



State of Idaho
DIVISION OF VETERANS SERVICES
"Caring for America's Heroes"



Veterans Recognition Fund Application

APPLICANT ORGANIZATION

NAME: _____ Year organization established: _____ DATE: _____

ADDRESS: (included street address if different) _____

Is the name at left the same as it appears on the IRS Letter of Determination? Yes No EIN #: _____

If not, explain: _____

CHIEF EXECUTIVE'S NAME & TITLE: _____

CONTACT'S NAME & TITLE (if different): _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

PROPOSAL

AMOUNT OF THIS REQUEST: \$ _____ DATE FUNDS NEEDED: _____

TIME FRAME IN WHICH FUNDS WILL BE USED: From _____ To _____

Check one of the following:

SUPPORT FOR ONGOING COSTS FOR GENERAL PROGRAM OPERATIONS

SUPPORT FOR A ONE-TIME SPECIFIC PROJECT

If for support of a one-time specific project, complete the following:

PROJECT NAME: _____

TOTAL PROJECT COST: \$ _____ PERCENT THIS REQUEST OF PROJECT TOTAL: _____%

PROJECT COST PER CLIENT (if applicable): \$ _____

ORGANIZATIONAL DEMOGRAPHICS:

Number of full time staff: _____

Number of part time staff: _____

Number of volunteers: _____

GEOGRAPHIC AREA SERVED: _____

OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR:

Fiscal Year: _____
From To

SOURCES OF INCOME:

Government	Federal _____%	Fees/Earned Income _____%
	State _____%	Individual Contributions _____%
	County _____%	United Way _____%
	City _____%	Workplace Campaigns _____%
		(not United Way)
		Corporate and/or Foundation Grants _____%
		Special Events _____%
		Memberships _____%
		Other _____%

PLEASE LIMIT THE LENGTH OF YOUR ANSWERS FOR THE FOLLOWING QUESTIONS TO NO MORE THAN A TOTAL OF FOUR PAGES.

1. APPLICANT ORGANIZATIONAL BACKGROUND

Include organizational mission statement and purpose, organizational qualifications, history of accomplishments, governance, area and population served, role or volunteers. (If this is a collaboration, describe the lead agency and its relation to others involved.)

2. NEEDS STATEMENT

Identify the needs your agency or this proposal will address, and how it will serve veterans. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.

3. PROPOSAL

- A. How will your proposal address identified needs?
- B. Projected goals, objectives, timeline, anticipated impact.
- C. Expected role of volunteers.
- D. Number of veterans who will benefit from your proposal.
- E. How will you monitor your work and how will you measure success or effectiveness?
- F. What are your other potential and actual sources of support for this proposal?
- E. Where do you expect to find future support?

4. ADDITIONAL INFORMATION

Please address here anything else about your organization or project you think is relevant to this proposal.

ATTACHMENTS

In addition to the cover letter and the information required on the Common Grant Application Form, please attach the following:

1. Verification of tax-exempt status under Section 501(c)(3) of the IRS code.
2. List of current board members (include member affiliations and any other pertinent information).
3. List of key organizational staff, including titles and main functions.
4. IRS Form 990 (if available).
5. Most recent audited financial statement (if available).
6. A one-page summary of actual income and expenses for the past two complete years; a one-page listing of funding sources and amounts received from these sources over the past two years.
7. Organization's current year operating budget.
8. A detailed budget of the project for which funds are being sought (if applicable).
9. If the project for which you are seeking funds is a collaboration with other agencies, include letters or other documentation from the collaborating agencies.