



North Carolina
DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

APPLICATION

GRANT PROGRAM FOR COUNTY VETERANS OFFICES

Organization Information

County Name: _____

County Address: _____

Name of Authorized Person to Execute Grant Contract: _____

Contact Phone: _____

Contact Email: _____

Grant Request

On behalf of _____ County, I hereby request a grant in the amount of \$ _____
(up to \$20,000) from the County Veterans Offices Grant Program **to provide services to veterans.**

Please provide a **budget with detailed descriptions** of proposed grant expenditures and a **scope of work** regarding how grant funds will be utilized (if additional space needed, please attach a separate sheet):

It is understood that the NC Department of Military and Veterans Affairs (NCDMVA) will determine eligibility of a County Veterans Office (CVO) based on the legislative requirement(s), determine whether the proposed intended use of grant funding complies with providing services to veterans, and determine the amount of the award to a CVO. For a CVO to be eligible for this grant, the legislation dictates the following:

The CVO must be located in a county in which there are eight or less certified veteran service officers (VSOs). The VSO may be an employee of or volunteer with the federal government, State of North Carolina, county, or an entity in the county, including a nonprofit organization. DMVA shall verify the presence of eight or less certified VSOs in the county through the United States Department of Veterans Affairs prior to awarding a grant.

If the amount requested, or portion thereof, is approved, the grant recipient and DMVA will execute a grant contract prior to funds being distributed.

Please ensure that the above Organization Information is accurate and current. The submitted information will be utilized in fund distribution.

AUTHORIZED SIGNATURE: _____

PRINTED NAME AND TITLE: _____

DATE: _____