



Iowa Commission of Veterans Affairs

Veterans Project Assistance

1. Project Description:

- a. Your vision and summary statement of the overall goal.
- b. Explain tangible outcomes of the project.
- c. Include any support this project would receive from governmental agencies, Veterans organizations, any community funding and or grants.
- d. Community benefits that would result from implementing the proposed project (i.e. recreational opportunities in areas with little to no recreational access).
- e. Explain if there would be any important landscaping characteristics of your project area that would benefit the creation of Veterans opportunities.

2. Applicant and Partner Roles:

- a. Describe your role and the level of commitment that would be provided to accomplishing this project.
- b. List the key partners involved, if any, with this project. Briefly summarize the existing or anticipated role or contribution of any partners.
- c. Please include commitment letters from any partners listed in the application other than from the applicant or individuals representing this application. Commitment letter should note the partner's support, list their anticipated project role, expected contributions, and responsibilities of the project.

3. Public Support:

- a. Describe the level of any public support to date and for any plans for future public outreach, participation and community inclusion.
- b. What are the biggest challenges and overall needs of the project?
- c. What type of assistance are you seeking from the Iowa Commission of Veterans Affairs? Please include a short description of the specific project needs for each item listed below.
- d. Prioritize the projects top needs in the description.
 - Defining projects visions and goals
 - Assessing and engaging partners and stakeholders in the process
 - Engage in acquiring community resources
 - Identifying funding sources
 - Designing community outreach and participation strategies
- e. Describe how your project advances one or more key Iowa Commission of Veterans Affairs strategic objectives. Projects that have one or more of these strategic objectives are given emphasis in the project selection process.

Date of Application ____/____/____

Project Name: _____

Project Description: _____

Project Location: _____ City _____ State _____ Zip Code _____

Amount requested _____

Other partner funding sources: _____ Amount: _____

Applicant's organizations: _____

Primary contact: _____

Street Address: _____ City _____ Zip Code _____

Email: _____ Website: (if applicable) _____

I understand that I am required to ensure that the information I have entered on this form is complete and accurate. I further understand that the members of the Iowa Commission of Veterans Affairs will provide this information to the Iowa Department of Veterans Affairs to determine my eligibility for the assistance requested.

Applicant Signature

Date

- Once this request is submitted and reviewed by the Iowa Department of Veterans Affairs the application will be considered at the next regularly scheduled quarterly Commission meeting. You will be notified of the date of the next meeting so that you can present this Project Assistance request to the full Commission.
- Once your application has been approved, you will be asked to submit an action report 30 days after you begin the project indicating expenses of the project.
- After completion of the project, you will need to submit a report indicating any positive outcome and how it has improved the Veteran community.

Please Submit to:
IOWA DEPARTMENT of VETERANS AFFAIRS
Attn: Melissa Miller
7105 NW 70th Avenue / Camp Dodge. Bldg. 3465
Johnston, IA 50131-1824