



**FY2027 VETERANS ASSISTANCE GRANT
COLORADO DEPARTMENT OF MILITARY AND VETERANS
AFFAIRS**

Applications due: March 24, 2026

**ALL APPLICATIONS MUST BE SUBMITTED THROUGH
OUR ONLINE PLATFORM**

**APPLICATIONS SENT VIA EMAIL WILL NOT BE
ACCEPTED**

PLEASE READ ALL INSTRUCTIONS

Questions?

Please contact Lisa.Stamm@dmva.state.co.us

2026-2027 Veterans Assistance Grant Application

Narrative Questions

1. Geographic Distribution (10 points):

Tell us about the primary geographic area your organization plans to serve.

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

Please identify the total number of veterans in your target area and provide your data source (e.g., GDX Data). From that total, what is the unduplicated and duplicated number of veterans you expect to serve with this grant? Also, please tell us the unduplicated and duplicated number of veterans your program served in the previous fiscal year.

3. Need for Services (10 points):

What services do you intend to provide to address the needs of veterans in your area? Please describe how you determined these needs.

4. Service Gaps (15 Points):

- Identifying Gaps: What service gaps currently exist in your geographic area?
- Filling Gaps: How will your program specifically address these identified gaps without duplicating efforts already being made?
- Serving the Underserved
 - How many underserved veterans did you serve in the previous year, and how many do you expect to serve this year?
 - Underserved veterans are defined as:
 - Ethnic and minority veterans
 - LGBTQ+ veterans
 - Justice Involved veterans
 - Native American veterans
 - Women veterans
 - Veterans living in rural or remote areas
 - Veterans over the age of 65
- Please describe your prior outreach efforts that specifically targeted underserved veterans. How will you prioritize underserved veterans?

- Please outline your outreach strategy for this grant and explain how it will help you connect with underserved veterans in your service area.

5. Local Partnerships (10 Points)

- 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)

- Demonstrating Impact:
 - What has been the impact of the services you've provided?
- Previous Grantees: Please use survey results and include statistical documentation to demonstrate your impact.
- Note for New Applicants: Please explain how you will determine the impact of your services.
- Defining Outcomes: Clearly identify the outcomes you expect to achieve with this grant.
- Willingness to Participate: Are you willing to participate in any DMVA evaluation efforts? (Yes/No)

7. Budget (15 points)

- Grant Budget and Narrative: Please attach a line-item budget and budget narrative that clearly identifies your estimated expenses and the purpose for the funds requested in this grant application.
- Previous Fiscal Year Breakdown (Returning Grantees)

If you were a VAG grantee in FY2026, please provide a breakdown of the services your organization delivered. This should include:

 - What you spent on each service.
 - The number of veterans served within each service category.
- Program Costs are limited to 10% of your award amount
- Additional Documents:
 - Vehicle Purchase: If you are requesting funds for a vehicle, please attach a bid sheet from a dealer.

- **Internal Score (20 Points) APPLICANT DOES NOT FILL OUT**
- **Scored by Grant Manager.** Prior Grant Management / Program Capacity (for new applicants).
- **If prior grantee:**
 - **Scored based on prior grant management and execution rate.**
 - This includes assessing how well the previous grant was managed, including budget adherence, meeting objectives, and program execution.
- **If new applicant:**
 - **Scored based on the program's capacity to manage and implement this grant.**
 - This includes evaluating the organization's demonstrated ability to effectively manage the grant, execute the proposed program, and deliver the intended outcomes.

Please remember to submit a line-item budget and budget narrative.

- **LINE-ITEM BUDGET FOR EXAMPLE ONLY**
- **Applicant Organization:** XYZ Organization
- **Grant Request:** \$3,700.00

Item	Description	Unit Cost	Quantity	Total Cost
Office Supplies				
Bank Fees	Fees related to banking transactions	\$100.00	1	\$100.00
Newspaper Advertisement	Local advertisements in newspapers for outreach (4 ads total)	\$150.00	4	\$600.00

Utility Assistance	Assistance to veterans to pay arrears for gas/electric	\$100.00	30	\$3,000.00
Total Request				\$3,700.00

▪ **BUDGET NARRATIVE**

▪ **Office Supplies: \$700.00**

- **Bank Fees (\$100):** These fees cover the costs associated with organizational banking transactions, including checks, online transactions, and other associated fees.
- **Newspaper Advertisements (\$600):** This allocation is for four local newspaper advertisements at \$150 each. These advertisements will be used to reach out to the underserved veteran community and provide program information and updates.

▪ **Utility Assistance \$3,000.00**

- **(30 Veterans @ \$100 each)** This funding will be used to assist **30 veterans** who are experiencing arrears in gas or electric services. Veterans may also use the funds to purchase propane or firewood to meet heating needs. Veterans are referred to the Low-Income Energy Assistance Program (LEAP) for additional support if needed. For veterans with recurring needs, they will be referred to both LEAP and the Financial/Budgeting Program.

▪ **FY2027 VAG APPLICATION ATTACHMENTS**

- **Program Narrative/Budget Questions 1-7**
- **Pre-Award Questionnaire**
- **Proof of IRS Federal Tax-Exempt Status** and/or letter of affirmation (dated within the last five years)
- **Current Certificate of Good Standing** with the Secretary of State
- **Current IRS W-9** with EIN (must be signed and dated)
- **Grant Guidelines and Veteran Eligibility Policy**

FY2027 VAG 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:

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):

(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

Date

Signature of Authorized Representative

Date