



Of Minnesota Foundation  
20 West 12<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Saint Paul, Minnesota 55155-2002  
Phone: 651-291-1212  
Fax: 651-291-0115  
[www.davmn.org](http://www.davmn.org)

## DAV of Minnesota Foundation DAV Chapter Grant Request

Please answer the following questions in their entirety. DO NOT skip sections or only submit a letter supporting your request. Complete the Grant Request Document, and you may then add a letter of support describing your request. Attach an itemized budget, estimate, or invoice detailing specific information on the amount you are requesting.

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

NAME:

CHAPTER:

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



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## **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  
Outreach Awareness  
Healthcare/Well-being  
Employment  
Chapter health  
Staff Management and Training  
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.) How much money have you raised outside of funding requests from DAV of Minnesota?**

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

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



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

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

7.) 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:** The Foundation Board reserves the right to gather information about the project budget to ensure the proper use of foundation funds in accordance with the mission and vision of the DAV of MN Foundation, as well as being held to the standards of the National Bylaws.

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](mailto:Stephen@davmn.org), fax it to 651-291-2291, or mail it to DAV MN Foundation at 20 W 12<sup>th</sup> St., St. Paul MN 55155



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