**KY Veterans Program Trust Fund**

Application for Grant Funding

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| **Your Organization** |  |
| What is the specific purpose of the project? | Click or tap here to enter text. |
| Date of Request: | Click or tap to enter a date. |
| Name of Organization Requesting Funds: | Click or tap here to enter text. |
| What is the purpose of your organization? |  |
| Do you have a Kentucky State Vendor #? | YES [ ]  NO [ ]  If yes, what is that number? Click or tap here to enter text. |
| Have you received tax-exempt status from the IRS? | YES [ ]  NO [ ]  IF YES list your tax identification number here: Click or tap here to enter text. |
| If yes, what is that status? | Click or tap here to enter text. |
| Would you voluntarily show the Trust Fund Board tax returns and other financial information? | Click or tap here to enter text. |
| Has your organization been rated by a charity rating service such as Charity Navigator? | Click or tap here to enter text. |
| If yes, what ratings have you received? | Click or tap here to enter text. |
| Mailing Address: | Address: Click or tap here to enter text.City: Click or tap here to enter text. State: Click or tap here to enter text.Zip Code: Click or tap here to enter text. |
| Website Address: | www. Click or tap here to enter text. |
| Name of Reliable Point of Contact (POC)  \**If we cannot reach you, your application may not be considered* | First Click or tap here to enter text.Last Click or tap here to enter text. |
| POC Email Address | Click or tap here to enter text. |
| POC Phone Number | Click or tap here to enter text. |
| Number of requests your organization has made to the Trust Fund. | Click or tap here to enter text. |

**Project to be funded**

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| What is the specific purpose of the project?Click or tap here to enter text. |
| Describe the project: Click or tap here to enter text. |
| How will this project benefit Kentucky Veterans? Click or tap here to enter text. |
| Total Cost of Project: Click or tap here to enter text. |
| Amount Requested from Trust Fund: Click or tap here to enter text. |
| List community partners with their financial contributions to this project: Click or tap here to enter text. |
| Provide a detailed budget of the project showing the specific funding sources:  |
| Funding check to be made payable to:Click or tap here to enter text. |

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| Have you received funding for this project from any state agency?  YES [ ]  NO [ ] What year did you receive funding? Click here to enter a date.If so, the total amount received? $ enter a dollar amount here If yes, enter the name of the agency here: enter name here  |

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| **Prohibited Areas Where Funding is Not Permitted**: Construction of a building, renovation of an existing building, entertainment costs, maintenance costs associated with a veterans service organization, salaries and travel costs to seminars and conferences.**Mandatory Disbursement Report:** After the grant is approved, you must submit to the Trust Fund Board a written report on how the funding used on this project within 30 days of your project’s completion.**Recognition of Trust Fund Support:** All communications/publicity materials about your project must acknowledge the financial support of the Kentucky Veterans Program Trust Fund and incorporate the Trust Fund Logo to be provided upon request. |