FY2026 Veterans Trust Fund (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:

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**

FY2026 VTF GRANT APPLICATION PROGRAM DETAIL

1. **Geographic Distribution (10 points):**

   a. Identify the primary geographic target area to be served.

2. **Number of Veterans to Be Served (10 points):**

   a. Identify the number of veterans in the area and provide the data source. <mark>GDX Data</mark>

   b. What is the total number of unduplicated and duplicated veterans you expect to serve?

   c. What is the number of unduplicated and duplicated veterans served by your program during the previous calendar year?

3. **Need for Services (10 points):**

   a. What services do you intend to provide to address the needs of veterans in your area?

   b. How did you determine these needs?

4. **Service Gaps (15 Points):**

   a. Identify any service gaps that currently exist in your geographic area.

   b. Provide a detailed discussion on how your services will specifically address these identified service gaps, ensuring that you do not duplicate efforts already being made in your area.

   c. How many underserved veterans did you serve in the previous year, and how many do you expect to serve this year?
      i. Underserved veterans are defined as:
         1. Ethnic and minority veterans
         2. LGBTQ+ veterans
         3. Incarcerated veterans
         4. Native American veterans
         5. Women veterans
         6. Veterans living in rural or remote areas
         7. Veterans over the age of 65

d. Describe your prior outreach efforts specifically targeting underserved veterans.

e. Outline your outreach strategy for the services of this grant application and explain how it will help connect with underserved veterans in your service area.

5. **Local Partnerships (10 Points)**

a. How does your agency collaborate with your local County Veterans Service Officer, local partners, and other community organizations to address these gaps in services?

6. **Outcomes and Effectiveness (10 Points)**

a. What has been the impact of the services you have provided

i. **Previous grantees must use** survey results. Statistical documentation must be included.

ii. If you are not a prior grantee, explain how you determine the impact of your services.

b. Clearly identify your expected outcomes.

c. Are you willing to participate in any DMVA evaluation efforts.

i. YES/NO

7. **Budget (15 points)**

a. Include a breakdown of services your organization provided in the previous fiscal year.

i. This should include detailed information regarding what you spent, and the number of veterans served for each service category.

b. **Attach** a line-item budget and budget narrative that clearly identifies estimated expenses, estimated numbers and the purpose for funds for this grant application.

i. OFFICE SUPPLIES must be included in your line-item budget if applicable.

c. If applicable, attach a bid sheet from a dealer for vehicle purchase.

d. List total agency budget and other grant funding.

e. Identify any other sources of funding to be utilized for the program.

f. Please see Budget Example below.

8. **Internal Score (20 Points)** <u>APPLICANT DOES NOT FILL OUT</u>

    a. **Scored by Grant Manager.** Prior Grant Management / Program Capacity (for new applicants).

    b. If prior grantee:

        i. Scored based on prior grant management and execution rate.

        ii. This includes assessing how well the previous grant was managed, including budget adherence, meeting objectives, and program execution.

    c. If new applicant:

        i. Scored based on the program's capacity to manage and implement this grant.

        ii. This includes evaluating the organization's demonstrated ability to effectively manage the grant, execute the proposed program, and deliver the intended outcomes.

Budget Template Example

Item	Description	Unit Cost	Quantity	Total Cost
Total Request				$