



**Rhode Island Office of Veterans Services**  
**Veterans Service Grant Proposal Application**

**Use the following pages for completing your application.  
Begin with the section titled: “VETERANS SERVICE GRANT  
APPLICATION PROGRAM SUMMARY VSGFY27” and end with the form  
titled: “VETERANS SERVICE GRANT APPLICATION FINAL CHECKLIST  
(VSGFY27)”**

**Fill in each page, in order, Attach supporting documents when  
necessary. All questions must be answered on the application.  
Questions with a response of “see attached” will not be scored.  
No exceptions will be made.**

**VETERANS SERVICE GRANT APPLICATION PROGRAM SUMMARY**  
**(VSGFY27)**

**Organizational Information:**

Organization Name

Address

Program Director

Program Director's Phone

Program Director's Email

**Eligibility Requirements:**

Please select a funding category:

- |                                                                 |                                                                                                |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Veterans Living in Poverty             | <input type="checkbox"/> Veterans Post Traumatic Stress Disorder (PTSD)/Agent Orange/Burn Pits |
| <input type="checkbox"/> Veterans Education                     |                                                                                                |
| <input type="checkbox"/> Veterans Legal Services                | <input type="checkbox"/> Veterans Homelessness                                                 |
| <input type="checkbox"/> Veterans Transitional Assistance       | <input type="checkbox"/> Veterans Disability Benefits                                          |
| <input type="checkbox"/> Veterans Transportation                | <input type="checkbox"/> Veterans Mortuary Affairs                                             |
| <input type="checkbox"/> Veterans Financial Planning / Services | <input type="checkbox"/> Veteran Long-Term Care                                                |
| <input type="checkbox"/> Veterans Family Members / Caregivers   | <input type="checkbox"/> Veterans Employment and Employment Training                           |
|                                                                 | <input type="checkbox"/> Other                                                                 |

**Program Finances**

Funding Request Dollar Amount: \$ \_\_\_\_\_

**Performance Metrics**

Estimated number of Veterans, Service Members, and military-connected family members your program will serve with the funding amount requested over the course of the program year: \_\_\_\_\_

For example, if you are requesting \$10,000 in grant funding, provide an estimate of how many Veterans, Service Members, and military-connected family members will benefit from the \$10,000 grant funding.

In addition to the total number listed above, please identify any other performance metrics your program may capture:

**Award History**

Have you received a Veterans Service Grant(s) previously?  Yes/ No

**If Yes**

Previous Start/End Dates: \_\_\_\_\_ - \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

Amount Expended: \_\_\_\_\_

Were you in compliance throughout the entire grant period?  Yes/ No

**If you were not in compliance, include a written explanation below.**

**Contact Information**

Please include the names and email addresses of the members of your organization that you would like included as contacts regarding your grant submission. If awarded a Veterans Service Grant, these individuals will be notified about grant awards and receive reminders about grant requirements.

## **VETERANS SERVICE GRANT APPLICATION TEMPLATE (VSGFY27)**

This template provides a format for your application. Fill in the required detail below each point. Missing or incomplete items will receive a 0 score. You may provide additional document to support your answers, however, **questions with a response of “see attached” will not be scored.**

### **1. Background & Qualifications**

- A. Organization’s mission and vision.
- B. Describe current programs, services, and activities.
- C. Describe the population that your organization serves and the impact on the community.
- D. Describe the qualifications of key staff members who will participate in your proposed project.
- E. Provide any additional qualifiers for the competency of your organization, such as media stories, testimonials, and letters of support.
- F. Provide characteristics of your organization that differentiate it from similar non-profit organizations.

### **2. Work Plan & Budget**

- A. Describe the program/project goals and objectives, deliverables, and outcomes for which grant funding is requested.
- B. Provide a program/project evaluation and sustainability plan.
- C. Describe in detail your program/project activities and associated time frames, plan for implementing your program, include any relevant research or previous work.
- D. Provide plans, equipment lists, and other documents as may be required to show the type, structure, and general character of the program.
- E. Describe the community/geographic area in RI that your program will serve.
- G. Provide a program budget, with narrative and project costs estimates. The budget must thoroughly describe the intended expenditures of all grant funds and other project costs.
- H. Describe the methods of financing the program. Include your methods of financing for program costs not covered by this grant.

### **3. Performance Measures**

- A. Provide the estimated number of Veterans, Service Members, and military-connected family members your program will serve with the funding amount requested over the course of the program year. For example, if you are requesting \$10,000 in grant funding, provide an estimate of how many Veterans, Service Members, and military-connected family members will benefit from the \$10,000 grant funding.

- B. Provide any self-identified performance measures that your program will target and track.
- C. Provide a plan for how you will track all performance measures, including number of Veterans, Service Members, and military-connected family members impacted.

4. **Project Scalability**

- A. Provide a scalability plan explaining if and how your program could operate under a partial funding amount. (For example, if your program was to receive 50% of the requested funding, could it deliver 50% of your initially estimated performance?) If your program cannot function unless it receives the fully requested amount, you must note this here. Provide an estimate of the number of Veterans, Service Members, and military-connected family members who will benefit if awarded partial funding. For example, if you are requesting \$10,000 in grant funding, provide an estimate of how many Veterans, Service Members, and military-connected family members will benefit if your program is awarded \$5,000 grant funding. Note that inability to scale your project will result in full or partial loss of points in this category.
- B. Describe how the program will be supported after the termination of the grant.

5. **Financials**

- A. Provide full financial statements including all notes and supplementary information for the last two fiscal years.
- B. Provide a current year's operating budget to include both projected expenses and revenues.

6. **Other required documents:** As a condition of State of Rhode Island Designated Grants, grant awardees are required to provide the following documents in the Grants Management System. These documents **do not** need to be included with the initial grant application submitted by June 15, 2026. Please be aware, once grant awardees are notified, these documents will need to be uploaded to the Grants Management System by grant recipients. Grant awardees will be provided with instructions for submitting information in the Grants Management System with award notification.

- A. 501(c)(3) IRS Determination Letter – Required for all tax-exempt organizations.
- B. IRS Form 990-Required for all entities except municipalities, local education agencies, and churches.
- D. Provide proof that the applicant is properly licensed to conduct service proposed.
- E. Secretary of State Certificate of Good Standing – **issued within the last 90 days.**
- F. Board of Directors List – including Board compensation, employment, and other affiliations.

G. Entity Conflict of Interest Policy: Do any of the chief officers/board members have a relationship with a RIVETS employee? If so, provide a statement disclosing the relationship(s).

H. Is the project in collaboration with other agencies? If so, include letters of agreement/memorandums of understanding from the collaborating agencies.

NOTE: IRS Form 990, Complete Financial Statement, and Secretary of State Certificate of Good Standing must be up to date. Submissions with out-of-date information will not be considered.

## **VETERANS SERVICE GRANT APPLICATION FINAL CHECKLIST** **(VSGFY27)**

### **Complete, sign, and attach the checklist below**

I have registered on-line at the State of Rhode Island's Division of Purchasing new web-hosted eProcurement system, Ocean State Procures: Yes/No

I have completed the Program Summary, Application Template, and have attached the requested accompanying documents Yes/No

I certify that if an award is received my organization will track and report the performance metrics in accordance with the RFP guidelines and my organization's application and report them in both the mid-year and final status report Yes/No

I certify that if an award is received my organization will provide a mid-year status report, including performance metrics, no later than November 23, 2026, and a Final Report no later than June 30, 2027. Yes/No

This information herein is certified as true and correct to the best of my knowledge.

Submitted by:

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date