



KY Veterans Program Trust Fund

Application for Grant Funding

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 <input type="checkbox"/> NO <input type="checkbox"/> If yes, what is that number? Click or tap here to enter text.
Have you received tax-exempt status from the IRS?	YES <input type="checkbox"/> NO <input type="checkbox"/> 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) <i>*If we cannot reach you, your application may not be considered</i>	Last, First 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

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.

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](#)

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.