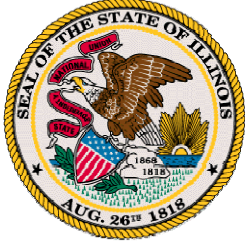


Date Received by IDVA: \_\_\_\_\_

Grant #: \_\_\_\_\_



# IDVA Veterans' Scratch off Lottery Grant Application

Please send to: IDVA Grants Manager • 100 W. Randolph Street Suite 5-570 • Chicago, IL • 60601

## Funding category for this grant (check only one)

These five funding categories are authorized under **Public Act 94-585**:

- Post-Traumatic Stress Disorder     
  Veterans Homelessness     
  Veteran Long-term Care  
 Veteran Disability Benefits     
  Veteran Health Insurance Costs

Amount requested: \$ \_\_\_\_\_

## Organizational Information

Organization name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Executive Director, Title \_\_\_\_\_ Phone \_\_\_\_\_

Contact person/title \_\_\_\_\_ Phone \_\_\_\_\_

Total organization budget for current year \$ \_\_\_\_\_

Date of incorporation \_\_\_\_\_ FEIN (or SSN of Exec Dir) # \_\_\_\_\_

Is your organization tax exempt?  Yes  No If so, under what IRS Section? \_\_\_\_\_

Registered name (If different than above): \_\_\_\_\_

Do you have a fiscal agent? (please identify organization, contact person, and telephone number)

Summarize the program's mission ( 2-3 sentences )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received by IDVA: \_\_\_\_\_

Grant #: \_\_\_\_\_

**Proposed Geographic service area(s)**

- Northwestern Illinois     Chicago and vicinity (Collar Counties)     Central Illinois
- Southern Illinois     Statewide \_\_\_\_\_     Other (*specify*) \_\_\_\_\_
- Specify County (Counties) \_\_\_\_\_

**Provide descriptions of the populations your organization serves** (*i.e. veterans with PTSD, homeless veterans, veterans seeking benefits, long term care veterans, etc.*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Summarize the purpose of your request** (*continue on separate sheet if necessary*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed funding period:** From \_\_\_\_\_ To \_\_\_\_\_

**Note:** A Grant award will not imply continuation or priority for future awards.

**List other private and public funding sources for this program**

| <i>Funding sources—to date</i> | <i>Amount</i> | <i>Date received</i> |
|--------------------------------|---------------|----------------------|
| _____                          |               |                      |
| _____                          |               |                      |
| _____                          |               |                      |
| _____                          |               |                      |

| <i>Funding sources—pending</i> | <i>Amount</i> | <i>Anticipated receipt date</i> |
|--------------------------------|---------------|---------------------------------|
| _____                          |               |                                 |
| _____                          |               |                                 |
| _____                          |               |                                 |
| _____                          |               |                                 |

**Program/project Budget** Expenses \$ \_\_\_\_\_ Revenues \$ \_\_\_\_\_

**Signature of authorized official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name/Title** \_\_\_\_\_

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**Suggested Narrative** *(Maximum three single-spaced pages, exclusive of attachments)***A. Background**

1. Organization's mission, history, overall goals and/or objectives.
2. Description of current programs and activities. Please emphasize major achievements of the existing program during past two years.
3. Description of formal and informal relationships with other organizations.

**B. Purpose of funding request**

1. If applying for general operating support, briefly state how this grant will be used.
2. If your request is for a specific project, please provide the following information:
  - The needs or problems of the veteran community that this effort will address.
  - Describe how the project addresses these identified needs.
  - Program description to include strategies employed to implement the proposed project:
    - (1) goals and objectives,
    - (2) timetable for accomplishing stated goals and objectives,
    - (3) program model
    - (4) staffing, and
    - (5) collaboration with other agencies.
  - If this is a collaboration, briefly describe the partners.
  - Explain how the program will be supported after termination of the grant.

**C. Evaluation**

1. Explain how you will measure the effectiveness of your activities.
  2. Describe your criteria for success.
  3. Describe the results you expect to have achieved by the end of the funding period.
- 

**Attachments** *Please provide in the following order, as available.***A. Finances**

1. Audited financial statements for the last two fiscal years, if available, or Form 990. If neither document is available, include un-audited financial statements.
2. Current year's operating budget to include both projected expenses and revenues. Categorize expenses under program, general and administrative, and fundraising.
3. Program budget (with narrative, if applicable).
4. If request is for a multi-year grant, include multi-year program budget.
5. Capital budget and a list of Fundraising Committee members (if applicable).
6. A list of foundations, corporations, or governmental agencies which funded the organization in the last fiscal year, including amounts contributed.
7. Itemization of proposed use of requested funds.

**B. Other Supporting Materials**

1. Verification of the organization's or fiscal agent's tax-exempt status under Section 501(c) 3 and 509(a) of the IRS code. If using a fiscal agent, please include Letter of Authorization.
2. Bi-annual reports submitted to the Illinois Department of Veterans' Affairs, if previously funding by Veterans Lottery Grant
3. Summary of the organization's prior year's activities.
4. Current board list with related employment affiliation.
5. Qualifications and employment history with the organization of the professional program staff relative to program type requested.
6. If the project for which funding is sought is a collaboration with other agencies, include letters of agreement/understanding from the collaborating agencies.
8. Letters of support and/or program reviews (if applicable).

Edit 1-23-07

*(With acknowledgement to the Donors Forum of Chicago's Common Grant Application Form)*