Minnesota Department of Veterans Affairs

CVSO Competitive 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: 612-548-5961.

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

FORM 1 – APPLICATION PACKAGE COVER PAGE

County Name:		
Address:	**City:**	**Zip:**
Date:	**Telephone:**	

Areas Served (Check one only): ☐ **7 County Metro** ☐ **Greater MN** ☐ **Both**

GRANT APPLICATION SUMMARY INFORMATION

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

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

CONTACTS

County Veteran Service Officer (CVSO) Name:

Telephone: Email:

County Board of Director Chair Name:

Telephone: Email:

County Fiscal Director Name:

Telephone: Email:

Proposed Grant Administrator (CVSO recommended):

Telephone: Email:

☐ *I certify that the information provided herein is to the best of my knowledge true, complete and accurate.*

Application Prepared by:

_____ _____ _____

Signature *Title* *Date*

County Board Approval

_____ _____ _____

Signature *Title* *Date*

FORM 2 – COLLABORATION, PLANNING & APPROACH (General)

Program/Activity Name:

County Name:

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

Total # of CVSO Staff: Full-time Part-time

In accordance with Minnesota Statute § 197.608, please select the program area that best fits your request:

☐ Outreach
☐ Reintegration
☐ Collaboration with Social Service Agencies; Educational Institutions; and other relevant community resources
☐ Reduction of homelessness among veterans
☐ Enhance the operations of the county veterans service office

Does your CVSO Office have experience providing the Program/Activity proposed in this Grant Agreement? ☐ Yes ☐ No

1. If yes, summarize county's experience in providing the Program/Activity proposed in this Grant Agreement.

FORM 3 – PLANNING & APPROACH (Details)

Program/Activity Name:

County Name:

Briefly describe the needs of Veterans who will be served as it relates to the proposed Project/Activity using relevant data and noted trends.

10 Bonus Point Eligibility Requirement #1

Is your Project/Activity designed to exclusively serve underserved Veteran households?
If yes, indicate below:

- ☐ Minority racial and/or ethnic groups
- ☐ LGBTQ+ Veterans
- ☐ Veterans residing in greater Minnesota
- ☐ Differently abled Veterans
- ☐ Women Veterans

10 Bonus Point Eligibility Requirement #2

Is your Project/Activity designed to *specifically address* MDVA CVSO/competitive Grant Application funding priorities? If yes, indicate below:

- ☐ Veteran Homelessness Prevention
- ☐ Veteran Suicide Prevention

Briefly describe the types of Veteran outreach methods to be used (e.g., website, word of mouth, newsletter) to reach Veterans (including underserved Veteran populations).

Describe how the CVSO Office will measure the grant outcomes for the proposed Program/Activity addressed in this Grant Application?

What grant outcome for the proposed Program/Activity will indicate success?

FORM 4 – EXPLANATION OF EXPENSES

Program/Activity Name:

County Name:

In the space provided, list the current, ongoing, monthly CVSO Office expenses, in order of *largest to smallest* (e.g., payroll, advertising, equipment, supplies, etc.).

Do not combine expense categories.

Expense Category	Expense Description	Dollars (approx.)	Percentage of Total Monthly Expenses (Decimal e.g., .10 = 10%)
			0%
			0%
			0%
			0%
			0%
			0%
			0%
			0%
			0%
			0%
			0%

FORM 5 (Sections A – F)
PROGRAM/ACTIVITY BUDGET & NARRATIVE

Program/Activity Name:

County Name:

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 service 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.

This will be an advanced payment grant with a required quarterly documentation submission to MDVA.

Section A – Grant Program/Activity Budget (Enter Budget Category Dollar Totals from Section D below. Budget Category percentages should total 100%.)

Budget Categories	Total Budget Category Amount	Percentage of Total Grant Amount (Decimal e.g., .25 = 25%)
Administration/Indirect	$ 0	0%
Operations	$ 0	0%
Direct Veteran Services	$ 0	0%

Section B – Statement of Future Sustainability (In the space provided, describe how the County, if awarded the CVSO/competitive grant, will 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:	
County Name:	
I have read and accept the State's Terms and Conditions, which can be found in the Sample Grant Agreement and MDVA Grants Manual at the MDVA Website Grants Page:	☐ Yes ☐ No
I have reviewed the "Reporting Grant Expenditure Videos (Parts 1-4) MDVA Website Grants Page:	☐ Yes ☐ No
I am aware that the definition of a "Veteran" is defined by MN Statute 197.447. I understand that if selected for Grant funding, my organization is required to collect from the Veterans served and provide MDVA with the military discharge documentation (DD214's) to confirm that the Veterans' served by this grant meet the requirements as defined by MN Statute.	☐ Yes ☐ No
IMPORTANT - I understand that MDVA grant expenditure reporting requirements (re: submitting invoices, receipts etc.) for the CVSO/competitive grant are significantly more robust than for the legislatively named CVSO grant.	☐ Yes ☐ No

Section D – Grant Program/Activity Budget (Detail)

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

Requested Grant Period: (e.g., 12/18/25 months.): months

Approx. # Veterans to be Served by Grant:

Administration/Indirect		**Operations**		**Direct Veteran Services**	
Budget Detail (e.g., IT fees, New CVSO Admin staff etc.)	**$ Dollars**	**Budget Detail** (e.g., Travel, Equipment, Supplies, etc.)	**$ Dollars**	**Budget Detail** (e.g., Hotel Vouchers, Veteran Case Mgmt., etc.)	**$ Dollars**
Total $ Requested	$ 0		$ 0		$ 0

Section E – Grant Program/Activity Narrative

Program/Activity Name:

County Name:

Narrative

On a 2 – 4 page separate WORD document, please provide a Program/Activity Narrative. Address questions 1 – 4 in the order shown below, including any other information relevant to this proposal. This narrative is required to be included with the application in order to be considered for grant funding.

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 Minnesota Statute § 197.608.
2. Describe how the Grant Applicant's proposed Program/Activity addresses an unmet need for the County.
3. Provide an overview of the Grant Applicant's proposed Program/Activity including:
    a. How many Veterans and/or their family members will be served?
    b. A description of how the Grant Applicant's proposed Program/Activity will be administered. Include:
        - The title of the assigned County's Authorized Representative *(CVSO Recommended)*

        Note: The County's Authorized Representative is responsible for on-going, grant-related communications with the MDVA Authorized Representative, grant expenditure tracking, grant Project/Activity management & reporting, grant close out etc.
4. Program Description (if applicable) - Grant Applicants whose Program/Activity is for ongoing, Veteran "retreats" or "programs" must provide a detailed, daily schedule. Include:
    - Number of days
    - Daily activity start/end times
    - Brief description of each activity

Note: Grant awardees who later, during Grant Agreement negotiations request a change to the original Project/Activity described in the Grant Application risk the grant award being disqualified.