

# TEXAS VFW

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# FOUNDATION

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## HOMELESS VETERANS ASSISTANCE GRANT

### **ABOUT THIS PROGRAM**

The Texas Veterans of Foreign Wars Foundation has established a fund for providing items used for Homeless Veterans stand down events in which VFW Posts and/or Districts participate. The information requested in this Application is necessary for the Texas VFW to have an accurate understanding of your purchases. Incomplete, illegible, and/or inaccurate applications will prolong the application process and/or result in denial.

Posts/Districts must submit this application in advance of the planned event for pre-approval of an amount that will be reimbursed to help support the efforts of the Post/District.

### **COST REIMBURSEMENT GUIDELINES**

Reimbursements are made on a cost basis FOR NON-FOOD ITEMS ONLY. The Post/District is required to make the purchases of all items. Reimbursements must be supported by source documentation. Requests for reimbursement may not exceed the amount pre-approved. .

### **ELIGIBILITY CRITERIA**

- The Post/District has donated to the Homeless Veterans Fund.
- The Post either conducts or participates in either a qualified homeless veteran stand down, VA sponsored homeless veteran stand down or health fair.
- The Post purchased items (not services) for the stand down that are given to the homeless veteran.
- The VFW Post is in good standing and is not in arrears to Department, National or any federal, state or local government entity at both the time of application and distribution of grant funds.

### **APPLICATION**

Interested Posts/Districts must complete and submit the application for pre-approval of an amount and are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete, illegible, and/or inaccurate applications will prolong the application process and/or result in denial. Submission of a completed application does not mean a grant will be given or funded.

## **PAYMENTS**

Payments are reimbursements not to exceed the pre-approved amount to the Post/District. Requests for reimbursement must be on Post/District letterhead with adequate supporting documentation. Supporting documentation may be a paid invoice, receipt of payment, cancelled check, or other proof of paid service. The Texas VFW will issue funds within forty five (45) days of receipt of all source documentation.

## **REVISIONS**

The Texas VFW Foundation reserves the right to review the conditions and procedures of this program and to make changes at any time including termination of the program.

## **MAILING ADDRESS**

All materials, must be addressed to:

**Texas VFW**  
**P.O. Box 14468**  
**Austin, Texas 78761**

## **CERTIFICATION**

Texas VFW Foundation has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Texas VFW Foundation. (Please keep a copy for your files).

I understand that only completed applications will be considered. I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information. Falsification or intentional omission of requested information may result in termination of any award granted. If selected as a recipient, I also agree to allow the Texas VFW Foundation and the Texas VFW to use my Post information and photographs of the project I will provide for promotional purposes.

Post Commanders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Post Commanders Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

District Commanders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Commanders Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

## **FOR QUESTIONS CONTACT:**

Texas VFW Foundation at (512) 291-6850 or by email at [foundation@texasvfw.org](mailto:foundation@texasvfw.org)

# TEXAS VFW FOUNDATION



All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee payment of funds. The Texas VFW Foundation reserves the right to make exceptions on a case-by-case basis.

## HOMELESS VETERANS ASSISTANCE GRANT

**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**

Completeness and neatness ensure your application will be reviewed properly.

### POST/DISTRICT INFORMATION

|                      |        |         |               |
|----------------------|--------|---------|---------------|
| NAME:                |        |         | POST NUMBER   |
| MAILING ADDRESS:     |        |         |               |
| CITY:                | STATE: | COUNTY: | ZIP:          |
| PHONE:               |        | EMAIL:  |               |
| IRS EIN#:            |        |         | CHARTER DATE: |
| VFW POINT OF CONTACT |        |         |               |
| PHONE:               |        | EMAIL:  |               |

### PROJECT INFORMATION

**PROJECT DESCRIPTION:**

|  |  |
|--|--|
|  |  |
| DATE OF PROJECT:                             | LOCATION:                                      |
| APPROXIMATE NUMBER OF VETERANS TO BE SERVED: | NUMBER OF POST/DISTRICT MEMBERS PARTICIPATING: |
| V.A. CONTACT PERSON                          | PHONE:   |

**FINANCIAL INFORMATION**

|                                  |                                      |
|----------------------------------|--------------------------------------|
| <b>TOTAL BUDGET AMOUNT—\$</b>    | <b>TOTAL AMOUNT REQUESTED—\$</b>     |
| <b>Amount from Post Funds—\$</b> | <b>Amount from District Funds—\$</b> |
| <b>Amount from Community—\$</b>  | <b>Amount from Post members—\$</b>   |

**BUDGET ITEMS**

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**DONATIONS**

List all donations of materials, equipment, services, etc. and estimated value of donation.

| <b>Donor</b> | <b>Item</b> | <b>Value</b> |
|--------------|-------------|--------------|
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**TEXAS VFW USE ONLY**

|                              |                         |
|------------------------------|-------------------------|
| <b>Approved:</b> Yes      No | <b>Not to exceed \$</b> |
| <b>Signature:</b>            | <b>Date:</b>            |