

## APPLICATION INSTRUCTIONS FOR NONPROFIT GRANT PROGRAM (FY-20)

The Department may make grants of up to \$250,000 annually to nonprofit organizations, as defined in § 108.02(19), Wis. Stats., and no more than \$25,000 to each grant recipient, to provide financial assistance or other services to veterans and their families.

To be eligible, a nonprofit organization must meet all of the following:

- Provide financial assistance or other services to veterans or to the families of veterans.
- Is current on all federal and state tax obligations.
- Is a financially viable nonprofit organization. A nonprofit organization is financially viable if it can meet its financial obligations for the duration of the grant period.
- Is registered and in current good standing with the Wisconsin Department of Financial Institutions.

The following attachments are required for the Nonprofit Grant and must be submitted with the application:

- Grant request cover letter that includes a synopsis of the grant proposal and amount of grant funds requested.
- IRS determination letter certifying 501(c)(3) status.
- Income statement, balance sheet, and statement of cash flows for most recent fiscal year.
- If the grant is for a specific project, provide a detailed budget for the project.
- Most recent annual report or other literature summarizing the program(s).
- WDFI Certificate of Status certifying applicant is registered as a nonprofit organization and in good standing.

In addition to the application and attachments above, the following items **must** be submitted with the application **and** in the following order:

1. **Background and Organizational History:** Please briefly describe your organization, organization's mission and goals, and how your organization's program(s) or service(s) supports the needs of Wisconsin veterans and their families.
2. **Organizational Qualifications and Past Performance:** Please briefly describe your organizational experience providing financial assistance and/or other services to veterans and their families in underserved populations or underserved geographic areas of the state.
3. **Experience Working with Veterans and Their Families:** Please briefly describe your organizational experience coordinating services for veterans and their families among multiple organizations, federal, state, local, and tribal governmental entities. What were the specific needs of the target population and how did you address the needs?
4. **Past Working Relationships with Veteran Service Organizations:** Please briefly describe your organization's working relationship with private and public veteran service organizations that provide services to veterans and their families.
5. **Need for Grant Funding:** Please briefly describe the need for funding that addresses the service needs of veterans. Include a budget outlining the need and expenses to be incurred; describe the services available to veterans, advertising, target audience, additional sources of funding, expected challenges and how they will be overcome.
6. **Program Goals and Objectives:** Please briefly describe the program goals, initiatives, and goals to be reached, and the methods to be employed to achieve the stated goals.
7. **Outreach and Screening Plan:** Please briefly describe your organization's plan for outreach in underserved populations or underserved geographic areas of the state. Include your plan for receiving participant referrals, how you will identify veterans for the program and assess the needs of veterans and their families.
8. **Integration of Outreach and Employment Services:** Please briefly describe your organization's experience: (1) providing services that assist veterans seeking employment; and (2) increasing awareness of veterans state benefit programs and services through improved outreach efforts.
9. **Program Implementation Timeline:** Please briefly describe your implementation plan (who, what, where, when and how?) and timeline for providing services to veterans under this grant.
10. **Monitoring and Program Evaluation:** Please briefly describe the financial and operational controls your organization has in place to ensure the proper use of grant funds. Also describe how your organization will monitor and evaluate program effectiveness and measure success.

**IMPORTANT NOTICE:** To be considered for a Nonprofit Grant, the complete application, including all supporting documentation, must be received by the date and time indicated in the Public Notice Announcement **and** submitted at one time in packet form. **No extensions will be granted.**

Applications that do not contain all of the requested materials, in order, as detailed above, will be considered incomplete and will not be evaluated. If an incomplete application is received, the applicant will be notified that the application is incomplete. The applicant must resubmit a complete application. Previously submitted application materials will not be used to make a resubmission whole.

Complete applications, including all required supporting documentation, may be sent via email or U.S. mail to:

Grants Unit  
 Wisconsin Department of Veterans Affairs  
 PO Box 7843  
 Madison, WI 53707-7843  
 Email: [vetsbenefitsgrants@dva.wisconsin.gov](mailto:vetsbenefitsgrants@dva.wisconsin.gov)  
 Phone: 1-800-947-8387

### Grant Scoring and Evaluation

The Evaluation Committee, comprised of members of the Wisconsin Board of Veterans Affairs, will rate the applications on a 100-point scale, based on the following point values from the criteria listed above:

- Background and Organizational History (up to 10 points)
- Organizational Qualifications and Past Performance (up to 10 points)
- Experience Working with Veterans and their families (up to 10 points)
- Past Working Relationships with veteran service organizations (up to 10 points)
- Need for Grant Funding (up to 20 points)
- Program Goals and Objectives (up to 10 points)
- Outreach and Screening Plan (up to 10 points)
- Integration and Outreach and Employment Services (up to 10 points)
- Program Implementation Timeline (up to 5 points)
- Monitoring and Program Evaluation (up to 5 points)

The Evaluation Committee will weigh the importance of each evaluation criterion by assigning points to it. Using the evaluation criteria specified above, the Evaluation Committee will evaluate each application against each applicable criterion and assign points signifying the degree to which the application meets the criterion up to the maximum number of points. The total points assigned to the application for all applicable criteria will be the score for the application. The Evaluation Committee will numerically rank each application.

The amount of the grant shall be based on the amount requested by the applicant and the amount approved by the Evaluation Committee, subject to the availability of funds, but may not exceed \$25,000.

*Please note that sending additional information not required for this application will not increase the applicant's overall score. Scoring will be strictly limited to the outlined criteria.*

### Timeline (Subject to Change)

Date	Milestone
August 1, 2019	Grant opportunity announcement
August 30, 2019	Deadline for submitting applications
September 3 - 10, 2019	WDVA completes review of all applications for qualifications to forward Evaluation Committee
September 11 - 25, 2019	Evaluation Committee will review grant applications and make recommendations to WDVA Secretary
September 26 - 27, 2019	WDVA Secretary completes review of grant recommendations by the Evaluation Committee
October 1, 2019	Award notices issued via email and hard copy sent via mail
October 4, 2019	Signed Grant Agreements by awardees due to WDVA
October 7, 2019	Grant award processed via ACH to awardees



## NONPROFIT GRANT PROGRAM APPLICATION (FY-20)

### Organization Information

Name of Organization:			
Legal Name, if Different:			
Street Address (& P.O. Box, if applicable):		City:	State: Zip:
Additional Locations:			
Contact Name:		Executive Director:	
Email:		Telephone:	
Fax No.		Website Address:	
Federal Tax I.D. Number		Date of IRS 501(c)(3) Determination Letter:	
WDFI Status in Good Standing as of:		Number of Dues Paying Members, if applicable:	
Number of Years in Service:		Number of veterans and families of veterans served annually by your organization:	

### Board Member Information (Attach additional sheets if necessary)

Board Member Name:		Title:	
Occupation:	Phone Number:	Email:	

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Occupation:	Phone Number:	Email:	

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Occupation:	Phone Number:	Email:	

## 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 is true and correct;
2. All application materials must be submitted at the same time as the application. An application that does not have all requested materials, in order, as outlined in the Instruction sheet will be considered an incomplete application and will not be evaluated.
3. If an incomplete application is received, the applicant will be notified that the application is incomplete and the applicant must resubmit a complete application. Previously submitted applications will not be used to make a resubmission whole.
4. By submitting this application, I certify that the applicant is registered with the Wisconsin Department of Financial Institutions (WDFI) and in good standing as a 501(c)(3) or 501(c)(6) nonprofit organization and is located in the State of Wisconsin;
5. **Funds granted as a result of this request are to be expended for the purposes set forth herein from the effective date of this agreement through June 30, 2020**, and in accordance with all applicable laws, regulations, policies and procedures of this state. Funds granted may not be used to supplant existing employee wages and compensation, and may not be used to purchase capital equipment unless specified in the grant award.
6. Grant funds shall be **maintained in a separate account** subject to audit by the Wisconsin Department of Veterans Affairs;
7. Any grant funds awarded shall be paid via ACH payment (electronic transfer).
8. Funds awarded may be reduced, suspended or terminated at any time for violations of any terms and requirements of this agreement;
9. Any proposed changes in this grant request as approved shall be submitted in writing by the applicant and upon notification of approval by the Department shall be deemed incorporated into and become part of this agreement;
10. By submitting this application, I certify that the applicant has disclosed and will continue to disclose any occurrences or events that could have an adverse material impact on the project. Adverse material impact includes, but is not limited to, lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions, or inadequate funding for the purposes listed in this grant application;
11. This application and other materials submitted to the Wisconsin Department of Veterans Affairs may constitute public records subject to disclosure under Wisconsin Public Records Law, § 19.31, Stats.;
12. The applicant agrees to comply with all state and federal civil rights laws of the Civil Rights Act of 1964.
13. By submitting this application, I certify that the applicant is in compliance with applicable state and federal laws, rules and regulations, including tax laws and requirements of the grant award;
14. 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; and
15. 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.

The undersigned certifies they are authorized to complete this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title