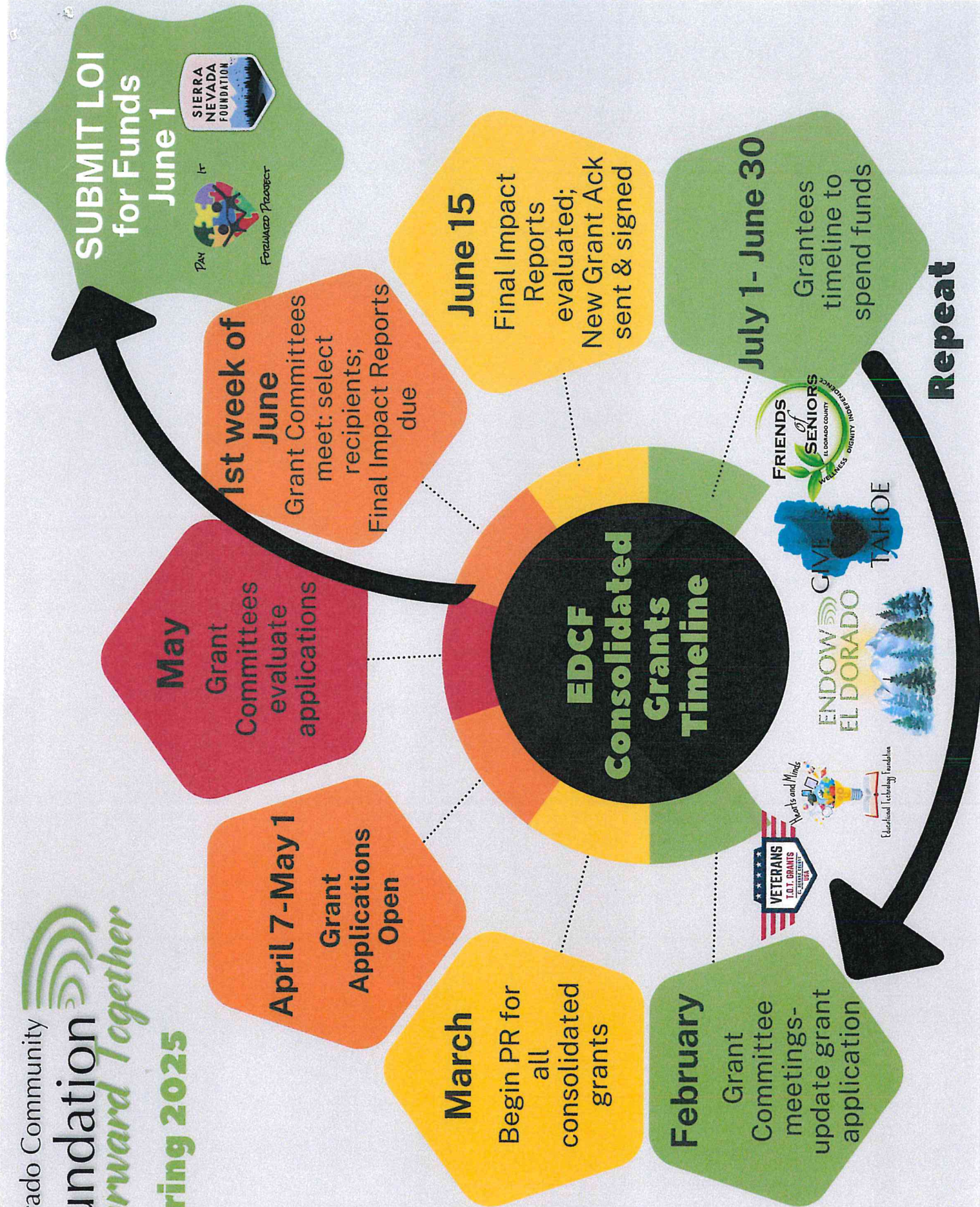




Program Logo



Program Name

Veteran's 2025 Grant Application

Description

The Veterans grant program is funded by El Dorado County to support operations, programs, or property improvements/repairs that support the veteran community at large. Grants are available in amounts up to \$20,000. The application deadline is 11:59 pm May 1, 2025, and funding will be provided no later than August 2025 and must be spent within a year of receipt. Applications are reviewed and grants awarded by the County of El Dorado Veterans' Affairs Commission.

We strongly recommend checking out our [Veterans TOT Grant Writing "tips and tricks"](#) before completing this application. And if you would like to see a EDCF generalized grant writing presentation, we have that on our website at: <https://eldoradocf.org/grants-catalog/>

This is an online Grants Management Tool. All applicants are required to create a login and password. Applicants are able to start an application, save, log out, and return later to finish and submit. If you forget your password you will have the opportunity to reset. Please press the green "Apply" button below to get started or if you already have an account press "Sign In". Ensure this application directly addresses the needs of VETERANS.

We recommend you save your work often. If you have any questions please email kathy@eldoradocf.org. Thank you.

Requirements

In order to receive a grant an organization or group needs to submit an application plan that meets the following requirements:

- Grant funds must go to nonprofits. Individuals are not eligible to receive a grant. For those programs helping individual veterans, funds may be contingent on the veteran providing proof of service via a DD214, El Dorado County Veteran identification card, or a Department of Defense identification card.
- The application requires the requesting organization information and, if different, distributing organization information.
- Grant funds are generally expected to be spent within a year. It is permissible for the requesting

Veteran's 2025 Grant Application

PROGRAM DEADLINE: May 01, 2025 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 *

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.

Mailing Address, line 2

City *

State *

Zip Code *

Phone Number *

Please include area code

Fiscal Agent's confirmation letter- this is only needed if the community based organization that is applying is using a fiscal agent. 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.

Select File No file selected

Maximum File Size: 10MB , Accepted file types: .pdf, .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.

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

Year Incorporated *

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

Executive Director/ CEO/ President *

Executive Director email address *

Grant contact name (if different than above)

Grant contact email address (if different than above)

Number of paid staff *

Number of volunteers *

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

Please provide names and titles of your primary officers or directors (i.e. board president, vice president, chairperson, secretary, treasurer, etc.) *

Please be complete!

Mission Statement *

Max Number of Words: 100

Organization Website Address, if applicable

Attach or provide URL for Annual Report, if applicable

Select File No file selected

Maximum File Size: 10MB , Accepted file types: .pdf, .jpg

No file attached

Attach your organization's logo.

Select 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 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.

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

Evaluator

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.

Evaluator

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 \$10,000.

(1 to 10000)

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

- Evaluator Only

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

- Evaluator Only

Independent Evaluation Rating

- Evaluator Only

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