



Of Minnesota Foundation
20 West 12th Street, 3rd Floor
Saint Paul, Minnesota 55155-2002
Phone: 651-291-1212
Fax: 651-291-0115
www.davmn.org

DAV of Minnesota Foundation Grant Request

Please answer the following questions to the best of your ability.

Who will be the point of contact for this project/program?

NAME:

ADDRESS:

PHONE:

EMAIL:

What is the dollar amount you are asking for from the DAV MN Foundation?

Amount Requested

When are Funds Requested

How much has been donated from the foundation in the past for this project/program

PROGRAM GOALS APPLYING UNDER

- Outreach to Veterans
- Reintegration of Combat Veterans
- Collaboration with social service agencies
- Collaboration with educational institutions and other relevant community resources
- Reduction of Homelessness Among Veterans
- Digital Records Management
- Transportation Program
- Outdoors Program
- Community Outreach/ Awareness
- Staff Management and Training
- Healthcare and Well-being
- Other

PROJECT RATIONALE

PLEASE PROVIDE A NARRATIVE THAT DESCRIBES WHY YOUR WORK MATTERS TO THE VETERANS AND OR THE COMMUNITY YOU SERVE. IT SHOULD INCLUDE THE SCOPE, IMPACT, HISTORY, AND NEED OR PURPOSE YOU ARE FILLING BY THIS REQUEST. IF RELEVANT, DESCRIBE THE ROLE OF ANY PARTNERS OR VOLUNTEERS.



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1.) Do you have any additional resources you have allocated for this project/program?

2.) Have you reached out to any chapter for assistance with funding (additional support)?

3.) How much money have you raised outside of funding requests from DAV of Minnesota?

4.) Are there any additional sources for possible funding or partnerships for this project/program?



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5.) How will the project/program be carried out? List any specific steps you will take or have taken

6.) What are the specific measurable outcomes for which you are requesting support?

7.) How many Veterans will this project/program serve?



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8.) What plan do you have for Publicity/Signage/ Recognition of the support of the DAV of MN and the DAV of MN Foundation? (i.e. pictures, volunteer recognition, news release, social media, use of DAV logo.) (Work with DAV of MN Dept. staff to ensure proper use of all trademark materials in accordance with the DAV National Bylaws)

Budget

PLEASE ATTACH AN ITEMIZED BUDGET / COST ESTIMATE, FOR THE REQUESTED MONETEARY AMOUNT OR ENTER BUDGET INFORMATION IN THE SPACE PROVIDED BELOW. THIS SHOULD BE A DETAILED ACCURATE AMMOUNT OF COST DIRECTLY ASSOCIATED WITH YOUR REQUESTED AMMOUNT. PLEASE BE AS DESCRIPTIVE AS POSSIBLE.

By checking yes, you understand that there may be a requirement for a post report of the project/service.

Yes No

Upon completion of this form, please forward this grant application to Executive Director, Stephen Whitehead. You can email this form to me at Stephen@davmn.org , fax it to 651-291-2291, or mail it to DAV MN Foundation at 20 W 12th St., St. Paul MN 55155