

***Dear Prospective Applicant:***

Thank you for your inquiry concerning the Disabled American Veterans (DAV) Charitable Service Trust. The following provides background information, guidelines and an application for funding consideration.

**BACKGROUND**

Organized in 1986, the Trust is a not-for-profit charitable organization incorporated in the District of Columbia. It is exempt from tax under Title 26, U.S.C., Section 501(c)(3).

The Trust is dedicated to one, single purpose: building better lives for our nation's disabled veterans and their families. Our mission of service is accomplished by:

- making sure sick and disabled veterans have transportation to VA medical facilities for treatment;
- providing food and shelter and medical aid to homeless and needy veterans;
- meeting the special needs of veterans faced with such specific disabilities as paralysis, amputation and brain injuries;
- supporting physical and psychological rehabilitation projects aimed at some of America's most profoundly disabled veterans; and
- bringing hope to the forgotten and suffering families of disabled veterans.

**GRANTMAKER**

The Trust is a grantmaker. The first grant was awarded in 1988. Since that time, over \$59.8 million has been expended in service to disabled veterans and their dependents. Grantmaking is targeted to not-for-profit entities located in the United States of America. The Trust does not make grants to organizations or for projects outside of the United States.

Priority is given to long-term service projects providing direct assistance to disabled veterans and their families. Grants are generally not awarded to:

1. Individuals
2. Goodwill advertising, souvenir journals or dinner programs
3. Political causes, candidates, organizations or campaigns
4. Endowments or capital campaigns.

The DAV Charitable Service Trust awards grants based upon the attached guidelines. The board of directors makes funding decisions.

Each year brings dramatic new changes in the lives of veterans that present greater challenges to our mission of service to disabled veterans and their families. The Trust will continue to do all it can to meet the real needs of sick and disabled veterans.

We appreciate your interest in the Disabled American Veterans (DAV) Charitable Service Trust.



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Chairman

## **GENERAL INSTRUCTIONS**

All applicants must complete the attached application. Submit **one (1) complete set of the application and supporting documentation outlined under GUIDELINES below on 8 ½" x 11" paper.** Please, **no bound sets; staples only.** Ensure that the application is signed certifying the authenticity of all statements (see item #18 on the application).

In addition, **submit six (6) sets to include the application and financial documentation (audit, budgets and IRS Form 990) only.**

Mail to:

**Disabled American Veterans (DAV)  
Charitable Service Trust  
3725 Alexandria Pike  
Cold Spring, Kentucky 41076**

## **GUIDELINES**

All applications should present, in a clear and concise manner, a detailed description of the project for which funds are requested. In addition to the completed application, include the following:

- **Current listing of Board of Directors;**
- **Program Budget ;**
- **Annual Operating Budget;**
- **Audited financial statements and opinion of certified public accountant in accordance with U.S. Generally Accepted Accounting Principles (GAAP) or Government Accounting Standards (GAS) for the fiscal year ended September 2008 or later;**
- **Form 990 filed with the Internal Revenue Service for the fiscal year ended September 2008 or later;**
- **Letter of determination from the Internal Revenue Service verifying not-for-profit, tax exempt status;**
- **Articles of Incorporation and Constitution & Bylaws, if applicable;**
- **Contracts or agreements with promoters or professional fund raisers, if applicable.**

Upon review, additional information may be requested to substantiate the funding request.

## **GRANT AMOUNTS**

The number and amount of grants awarded vary based upon the total funds available for distribution during each quarter.

## **PERIOD OF SUPPORT**

Consideration is afforded on an annual basis. A grant recipient typically may receive only one grant within any 12-month period.

## **APPLICATION CALENDAR**

Applications are considered in accordance with the following Application Calendar. Applications must be received on or before the deadline.

### **APPLICATION CUT-OFF DATE**

January 20  
April 20  
July 20  
October 20

### **GRANT DECISION DATE**

March  
June  
September  
December

**Applications are not acknowledged.** However, all applicants will receive notification as to the status of their application. Every effort is made to adhere to the Grant Decision Dates reflected above. However, notifications may be issued after the dates indicated.

## **REVIEW PROCEDURE AND CRITERIA**

Various factors are considered in determining the grant recipients and amount of the grant including but not limited to:

- **Purpose of the funds requested.** Does the project provide **direct** assistance, maintenance, care, support and rehabilitation for a significant number of disabled veterans? What problems, needs or issues pertinent to disabled veterans are addressed?
- **Financial information.** Are the project budget and organizational operating costs reasonable and justified? What percentage of total expenses is expended for program services? What percentage for administration and management, fundraising?
- **Number of veterans who will benefit.** How many veterans will benefit from funding and in what geographical area?
- **Prior history of funding from DAV and grants from other Foundations and entities.** How many grants has the DAV provided and what is the total amount provided by DAV to support the project? Is there an ongoing plan to sustain the program/project in the future? Has funding been solicited from additional sources?
- **Recognition opportunities afforded the Trust for the grant, if approved.**
- **Availability of funds for distribution.**

### **GRANTEE RESPONSIBILITIES**

The grant must be expended solely for the purpose/project as approved by the Trust's board of directors. The Grantee agrees to provide performance reports as specified in the Grant Agreement.

No part of the funds awarded may be designated for indirect costs, including management or administrative fees.

Funds cannot be re-granted without the express permission of the DAV Charitable Service Trust and in no case to organizations or for projects outside the United States of America.

A grant recipient must certify that it is not on any federal terrorism "watch lists," and does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.

### **ADDITIONAL INFORMATION**

For additional information please contact the Trust's Administrative Office at Disabled American Veterans National Headquarters; 9:00 a.m. to 4:00 p.m. (Eastern Time), Monday through Friday.

### **DAV CHARITABLE SERVICE TRUST**

**3725 Alexandria Pike  
Cold Spring, KY 41076**

**877-426-2838, ext. 3309 — Telephone (toll free)**

**859-442-2088 — Fax**

**cst@dav.org — E-mail**

**[www.cst.dav.org](http://www.cst.dav.org)**

**DISABLED AMERICAN VETERANS (DAV)  
CHARITABLE SERVICE TRUST  
GRANT APPLICATION**

**Date of Application:** \_\_\_\_\_

1. **Legal name and address of applicant organization.**      **Year Founded:** \_\_\_\_\_
  
2. **Alternate or “dba” (doing business as) name, if operating under a name that differs from the legal name.**
  
3. **IRS Employer Identification (E.I. Number):** \_\_\_\_\_  
**Tax Exempt under Internal Revenue Code:** \_\_\_\_\_
  
4. **Name, address, telephone, fax number and e-mail address of the representative authorized to provide information and respond to questions in connection with this request.**
  
5. **Name and address to which grant funds are to be sent if different from that in paragraph 1.**
  
6. **Amount requested.**

7. **Brief statement of organization's mission and history.**
  
8. **Purpose of grant requested.**
  
9. **New or continuing veterans' program/project?**
  
10. **Outline Veterans' Program Budget and Total Program Cost (Include as an attachment if necessary).**
  
11. **Current Annual Operating Budget (Include as an attachment if necessary).**
  
12. **Prior history of DAV funding.**
  
13. **List individually other funding organizations, partners and/or funders supporting the veterans' program/project. Include their roles and specify financial support and identify whether received, committed or projected/pending.**

- 14. **Estimated veteran population that will benefit from funding.**
  
- 15. **State(s) where targeted veteran population resides.**
  
- 16. **Briefly describe your plan for evaluating the success of the veterans' program/project or your organization's work on behalf of disabled veterans. What measurable outputs and outcomes are established?**
  
- 17. **What will happen to the project/program after this grant has ended? Will the program/project activities for disabled veterans be sustained?**
  
- 18. ***I certify that all statements in this application are true to the best of my knowledge.***

\_\_\_\_\_  
**Signature of official authorized to  
act on organization's behalf.**

\_\_\_\_\_  
**Title**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Organization's Internet Site:** \_\_\_\_\_