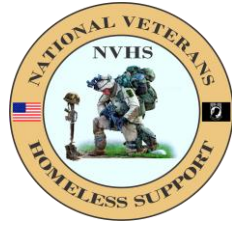


2012/2013 Stand Down Grant Application



1. Lead Agency Name:

2. Date of Incorporation/Formation (if applicable): _____

3. Type of Organization: _____

4. Tax ID Number (if applicable): _____

5. Agency Contact (Name, Title, Phone, Email):

6. Date(s) of Proposed Event: _____

7. Location of Proposed Event:

8. Is this application for an existing and ongoing Stand Down?: Yes No

If yes, how many years has it been in existence? _____

9. Is this area currently served by a Stand Down? Yes No

If yes, please give the date and location of this event:

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10. Please give the approximate distance to the nearest annual/bi-annual Stand Down? _____ Miles
11. What is the estimated # of homeless veteran's in the area where this event will be held? _____
12. What is your source for this number? _____
13. How many homeless veterans do you anticipate will be attending this event? _____
14. Are there any licenses, permits, or other legal documents that will need to be secured? ___ Yes ___ No
- If yes, have all of them been secured as of the date of this application? ___ Yes ___ No
- If no, please describe what is needed, application status, and any problems and how you will resolve them:
- _____
- _____
- _____
- _____
15. Have you been in contact with the Department of Veterans Affairs regarding this event? ___ Yes ___ No
16. Have you been in contact with your Continuum of Care Coalition regarding this event? ___ Yes ___ No
17. Have you been in contact with your local employment office regarding this event? ___ Yes ___ No
18. Have you been in contact with your County Veteran Service Officer regarding this event? ___ Yes ___ No

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19. Have you secured medical assistance for this event? ___ Yes ___ No

If yes, what agency(s) is/are providing medical care?

20. Please provide a copy of your IRS Determination Letter (if applicable)

21. Please provide a line item expense breakdown, with an explanation of the methodology used for determining your values (i.e. per unit), for this event (Funding maximum to be reimbursed is \$5000 per day for multi-day events, not to exceed \$15,000 total effective 12/25/2012)

22. Please provide at least 2 signed letters of support from the following on their letterhead:

- a. Nearest County Veteran Service Officer
- b. Nearest Continuum of Care Coalition
- c. Nearest Department of Veteran Affairs Homeless Outreach Team
- d. Nearest County Employment Office

23. Please provide any other letters of support that you feel will help your application

24. Please provide a narrative on your agency's letter head with the following information discussed:

(Note: Lack of any one item will not automatically disqualify your agency, but failure to address any of the following will):

- a. Names of individuals, and their respective titles/organizational affiliations, who are a part of the event management team who have experience funding, managing, and/or collaborating a Stand Down event. Please describe each of their respective experiences.
- b. Describe why there is a need for having this Stand Down event in your area
- c. Briefly describe your event promotion plan, or in other words, how do you plan to reach Homeless Veterans in your community to achieve maximum participation?
- d. Describe any significant collaborative relationships your agency has secured between other public/private organizations for this Stand Down Event, and their role in insuring the event's success in helping homeless veterans

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Notes:

1. Please complete the application in its entirety and provide all supporting documentation requested. Send your complete application to P.O. Box 325, Mims, FL 32754 ATTN: Stand Down Grant.
2. Please be as honest and as transparent as possible with regards to your responses. No question is an automatic disqualifier; all responses will be used to gauge the need in your area and your agencies ability to effectively execute a Stand Down event.
3. It is **EXTREMELY** important to clearly define the need for this event in your area.
4. Strong collaborations with agencies of all types are the key to any successful Stand Down; please insure you describe any and all collaborations with agencies in your community that will be utilized for the event. It is helpful to think outside the box, reach out to any organization in your community that offer a service or resource that could be beneficial to your veterans, even if you do not normally work with them.
5. If you have any questions while completing this application or even on how to conduct a Stand Down, please feel free to email grants@nvhs.us and we will get back to you as soon as possible. We may even be able to come to one of your planning meetings if needed to discuss how to make this event as beneficial to your veterans as possible.

Printed Name of Person Completing Application: _____

Signature of Person Completing Application: _____

Date Completed: _____