

THE COLUMBIA TRUST GRANT APPLICATION

DISABLED AMERICAN VETERANS NATIONAL SERVICE FOUNDATION
Administrators of The Columbia Trust

PLEASE READ THE HISTORY AND BACKGROUND INFORMATION BEFORE COMPLETING.

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:

NAME: _____ PHONE: _____

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 Service Officer(s) | 7. <input type="checkbox"/> Other _____ |
| 4. <input type="checkbox"/> Homeless Veterans Program | _____ |

Go to PART C and 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).

HSC PROGRAM BUDGET

FISCAL YEAR: _____

NAME OF HSC List Each Separately	VAMC	ANNUAL SALARY
		\$
		\$
		\$
		\$
		\$

Line 6 **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.

**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)

