



## OREGON DEPARTMENT OF VETERANS' AFFAIRS VETERAN SERVICES GRANT PROGRAM GRANT APPLICATION

### Grant Application Instructions

The Grant Application is a fillable form in a PDF format. You must use Adobe Acrobat software to see the form and fill it out correctly. You may download a free version here:

<https://get.adobe.com/reader/>. After installing Adobe, save and rename the Grant Application to your computer. To fill out the form, click on each input box and type in the information. Each answer box has limited space for input and does not expand. If an answer allows for multiple pages, there are corresponding multiple answer boxes to permit the necessary length. You may copy and paste your answer from a Word document, but be mindful of the space allowed. When completed, print your application and ensure your complete responses can be clearly seen.

**IMPORTANT:** After printing the Grant Application, the person authorized to represent the Proposer must sign the Proposer Information and Certification Sheet (Part IV of the application).

### PART I: GENERAL PROPOSAL INFORMATION

#### A. PROPOSER INFORMATION

**Proposer Legal Name:**

**Street Address:**

**City:**

**Zip Code:**

**Mailing address, if different:**

**Telephone:**

**Website:**

**Contact Name:**

**Contact's Phone Number:**

**Contact E-Mail:**

#### B. GRANT REQUEST

**Total grant funds requested: \$**

### **C. PURPOSE OF THE GRANT**

**Purpose of the grant and estimated number of veterans that will be served under the grant.**

***Limit: three sentences.***

### **D. TARGETED SUBJECT AREA**

**State which of the following subject areas the grant proposal targets:**

**Mental health care or physical health care**

**Housing security**

**Employment opportunities and employment stability**

**Education and training opportunities**

**Transportation accessibility and availability**

**Promoting veterans organizations that provide critical services for veterans within a community, region or on a statewide basis.**

**Supporting existing programs identified by the Veterans' Affairs Advisory Committee**

### **E. FUND ADMINISTRATION**

**Provide a statement about the Proposer's capacity to administer funds awarded in compliance with this RFGP and all applicable federal and state laws.**

## **F. PROPOSER ORGANIZATION**

**Mission Statement:**

**Brief history of the organization. *Limit: one-half page:***

**List of Board Members.**

**Description of the organization's current programs, including a description of the organization's current efforts providing services to veterans, if any. *Limit: two pages.***



**EIN Number:**

**ATTACH IRS Form W-9.**

**Type of organization or entity:**

**Nonprofit organization that is incorporated under 501(c)(3)**

**Nonprofit organization that is incorporated under 501(c)(19) (veterans organizations)**

**Tribal, regional, or local governments or other state agencies under programs established under federal or state law**

**Oregon quasi-public agencies**

**Oregon intergovernmental agencies**

**Nonprofits organized under 501(c)(3) or 501(c)(19) must **ATTACH**:**

- **Proof of current (active) business registration with Oregon Secretary of State Corporation Division; and**
- **Proof of registration with the Charitable Activities Section of the Oregon Department of Justice and the most recent Oregon Form CT-12 report (entire report) filed with the Department of Justice.**

#### **G. LETTERS OF SUPPORT**

**ATTACH no more than three (3) letters of support. Letters should be no more than one page in length.**

#### **H. KEY PERSON**

**List the key person or persons in the organization who will have a significant role in overseeing the operations for the project or administering the grant.**

## PART II: TECHNICAL PROPOSAL

### A. SUMMARY

Brief summary of Proposal, including the requested grant amount. *Limit: Three sentences.*

### B. PROPOSAL

Provide a description of the grant proposal, including how Proposer would carry out the major activities of the project and the work plan. *Limit: three pages.*

Include the following:

- i. The need for the services to veterans.
- ii. Purpose of the grant. Describe what the Proposal is going to accomplish, how it will meet the need for services, and how the project will directly impact and benefit veterans.
- iii. State the number of veterans that will be served by the grant.
- iv. Describe how the organization will identify the target veteran population and how the organization will connect with these veterans.
- v. Provide a narrative of the work plan.
- vi. Provide an implementation timeline.







## **C MEASURABLE OUTCOMES AND METHODS**

**Provide a description of the measurable outcomes the Proposer expects to achieve from the program, and the method that will be used to measure each outcome. For each measurable outcome:**

- i. Describe the measurable outcome, based on goals and objectives. Important: One of the measurable outcomes must be the number of veterans served by the grant.**
- ii. State the method used to measure the outcomes, and the timeline for measuring outcomes (at least quarterly).**
- iii. Describe how Proposer will collect the data required for quarterly reporting.**



## PART III: FINANCIAL AND BUDGET INFORMATION

### A. PROPOSER FINANCIAL INFORMATION

Proposer must **ATTACH** the following:

1. Proposer's current annual operating budget.
2. Proposer's previous year annual income and expense statement.

### B. DETAILED BUDGET FOR PROPOSED GRANT

Brief budget narrative. Describe the use of the Grant Funds as stated in the line item budget. Include a statement about any other funds, and the sources of those funds, that will be used to support the grant project. *Limit: one page.*

**ATTACH** a line item budget for Grant Funds only. At a minimum, provide separate line items for personnel salary, benefits, administrative costs, travel, outreach, education, and services and supplies. Note that administrative costs are limited to 10% of the total Grant Funds requested.

## PART IV: PROPOSER INFORMATION AND CERTIFICATION SHEET

Proposer Name:

Name and title of the person(s) authorized to represent the Proposer and sign any Grant Agreement that may result from this RFGP:

Name:

Title:

Telephone:

Fax:

E-mail Address:

By signing this sheet and submitting a Proposal, the undersigned (a) certifies that he/she is a duly authorized representative of the Proposer, has been authorized by the Proposer to make all representations, attestations, and certifications contained in this Proposal, and to submit this Proposal on behalf of the Proposer.

1. Proposer certifies that all contents of the Proposal (including any other forms or documentation, if required under this RFGP) and this Proposer Information and Certification Sheet, are truthful and accurate and have been prepared independently from all other Proposers, and without collusion, fraud, or other dishonesty.
2. Proposer may not request funding for expenditures already funded by any other agency or department of the State of Oregon or the federal government.
3. The statements contained in this Proposal are true and complete to the best of the Proposer's knowledge and Proposer accepts as a condition of the Grant, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.
4. Proposer may not use Grant Funds for: Capital costs or renovations or capital campaigns; deficit financing and debt retirement; memorials or tributes; grants or direct payments of monies to veterans or other individuals; grants to other entities or organizations; endowments; or fundraising.
5. Proposer understands that the services provided by Proposer must be provided at no cost to veterans.
6. Proposer understands that any statement or representation it makes, in response to this RFGP, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" {as defined by the Oregon False Claims Act, ORS 180.750(1)}, made under Contract being a "false

claim" {ORS 180.750(2)} subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.

7. The Proposer acknowledges receipt of all addenda issued under this RFGP provided on ORPIN (Oregon Procurement Information Network).
8. If the Proposer is awarded a Grant as a result of this RFGP, the Proposer will be required to complete, and will be bound by, a Grant Agreement.
9. I have knowledge regarding Proposer's payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Proposer is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.

Signature  
(Authorized to Bind Proposer)

Date

## PART V: LIST OF ATTACHMENTS

- **IRS Form W-9.** Link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **Proof of current (active) business registration with Oregon Secretary of State Corporation Division (if organized under 501(c)(3) or 501(c)(19)).**
  - Go to [http://egov.sos.state.or.us/br/pkg\\_web\\_name\\_srch\\_inq.login](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login), enter your business name and search. Click on printer friendly and print. Submit entire document.
- **Proof of registration with the Charitable Activities Section of the Oregon Department of Justice and the most recent Oregon Form CT-12 report (entire report) filed with the Department of Justice.**
  - Go to <https://justice.oregon.gov/charities>, enter your business name and search. At the bottom of the page, click on “print” and submit printed document.
  - On the page for business, on the left side under “documents,” click on the most current “Charity Report.” Print the entire CT-12.
- **No more than three (3) letters of support**
- **Proposer’s current annual operating budget**
- **Proposer’s previous year annual income and expense statement**
- **Line item budget for grant funds only**