



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

Organization Name

EIN

Contact Name

Contact Title

Address

Phone Number:

Email:

Number of paid employees

Number of active volunteers

Grant Request

Amount Requested:

Purpose of this grant

Type of Grant

- One-Time
- Multi-year

- Partnership

How will the funds be used?

- Outreach
- Reduction of Homelessness
- Healthcare and Well-Being
- Transportation
- Mental Health

How many veterans or families will this impact?

Project Rationale

Briefly describe your grant objectives:

Why is there a need for this grant? What gap will this grant address?

Has a plan for implementing and monitoring the program been developed, please outline:

What are the program outcomes and how will you measure them?

Additional Organizational Information

Brief description of your organization and its primary objectives.

Describe your organizations special qualifications to address these objectives.

List other groups addressing the same or related objectives and the extent of your coordination with each in developing your proposal.

Financial Information

- Please attach an itemized budget/cost estimate, for the requested monetary amount. This should be a detailed accurate amount of costs directly associated with the requested amount. Please be as descriptive as possible.
- Please provide a current 990 and W9

List any previous grant applications to the DAV MN Foundation in the past five years

Describe the sustainability of your organization and this program outside of DAV MN Foundation Funds

Tracking and Follow-up

Describe the program's evaluation plan. Please be specific about who will evaluate it; expected dates for assessment of your objectives; criteria for judging success.

*If a grantee is unable to expend all its grant funds before the grant expires, the grantee must notify the DAV of MN Foundation Executive Director at least 30 days before the end of the grant. Any unused grant funds will be returned to the Foundation and reallocated to other projects.

Upon completion of this form, please forward this grant application to Executive Director, Lauri Brooke. You can email this form to me at lauri@davmn.org , fax it to 651-291-0115, or mail it to DAV MN Foundation at 20 W 12th St., St. Paul MN 55155

