



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: \_\_\_\_\_

DOLLARS PER VETERAN (\$/VETERAN) \$ \_\_\_\_\_

TIME FRAME IN WHICH FUNDS WILL BE USED: From \_\_\_\_\_ To \_\_\_\_\_

GEOGRAPHIC AREA SERVED: \_\_\_\_\_

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: \_\_\_\_\_

**OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR:**

Fiscal Year: \_\_\_\_\_  
From To

**SOURCES OF INCOME:**

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

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.