



National Service Foundation

3725 Alexandria Pike, Cold Spring, KY 41076
(859) 441-7300 • nsf@dav.org • nsf.dav.org

MEMORANDUM

TO: Department Commanders and Adjutants
FROM: Arthur H. Wilson, President
SUBJECT: Columbia Trust Grant Application Deadline Reminder
DATE: June 17, 2020

As you may know, the Columbia Trust exists within the DAV National Service Foundation to support DAV service programs through a “restricted fund.” The Columbia Trust provides financial assistance grants that directly allow for service delivery/program support at the state and local levels. Chapter and department leaders are encouraged to identify unmet needs and develop unique and creative projects to serve ill and injured veterans in their communities. When funds from the Columbia Trust are necessary to initiate or maintain programs, chapters and departments are encouraged to apply for grants.

A memo regarding the 2020 Columbia Trust grant cycle was distributed electronically to department commanders and adjutants on February 3, 2020. This memo serves as a final reminder that grant applications to the Columbia Trust will be accepted until **June 30, 2020**. Applications submitted after this deadline will be reviewed on a case-by-case basis and considered only if emergency funds are needed.

Additionally, each chapter or department applying for financial assistance must have its Annual Financial Report (AFR) **from the prior membership year** approved by DAV National Headquarters before requesting a grant. For example, **to submit a grant application for the 2020-21 membership year, the 2018-19 AFR must be approved.** The change in the membership year requirement of the AFR will allow chapters and departments time to review and prepare their upcoming budget to determine if financial assistance will be needed to sustain operations in the upcoming year.

Furthermore, the attached grant expenditure form must be completed and included with your application if a balance is remaining from a Columbia Trust grant awarded during the 2019-20 membership year.

Please keep in mind that requests/grants for vehicles must still be submitted through the DAV Transportation Network program application process per instructions set forth in the annual memo from National Adjutant Burgess.

For questions related to the Columbia Trust grant application process and associated guidelines, please contact the Foundation’s business office via email at nsf@dav.org or phone at 859-441-7300, Option 6, then press 2. Please share this information with your local chapters as you deem appropriate.

Respectfully,

Arthur H. Wilson
President

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THE COLUMBIA TRUST GRANT APPLICATION

DAV NATIONAL SERVICE FOUNDATION
ADMINISTRATORS OF THE COLUMBIA TRUST

PLEASE NOTE THE FOLLOWING MANDATORY ITEMS NEEDED TO PROCESS A COLUMBIA TRUST GRANT APPLICATION:

- 1) Previous year's annual financial report(s) (AFR) must be approved by DAV National Headquarters in accordance with Articles 8 and 9 of the National Bylaws or attached if not required to file under provisions of the National Bylaws. Please note that your application will not be considered unless the AFR has been approved.
- 2) Itemized budget attached to application.

INCOMPLETE APPLICATIONS WILL BE RETURNED

Please Type or Print Legibly

PART A

DAV CHAPTER NAME: _____

DAV DEPARTMENT OF: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

DATE: _____ CURRENT AFR SUBMITTED DATE: _____

TOTAL AMOUNT OF GRANT REQUESTED:

\$ _____

Please list a contact person for additional information or questions regarding this application:

PART B

Please Print Name

Phone Number

The above Chapter and/or Department requests financial assistance from The Columbia Trust to carry out the following service project, activity or program:

1. Hospital Service Coordinator(s)
Amount Requested _____

4. Veterans Outreach Program
Amount Requested _____

2. Department/Chapter Service Officer(s)
Amount Requested _____

5. Service School Expenses
Amount Requested _____

3. Homeless Veterans Program
Amount Requested _____

6. Other _____
Amount Requested _____

Under PART C - Complete the same numbered section in PART C that corresponds to the program number checked above. (For example: If you checked #1-Hospital Service Coordinator(s) above in PART B, you must complete PART C - SECTION 1).

PART C

SECTION 1 – HOSPITAL SERVICE COORDINATOR(S)

HSC PROGRAM BUDGET

FISCAL YEAR: _____

NAME OF HSC List Each Separately	VAMC	ANNUAL SALARY
		\$
		\$
		\$
		\$
		\$

Line 6

Total HSC Salary Expense → \$ _____

List Additional Expenses:

Public/Private Vehicle Transportation Costs \$ _____

Other: _____ \$ _____
Please List

Other: _____ \$ _____
Please List

Other: _____ \$ _____
Please List

Other: _____ \$ _____
Please List

Line 12

Total Additional Expenses → \$ _____

Line 13

Total Projected Annual Cost of HSC Program → \$ _____
(ADD LINES 6 and 12 TOGETHER)

List Projected Income:

Department Funding for HSC Program \$ _____

Chapter(s) Funding for HSC Program \$ _____

Other: _____ \$ _____
Please List

Other: _____ \$ _____
Please List

Line 19

Total Projected Income for HSC Program → \$ _____
(ADD ALL INCOME LINES TOGETHER)

Line 20

Total Projected Annual Cost of HSC Program → \$ _____
(ENTER AMOUNT FROM LINE 13 ABOVE)

Line 21

Grant Amount Requested → \$ _____
(SUBTRACT LINE 20 FROM LINE 19)

SECTION 2 – SERVICE OFFICER(S)

SO PROGRAM BUDGET

FISCAL YEAR: _____

List Projected Expenses:

Salary of SO(s)	_____ / _____	OFFICE LOCATION	.....	\$	_____
	List Separately - Name				
Salary of SO(s)	_____ / _____	OFFICE LOCATION	.....	\$	_____
	List Separately - Name				
Salary of SO(s)	_____ / _____	OFFICE LOCATION	.....	\$	_____
	List Separately - Name				
Payroll taxes			.....	\$	_____
Employee Benefits			.....	\$	_____
Rent/Utilities			.....	\$	_____
Equipment			.....	\$	_____
Travel/Training			.....	\$	_____
Supplies			.....	\$	_____
Other:	_____		.....	\$	_____
	Please List				
Other:	_____		.....	\$	_____
	Please List				
Other:	_____		.....	\$	_____
	Please List				

Line 14 Total Projected Annual Cost of SO Program → \$ _____

List Projected Income:

Department Funding for SO Program	.....	\$	_____
Chapter(s) Funding for SO Program	.....	\$	_____
Other Income:	_____	\$	_____
	Please List		
Other Income:	_____	\$	_____
	Please List		
Other Income:	_____	\$	_____
	Please List		
Other Income:	_____	\$	_____
	Please List		

Line 21 Total Projected Income for SO Program → \$ _____
(ADD ALL INCOME LINES TOGETHER)

Line 22 Total Projected Annual Cost of SO Program → \$ _____
(ENTER AMOUNT FROM LINE 14 ABOVE)

Line 23 Grant Amount Requested → \$ _____
(SUBTRACT LINE 22 FROM LINE 21)

PART C

**SECTIONS 3 – HOMELESS VETERANS PROGRAM
4 – VETERANS OUTREACH PROGRAM
5 – SERVICE SCHOOL EXPENSES
6 – OTHER**

Describe in detail, the program and purpose (attach additional pages as necessary):

Estimate number of veterans who will benefit from the program: _____
In what state(s) do they reside? _____

PROGRAM BUDGET

FISCAL YEAR: _____

List Projected Expenses:

_____	\$ _____
Please List		
_____	\$ _____
Please List		
_____	\$ _____
Please List		
_____	\$ _____
Please List		
_____	\$ _____
Please List		
_____	\$ _____
Please List		
_____	\$ _____
Please List		

Line 8 **Total Projected Annual Cost of Program** → \$ _____

List Projected Income:

Department Funding for Program	\$ _____
Chapter(s) Funding for Program	\$ _____
Other Income: _____	\$ _____
Please List	
Other Income: _____	\$ _____
Please List	
Other Income: _____	\$ _____
Please List	
Other Income: _____	\$ _____
Please List	

Line 15 **Total Projected Income for Program** → \$ _____
(ADD ALL INCOME LINES TOGETHER)

Line 16 **Total Projected Annual Cost of Program** → \$ _____
(ENTER AMOUNT FROM LINE 8 ABOVE)

Line 17 **Grant Amount Requested** → \$ _____
(SUBTRACT LINE 16 FROM LINE 15)

PART D

If more than one chapter is involved, please photocopy PART D as needed and obtain signatures of all chapter commanders and adjutants involved.

Certification

The undersigned, on behalf of the chapter and/or department, certifies the information provided herein and agrees to the concept and terms of applying for and accepting grants from The Columbia Trust.

It is further understood that the financial condition of the chapter and/or department is a major controlling factor in the assessment of the Grant Application, including, in the case of a chapter, the financial condition of its department, and the ability of the department to finance, or contribute to the funding of the project.

In addition, the undersigned recognizes that in the event of the grant of all or a part of the request, neither the DAV National Service Foundation; the DAV National Organization, or any officer or employee of the foregoing shall become a party to, or responsible for any contractual arrangement, verbal or written, arising from such grant.

The undersigned agree on behalf of the chapter or department to execute accountability reports as required by The Columbia Trust after completion, or substantial completion of the project.

Chapter # _____	Signature - Chapter Commander _____	Date _____	Signature - Department Commander _____	Date _____
	Signature - Chapter Adjutant _____	Date _____	Signature - Department Adjutant _____	Date _____

Upon certification by above parties, the NSO Supervisor having jurisdiction in the area must review the grant application and certify below:

I, _____, Supervisor of the _____
Print NSO Supervisor's Name *Print City, State*

National Service Office has reviewed the grant proposal.

Signature - NSO Supervisor *Date*

PART E

Mail or Email Application with Attachments to:

The Columbia Trust
 DAV National Service Foundation
 P. O. Box 14301
 Cincinnati, OH 45250-0301
 Attn: Bridgette Sorrell, Administrator
 nsf@dav.org

THE COLUMBIA TRUST GRANT APPLICATION
DAV NATIONAL SERVICE FOUNDATION
ADMINISTRATORS OF THE COLUMBIA TRUST

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PART A

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ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

DATE: _____ CURRENT AFR SUBMITTED DATE: _____

TOTAL AMOUNT OF GRANT REQUESTED:

\$ _____

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 Amount Requested _____

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 Amount Requested _____

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 Amount Requested _____

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 Amount Requested _____

6. Other _____
 Amount Requested _____

Under PART C - Complete the same numbered section in PART C that corresponds to the program number checked above. (For example: If you checked #1-Hospital Service Coordinator(s) above in PART B, you must complete PART C - SECTION 1).

PART C

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HSC PROGRAM BUDGET

FISCAL YEAR: _____

NAME OF HSC List Each Separately	VAMC	ANNUAL SALARY
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		\$
		\$
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Line 6

Total HSC Salary Expense → \$ _____

List Additional Expenses:

Public/Private Vehicle Transportation Costs \$ _____

Other: _____
Please List \$ _____

Other: _____
Please List \$ _____

Other: _____
Please List \$ _____

Other: _____
Please List \$ _____

Line 12

Total Additional Expenses → \$ _____

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Total Projected Annual Cost of HSC Program → \$ _____
(ADD LINES 6 and 12 TOGETHER)

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Chapter(s) Funding for HSC Program \$ _____

Other: _____
Please List \$ _____

Other: _____
Please List \$ _____

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(ADD ALL INCOME LINES TOGETHER)

Line 20

Total Projected Annual Cost of HSC Program → \$ _____
(ENTER AMOUNT FROM LINE 13 ABOVE)

Line 21

Grant Amount Requested → \$ _____
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SECTION 2 – SERVICE OFFICER(S)

SO PROGRAM BUDGET

FISCAL YEAR: _____

List Projected Expenses:

Salary of SO(s) _____ / _____ OFFICE LOCATION \$ _____
 List Separately - Name

Salary of SO(s) _____ / _____ OFFICE LOCATION \$ _____
 List Separately - Name

Salary of SO(s) _____ / _____ OFFICE LOCATION \$ _____
 List Separately - Name

Payroll taxes \$ _____

Employee Benefits \$ _____

Rent/Utilities \$ _____

Equipment \$ _____

Travel/Training \$ _____

Supplies \$ _____

Other: _____ \$ _____
 Please List

Other: _____ \$ _____
 Please List

Other: _____ \$ _____
 Please List

Line 14 Total Projected Annual Cost of SO Program → \$ _____

List Projected Income:

Department Funding for SO Program \$ _____

Chapter(s) Funding for SO Program \$ _____

Other Income: _____ \$ _____
 Please List

Other Income: _____ \$ _____
 Please List

Other Income: _____ \$ _____
 Please List

Other Income: _____ \$ _____
 Please List

Line 21 Total Projected Income for SO Program → \$ _____
(ADD ALL INCOME LINES TOGETHER)

Line 22 Total Projected Annual Cost of SO Program → \$ _____
(ENTER AMOUNT FROM LINE 14 ABOVE)

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In what state(s) do they reside? _____

PROGRAM BUDGET

FISCAL YEAR: _____

List Projected Expenses:

Please List	\$	
Please List	\$	
Please List	\$	
Please List	\$	
Please List	\$	
Please List	\$	
Please List	\$	
Please List	\$	

Line 8 **Total Projected Annual Cost of Program** → \$

List Projected Income:

Department Funding for Program	\$	
Chapter(s) Funding for Program	\$	
Other Income: _____ Please List	\$	
Other Income: _____ Please List	\$	
Other Income: _____ Please List	\$	
Other Income: _____ Please List	\$	

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(ADD ALL INCOME LINES TOGETHER)

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	Signature - Chapter Adjutant _____	Date _____	Signature - Department Adjutant _____	Date _____

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Print NSO Supervisor's Name *Print City, State*

National Service Office has reviewed the grant proposal.

Signature - NSO Supervisor *Date*

PART E

Mail or Email Application with Attachments to:

The Columbia Trust
DAV National Service Foundation
P. O. Box 14301
Cincinnati, OH 45250-0301
Attn: Bridgette Sorrell, Administrator
nsf@dav.org

Columbia Trust Grant Expenditure Form
_____ Program

Expense	Remaining balance	Date balance will be expended
TOTAL	\$0	

NOTE: A separate expenditure form must be completed for each program awarded that has a remaining balance.