WISCONSIN DVA VETERANS FORWARD
Wisconsin Department of Veterans Affairs

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(608) 266-1311 | 1-800-WIS-VETS (947-8387) | WisVets.com

WDVA ENTREPRENEURSHIP GRANT PROGRAM (FY-23)

APPLICATION CHECKLIST

The application checklist is used to ensure all required information is included in your submission. All items on the checklist must be gathered, presented in a one-time packet form, and submitted to WDVA. **This checklist is a required part of the applications packet and shall be completed accurately, completely, and signed by the applicant.**

Name of Organization: Click or tap here to enter text. **Amount Requested:** Click or tap here to enter text.

Required for a complete application shall include:

- Grant Request Cover Letter.
- IRS Determination Letter (name on letter must match application name).
- Description of entrepreneurship training, technical business, and/or entrepreneurship assistance that the nonprofit provides to veterans.
- Financials (income statement, balance sheet, and statement of cash flows for the most recent fiscal year).
- Detailed Budget Proposal including budget and income projection for the grant period.
- Most recent Annual Report or literature summarizing the organization's programs.
- List of board members and executive officers including titles and affiliations.
- WDFI Certification of Status.
- Disclosure of other grants received from other state agencies for the same or similar purpose.
- Previous years' demonstrations of past performance outlined in application.
- Business Plan using Evaluation Criteria (outlined in the application and instruction sheet).
- Recently completed W-9 form (within the last 12 months).
- 3 Letters of Support dated within 1 year of the application announcement.
- The application and all application materials must be in PDF format. If not in PDF format, the application will be considered incomplete and not accepted.
- Completed & Signed Application.

For descriptions or further instructions on the above, please refer to the instruction sheet with the application for the grant. Once we receive this checklist and completed application packet, a representative from WDVA will review your packet to ensure all required information has been received.

X_____
Applicant Print Name & Title

X_____ _____
Applicant Signature Date

Reviewed by: _____ _____
WDVA Representative Name & Title Date Reviewed