



APPLICATION FOR ASSISTANCE

*Please complete all areas, print, sign & mail to us with the required information. **Failure to include all information could delay processing your application.***

Project Title: _____

Name of Organization: _____

Name of President/Chief Executive Officer: _____

Mailing Address: _____

E-mail: _____ Website URL: _____

Telephone: (_____) _____ Alternate: (_____) _____

Fax: (_____) _____ Office Hours: _____

Principal Contact: _____ Position/Title: _____

How long has your organization been in existence? _____

How many individuals does your organization currently assist? _____

Amount Requested (\$15,000 is the maximum you may request): _____

Please attach the following information about your organization:

- A cover letter on your organization's letterhead with a brief history and statement of purpose of your organization, as well as a brief outline of the nature and scope of programs and services provided;
- A Board of Director's roster and whether they have contributed financially to the organization;
- A copy of your organization's Internal Revenue Service non-profit Determination Letter;
- An Affirmation Letter signed by management stating that the IRS Determination Letter has not been revoked;
- A copy of your current operating budget and financial statements, including salaries of key personnel; and
- A copy of your most recent financial audit and IRS Form 990, including all attachments. *Note: If your organization has been in existence for less than two years, a detailed business plan with a proposed budget will be required.*

Please attach the following information on your request for support:

- A brief (less than 1,000 words) concise summary (1,000 words or less) of who you are helping, the proposed activity explaining the project or program and its current needs. Applicants need to demonstrate that their program/projects will:
 - address the root causes of the specific problem; and
 - lead to sustained improvement in, or have a positive impact on, the lives of veterans, military members and/or their families;
- A description of your organization's overall mission and services (business plan), with an explanation of how this project or program fits that mission. Please communicate clearly how community needs cannot be met by other non-profit organizations; why your organization is uniquely qualified to get the job done; include a clear statement of expected results; and how you plan to evaluate the effectiveness of the project/program.
- A detailed budget for the request, including a list of all funding commitments received for this project.

Is your organization a member of or does it receive aid from any of the following?

	% of Total Budget
United Way	_____
Federal Funds	_____
State/Local Funds	_____

CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with the terms and conditions if a grant is awarded as a result of this application. I further certify that the organization named above currently has tax exemption, or meets the requirements of tax exemption, under the Internal Revenue Code Section 501(c)(3).

My signature is made as one who is authorized to do so on behalf of the applying organization.

Signature: _____
Board Chair, Executive Director or President

Date: _____

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