# SAV Grant Application Form

## Section One: Overview

Please provide a brief overview of your proposal, including:

- Brief description of the proposal
- Purpose and key anticipated outcomes
- Individuals or communities served
- Amount of funding being requested
- Overview of how funds will be spent
- Timeline of the project

## Section Two: Organization information

Please provide your organization mission statement.

Tell us about the history of your organization.

Tell us about your current programs, activities and top accomplishments of your organization within the last three years.

Please provide your IRS EIN number**.**

Please list your Board of Directors.

Is veteran suicide prevention a primary focus of your organization? If so, how?

Organizations current annual operating budget

Percentage of organizational budget dedicated to direct service of veterans

Percentage of organizational budget dedicated to administrative expenses

Number of veterans served annually through your organization

Have you previously received a grant or sponsorship from SAV? If so, list the date(s) received and describe how the grant(s)/sponsorship(s) was utilized.

## Section Three: Proposal details

Please describe the problem or need which you seek to solve.

Please describe the purpose and objectives of your proposal.

How does the project contribute to prevention of veteran suicide?

What is the Grant Project service area?

What percentage of the grant project will occur in Oregon? In the Pacific Northwest? Other parts of the US?

Please provide an overview of your proposed project timeline.

Please provide your proposed project budget.

Please list any partners in this proposal, and the partner's role and your relationship with them.

Please list any other funding sources for this project.

## Section Four: Evaluation information

Please describe the desired measurable outcomes and their anticipated timeline.

Please describe how you intend to measure and report on the effectiveness of the proposal.

## Section Five: Supplementary information

Please enter contact information for 1-3 third-party references (i.e. previous grant provider(s), program recipient, previous board member). Additional references may be requested later.

Name

Email

Phone number

Connection to Organization

Name

Email

Phone number

Connection to Organization

Name

Email

Phone number

Connection to Organization

Has your organization ever had a formal complaint with a governmental organization, e.g. Oregon Department of Justice Consumer Protection Division or Federal Trade Commission's Bureau of Consumer Protection or any other oversight organization?

No ☐ Yes ☐ If yes, explain.

If so, Date of complaint)?

What were the findings?

Findings letter attached ☐

Does your program carry liability insurance? No ☐ Yes ☐

Proof of liability insurance attached ☐

Additional documents required (please attach)

Cash flow statement ☐
Audited financial statements ☐
Annual report ☐
Supplementary documents which you feel will be essential to the review committee. ☐

Additional information you would like the committee to consider.

## Section Six: Contact information

Grant Contact Name(s).

Grant Contact Email Address(es).

Grant Contact Phone number(s).

Organization Website.

Organization Address.

Please submit completed applications, including all attachments, at AJ@stayalivevets.org. Only complete applications will be considered. Applications are due by 11/1/2025.