clearly identified and tied together with data. The data source and target area needs to be clearly identified.

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4. **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.

1. **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.

1. **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.

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7. **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)*?

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* **Attach** a line item budget and budget narrative that clearly identifies estimated expenses, estimated numbers and purpose for funds.
* 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.
* MUST LIST TOTAL AGENCY BUDGET. IDENTIFY ANY OTHER SOURCES OF FUNDING.

* **OFFICE SUPPLIES must be included in your line item budget if applicable.**  If applicable, attach a bid sheet from a dealer for vehicle purchase. Identify any other sources of funding to be utilized for the program.