

## COUNTY TRANSPORTATION GRANT APPLICATION *(VA 16.02)*

(This grant opportunity is only offered to counties, tribes or bands that are NOT served by transportation services provided by the Disabled American Veterans (DAV) organization)

**Applicant: County/Tribe/Band:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Check one box that describes your veterans' transportation program:**

- Existing veterans' transportation program:** Provide information below for the 12-month period of July 1, 2021 – June 30, 2022.
- New or expanded (by at least 50%) veterans' transportation program:** Complete information on this page as the program is expected to function.

### TRANSPORTATION PROGRAM DESCRIPTION

Describe how coordination was made to get the veteran to his/her VA medical appointment:

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Describe how trips were scheduled:

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Describe the methods of transportation used:

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### TRANSPORTATION SERVICES ACTIVITY

**Use data for the 12-month period of July 1, 2021 – June 30, 2022.**  
**Provide estimates for a new or expanded transportation program.**

How many veterans were transported? \_\_\_\_\_

Each trip is a unique event. If you transport the same veteran 4 times, count 4 veterans.

Record the total miles driven for veterans transported. If 3 veterans are transported in a van 100 miles, count 3x100 or 300 miles transported. If your county has a new or expanded veterans' transportation program, estimate the number of miles you expect to transport veterans. \_\_\_\_\_

Were program fees/donations collected from the veteran for his/her transportation? \_\_\_\_\_

Yes  No

If fees were assessed, how were they determined and what methods were employed to collect?

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In addition to this information, complete the Expenses (Part A) information on page 2 of this application. For the Required Supporting Documents (Part B), either complete form WDVA 2110A (Application Supplement) *or* attach the following information relative to the 12-month period of July 1, 2021 – June 30, 2022: Financial statement, including a report of all revenue and expenses, as it relates to veterans' transportation to VA medical appointments; a report that identifies the number of veterans transported and the number of miles that veterans were transported to VA medical appointments.

Provide information in Sections A and B below for the 12-month period of July 1, 2021 – June 30, 2022.

If this is a new or expanded (by at least 50%) veterans' transportation program, provide the amount budgeted for the program, and estimate the amount expected to be received from veterans or other grants.

<b>A Expenses. (July 1, 2021 – June 30, 2022)</b>		
1.	County expenditure for veterans' transportation program.	\$ _____
2.	Reimbursement received from veterans or other grants.	\$ _____
3.	Subtract 2 from 1. (This equals the county's unreimbursed expenses for program.)	\$ _____

<b>B Required Supporting Documents. (July 1, 2021 – June 30, 2022)</b>	
<input type="checkbox"/>	Complete form WDVA 2110A
<i>or</i> <input type="checkbox"/>	(1) Revenue and expenses with veterans' transportation items clearly identified, and (2) Report verifying reported number of veterans transported and miles driven.
New or expanded (by at least 50%) programs only:	
<input type="checkbox"/>	2022 budget identifying budget authority for veterans' transportation.

I certify that the information provided in the application for this grant is accurate to the best of my knowledge, that any funds received through this grant will not be allocated for use by a county department that is not an integral part of the transportation services delivery system, will not reduce funding to a county veterans' service office based upon receipt of this grant, and agrees to the Terms and Conditions stated on the following page. Grant funds shall be maintained in a separate account subject to audit by the Wisconsin Department of Veterans Affairs. I further agree to cooperate in any review and audit of grant expenditures by the department, including the provision of any relevant single audit document that establishes that grant funds previously received have been audited by the applicant. I understand that pursuant to s. 45.47 Stats., failure to comply with the above requirements, the Wisconsin Department of Veterans Affairs may, in addition to any other legal remedy available to it, it may reduce, suspend, or terminate a grant provided to the applicant. The undersigned certifies he or she is authorized to complete this application and agrees to all its Terms and Conditions including those listed on the following page.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Please print legibly

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement check should be made payable to:

Payee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

<b>C For WDVA Use Only.</b>	
Total statewide mileage:	_____
Applicant's percent of total state miles:	_____
<b>Applicant's Grant:</b>	\$ _____

## Terms and Conditions

It is understood and agrees by the undersigned that:

1. By submitting this application, I certify to the best of my knowledge and belief, the information submitted, along with the information submitted with the County Grant Transportation – Supplement, is true and correct.
2. Funds granted as a result of this Application are to be expended solely for the purposes set forth consistent with Wisconsin Administrative Code VA 16 and in accordance with all applicable laws, regulations, policies, and procedures of this state. Any other use of grant funds is prohibited.
3. Grant funds shall be maintained in a separate account subject to audit by the Wisconsin Department of Veterans Affairs.
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. The applicant agrees to comply with all state and federal civil rights laws of the Civil Rights Act of 1964.
6. By submitting this application, I certify that the applicant is in compliance with applicable state and federal laws, rules, and regulations, and requirements of the grant award.
7. The applicant agrees that no grant appropriated funds will be paid to any person for influencing or attempting to influence an officer or employee of any agency, any member of the Wisconsin Legislature, or an employee of a member of the Legislature in connection with the awarding of any state contract, the making of any state grant, the making of any state loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any state contract, grant, loan, or cooperative agreement. The applicant further agrees that no grant appropriated funds will be used to contact, or urge the public to contact, members or employees of any legislative body for the purpose of proposing, supporting, or opposing legislation, or to advocate the adoption or rejection of legislation.
8. The applicant agrees that the department may recover all or a portion of a grant upon review and audit if it is determined that the grant was erroneously awarded or that the applicant that received the grant failed to comply with any program requirements or whose projected unreimbursed expenditures were not met during the calendar year. In addition to any other legally available means, the department may recover the overpayment through any appropriate action, including reducing or denying future grant awards.
9. By submitting this application, I certify that the designated signatory official has the authority to sign on behalf of the applicant.