



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



**C.L. "BUTCH" OTTER**  
Governor

**DAVID E. BRASUELL**  
Division Administrator

320 Collins Road  
Boise, ID 83702-4519  
(208) 334-3513

## **Idaho Division of Veterans Services Veterans Support Fund Grant Criteria and Application**

Thank you for your interest in the Veterans Support Fund Grant Program. The Veterans Support Fund was established by Idaho Statute, Section 65-209, Idaho Code, to fund programs to support veterans of the armed forces of the United States.

The policy of the Division is to fund programs operated both within and outside state and local government, which support Idaho veterans. Veterans Support Fund grants are not provided to support the basic needs of individual veterans or their families. Priority will be given to grant proposals that will serve the greatest number of veterans, and for which there is no other source of funding.

Eligible applicants include individuals, organizations, and governmental entities, including bureaus of the Idaho Division of Veterans Services.

Eligible activities and costs include any purpose meeting the objective of supporting veterans of the armed forces of the United States and not excluded as ineligible activities and costs.

Eligible activities and costs include:

- a. Programs to inform veterans and the public of services and programs for veterans.
- b. Programs providing career training to veterans, including programs providing educational scholarships.
- c. Programs providing training to individuals and organizations supporting veterans, including employees of public and private organizations assisting veterans with healthcare, education, and assistance in obtaining public benefits.
- d. The acquisition of equipment to support the health, rehabilitation, recreational activities and care of veterans.
- e. Financial support or sponsorship of ceremonies celebrating or honoring the service of veterans.
- f. Programs providing social, health, rehabilitation, recreational activities or care to veterans.

Ineligible activities and costs include political, lobbying, religious, or illegal activities.

Ineligible lobbying activities do not include:

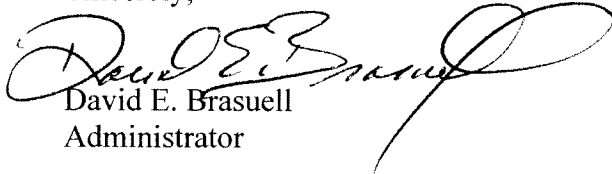
- a. Advocacy on behalf of individual applicants for public benefits.
- b. The provision of educational information to public officials concerning the needs of veterans that does not advocate for or support specific legislative proposals.

Unless specifically provided in the grant, no official or officer of a grant recipient, individual grant recipient, or family member of an official or officer of a grant recipient or family member of an individual grant recipient shall personally profit financially from a program grant.

If you feel your program meets the criteria above and you would like to apply for a Veterans Support Fund grant, please complete the attached application and mail to: Idaho Division of Veterans Services, 320 Collins Road, Boise, Idaho 83702 or fax to: 208-334-2627 or email to: [david.brasuell@veterans.idaho.gov](mailto:david.brasuell@veterans.idaho.gov).

Again, thank you for your interest in the Veterans Support Fund grant program. If you have any questions regarding the application process, please contact the Idaho Division of Veterans Services at 334-3513.

Sincerely,

  
David E. Brasuell  
Administrator

DEB:dls

Attachment – Request for Funds Application

**IDAHO DIVISION OF VETERANS SERVICE VETERANS SUPPORT FUND**  
**REQUEST FOR FUNDS APPLICATION**

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE AND ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TYPE AND DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE AND TIME OF EVENT: \_\_\_\_\_

PLACE OF EVENT: \_\_\_\_\_

AMOUNT OF FUNDS REQUESTED: \_\_\_\_\_

ESTIMATED NUMBER OF VETERANS ATTENDING: \_\_\_\_\_

HOW WILL THE FUNDS BE SPENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


SOURCES OF OTHER FUNDING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINTED NAME OF REQUESTER \_\_\_\_\_ DATE \_\_\_\_\_

 \_\_\_\_\_

SIGNATURE OF REQUESTER