**2021 Community Outreach Grant Application Practice Worksheet**

Items marked with an asterisk\* are required.

As an applicant, have you read through the 2021 Community Outreach Grant Criteria prior to submitting an application? \*

Yes/No

Is this the first application submitted on behalf of your council or chapter for the 2021 Community Outreach Grant cycle? \*

Yes/No

Please enter the dollar amount for which your organization is applying. (up to $5,000.00) \*

List the number of people this program has helped in the past. If this is a new program, simply enter “New Program.” \*

Items marked with an asterisk\* are required.

Thank you for your interest in The MOAA Foundation 2021 Community Outreach grant. Before applying, please agree to the following terms and conditions:

I/we understand submitting a grant application does not guarantee a grant will be awarded.

I/we understand MOAA Foundation grants may only be awarded to MOAA councils or chapters offering programs or services to military or veteran individuals or families in a qualifying service delivery area specified in the grant criteria.

I/we understand our MOAA-affiliated organization will be responsible for the expenditure of all granted funds in accordance with the grant agreement.

I/we understand the individual applying for a MOAA Foundation grant is authorized by the MOAA council or chapter to submit a grant application on the council's or chapter’s behalf.

To the best of my/our knowledge, all statements, assertions, descriptions, and representations made in the grant application are true and accurate.

I/we understand that active council/chapter liability insurance must be purchased and provided to MOAA National if our Council/Chapter is awarded and wishes to receive 2021 Community Outreach Grant funds.

\* Community Outreach Grant Application: I/We agree to these terms and conditions

Note: Free-form sections need not be filled completely. Use only the space needed to completely answer the question. Grant applications are scored based on content, not length.

Grant Application Open: Dec. 1, 2020 to Feb. 28, 2021

\*required field

**Grantee Organization Information**

**MOAA Council or Chapter Name \*:**

**First Name \*:**

**Last Name \*:**

**Applicant Email \*:**

**Alternate Contact Email (if necessary) :**

**Phone Number \*:**

**Alternate Phone Number (if necessary) :**

**Address \*:**

**City \*:**

**State \*:**

**Zip Code \*:**

**1.** Geographical area served (e.g., “Greater Dallas Metro Area” or “Pensacola, Fla.”). \*

(0/150 characters)

**2.** Please briefly describe the unique challenges and/or needs of servicemembers, veterans, or their families within your community. \* (0/1500 characters)

**3. Organization description**

If your council/chapter will be working with another organization/s to use grant funds if awarded, please list the organization/s and their websites (e.g., “Portland USO Center https://northwest.uso.org/portland). If you will not be working with other organizations, simply input “N/A”. \* (0/100 characters)

**4. Organization mission**

Provide your MOAA council or chapter mission statement and the mission statement/s for the organizations you plan to work with to use grant funds (if applicable).

If you do not have one, simply input “N/A”. \* (0/250 characters)

**5.** Is your MOAA council or chapter, or the organization in which you are partnering with, an IRS, section 501, nonprofit organization (e.g., 501(c)(3), 501(c)(19), etc.)? \*

Yes/No

**Eligibility**

If you cannot answer “yes” to all of the following questions, your council or chapter is not eligible to receive a grant through this program.

**6.** Do the programs or services requesting assistance through this MOAA Foundation Community Outreach Grant fall under at least one of the 10 areas of critical family need? \*

(Must be a “Yes,” cannot proceed if not) \*

Yes/No

**7.** If your MOAA council or chapter has approval authority over how funds will be expended, does your council or chapter deliver MOAA Foundation-funded programs/services directly to those in need or are funds delivered through a community partnership or collaboration? \*

(Must be a “Yes,” cannot proceed if not)

*Please note, grant funding may not be used as a “pass through” grant to fund non-MOAA organizations in the local community offering programs/services in which the MOAA council/chapter has little or no active role.*

Yes/No

**8.** If awarded, will those benefiting from this grant fall under the specifications of “military and veteran families” as described within the Community Outreach Grant Criteria? \*

(Must be a “Yes,” cannot proceed if not)

Yes/No

**9.** Before grant funding can be awarded, the grantee must have in place a general liability insurance policy, and an insurance certificate must be sent to the MOAA Foundation. Do you agree? \*

(Must be a “Yes,” cannot proceed if not)

Yes/No

Items marked with an asterisk\* are required.

**Program Description**

**10. Project Name and Description**

Provide the name of and a detailed description for the program in which you are seeking funding. (e.g.: Jane Doe’s chapter’s Annual Military Uniform Collection Drive. This program is held every year in the hopes of…”) \* (0/750 characters)

*Please note, there is a question later in the application asking for specific community partnership involvement information.*

**11. Community Impact**

Why and how is this program important to the community? (50 points) \*

(0/1500 characters)

Items marked with an asterisk\* are required.

**Effectiveness Measurement**

**Military and Veteran Family Peer Engagement**

**12.** How involved will the council/chapter be in the program? (25 points) \*

(0/1500 characters)

**Follow-up**

**13.** What is the potential for positive MOAA brand exposure within the local community from this program? (25 Points) \*

(0/1500 characters)

Items marked with an asterisk\* are required.

**Documents**

**Audited Financial Statements**

**If available, submit your MOAA council or chapter’s (or the organization you may be partnering with) audited financial statements for the prior year.**

(Choose File: 10MB limit; PDF preferred)

**Detailed Budget**

**Describe in detail how the grant money will be spent. If part of a larger program budget, describe the portion of that budget to be funded by the grant. Generally, the program budget is a line-item budget in the form of a spreadsheet. \***

(Choose File: 10MB limit; PDF preferred)

**Marketing Materials**

*Optional:* Include any organizational program marketing materials or project marketing materials (scans, website screenshots, printed flyers, social media pages, etcetera).

(Choose File: 10MB limit; PDF preferred)

**General liability insurance policy certificate**

*Important:* You should be able to obtain a copy of this insurance certificate from your insurance provider. If you do not have a copy yet and wish to submit your grant application, you may do so, but funds will not be trasnferred until you submit a copy of your insurance policy certificate.

(Choose File: 10MB limit; PDF preferred)

You are about to submit your final application for a MOAA Foundation 2021 Community Outreach Grant. Once you click **Submit**, you may not make any additional changes. All submissions are final.

If you are NOT ready to submit please click **Save Progress** so you may return the application and submit when ready. You must submit your application by Feb. 28, 2021 11:59PM EST to be considered.