

VETERANS MEMORIAL & MONUMENT

GRANT APPLICATION

Contact Information – *(add additional sheets if necessary)*

Full Legal Organization Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Website:_____ Email:_____

501(c)(3): Yes No Year Established:_____

Has this organization been awarded a previous grant from this fund? Y N

If applicable, date(s) of previous grant: _____

Primary Contact *(person responsible for the administration of the grant money and accomplishment of the work plan)*

Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Phone #1_____

Phone #2_____

Email:_____

Alternate Contact

Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ Phone #1_____

Phone #2_____

Email:_____

Proposal Request

For Alaska Projects Only: Purpose of the grant is for the maintenance, repair, replacement and enhancement of, or addition to, veterans memorials or monuments to the military (existing project); OR, the development and construction of new veterans memorials or monuments to the military (new project).

Grant Amount Requested: _____

New Project: Existing Project: Anticipated Completion: _____

Monument/Memorial Name: _____

Physical Location Description: _____

Complete Description/Purpose of the Monument/Memorial Proposal. *(Provide photos, concept sketches):* _____

Proposed Estimated Budget and Work Plan *(identify tasks to be performed, time frames and associated costs):* _____

Other Contributors (monetary/in-kind): _____

Additional Facts & Data: _____

Primary Contact Signature: _____ Date: _____
Printed Name: _____

Alternate Contact Signature: _____ Date: _____
Printed Name: _____

**APPLICATIONS MUST BE RECEIVED BY THE OFFICE OF VETERANS AFFAIRS AT THE
ADDRESS BELOW BY 4:00 P.M., JUNE 15, 2017 TO BE CONSIDERED FOR AN AWARD**

Print, Sign, & Mail or Fax to:

**Office of Veterans Affairs
4600 Debarr Road, Suite 180
Anchorage, AK 99508
ATTN: Veterans Memorial & Monument Grant**

Fax: 907.334.0869

Questions? Call 907.334.0871