



Associates of Vietnam Veterans of America, Inc.

Helping Hands Grant Application

INSTRUCTIONS FOR HELPING HANDS GRANT APPLICATION

The Helping Hands Grant is a one-time grant given to AVVA or VVA states or chapters for local projects in their area. A grant of up to \$1,000 may be awarded to a recipient. Past recipients of the Helping Hands Grant eligible every three years.

When submitting a proposal for funding, you must complete the attached **Grant Proposal Cover Sheet** and the **Grant Proposal Outline** as indicated in full.

Applicants will be notified in writing of a decision within 8-12 weeks of receipt. Applicants should plan accordingly.

All materials submitted become the property of AVVA.

Recipients of this AVVA Grant agree to submit a 250-500-word narrative explaining the why the funds are needed and how the grant will impact operations. The narrative should be suitable for publication in The VVA Veteran, annual reports or similar publications. All grants are subject to audit by AVVA at any time. Unless otherwise determined, all grant will be disperse in full after the acceptance and approval of the project by the HH Committee.

Recipients of the grant are required to submit a report upon completion of the project. Failure to file this reports in a timely manner may result in forfeiture of future eligibility.

AVVA reserves the right to visit, and/or review all activities related to the management and operation of the grant.

APPLICANTS ARE RESPONSIBLE FOR THE ACCURACY OF THEIR SUBMISSION. INCOMPLETE PROPOSALS WILL NOT BE CONSIDERED.

The original and two (2) copies of the proposal must be submitted to:

Associates of Vietnam Veterans of America
Helping Hands Grant
8719 Colesville Road, Suite 100
Silver Spring, MD 20910-3919

NOTE: ALL QUESTIONS OR REQUESTS CONCERNING THE GRANT PROPOSAL OR PROCESS SHOULD BE DIRECTED TO AVVA NATIONAL VICE PRESIDENT, KATHY ANDRAS. She can be reached at 504-382-9123 OR Kathy.andras@yahoo.com



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4. Is this an ongoing project? Yes No
If yes, please explain:

5. ***If yes***, how has the project been funded until now?

- 6.. ***If yes***, how will this project be funded in future years?

8. Provide the name and title for all persons included in your project.

9. Is this your first project of this nature? If not, please describe the past project, size, and cost

10. Include a line item budget for all project cost. ***(Please attach)***



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Signed: _____
Signature of Person Responsible for Administering the Grant

Signed: _____
Signature of Executive in Charge of the Organization

NOTE: If your grant request has not answered all questions, and has not included all attachments, it will not be considered.



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AVVA HELPING HANDS GRANT PROPOSAL COVER SHEET

(Note: This Proposal Cover Sheet should be considered as a synopsis of your proposal. This Cover Sheet should highlight many of the points that are of particular significance to those deciding the worthiness of your proposal and are important to the final decision.)

Name of Requesting Organization:

Total Cost of Project: \$ _____

Total Amount Requested: \$ _____ (up to \$1,000)

Matching Funds? Yes No

a. **If yes**, from whom? _____

b. Amount? \$ _____

Short Description of Project (such as title):

Person Responsible for Administering Grant: _____

Executive in Charge of Organization: _____

Are you an AVVA State Association or Chapter? Yes No

Are you a VVA State Council or Chapter? Yes No



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Is AVVA is involved in your Project? If so, how and to what extent:

Return Address for your organization, for ALL Correspondence:

Name:

Organization:

Address:

City, State, Zip:

FOR AVVA USE ONLY

AVVA Grant Application Number: _____

Special Grant Conditions: