Veterans Trust Fund Grant

2023-2024 Application Cycle

WEBINAR TOPICS

➢ Eligibility requirements

➢ Application essentials

➢ Purpose of funding

➢ Application requirements

➢ Application process

➢ Application evaluation

➢ Grantee requirements

➢ Review

➢ Questions

➢ Next steps

ELIGIBILITY

VTF

A nonprofit nationally recognized by Congress as an organization that serves veterans, typically a 501 (c) 19 or 23 or in some cases (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

APPLICATION ESSENTIALS

- Thoroughly read the entire application packet- **new changes this year!**

- **NEW EMAIL TO SUBMIT:** grant.submission@dmva.state.co.us

- 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. Electronic submissions cannot be accepted.

Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

APPLICATIONS ARE DUE NO LATER THAN

01 MARCH 2023

grant.submission@dmva.state.co.us

LATE SUBMISSIONS WILL NOT BE ACCEPTED

It is the responsibility of the applicant to obtain proof of receipt

PURPOSE OF FUNDING

By statute, the Veterans Assistance Grant is designed to:

Provide Services to Ensure the Health and Well-being of Veterans

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

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

TYPE OF PROGRAM FUNDED

Homeless Prevention/Shelter

Veterans Mental Health Family

Counseling Substance Abuse

Treatment Alternative Health

Job Training/Education Assistance

Employment

Other services (based on need)

Applicant organization must provide direct services. Pass through funds are not allowed.

$100,000 maximum allowable- this INCLUDES PROGRAM COSTS   **NEW**

Construction, remodeling, memorials, honor guards, or veterans tributes are not allowed

New this year- applicant can request up to 10% of their proposed budget for program costs

APPLICATIONS

Required application materials are:

*Pre-Award Questionnaire

*Application form – two pages

*Narrative with required elements

*Attachments

PRE-AWARE ASSESSMENT

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
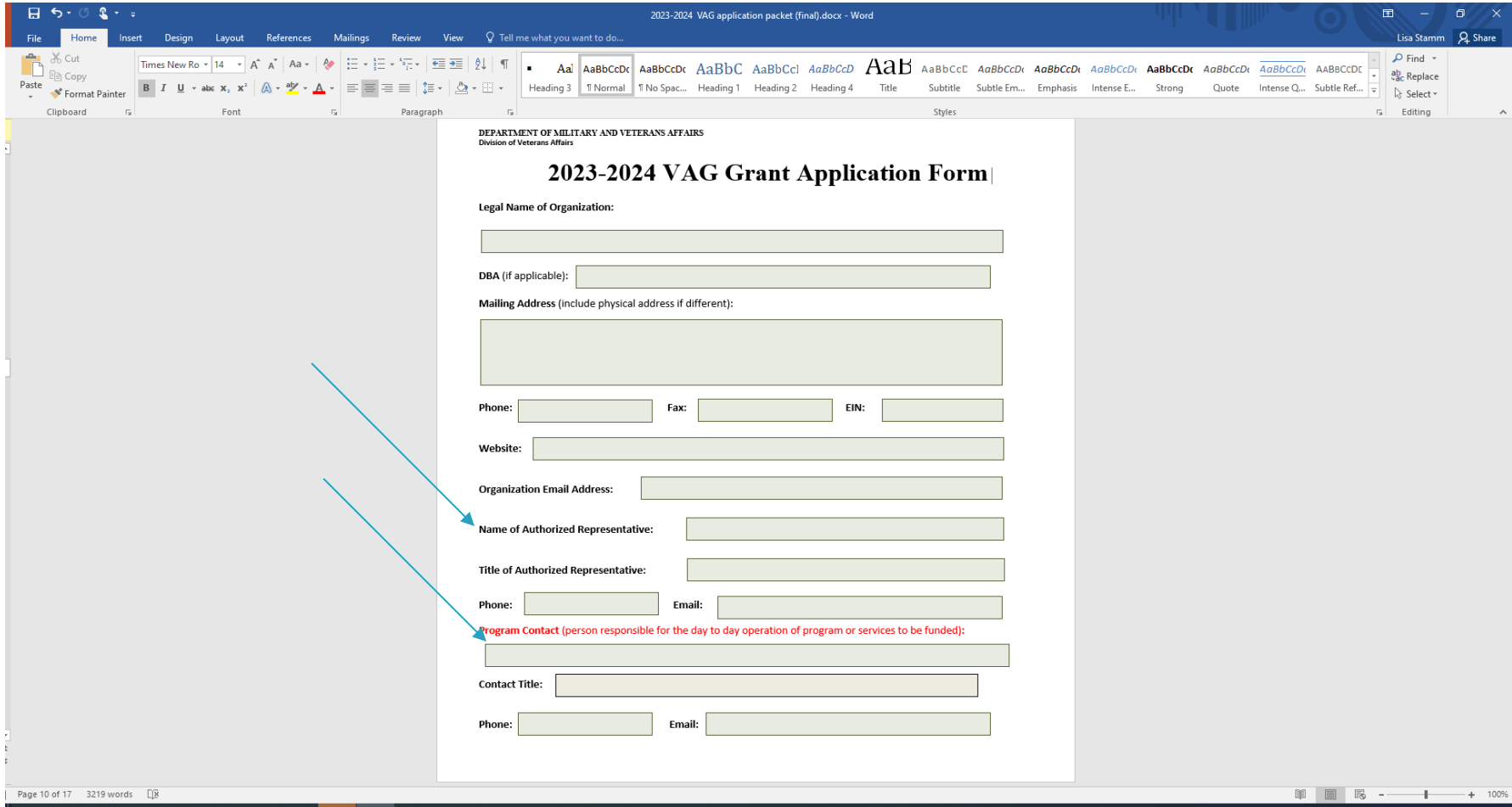   ☐ None

APPLICATION FORM

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

PROGRAM CONTACT IS THE PERSON WITH DAY-TO-DAY OPERATION
RESPONIBILITY.

ORGANIZATION DESCRIPTION

▸ Identify the type of organization

▸ Identify the veteran services provided

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
Division of Veterans Affairs

2023-2024 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: **Email:**

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

Contact Title:

Phone: **Email:**

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

Signature of Authorized Representative   **Date**

Application Overview

Your Narrative will provide the following **<u>NEW</u>** (Refer to VAG Grant Application Narrative Guidelines):

- Statement of Need (20 Points)

- Number of Veterans to Be Served (10 Points)

- Local Partnerships (10 Points)

- Project Description/Program Effectiveness (15 Points)

- Evaluation and Outcomes (15 Points)

- Budget (10 Points)

- **Items not listed in narrative for total score:**

  - **Geographic Distribution (10 points) AND**

    - **Previous administrative performance(current grantees) 10 points OR**

    - **Capability and History of Services Offered to Veterans   (new applicants) 10 points**

Narrative: Statement of Need (20 Points)

- Identify the specific need for this program or project as evidenced by the estimated number of veterans in the specific target area.   Provide the data source (census data, VA estimates, previous utilization of services, Point in Time surveys or other data sources utilized to arrive at the number) and clearly identify the target area (city, county, region, statewide, etc.)

- Identify existing service gaps, previous utilization of services, address any duplication of services by other providers, and any other data or information that establishes a compelling need

   Clearly describe the needs experienced by veterans within your community

Colorado Division of Veterans Affairs

VA Suicide Prevention Hotline 1.800.273.8255

Example: Statement of Need

The veteran population in Whoville County is difficult to determine. According to the VA, there are approximately 2,597 veterans receiving benefits within the county. We know, however, that not all veterans receiving benefits will require assistance from our program. Given the large numbers of veterans from the Bicholim Conflict that reside within our County and surrounding areas who are very reluctant to engage with governmental entities, we have a large percentage of veterans that have not established claims or benefits with the VA. Thus, a significant number of veterans are not captured through the VA numbers. For the best estimates of veterans in Whoville, our past experience serving veterans in our area is a good indicator. Our organization has served over 1,200 veterans each year for the past 5 years. We would estimate those same types of numbers for the coming year as well and intend on serving 1,000 unduplicated veterans during this grant period. For the target area of Whoville County, we are the only veterans service organization to provide the type of services we deliver. Without these services, veterans would not receive transportation to medical appointments or the mental health services many so desperately need.

Narrative: Number of Veterans to Be Served (10 Points)

- Identify the number of unduplicated veterans to be served as supported by the number of veterans in the target area, the level of services to be delivered, and the program budget.

▶ Narrative: Local Partnerships (10 Points)

◦ Describe collaborative approaches and partnerships with County   Veteran Services and other veteran service organizations to address the   identified need without duplication of efforts.

Example: Local Partnerships (10 Points)

Our organization currently networks with other community organizations to deliver the best possible service to veterans, while not duplicating current efforts. The Whoville shelter directs veterans to us who are in need of assistance with transportation and housing, and our local outpatient clinic provides initial mental health assessments free of charge to veterans we refer. No other providers in the area currently provide this critical service.

We also work closely with the Whoville County Veterans Service Officer to ensure that our veteran clients utilize the full range of options and benefits that are available to them. We currently work with two other local charitable groups to increase options for veterans in need of transitional and long-term housing. Other local involvement includes volunteer hours, working directly with veterans to provide transportation and assistance as well as organizational leadership and administrative support.

Narrative: Project Description/Program Effectiveness (15 Points)

- Explain the program or project including the issues and/or opportunity to be addressed

- Explain the activities and/or services to be delivered

- Identify the unduplicated number of veterans expected to be served

- Provide historical data on the number of veterans previously served

Example: Program or Project Description

As we are the only service provider specific to veterans in the area, our services have evolved over time to address the emerging needs of veterans. As a result, we provide a comprehensive range of services including transportation, mental health counseling and veterans assistance services. To further elaborate on each:

Transportation – Whoville is nestled in a valley with 100 miles of mountainous passes to reach the nearest VA facility. Many of our veterans have health issues which prohibit them from driving; others have issues that make it unsafe to drive that distance; and still others do not have cars or have automobiles that are not well equipped to take on the snowy passes during the winter. Through the transportation program, we provide daily transports from Whoville to the VA facility located in Metropolis. With travel time, waiting time and the actual appointment time, this is usually an 8-10 hour trip.

Example: Program or Project Description

Mental Health – We provide individual, family and group counseling through contracts with local licensed therapists. Many of the veterans in our area in need of mental health services are quite reluctant to engage in the VA system.

Others are not eligible for VA services, or family support is not available.

Through these services, families and individual veterans are able to address crisis situations immediately; are able to have ongoing support to keep the family intact; and are able to address PTSD or other clinical issues that may be hindering the veteran from achieving full success in all areas of his/her life.

Veterans Assistance – We have many veterans that need assistance from time to time due to emergency or unexpected expenses.

The assistance program enables these veterans to remain stably housed, resolve immediate crises, and recover from temporary financial difficulties.

As previously stated, we will serve 1,000 unique and unduplicated veterans during the year. We believe this is an achievable number given our historical data of serving 1,200 veterans each year for the past 5 years.

The other 200 veterans we expect to serve will be provided services outside of the scope of this grant, thus they are not included in the numbers for this grant funding.

Narrative: Evaluation and Outcomes (15 Points)

- Describe the impact/outcomes of the services, including measurable projections

- Identify the outputs/total number to be served

- Include a statement of willingness to participate in Division evaluation requirements

- If you are a current grantee, include cumulative survey data   **NEW**

Example: Evaluation and Outcomes

We will evaluate the efficacy of our program by measuring our outcomes and by tracking the number of veterans served, both total and unduplicated. Our goal is that outcomes collected from our satisfaction surveys will indicate that at least 90% of our veterans show satisfaction with our services; that veterans will report increased access to medical care through the transportation program; and that veterans will report an increased sense of well-being and resolution of crises due to our mental health services.

Last fiscal year our survey responses indicated that the majority of veterans (95%) were satisfied with our services. The majority of participants (90%) strongly agreed that the program was able to address a majority of their needs and that the services they received made a difference in their overall well-being. Over 90% of respondents reported that the program staff was helpful and courteous. Over 90% of veterans surveyed said that they would recommend this organization to other veterans.

We will measure outputs through tracking the number of individuals served (unduplicated) as well as the number of instances of services an individual receives. For our transportation program, for instance, we recognize that medical issues may require multiple visits to the doctor. We will look at the average number of instances per individual as a means of tracking the overall service levels we are providing. We anticipate serving 1000 unduplicated veterans, with many of them receiving multiple instances of services to address the specific needs presented.

We will willingly participate in any evaluation efforts of DMVA.

Evaluation & Outcomes Continued

- 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

Remember to include willingness to participate in DMVA evaluation surveys

Narrative: Budget (10 Points)

- Include a Line Item Budget and Budget Narrative that clearly identifies estimated expenses, estimated numbers and purpose for funds.

- Identify any other sources of funding to be utilized for program **NEW**

- Provide overall agency budget **NEW**

- Describe how the budget request is appropriate for the services to be delivered, the outcomes expected and the number of veterans to be served.

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

▸ PROGRAM COSTS **(NEW)**

◦ An applicant may ask for up to <u>10% of the project budget for program costs</u>. Programmatic costs are directly tied to the delivery of the project, service, or activity undertaken by a grantee to achieve an outcome intended by the funding program. These expenses are directly related to the provision of program activities. Staffing expenses that are necessary to implement a project supported with the grant award, can be included. Allowable costs consist of the following:

• **Project Materials:** Must be defined and requires invoices/receipts for payment

• **Program/staff salaries:** Must submit all other funding and amounts to ensure there is no supplanting. Please describe how position was previously funded.

• **Equipment,** under $5,000.00

• **Supplies:** Must be defined and requires invoices/receipts for payment

• **Travel:** Must follow state travel rule- mileage rate and per diem- requires mileage/travel forms

• **Outreach:** Must be clearly defined

2023-2024 VAG GRA TI
BUDGET AND BUDGET ARRATIVE EXAMPLE

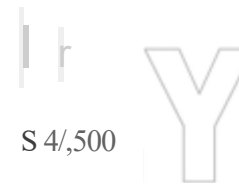|	TOTAL
Rent/Housing Assistance 20 eterans @$1,000/each	S20,000
Assistance to veterans to remain housed and prevent homelessness	
Each veteran is capped at a maximum of *$500*	
Second requests re,sult in referral to Financial/Budgeting Program	
Utility Assistance 30 eterans @$100/each	S 3,000
Assistance to veterans to pay arrears for gas and electric services,	
m:_purchase of propane or firewood_ Assistance is capped at $100	
Second request results in referral to Financial/Budgeting Program	
Food/Gas cards *50* eterans @ $50/each	S 2,500
Purchase of food or gas cards for emergency as.sistance	
Second requests result in referrals to Financial/Budgeting Program	
Emergency Assistance JO eterans @$150/each	S 4/,500
Provide assistance for needs that are unanticipated	
Program Co-sts	
10% of program budget	S4,000_00
Office Assistant to assist veteran needs - please refer to budget narrative	
Mental Health Therapy 25 Veterans @$100/session x 4 sessions	SIO_OOO
For mental health therapy not a -ailable through the A	

Budget Narrative

◦ Identify any other sources of funding to be utilized for program (NARRATIVE)

◦ Provide overall agency budget (NARRATIVE) **NEW**

◦ Describe how the budget request is appropriate for the services to be delivered, the outcomes expected and the number of veterans to be served. (NARRATIVE)
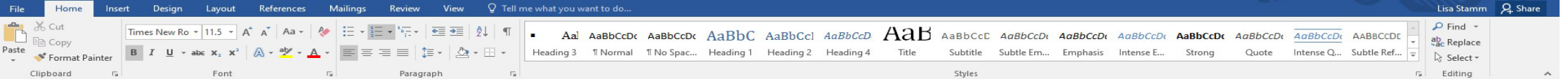
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Division of Veterans Affairs

2023-2024 VAG APPLICATION ATTACHMENTS

Include each attachment and provide in the order listed

ATTACHMENT 1

1. **Program Narrative**
   Include all items listed I – V as identified in this application

2. **Line item budget with budget narrative**
   Include items listed in VI as identified in this application including all expenses estimated for the program or project. Cost estimates must include the method of calculation. Explain the requested line items, including the specific purpose. If a request is for a vehicle, or piece of equipment which exceeds $5,000 then an approved bid sheet must accompany the grant request. ***You may request up to 10% of your project budget for program costs. Programmatic costs are directly tied to the delivery of the project, service, or activity undertaken by a grantee to achieve an outcome intended by the funding program.**

3. **Identify other sources of funding**
   Include all other revenue that will support this program or project and identify the funding source. *****Include overall agency budget.**

ATTACHMENT 2

4. **Current proof of federal tax-exempt status**
   Also called a Letter of Determination or Affirmation Letter from the IRS. This letter must be dated within the last five years.

5. **Certificate of Good Standing with Secretary of State**
   Include current certificate

6. **Current IRS W-9 form**
   Also called Request for Taxpayer Identification Number and Certification. Must be dated and signed.

7. **Pre-Award assessment form**

Attachment 1

Program Narrative

- Include all items listed I – VII as identified in this application

Line- Item Budget With Narrative

- Include items listed in VII as identified in this application including all expenses estimated for the program or project.

- Cost estimates must include the method of calculation. Explain the requested line items, including the specific purpose.

- If a request is for a vehicle, or piece of equipment which exceeds $5,000 then an approved bid sheet must accompany the grant request.

- ***You may request up to 10% of your project budget for program costs.**

- **Programmatic costs are directly tied to the delivery of the project, service, or activity undertaken by a grantee to achieve an outcome intended by the funding program.**

Identify other sources of funding

- Include all other revenue that will support this program or project and identify the funding source. *****Include overall agency budget.**

CHECKLIST

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
Division of Veterans Affairs

2023-2024 VAG APPLICATION CHECKLIST Please do not include in your application submission

The Veterans Assistance Grant application consists of the following components, which should be submitted in the order listed below. This checklist is provided to help ensure a complete proposal. This checklist does not need to be submitted with the proposal, it is for your use only.

☐ 2023-2024 VTF Grant Application Form

☐ Narrative: Use the parameters and guidelines in the instructions

☐ Budget: Line item budget and narrative-

☐ Other sources of funding that support the program or project- **INCLUDE OVERALL AGENCY BUDGET**

☐ Proof of IRS federal tax-exempt status dated within the last five years

☐ Current Certificate of Good Standing with Secretary of State

☐ Current W-9

☐ Pre-Award Questionnaire

Grantee Requirements

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

- Supporting documentation of all expenditures
- Satisfaction Surveys for all program participants
- Quarterly reports submitted by deadline on the required form
- No advancements, reimbursement basis only

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

Application Review

▸ Pre-Award Questionnaire

▸ Application form – both pages complete and application signed

▸ Narrative – addresses need, local partnerships, project description, and evaluation

▸ Budget   - complete line item budget and narrative

▸ Attachments – Secretary of State Certificate, W- 9, IRS designation letter (less than 5 years old)

Be sure to consult your application packet

for scoring information

APPLICATIONS DUE 01 MARCH 2023

Please visit our web site for information and for application packets

Additional Questions?

Email: Lisa.Stamm@dmva.state.co.us

NEW EMAIL TO SUBMIT: grant.submission@dmva.state.co.us

Questions