

**FLORIDA VETERANS' FOUNDATION DENTAL PROGRAM GRANT APPLICATION**

**ORGANIZATION CONTACT INFORMATION**

Name of Organization (Enter the incorporated, legal name as it should appear on a contract):

Fictitious Names/DBAs:

Federal Employee Identification Number (FEIN):

Website:

**ORGANIZATION DIRECTOR**

Prefix (Mr., Ms., Dr., etc.):

Name:

Title:

Telephone #:

Email Address:

Mailing Address:

City:

State:

Zip Code:

**PERFORMANCE REPORT CONTACT**

Prefix (Mr., Ms., Dr.) :

Name:

Title:

Telephone #:

Email Address:

Mailing Address:

City:

State:

Zip Code:

**FINANCIAL CONTACT**

Prefix (Mr., Ms., Dr., etc.):

Name:

Title:

Telephone #:

Email Address:

Mailing Address:

City:

State:

Zip Code:

**PROFESSIONAL FUNDRAISERS OR SOLICITORS USED BY ORGANIZATION**

Name:

Fictitious Names/DBAs:

Federal Employee Identification Number (FEIN):

Telephone #:

Fax #:

Website:

Mailing Address:

City:

State:

Zip Code:

Signature of Organization Director:

Date:

## **PART 1: ORGANIZATION INFORMATION**

List counties of Florida to be served:

State of Florida: Veterans

## **PART 2: PROJECT DESCRIPTION**

The project description should clearly outline what will be done and by whom.

1. Describe the scope of work, the activities, and/or services that will be provided with as much specificity as possible. Questions to address in this section include, but are not limited to, the following considerations:
  - a. Will this contribution fund a new or expansion of an existing program, service, or project?
  - b. What are the goals of the program, service, or project?
  - c. Who will the program, service, or project benefit? And how will eligible recipients or participants be identified? Be specific.
  - d. What is the timeframe for the implementation of the program, service, or project?
  - e. How will the impact be quantified and what is the target level of impact?
  
2. Indicate the total number of individuals that will be served, and/or the total services to be provided, and detail monthly or quarterly expectations. Each deliverable must be related to the scope of work described in Question 1.

## **PART 3: PERSONNEL BUDGET**

Complete the table below for each position to be funded from grant proceeds. In the explanation section indicate if the salary/benefit expenses listed include costs that are anticipated during the grant period. For example, raises and increases in benefit costs.

Position	Total Actual Cost
Subtotal	\$

A. Explanation, if applicable:

#### **PART 4: EQUIPMENT BUDGET**

Items in this section must be approved and include equipment costing \$500.00 or more. If awarded funds in this category, prior approval is required before purchasing items. Provide a justification for the equipment purchase requests.

**ALL EQUIPMENT PURCHASES MUST BE PRE-APPROVED BY THE FLORIDA VETERANS' FOUNDATION PRIOR TO THE ACTUAL PURCHASE.**

Example Narrative Response: The computer will improve the organization's ability to document veterans served. The cost listed above is for a complete computer package which includes the computer, monitor, software, and printer.

<b>Equipment:</b>				
Description		Number	Cost Per Item	Total
1				\$-
2				\$-
3				\$-
Equipment Subtotal				\$-

**Budget Narrative:**

1.

**PART 5: DISPOSABLE MATERIALS AND OTHER BUDGET ITEMS**

Please include any budget items or anticipated expenditure of grant funds not included in previous schedules. Items in this section must be approved and include equipment costing \$500.00 or more.

<b>Other Items:</b>				
Description		Number	Cost Per Item	Total
1				\$ -
2				\$ -
3				\$ -
Other Items Subtotal				\$ -

**Budget Narrative:****PART 6: BUDGET SUMMARY**

<b>Budget Summary by Category</b> - Provide the subtotal for each budget category. Amounts must be rounded to the nearest whole dollar.		<b>TOTAL BUDGET</b>
<b>Personnel</b>		\$
<b>Equipment</b>		\$

<b>Other</b>	\$
<b>TOTAL</b>	\$ -

**Note:** Budget summary may change as final budget is subject to review from the Florida Veterans Foundation.

#### PART 7: PRIMARY FUNDING SOURCE REPORT

Please describe the total budget for the operation of the program to be supported by the FVF Dental Program Grant and sources of funding aside from the FVF Dental Program Grant. Would the program, service, or project exist without the FVF Dental Program Grant and how would it be different without FVF Dental Program Grant Funding?

Signature of Organization Director:

Date:

## RELATED PARTIES QUESTIONNAIRE

1. Are there currently any family relationships that exist between the board of directors, the organization's principal officers or employees?

Yes/No:

If yes, describe all family relationships that exist:

2. Are you aware of any interests, direct or indirect, that exist with the current board of directors, the current organization's principal officers or employees in the following area?

- a. Sale, purchase, exchange, or leasing of property? Yes/No:
- b. Receiving or furnishing of goods, services, or facilities? Yes/No:
- c. Transfer or receipt of compensation, fringe benefits, or income or assets?  
Yes/No:
- d. Maintenance of bank balances as compensating balances for the benefit of another? Yes/No:

If yes to any of the above, describe all interests that you are aware of currently:

3. Are any current board of directors, current organization's principal officers or employees indebted to the agency? Yes/No:

If yes, describe the nature of the debt:

4. Is the organization currently indebted to any current board of directors, current principal officers, or current employees? Yes/No:

If yes, describe the nature of the debt:

5. Have any current board of directors, current organization principal officers or employees misappropriated assets or committed other forms of fraud against the organization? Yes/No.

If yes, describe the nature of the misappropriation:

6. By signing this form, I hereby certify that the information contained in this questionnaire is true and accurate to the best of my knowledge and belief. I acknowledge my obligation to notify the Florida Veterans Foundation for this contract of any changes to the information provided.

Signature:

Date:

Name:

Title:

## **ADDITIONAL REQUIREMENTS**

In addition to the completed application, as well as any attachments (if necessary), please provide a copy of your most recent Annual Report(990).

Following the first disbursement of funds, quarterly grant spending reports will be required. The initial report should be provided no later than thirty (30) days following the first disbursement and continue quarterly thereafter. This document should summarize program, service, or project activities and detail how funds were appropriated for each quarter. A sample is provided; however, you may adjust as appropriate and applicable.

Additionally, a final report should be provided no later than (30) days following the use of all granted funds. This document should summarize all program, service, or project activities and detail how all funds were appropriated. It may follow the same format as the quarterly reports.