



Minnesota Department of Veterans Affairs

“Support Our Troops”

# Grant Application Forms

Request for Proposal (RFP)

*Americans with Disabilities Act (ADA) Statement: This information is available in accessible formats for people with disabilities. For this and for other information on disability rights and protections, contact the MDVA Agency ADA Coordinator at: 651-548-5961.*

**APPLICATION PACKAGE** - The following pages contain all of the required forms (as identified in SOT Application Instructions - Table I) that must be submitted for funding consideration.

## FORM 1 – APPLICATION PACKAGE COVER PAGE

**Organization Legal Name:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Website URL:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Areas Served:**        **7 County Metro**  
                                 **Greater MN**  
                                 **Both**

**Congressional District(s)**  
**State Legislative District(s)**

**Federal Tax I.D. Number:** \_\_\_\_\_ **State Tax I.D. Number:** \_\_\_\_\_

### GRANT APPLICATION SUMMARY INFORMATION

**Program/Activity Name:** \_\_\_\_\_ **Total Grant Dollars Requested:** \_\_\_\_\_

**In 2-3 sentences, summarize the purpose of the proposed Program/Activity:**

### CONTACTS

**Executive Director/CEO Name:**

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Board of Director Chair Name:**

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Fiscal Director Name:**

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Grant Administrator Name:**

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Board of Directors Approval

**Grant Application Approved by Governing Board of Directors:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# FORM 2 – FINANCIAL CAPACITY

**Program/Activity Name:**

**Organization Legal Name:**

**Date Registered in MN**

**Former Legal Name?**

**Date Registered in MN**

**Is organization currently listed as a 501(c) with the IRS?**

**Yes**

**No**

**Organization’s total revenue reported in the most recent tax year?**

**Organization Affiliations:**

- Will Program/Activity be conducted exclusively by employees/volunteers? Yes    No
- Will organization subcontract any services necessary to conduct the Program/Activity? Yes    No
  - If yes, do any employees/volunteers have business affiliations? Yes    No

**Number of Employees:**

**FTE**

**Part-time**

## 1. POLICIES & PROCEDURES

**Does organization have written policies and procedures for the following business processes?**

Accounting	Yes	No	Notes:
Purchasing	Yes	No	
Payroll	Yes	No	

## 2. FINANCIAL REPORTS ENCLOSED (See Table I of the Instructions)

Yes	No	Most recent board-reviewed financial statements	Date
Yes	No	Most recent IRS Form 990	Year
Yes	No	Most recent independently audited Certified Financial Statement	Year

## 3. DEBT

Yes	No	Has any debt been incurred in the last 12 months?	Amount
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On a separate piece of paper, explain the reason for the debt(s), the funding source for paying back the debt and when the full debt amount is due.

## 4. UNRESRICTED FUNDS

Current amount of unrestricted funds Amount

## 5. LEGAL ISSUES

Yes	No	Are there any current or pending lawsuits against the organization and/or employee(s) /volunteer(s)?
Yes	No	Will lawsuit impact the organization’s financial position?
Yes	No	Has the organization lost any funding due to accountability issues, misuse, or fraud? If yes, please describe the situation on a separate sheet of paper?

# FORM 3 – PROGRAM/ACTIVITY CAPACITY

**Program/Activity Name:**

**Organization Legal Name:**

**1. Complete for organization’s leadership, key staff (and/or volunteers) who will be responsible for implementing and/or managing the Program/Activity described in the Grant Application.**

Position Title <i>Employee or Volunteer</i>	Program/Duties <i>Currently performed</i>	# Years’ Experience <i>Work-related</i>	Annual Salary	Highest Degree Achieved (e.g. High School, Bachelor’s Degree)	Estimated % Work Week required to support Pgm/Activ. <i>(decimal)</i>

**2. Summarize organization’s experience in providing the Program/Activity proposed in this Grant Agreement.**

# FORM 4 – COLLABORATION, PLANNING & APPROACH

Program/Activity Name:

Organization Legal Name:

1. Briefly describe the needs of Veterans with whom you currently, (or will) serve using relevant data and noted trends.

*Address how your Project/Activity will reach underserved Veteran households: a) minority racial and/or ethnic groups, b) differently abled Veterans, c) LGBTQI Veterans, d) Women Veterans, or e) Veterans residing in greater Minnesota.*

Yes  
No

2. Is the proposed Program/Activity targeted to serve one (or more) of the underserved Veteran households referenced in 1. (a – e) above? If yes, in the space provided below write the underserved Veteran households that the proposed Program/Activity is targeted to serve. **Group must be referenced in 1. (a – e) above:**

3. List the types of Veteran outreach methods used e.g. website, newsletter, County Veteran Service Officers (CVSOs) and how the organization reaches unique needs of underserved Veteran populations.

4. Do you track the number of Veterans turned away from your program(s)? Yes      No  
If yes, how many Veterans are turned away per month? # Veterans  
If you do not track Veterans turned away, explain why you do not.

5. How will you measure the grant outcomes and outputs for the Program/Activity described in this Grant Application?

6. If currently serving Veterans, briefly summarize Veteran Outcomes and Outputs in the past 12 months (include how many Veterans have directly been served).

# FORM 5 (Section A) – REVENUE & OTHER FUNDING SOURCES

**Program/Activity Name:**

**Organization Legal Name:**

List organization's **specific** funding sources *in order of largest to smallest* (e.g. Holiday Gala, Rental Income, Smith Family Foundation, Individual Private Donors, etc.)

<i>Previous 13 – 24 months Source(s) of Funding (secured)</i>	<b>Funding Amount</b>	<b>Funding Year</b>
<i>Previous 1 – 12 months Source(s) of Funding (secured)</i>	<b>Funding Amount</b>	<b>Funding Year</b>
<i>Expected Source(s) of Funding (unsecured)</i>	<b>Funding Amount</b>	<b>Funding Year</b>
h o UV8 (indicate agency)	<b>Amount</b>	<b>Year</b>

# FORM 5 (Section B) – EXPLANATION OF EXPENSES

In the space provided, list organization's current, ongoing, *monthly* expenses, in order of largest to smallest (e.g. rent/mortgage, payroll, legal, utilities, supplies, etc.). Do not combine expense categories.

<b>Expense Category</b>	<b>Expense Description</b>	<b>Dollars (approx.)</b>	<b>% of Total Monthly Expenses (decimal e.g. .10 = 10%)</b>

# FORM 6 (Sections A – F)

## PROGRAM/ACTIVITY BUDGET, NARRATIVE & LOGIC MODEL DIAGRAM

### Budget Definitions

**Administration/Indirect:** In general, Administration/Indirect is defined as: General operating/overhead expenses such as the Executive Director, Accounting, Human Resource, IT personnel, payroll, and all other types of expenditures not included under the categories below.

Do not include staff costs for Veteran Case Management or Case Management supervisor staff, payroll, or space/facility costs, unless incurred for a non-program specific purpose.

**Operations:** Costs associated with the operation of the organization. Examples include rent, utilities, travel, equipment, marketing, etc. If this is a supportive services only project, operations/space costs are those incurred to pay for the space where supportive services are provided.

**Direct Veteran Services:** Costs associated with staff who provide case management and other Direct Program Services to program participants (Veterans), or management staff when involved in direct supervision of Direct Program Services staff. Direct Veteran Services costs also include direct aid that benefits program participants including transportation or costs associated with direct assistance to Veterans.

**Please Note: This is a Reimbursement Grant**

### Section A – Grant Program/Activity Budget *(Complete this section after completing Section D below. Administration/Operations/Direct Veteran Budget Category percentages should total 100%.)*

**Program/Activity Name:**

**Organization Legal Name:**

Budget Categories	Total Budget Category Amount	% of Total Grant Amount (decimal e.g. .25 = 25%)
Administration/Indirect		
Operations		
Direct Veteran Services		

### Section B – Statement of Future Sustainability *(In the space provided, describe how the organization, if awarded the SOT grant, plans to sustain funding for this Program/Activity in subsequent year(s) after the grant funds have been expended.)*

## Section C – MDVA Grant Agreement Terms Review

**Program/Activity Name:**

**Organization Legal Name:**

I have read and accept the State’s Terms and Conditions, which can be found in the <b>Sample Grant Agreement</b> and <b>MDVA Grants Manual</b> at the MDVA Website Grants Page: <a href="http://mn.gov/mdva/resources/federalresources/grants/index.jsp">http://mn.gov/mdva/resources/federalresources/grants/index.jsp</a> .	Yes	No
I am aware that the definition of a “Veteran” is defined by MN Statute 197.447. I understand that if selected for SOT Grant funding, prior to grant payment, my organization is required to obtain military discharge documentation (DD214’s) from the Veterans served by this grant and provide to MDVA in order to confirm that the Veterans meet the MN Statute definition of "Veteran".	Yes	No

## Section D – Grant Program/Activity Detailed Description of Costs

*(Limit to estimated costs associated for this grant only.)*

**Geographic Areas to be served:** (Counties, Cities etc.)

**Grant Period:** (12, 18 or 24 months):                      **Approx. # Vets (& family members) to be Served by Grant**

Administration/Indirect		Operations		Direct Veteran Services	
Budget Detail (e.g. IT Fees, Mortgage, Executive Director Salary, HR, etc.)	\$ Dollars	Budget Detail (e.g. Travel, Equipment, Supplies, etc.)	\$ Dollars	Budget Detail (e.g. Hotel Vouchers, Veteran Case Mgmt., etc.)	\$ Dollars
<b>Total \$ Requested</b>					



## Section E – Grant Program/Activity Narrative

**Program/Activity Name:**

**Organization Legal Name:**

### **Narrative Instructions**

On 4 - 6 separate pages, please provide a Program/Activity Narrative. Address questions 1 – 3 *in the order shown below*, including any other information relevant to this proposal, including graphs and/or pamphlets.

Begin each section in the narrative with the question addressed (e.g. "1. Describe how the Grant Applicant's Program/Activity aligns...").

The Grant Applicant's narrative must be submitted in 12-point or 14-point font on 8 ½ x 11 inch pages, double-spaced. The size and/or style of graphics, tabs, margin notes/highlights, etc. are not restricted by this RFP and their use and style are at the Grant Applicant's discretion.

1. Describe how the Grant Applicant's *proposed* Program/Activity aligns with the priorities of the Support Our Troops Grant Program.
2. Provide an overview of the Grant Applicant's Program/Activity including:
  - a. How many Veterans and/or their family members will be served?
  - b. A description of how the Grant Applicant's Program/Activity will be administered.
  - c. How does the proposed budget relate to the Grant Applicant's Program/Activity?
3. Program Description (if applicable) - Grant Applicants whose Program/Activity is for ongoing, Veteran "retreats" or "programs" must provide a detailed, daily schedule. Include
  - a) number of days, b) activity start /end times and c) a brief description of each activity.

### **Logic Model Diagram**

Please complete the Logic Model Diagram (fillable PDF format) below for the organization's *proposed* Program/Activity using the column headings provided on the following page. Information about Logic Model Diagrams may be accessed on-line including at the link provided below:

<https://managementhelp.org/evaluation/logic-model-guide.htm> (Description and example provided)

Note:

Please make ensure that the total amount of your request is sufficient to cover the project, including the cost of required MDVA logos per sample grant agreement. Once the application is approved, a funding increase request cannot be granted.

# Section F – Grant Program/Activity Logic Model Diagram

**Program/Activity Name:**

**Organization Legal Name:**

RESOURCES/INPUTS (What We Invest)	OUTPUTS		OUTCOMES (What the program will accomplish?)		
	Activities (What We Do)	Participants (How many Veterans We Will Reach)	Short-term	Medium-term	Long-term

**ASSUMPTIONS**

**EXTERNAL FACTORS**

**EVALUATION PLAN** (How will Program/Activity Be Evaluated?) *Ref: Form 4, Question 5*



## Acknowledgment Page

### Financial Documents for Nonprofits (all or as applicable)

- ✓ Certified Financial Statements (Required – all organizations with annual income > \$750,000)
- ✓ IRS 990 - (includes 990-EZ & 990-PF)
- ✓ IRS 990-N and all other nonprofits that are not required to submit the IRS 990, 990-EZ or 990-PF must submit the following:
  - Nonprofit's Bank Statements for all accounts (previous three months)
- ✓ Minn. Ch. 309-Verification of Attorney General' Office registration or exemption of Charities and Charitable Trusts (<https://www.ag.state.mn.us/charity/>)

**Initial**

### Required Financial Documents for For profits

- ✓ Income Tax Statement – Most recent IRS submission
- ✓ Certified Financial Statements (Required - all organizations with annual income > \$750,000)

**Initial**

### Required Financial Documents - All Organizations

- ✓ Submit MN Secretary of State Proof of Status "Active/ In Good Standing" (Screen shot OK)([https:// mblsportal.sos.state.mn.us/business/search](https://mblsportal.sos.state.mn.us/business/search))
- ✓ Balance Sheet (financial statement that reports organization's assets, liabilities etc.)
- ✓ Annual Report – Current (if available)

**Initial**

### Encouraged but not required

Supporting documentation (e.g. brochures) for organizations that report that the organization's Grant ApplicationProject/ Activity will exclusively serve Veteran sub-populations (e.g. minority racial and ethnic groups, differently abled Veterans, LGBTQI Veterans, Veterans residing in greater Minnesota, and Women Veterans) Ref. Form 4 – Questions 1 & 2)

I acknowledge that I have included all of the required documents:

**Signature**

*Failure to include the above items may disqualify you from this grant*