Veterans' TOT 2026 Grant Application

PROGRAM DEADLINE: April 23, 2026 at 11:59 PM(Midnight)

Organization Information

Organization Information

Legal Name of Organization *

If you are using a fiscal agent, please put their name first, and your organization's name in parenthesis.

Mailing Address- Street number and name OR PO Box *

While most communication is done electronically, this is the address where the grant check will be mailed. Please use fiscal agent's mailing address if your organization is applying through a fiscal agent.

City *

State *

Select one... ▼

Zip Code *

Phone Number *

Please include area code

Organization's Website Address *

Attach your organization's logo.

Select File [Choose File] No file selected
Maximum File Size: 10MB , Accepted file types: .pdf, .jpg
No file attached
If you receive a grant we may use your logo in public announcements.

Grant contact name *

Please use an email that will be checked consistently for grant information and reporting requirements.

Grant contact email address *

Executive Director/ CEO/ President *

Executive Director email address *

Please provide names and titles of your primary board of directors: board president, board secretary, & board treasurer only. *

Please put board position and full name only

Year Incorporated *

If you are part of a parent organization, indicate the year your chapter was incorporated.

Number of paid staff *

Number of volunteers *

Please estimate the number of unduplicated volunteers your nonprofit uses in any given year.

Mission Statement *

Max Number of Words: 100

IF you are using a Fiscal Agent to apply to this grant, please answer all questions above based on the fiscal agent's information. This includes the next section on "good standing". We need information about the Fiscal Agent as the legal organization accepting the grant funding. The exception is the grant contact information...this can be the best contact from your organization.

Fiscal Agent's confirmation letter- this is only needed if the community based organization that is applying is using a Fiscal Agent (because they are not their own nonprofit). Fiscal Agent must write a letter stating that they are taking fiscal responsibility of the grant funds on the community-based organization's behalf if they are granted funds. Fiscal Agents will keep specific program related funds restricted/accounting separate for this particular project request.

Fiscal Agent letter must be dated within 90 days of the grant submittal.

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.jpg*
No file attached
If submitting a grant through a Fiscal Agent, attach a letter from the Fiscal Agent's President/ Executive Director indicating they are aware they will receive the grant funds and be legally responsible that the funding is used per the terms of the grant. Please make sure the Fiscal Agent includes the percentage of grant they will be keeping for their services. Make sure letter is dated.

Grant Information

Grant Information

Grant Title: please create a title that describes what your grant is requesting *

Do NOT title your grant "Veterans TOT grant"...that does not tell us what you are asking for!

Grant Request SUMMARY: In 300 words or less please provide a summary that describes the program/project that your organization is requesting funds for.   *

Max Number of Words: 300

Grant Amount Requested *

$

Proposals of up to $20,000 will be considered. Detailed budget is expected to show where the funds would be spent.
(1 to 20000)

Geographic Area Served by this Grant *

What is the need that your project/program that you are requesting funds for supports? *

Address this application specifically to the needs of Veterans in El Dorado County.

Max Number of Words: 250

Please provide information (DATA) demonstrating the need exists for VETERANS in El Dorado County. *

Max Number of Words: 250

How will this program/project in this grant request address the need described above? *

Max Number of Words: 250

How is your organization suited to meet this need?
Please describe how organization's mission aligns with the need and the program/project that funding is being requested for. *

Max Number of Words: 250

Need - Please score the Project/Program Need from 0-15. *

Evaluator

Has the need been demonstrated?
Is the grant addressing a relevant Veteran need in EDC?
Is the organization qualified to meet the need?
(0 to 15)

Evaluators, please comment on the Project/Program Need .

Evaluator

What is the grant timeline and major milestones of this project?

Please remember, if your grant is approved, funding must be spent within a year. *

Funding will be available September. Grant money is expected to be used within a year. It is permissible for the requesting organization to take longer but the application timeline must specify the long term use. If the group fails to use all grant money in the proposed timeline the commission may request the unspent funds be returned.

Max Number of Words: 250

What are the measurable objectives of the project/program that you are requesting grant funds for? *

Max Number of Words: 300

How will the objectives be measured? *

Max Number of Words: 300

What is the number of un-duplicated veterans to be served if this grant is funded? *

If this is a number range, please enter the number that you feel is most accurate.

What percentage of your total clientele are veterans? *

%

Your grant request ask should match this percentage
(0 to 100)

Quality - Please score the Project/Program Quality from 0-15. *

Is the approach appropriate to meet the need?
Is the implementation/ support plan realistic?
Are there measurable objectives to determine the grant's success?
(0 to 15)

How will you confirm/show proof of a veteran's status? Please be very specific...this data may be asked for in the final report *

Evaluators, please comment on the Project/Program Quality.

What is the anticipated impact of the project? *

Max Number of Words: 250

How will you measure the impact of this project/program? *

Max Number of Words: 250

Is the project/program you are requesting funds for an ongoing program or project? If so, please describe how funding will be found to continue the project upon completion of this grant cycle.

What determines if your program/project continues on in regards to impact? *

Max Number of Words: 350

Impact - Please score the Project/Program Impact from 0-15. *

Evaluator

Is the number of impacted individuals significant? AND/OR
Is the anticipated impact of the project significant?
(0 to 15)

Evaluators, please comment on the Project/Program Impact.

Evaluator

Grant Budget

Grant Program Revenue

Veteran's Grant Amount Requesting *

$ [   ]

The maximum grant amount is $20,000.
(1 to 20000)

Other Contributions

$ [   ]

Please specify the source of these contributions in the budget narrative.

Fundraising revenue

$ [   ]

Total Revenue

$ [   ]

Grant Program Expenditures

Staff salaries, wages and benefits

$ [   ]

Occupancy and utilities

$ [   ]

Equipment

$ [   ]

Supplies, materials and printing

$ [   ]

Travel and meetings

$ [   ]

Marketing and advertising

$ [   ]

Staff and volunteer training

$ [   ]

Contract services

$ [   ]

Other

$ [   ]

Describe the specific expenditures in the Budget Narrative.

Total Expenditures

$ [   ]

Budget Narrative

Budget Narrative *

Max Number of Words: 500

Budget Evaluation

Budget - Please score the budget Return on Investment from 0-15. *

Evaluator

Are the proposed costs appropriate?
Is the intended use of funds clear and specific?
If included, are administrative costs appropriate?
(0 to 15)

Evaluators, please comment on the funding use and impact.

Evaluator

Independent Evaluation Rating

Subjective evaluation of grant application

Subjective - Please score the grant from 0-40 on your subjective knowledge and opinion. *

Evaluator

Is this need already being addressed?
Is the organization sustainable?
Does the organization have credibility?
Will this project make a significant impact on Veterans in EDC?
If the organization has received prior funding, have they used it effectively?
(0 to 40)

Evaluators, please comment on your subjective knowledge and opinion.

Evaluator

Recommended Funding

Evaluator

If desired, please enter your suggested funding amount.

- Evaluator Only

Total Evaluation Score

- Evaluator Only

Evaluation Total Score

Total score *

Evaluator