

DIRECTORS SET GUIDELINES

DIRECTORS SET GUIDELINES FOR THE COLORADO VETERANS OF FOREIGN WARS FOUNDATION ASSISTANCE FUND

The Colorado Veterans of Foreign Wars Foundation Assistance Fund is established to provide financial assistance to worthy Colorado veterans of the United States Armed Forces who have insufficient financial resources to meet a critical or emergency need for shelter, food, and/or health care.

Any Colorado resident who is an honorably discharged veteran of the armed forces of the United States is eligible to apply for financial assistance from the Colorado Veteran's Assistance Fund.

Application Procedure: Any eligible person (or someone on behalf of an eligible person) may apply for a grant of funds under this program. Application forms are available from the Colorado Veterans of Foreign Wars Foundation, 1400 Carr Street, Lakewood, CO 80214, phone 303-421-1630, fax 303-421-1727.

Completed applications are to be forwarded by U.S. Mail to: Colorado Veterans of Foreign Wars Foundation, 1400 Carr Street, Lakewood, Colorado 80214. The envelope is to be marked CONFIDENTIAL.

Use of Grant Fund: Grants will be made to eligible persons for the purpose of meeting an essential basic need for shelter, food, clothing or health care. Grants will not be made for items that are discretionary in nature ("wants").

Limitations: Initially, grant applications will not be approved for more than \$500.00. (This limitation may change as the Fund grows.)

Grants will usually not be approved for the same veteran more than once a year. (A waiver may be considered in the case of a severe emergency.)

Grants will not be approved to help an eligible person on a continuing basis, e.g., rents, home payments, car loans, long-term illnesses, custodial care, chronic prescription drugs.

The Fund is unable to assume the total responsibility for a veteran's major medical bills or funeral expenses.

Proof of Eligibility: The burden of proof of eligibility of the applicant for assistance from the Fund shall rest upon the applicant. Military discharge papers generally provide sufficient documentation.

Funds are maintained in a restricted account in the Colorado Veterans of Foreign Wars Foundation. The account receives donated funds from individuals, VFW posts, VFW districts and businesses. Every VFW member in Colorado is asked to contribute \$1.00 per month (\$12.00 per year) to the account and VFW posts are asked, when possible, to contribute this amount for each of their members that are financially unable to make the donation.

The Fund is controlled by a committee of seven (7) persons elected or appointed annually by the State Commander of the Department of Colorado Veterans of Foreign Wars.

The Directors of the Colorado Veterans of Foreign Wars Foundation have final approval authority on the award of grants to eligible persons.

COLORADO VETERANS OF FOREIGN WARS FOUNDATION APPLICATION FOR GRANT

Date: _____

Veteran's Name _____ Birth Date _____

City, State, Zip _____

Phone _____ Social Security Number _____

Monthly Income \$ _____ Member of []VFW Post _____ []Am. Legion Post []DAV []PVA

Branch of Service []Army []Navy []Marine Corps []Air Force []Coast Guard

Service Number _____ Dates of Service _____

Applicants name if different from above _____

City, State, Zip _____

Phone _____ Relation to Veteran _____

Amount of funds requested \$ _____ (copies of bills requested with application)

Attach a separate sheet to this page describing the need for this grant, to include:

1. Statement of the problem.
2. Possible solutions to the problem.
3. How the grant funds will help solve the problem.
4. Other sources of assistance that have been contacted.
5. Other sources of assistance that have been received toward the solution of this particular problem.
6. If this grant application is not approved, what will be the consequences?
7. Include proof of eligibility.

Mail the completed application to: Colorado Veterans of Foreign Wars Foundation
1400 Carr Street
Lakewood, CO 80214

Mark the envelope CONFIDENTIAL

Grant Approved: Date _____ Amount \$ _____ Checks to: _____

Approved by: _____