

THE COLUMBIA TRUST GRANT APPLICATION

DAV NATIONAL SERVICE FOUNDATION
Administrators of the Columbia Trust

PLEASE READ THE HISTORY AND BACKGROUND INFORMATION BEFORE COMPLETING.

**PLEASE NOTE THE FOLLOWING MANDATORY ITEMS NEEDED TO PROCESS
A COLUMBIA TRUST GRANT APPLICATION:**

- 1) Current ANNUAL FINANCIAL REPORT(S) must be on file and approved at DAV National Headquarters in accordance with Articles 8 and 9 of the National Bylaws or attached if not required to file under provisions of the National Bylaws.
- 2) Itemized budget attached to application.

INCOMPLETE APPLICATIONS WILL BE RETURNED

Please Type or Print Legibly

PART A

DAV CHAPTER NAME: _____

DAV DEPARTMENT OF: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

DATE: _____

TOTAL AMOUNT OF GRANT REQUESTED:

\$ _____

Please list a contact person for additional information or questions regarding this application:

Please Print Name

Phone Number

The above Chapter and/or Department requests financial assistance from The Columbia Trust to carry out the following service project, activity or program:

- | | |
|---|---|
| 1. <input type="checkbox"/> National Transportation Network Van Program | 5. <input type="checkbox"/> Veterans Outreach Program |
| 2. <input type="checkbox"/> Hospital Service Coordinator(s) | 6. <input type="checkbox"/> Service School Expenses |
| 3. <input type="checkbox"/> Department/Chapter Service Officer(s) | 7. <input type="checkbox"/> Other _____ |
| 4. <input type="checkbox"/> Homeless Veterans Program | _____ |

Under PART C - complete the same numbered SECTION in PART C that corresponds to the program number checked above. (For example: If you checked #2-Hospital Service Coordinator(s) above in PART B, you must complete PART C -SECTION 2).

PART C

SECTION 2 – HOSPITAL SERVICE COORDINATOR(S)

HSC PROGRAM BUDGET

FISCAL YEAR: _____

NAME OF HSC List Each Separately	VAMC	ANNUAL SALARY
		\$
		\$
		\$
		\$
		\$
Total HSC Salary Expense		\$

List Additional Expenses:

Public/Private Vehicle Transportation Costs \$ _____

Other: _____ \$ _____

Other: _____ \$ _____
Please List

Other: _____ \$ _____
Please List

Other: _____ \$ _____
Please List

Line 12

Total Additional Expenses →

\$ _____

Line 13

Total Projected Annual Cost of HSC Program
(ADD LINES 6 and 12 TOGETHER)

→ = \$ _____

List Projected Income:

Department Funding for HSC Program..... \$ _____

Chapter(s) Funding for HSC Program \$ _____

Other: _____ \$ _____
Please List

Other: _____ \$ _____
Please List

Line 19

Total Projected Income for HSC Program
(ADD ALL INCOME LINES TOGETHER)

→ \$ _____

Line 20

Total Projected Annual Cost of HSC Program
(ENTER AMOUNT FROM LINE 13 ABOVE)

→ - \$ _____

Line 21

Grant Amount Requested
(SUBTRACT LINE 20 FROM LINE 19)



→ = \$ _____

Attach: DAV VAWS-30 form for each HSC. Attach itemized accounting of all funds expended for the Department's HSC/TN Program.







SO PROGRAM BUDGET

FISCAL YEAR: _____

List Projected Expenses:

Salary of SO(s) _____ / _____	.....	\$ _____
List Separately - Name	OFFICE LOCATION	
Salary of SO(s) _____ / _____	.....	\$ _____
List Separately - Name	OFFICE LOCATION	
Salary of SO(s) _____ / _____	.....	\$ _____
List Separately - Name	OFFICE LOCATION	
Payroll taxes		\$ _____
Employee Benefits		\$ _____
Rent/Utilities		\$ _____
Equipment		\$ _____
Travel/Training		\$ _____
Supplies		\$ _____
Other: _____	.....	\$ _____
Please List		
Other: _____	.....	\$ _____
Please List		
Other: _____	.....	\$ _____
Please List		
Line 14	Total Projected Annual Cost of SO Program 	\$ 

List Projected Income:

Department Funding for SO Program		\$ _____
Chapter(s) Funding for SO Program		\$ _____
Other Income: _____	.....	\$ _____
Please List		
Other Income: _____	.....	\$ _____
Please List		
Other Income: _____	.....	\$ _____
Please List		
Other Income: _____	.....	\$ _____
Please List		
Line 21	Total Projected Income for SO Program  (ADD ALL INCOME LINES TOGETHER)	\$ 
Line 22	Total Projected Annual Cost of SO Program  (ENTER AMOUNT FROM LINE 14 ABOVE)	\$ 
Line 23	Grant Amount Requested  (SUBTRACT LINE 22 FROM LINE 21)	\$ 

Attach itemized accounting of all funds expended for the SO Program.

PART C

SECTIONS 4 – HOMELESS VETERANS PROGRAM
5 – VETERNAS OUTREACH PROGRAM
6 – SERVICE SCHOOL EXPENSES
7 – OTHER

Describe in detail, the program and purpose (attach additional pages as necessary):

Estimate number of veterans who will benefit from the program: _____

In what state(s) do they reside? _____

PROGRAM BUDGET

FISCAL YEAR: _____

List Projected Expenses:

.....	\$	_____
Please List		
.....	\$	_____
Please List		
.....	\$	_____
Please List		
.....	\$	_____
Please List		
.....	\$	_____
Please List		
.....	\$	_____
Please List		
.....	\$	_____
Please List		
.....	\$	_____
Please List		

Line 8

Total Projected Annual Cost of Program →

\$ _____

List Projected Income:

.....	\$	_____
Department Funding for Program		
.....	\$	_____
Chapter(s) Funding for Program		
.....	\$	_____
Other Income:		
Please List		
.....	\$	_____
Other Income:		
Please List		
.....	\$	_____
Other Income:		
Please List		
.....	\$	_____
Other Income:		
Please List		

Line 15

Total Projected Income for Program
(ADD ALL INCOME LINES TOGETHER)

→ \$ _____

Line 16

Total Projected Annual Cost of Program
(ENTER AMOUNT FROM LINE 8 ABOVE)

→ \$ _____

Line 17

Grant Amount Requested
(SUBTRACT LINE 16 FROM LINE 15)

→ = \$ _____

PART D

If more than one chapter is involved, please photocopy PART D as needed and obtain signatures of all chapter commanders and adjutants involved.

Certification

The undersigned, on behalf of the chapter and/or department, certifies the information provided herein and agrees to the concept and terms of applying for and accepting grants from The Columbia Trust.

It is further understood that the financial condition of the chapter and/or department is a major controlling factor in the assessment of the Grant Application, including, in the case of a chapter, the financial condition of its department, and the ability of the department to finance, or contribute to the funding of the project.

In addition, the undersigned recognizes that in the event of the grant of all or a part of the request, neither the DAV National Service Foundation and its Columbia Trust Advisory Committee, the DAV National Organization, or any officer or employee of the foregoing shall become a party to, or responsible for any contractual arrangement, verbal or written, arising from such grant.

The undersigned agree on behalf of the chapter or department to execute accountability reports as required by The Columbia Trust after completion, or substantial completion of the project.

Chapter # _____	Signature - Chapter Commander _____	Date _____	Signature - Department Commander _____	Date _____
	Signature - Chapter Adjutant _____	Date _____	Signature - Department Adjutant _____	Date _____

Upon certification by above parties, the NSO Supervisor having jurisdiction in the area must review the grant application and certify below:

I, _____, Supervisor of the _____
Print NSO Supervisor's Name *Print City, State*
National Service Office has reviewed the grant proposal.

Signature - NSO Supervisor *Date*

PART E

Mail Application with Attachments to:

The Columbia Trust
DAV National Service Foundation
P. O. Box 14301
Cincinnati, OH 45250-0301
Attn: Bridgette Shaffer, Administrator
859-442-1017 859-442-3448 (fax)