

## APPLICATION FOR TRIBAL VETERANS SERVICE GRANT

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats. and Ch. VA 15, Wis. Admin. Code. The information collected is used to determine eligibility for programs administered by the department. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility for programs. Personally identifiable information collected on this form is not likely to be used for any other purpose. This department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability, in employment or provision of services.

Pursuant to Wis. Stat. § 45.82(4), \_\_\_\_\_ Tribe/Band, hereby applies for an American Indian Veterans Service Grant for the calendar year beginning January 1, 2024, and ending December 31, 2024, for the purpose of extending and strengthening service of veterans of this tribe.

Personnel now employed, with present and proposed monthly salary, by this tribe to operate the Tribal Veterans Service Office (TVSO) are:

Job Title

Tribal Veterans Service Officer (TVSO)  
Choose one:  Full-Time  Part-time  
Others: (Insert Tribal Job Title)

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*(List any added positions proposed for the office for the coming calendar year, with salaries.)*

The application is hereby agreed to by the Tribal/Band Council of \_\_\_\_\_ **Nation** to

include all of the following conditions:

1. The tribe/band shall appoint at least one TVSO in accordance with s. VA 15.02(3).
2. The Tribal Veterans Service Office will be maintained, open, and staffed during normal tribal or band office hours and shall provide sufficient staff to permit adequate service to tribal veterans.
3. The TVSO will be authorized to attend Tribal Veterans Service conferences, institutes, workshops, and training sessions, conducted by the Wisconsin Department of Veterans Affairs or the U.S. Department of Veterans Affairs, as a regular part of his or her duties and will be provided equitable allowance or reimbursement for all necessary travel required in veterans service at the same rate and consistent with how all other tribal employees are paid.
4. This application and other materials submitted to the Wisconsin Department of Veterans Affairs constitute public records subject to disclosure under Wisconsin Public Records Law, § 19.31, Stats.
5. As a condition of receiving the Grant funds, each Nation provided the Grant funds will be required to sign a Grant Agreement. Funds provided may be reduced, suspended, or terminated at any time for violations of any terms and requirements of this Grant Application or the subsequently entered into Grant Agreement.
6. Grant funds shall be maintained in a separate account subject to audit by the Wisconsin Department of Veteran Affairs.
7. By submitting this application, I certify that the designated signatory official has the authority to sign on behalf of the applicant and has the authority to accept funds.

8. The grant received will not be allocated “for use by another tribal department nor may the tribe reduce funding to a tribal veterans service office based upon receipt of a grant.”

The undersigned certifies they are authorized to complete this application and understands that if the Wisconsin Department of Veterans Affairs provides funding pursuant to this application and the tribe/band accepts that funding, the application becomes a contractual obligation.

\_\_\_\_\_  
Tribal/Band Veterans Service Office Signature

\_\_\_\_\_  
Tribal/Band President/Chairperson or Designated  
Tribal/Band Council Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please submit with this application (**WDVA 0056B**) a certified copy of the budget adopted by the governing body of the tribe or band for the tribal veterans service office operation for the fiscal year for which the grant is claimed and include the proposed use of the calendar year **2024** tribal veterans service grant (sample format attached), grant agreement (**WDVA 0056C**), federal benefits service delivery report (**WDVA 0056D**), statement in the application cover letter which addresses success in meeting the previous year’s goals and objectives (if applicable) and include the goals and objectives for this grant period.

**GRANT AGREEMENT**  
**BETWEEN THE STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS**  
**AND THE TRIBAL VETERANS SERVICE OFFICER**

This agreement is made and entered into effect this **1<sup>st</sup> day of January, 2024**, between the Department of Veterans Affairs (hereinafter referred to as the “Department”), **the Nation of**

\_\_\_\_\_, **and the**

\_\_\_\_\_  
**Tribal Veterans Service Officer (hereinafter referred to as the TVSO).**

The TVSO shall file a grant application with the Department for the current calendar year, which shall include a **certified** copy of the budget **adopted** by the governing body of the tribe or band for the tribal veteran’s service office operation for the fiscal year for which the grant is claimed and include the **proposed** use of the TVSO grant, and a federal benefits service delivery report for the preceding calendar year.

The attached statement of goals and objectives for **January 1, 2024**, through **December 31, 2024**, is attached and incorporated as a part of this agreement. The TVSO agrees to provide the Department with relevant information pertaining to the achievement of those goals and objectives.

The provision of services to former military personnel, dependents, and survivors covered by this agreement shall be from **January 1, 2024**, through **December 31, 2024**.

This agreement may only be modified at any time by mutual written agreement.

Notices and demands required or permitted to be given hereunder shall be given by personal delivery or by registered or certified mail, postage prepaid, return receipt requested, addressed to:

Wisconsin Department of Veterans Affairs  
Deputy Division Administrator  
Division of Veterans Benefits  
P.O. Box 7843  
Madison, WI 53713-7843

TVSO:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Telephone number/Email address

It is the intention of the State of Wisconsin to maintain an open and public process in the solicitation, submission, review, and approval of procurement activities.

The Parties recognize that this agreement is subject to the Wisconsin Public Records Law.

The TVSO shall perform its services hereunder as an independent contractor, and nothing contained in this agreement shall be construed so as to create an employer/employee relationship between the parties. The TVSO shall maintain exclusive control over personnel and salary policies relative to its employees. All salaries, health insurance, retirement benefits, car expenses, worker's compensation, or disability benefits relative to such personnel shall be paid by the TVSO.

The TVSO shall at all times comply with and observe all federal laws which are in effect during the Period of Performance of this agreement and which in any manner affect the work or conduct of the TVSO.

No right or duty in whole or in part of the TVSO under this agreement may be assigned or delegated without the prior written consent of the State of Wisconsin.

The TVSO will indemnify and hold harmless the State of Wisconsin and all of its officers, agents and employees from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the TVSO in prosecuting work under this agreement.

No waiver of default by the Department of any of the terms, covenants, and conditions hereof to be performed, kept, and observed by the TVSO shall be construed or shall operate, as a waiver of any subsequent default of any of the terms, covenants, or conditions herein contained to be performed, kept, and observed by the TVSO.

The State of Wisconsin reserves the right to cancel this agreement in whole or in part without penalty due to the nonappropriation of funds or for failure of the Nation to comply with this agreement's terms, conditions, and specifications.

Except for the attached statement of goals and objectives for January 1, 2024 through December 31, 2024, which is part of and incorporated into this agreement, the written agreement constitutes the entire agreement between the Department and the Nation and supersedes all proposals or prior agreements, oral or written, and all other communications between the parties relating to the subject matter of this agreement.

Each person signing this agreement represents and warrants that he or she is duly authorized and has the legal capacity to execute and deliver this agreement. Each party represents and warrants to the other that the execution and delivery of the agreement and the performance of such party's obligations hereunder have been duly authorized and that the agreement is a valid and legal agreement binding on such party and enforceable in accordance with its terms.



In Witness Whereof, the parties hereto have hereunto subscribed their names and dates of said signatures.

STATE OF WISCONSIN  
DEPARTMENT OF VETERAN AFFAIRS

BY: \_\_\_\_\_  
Deputy Division Administrator  
Division of Veterans Benefits

\_\_\_\_\_  
Witness to State Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

THE NATION OF \_\_\_\_\_

\_\_\_\_\_  
Tribal Veterans Service Officer Signature

\_\_\_\_\_  
Witness to Tribal Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**TRIBAL VETERANS SERVICE OFFICER — FEDERAL BENEFITS SERVICE DELIVERY REPORT**

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats. and VA 15, Wis. Admin. Code. Please only provide the aggregate number of forms/applications for each benefit listed and do not provide any personally identifiable information with respect to the veterans for whom these forms/applications were submitted.

REPORT FOR CALENDAR YEAR **2023**; FOR \_\_\_\_\_, TVSO  
From **January 1, 2023**, to **December 31, 2023**.

**FEDERAL BENEFITS**

ACTIVITY	NUMBER	COMMENTS
<b>Power of Attorney</b> Indicate the number of new VA Form 21-22s submitted to WDVA/Other VSOs for representation.	/	
<b>Disability Compensation</b> Indicate the number of new VA Form 21-526s reconsiderations VA 21-526 or 21-527 or other communications submitted for compensation benefits to WDVA/VA or other VSO.		
<b>Pension</b> Indicate the number of VA Form 21-527s or other communications submitted for veterans Pension benefits to WDVA/VA or other VSO.		
<b>Medical Expenses for Pension</b> Indicate the number of VA Form 21p-8416s submitted for Unreimbursed Medical Expenses for pension and death pension to WDVA/VA or other VSO.		
<b>Loan Guaranty</b> Indicate the number of Federal Home Loan applications submitted.		
<b>Educational</b> Indicate the number of Federal Educational benefit applications submitted.		
<b>Vocational Rehabilitation</b> Indicate the number of Federal VocRehab applications submitted.		
<b>Medical</b> Indicate the number of VA Form 1010EZ forms submitted for enrollment into VA Healthcare.		
<b>USDVA Notice of Disagreement</b> Indicate the number of Notice of Disagreements, VA Form 21-0958, DRO Request forms submitted to WDVA/VA or other VSO.		
<b>USDVA Waiver Requests</b> Indicate the number of requests for waivers of Federal benefits regulations submitted.		
<b>BVA Appeals</b> Indicate the number of VA Form 9s submitted to WDVA/VA or other VSO.		

<b>Insurance</b> Indicate the number of applications for VA Insurance programs submitted.		
<b>Burial Allowances</b> Indicate the number of applications for VA Burial Allowance submitted.		
<b>Flag Applications</b> Indicate the number of applications submitted for Burial Flags.		
<b>Marker Applications</b> Indicate the number of applications submitted for Burial Markers.		
<b>DIC</b> Indicate the number of applications for Dependency and Indemnity Compensation, VA Form 21-534, submitted to WDVA/VA or other VSO.		
<b>Survivor's Pension</b> Indicate the number of applications for VA Death Pension, VA Form 21-534, submitted to WDVA/VA or other VSO.		
<b>Discharge Correction</b> Indicate the number of applications for discharge upgrades submitted.		
<b>Miscellaneous</b> Indicate the number of applications for other federal benefits not listed submitted by your office. Include types in comments.		

**TRIBAL VETERANS SERVICE GRANT  
 (SAMPLE BUDGET)**

**PROPOSED BUDGET (EXAMPLE)**

**TVSO GRANT 2024**

NAME OF TRIBE OR BAND		
<u>Goals and Objectives</u>	<u>Proposed Budget</u>	<u>Time Frame</u>
Office Expenses (Related to TVSO Grant Administration Only)	\$1,000.00	Ongoing
Advertising of Veterans Programs and TVSO Office	\$500.00	Monthly
WDVA Targeted Initiative: Outreach to include: Promotion of WDVA benefits, programs, and services Veterans Benefits and Job Fairs Homeless Veterans Initiative Education Benefits	\$1,500.00	Ongoing
WDVA or VA Conference and Training Cost	\$800.00	Spring, Fall
Develop relationships with community agencies offering benefits needed by veterans (employment, rehabilitation, counseling, emergency needs)	\$2,000.00	Ongoing
Publicity of Federal Compensation and Pension Benefits	\$1,000.00	
<b>TOTAL</b>	<b>\$6,800.00</b>	
<b>(The maximum requested amount cannot exceed \$20,625.)</b>		



**TRIBAL VETERANS SERVICE GRANT**

**PROPOSED BUDGET (FILLABLE)**

**TVSO GRANT 2024**

**NAME OF TRIBE/BAND** \_\_\_\_\_

**PROPOSED GRANT AMOUNT:\$** \_\_\_\_\_

<u>Goals and Objectives:</u>	<u>Proposed Budget</u>	<u>Time Frame</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
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**Goals and Objectives:**

	<b><u>Proposed Budget</u></b>	<b><u>Time Frame</u></b>
_____	\$ _____	_____
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_____	\$ _____	_____
_____	\$ _____	_____
<b>TOTAL</b>	<b>\$ _____</b>	_____