

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

Part B

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: _____ Please List \$ _____

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)

SECTION 3 – SERVICE OFFICER(S)

SO PROGRAM BUDGET

FISCAL YEAR: _____

List Projected Expenses:

Salary of SO(s) _____ / _____	OFFICE LOCATION	\$ _____
List Separately - Name		
Salary of SO(s) _____ / _____	OFFICE LOCATION	\$ _____
List Separately - Name		
Salary of SO(s) _____ / _____	OFFICE LOCATION	\$ _____
List Separately - Name		
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)

\$ _____

**SECTIONS 4 – HOMELESS VETERANS PROGRAM
5 – VETERANS 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 Sorrell, Administrator
859-441-7300 859-442-3448 (fax)